

# Relations of Discriminatory Experiences and Marianismo Beliefs with PTSD Symptoms in Latinx Women

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## Recommended Citation

Bird, Claire Maria, "Relations of Discriminatory Experiences and Marianismo Beliefs with PTSD Symptoms in Latinx Women" (2018). *Master's Theses (2009 -)*. 487.  
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RELATIONS OF DISCRIMINATORY EXPERIENCES AND MARIANISMO  
BELEIFS WITH PTSD SYMPTOMS IN LATINX WOMEN

by

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A Thesis submitted to the Faculty of the Graduate School,  
Marquette University,  
in Partial Fulfillment of the Requirements for  
the Degree of Master of Science

Milwaukee, Wisconsin

August 2018

ABSTRACT  
RELATIONS OF DISCRIMINATORY EXPERIENCES AND MARIANISMO  
BELEIFS WITH PTSD SYMPTOMS IN LATINX WOMEN

Claire Bird, B.A.

Marquette University, 2018

Research examining the discriminatory experiences of Latinx women in minimal. The present study examined if various forms of discrimination predicted mental health symptoms in a sample of Latinx women, with the conceptualization of chronic discrimination as a possible form of trauma. There is evidence showing that Latinx individuals are at risk to develop posttraumatic stress disorder at higher rates than their non-Hispanic White counterparts, with many studies pointing to the experiences of racial/ethnic discrimination as a significant contributor (Kaczurkin, Asnaani, Hall-Clark, Peterson, Yarvis, & Foa, 2016). Given the multiple forms of discrimination that women of color experience, ethnic discrimination, sexism, and sexual objectification were assessed as forms of discrimination. These variables were examined for their relationship to psychological distress and PTSD symptoms. Marianismo, traditional Latinx cultural gender roles, was examined as a moderator for discrimination and mental health symptoms.

A community sample of Latinx women ( $N = 132$ ) were recruited to complete self-report surveys. Ethnic discrimination was found to be a robust predictor of both PTSD symptoms and psychological distress. Sexual objectification predicted PTSD symptoms above and beyond other variables, while sexism was found to predict psychological distress above and beyond other variables in a series of hierarchical regressions. Marianismo was not a significant moderator for discrimination and mental health symptoms.

This study aimed to expand on the intersectional experiences of Latinx women and the relationship to mental health symptoms. Support was found for the relationship between discriminatory experiences and symptoms of PTSD as well as psychological distress.

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## Relations of Discriminatory Experiences and Marianismo Beliefs with PTSD Symptoms in Latinx Women

The Latinx<sup>1</sup> population is currently one of the fastest growing in the United States and is expected to double in size by 2050 (U.S. Census Bureau, 2014). Unfortunately, the health disparities apparent within this group are not well understood. Post-Traumatic Stress Disorder (PTSD) is a major mental health problem impacting approximately 8% of the U.S. population each year, affecting women at double the rate of men, at 10.4% and 5%, respectively (Berg, 2006; Kessler, Sonuga-Barke, Bromet, Hughes, Nelson, 1995). Additionally, racial/ethnic minorities, particularly Latinxs, are at increased risk of developing posttraumatic stress disorder after experiencing a traumatic event (Carter, 2007; Pole, Best, Metzler, & Marmar, 2005). There is evidence showing that Latinx individuals are at risk to develop posttraumatic stress disorder at higher rates than their non-Hispanic White counterparts, with many studies pointing to the experiences of racial/ethnic discrimination as a significant contributor (Kaczurkin, Asnaani, Hall-Clark, Peterson, Yarvis, & Foa, 2016; Pole et al., 2005). It has been proposed that chronic exposure to discrimination places added stress on the lives of ethnic minority individuals, which can manifest in psychological problems (Carter, 2007; Pascoe & Smart Richman, 2009; Schwartz & Meyer, 2010).

The experiential perception of discrimination by women of color and its connection to psychopathology is lacking in the empirical literature. By embodying multiple

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<sup>1</sup> The term “Latinx” will be used in place of Latina/Latino in this paper to be inclusive of the varying personal gender identifications and as an attempt to break down stringent gender role constraints on people of Latin descent.



minority identities, women of color are put in the situation of “double jeopardy” in which they experience discrimination relating to the disenfranchised identities of both their ethnicity and their gender (Cole, 2009). Due to the inextricable link of these identities, women of color experience unique forms of discrimination that address the intersection of their gender and ethnicity. Ethnic discrimination, sexism and sexual objectification are stressful experiences associated with negative mental health outcomes. Ethnic discrimination can be defined as unfair treatment due to one’s racial or ethnic identity (Williams, Spencer, and Jackson, 1999). While sexism is defined as gender specific, negative events or unfair treatment unique to women (Szymanski, Gupta, & Carr, 2009). The link between ethnic discrimination and PTSD symptoms has been found throughout the literature (Carter, 2007). Less research has examined the relationship between sexism and PTSD development, however, the existing research does provide some support for this link, directly and indirectly (Berg, 2006; Thomas, Witherspoon, & Speight, 2008). Sexual objectification, the reduction of a woman to her body and ridicule of her sexuality, has also been found to predict higher levels of PTSD symptoms in women of color (Watson, DeBlaere, Langrehr, Zelaya, & Flores, 2016).

Health disparities continue to exist within the Latinx community, necessitating further research and insight into how to address the mental health challenges this population faces (National Council of La Raza [NCLR], 2005). Schmitt, Branscombe, Postmes, and Garcia (2014) proposed a framework in which the burden of experiencing chronic stress, particularly discrimination, in multiple domains of one’s identity leads to negative mental health outcomes. They propose examining these relationships through moderator analyses to account for the influence of personal and contextual factors on the

outcomes of discriminatory experiences. Schmitt and colleagues (2014) emphasize that individuals may experience discrimination due to multiple embodied identities, which is consistent with the conceptualization of discrimination and oppression of women of color within multicultural feminist theory. Specifically encompassed within multicultural feminist theory is the concept of intersectionality, which proposes that women of diverse backgrounds are subject to unique forms of oppression given the product of their multiple identities (Crenshaw, 1989; Hurtado, 2010). Further, intersectionality focuses on the interlocking systems of oppression that correspond to one's identities resulting in social inequality (Rosenthal, 2016).

Adherence to traditional gender roles has been found to have detrimental effects for women and girls, with theories suggesting that the societal shaping of these roles incite maladaptive ways of responding to emotional disturbances (Sachs-Ericsson & Ciarlo, 2000). For Latinx women the construct of *Mariansimo*, cultural gender role beliefs for women in Latinx culture, is central to identity development and socialization. Specifically, Marianismo is comprised of five pillars: being the family pillar, being the spiritual pillar, being virtuous and chaste, self-silencing in order to maintain harmony, and subordination to others (Piña-Watson, Lorenzo-Blanco, Dornhecker, Martinez, & Nagoshi, 2016). Marianismo beliefs may influence the way in which women recognize, respond to and/or internalize the consequences of stressful experiences.

Recent research has proposed that trauma may be much more nuanced than once thought (Berg, 2006; Holmes, Facemire, & DaFonseca, 2016). Studies have suggested that experiences of discrimination may serve as forms of trauma and thus lead to PTSD symptoms, including intrusive thoughts, physiological arousal, and avoidance, all of

which are symptoms central to a PTSD diagnosis, according to the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5; American Psychiatric Association, 2013; Cater, 2007; Miles-McLean et al., 2015). Experiences of discrimination have also been consistently linked to symptoms of general psychological distress (Hwang, & Goto, 2008; Pascoe & Smart Richman, 2009; Torres, Driscoll, & Voell, 2012). It is still unknown throughout the current literature whether experiences of discrimination are more strongly related to non-specific psychological distress or if these experiences may influence the development of symptoms related to PTSD, in particular.

The present study sought to fill this gap in the literature by examining the outcome of both PTSD symptoms and general psychological distress within the conceptualization of discrimination as a form of trauma. Working within the framework posited by Schmitt et al. (2014), the current study examined stressors associated with ethnicity and gender and the anticipated negative influence on mental health through the lens of intersectionality. Specifically, the current study examined ethnic discrimination, sexism, and sexual objectification experiences in relation to PTSD symptoms and general psychological distress among Latinx women, as well as the potential moderating role of Marianismo within these relationships.

### **Ethnic Discrimination**

As mentioned previously, ethnic discrimination has been defined as unfair treatment and/or judgement of individuals belonging to a particular ethnic or racial group (Williams, Spencer, & Jackson, 1999). A large scale epidemiological study reported 30%

of the Latinx sampled population endorsed experiencing discrimination (Pérez, Fortuna, & Alegria, 2008). Ethnic discrimination is a stressful event that may occur across a multitude of settings, including at personal (e.g. teachers, strangers, bosses) or institutional levels (e.g. workplace, health settings). The deleterious effects of chronic exposure to discrimination on mental health has been well documented in the literature (Williams & Mohammed, 2009; Pascoe & Richman, 2009). Specifically, there is evidence to show that PTSD symptoms are associated with discriminatory experiences, as detailed below.

Throughout the literature, there is abundant evidence for Latinx populations having a greater propensity for developing PTSD following a traumatic event in comparison to non-Hispanic Whites. This has been shown in samples of police officers (Pole, et al., 2005) and military personnel (Kaczurkin et al., 2016); among people exposed to the September 11<sup>th</sup> terrorist attacks (Galea et al., 2004) and among a Florida sample of individuals affected by Hurricane Andrew (Perilla, Norris, & Lavizzo, 2002); and physical trauma survivors (Marshall, Schnell, & Miles, 2009). Explanations for these disparities are still not well understood. Experiences of discrimination have been proposed as a contributor to and a possible source of elevated levels of traumatic stress in Latinx populations. For example, a meta-analytic review examining the relationship between discrimination and health outcomes among ethnic/racial minorities revealed abundant support for the negative impact of discrimination on psychological well-being as well as physical health (Williams, Neighbors, & Jackson, 2003). Pole and colleagues (2005) examined a sample of 668 police officers and found that Latinx officers reported greater symptom severity of posttraumatic stress even after controlling for trauma

exposure; perceived racism explained a portion of this discrepancy. The experience of ethnic microaggressions, subtle forms of discrimination, by Latinx populations has also been linked to PTSD symptoms (Pole et al., 2005; Torres & Taknint, 2015). While research solely examining Latinx women is less abundant, indirect relationships between ethnic discrimination and higher levels of PTSD symptoms (Watson, DeBlaere, Langrehr, & Zelaya, 2016), depressive symptomology (Velez, Campos, & Moradi, 2015), and psychological distress (Torres, Driscoll, & Voell, 2012) have been found. For instance, with a sample of college student women of color Watson and colleagues (2016) found ethnic discrimination to be predictive of PTSD symptoms and found an indirect association between ethnic discrimination and PTSD symptoms through self-esteem. Additionally, Torres and colleagues (2012) examined a community sample of Latinx individuals and found that perceived discrimination indirectly predicted psychological distress.

### **Sexism**

Latinx women, like women from other ethnic groups, experience differential treatment or sexism due to their gender. Sexism is a commonly studied form of discrimination. Sexism can be conceptualized as gender-specific stressors or unfair treatment due to one's gender (Berg, 2006). Two psychometrically sound measures assessing sexism have been developed: The Schedule of Sexist Events (Klonoff and Landrine, 1995) and the Daily Sexist Events Scale (Swim, Hyers, Cohen, and Ferguson, 2001). Both measures assess sexism in the form of sexual degradation, such as

demeaning comments or name calling. They also evaluate experiences of sexist discrimination in close relationships and in the workplace. Experiences of sexism have been linked to various negative mental health outcomes including depression, anger, anxiety, low self-esteem, post-traumatic stress symptoms and general psychological distress (Berg, 2006; Borrell et al., 2011; Fischer & Holz, 2007; Swim, Hyers, Cohen, & Ferguson, 2001; Szymanski, Gupta, Carr, & Stewart, 2009). However, much of this literature is comprised of primarily Caucasian samples and/or do not acknowledge the diverse experiences of women of color (e.g. Berg, 2006).

Given their membership in multiple marginalized groups, women of color are vulnerable to a “double jeopardy” position in which the intersections of their identities create distinctive discriminatory experiences. The double jeopardy hypothesis states that women of color experience discrimination not only due to their gender but also their race/ethnicity (Beal, 1970; Berdahl and Moore, 2006). There is evidence to support that racial/ethnic minority women experience higher levels of discrimination in various settings, including the workplace and academia (Berdahl and Moore, 2006; Davis, 2016). However, there are methodological constraints on examining this construct, specifically a lack of measures that can accurately assess the intersectional identities and unique experiences of women of color. Therefore, much of the literature has examined various forms of discrimination from an interactionist perspective, examining the multiplicative or additive effects of multiple stressors on psychological health (Szymanski & Stewart, 2010).

Szymanski and Stewart (2010) found that in a sample of women of color, sexism accounted for levels of psychological distress above and beyond that accounted for by

ethnic/racial discrimination. This suggests that sexism may be more detrimental to women of color than experiences of ethnic discrimination. Sexism has been found to be associated with increased alcohol use and higher levels of psychological distress among Latinx women (Otiniano, Verissimo, Gee, Ford, & Iguchi, 2014). There is evidence to support that Latinx women experience a higher level of both ethnic discrimination and sexism in workplace and school settings and additionally are more likely to experience a greater amount of discrimination than Latinx men (Borrell et al., 2011; Nadal, Mazzula, Rivera, & Fujii-Doe, 2014).

Although less well-developed, empirical research has linked sexism with PTSD. For instance, Berg (2006) found that chronic occurrences of sexist experiences was related to higher endorsement of PTSD symptoms in a sample of predominately White women. Additionally, Watson and colleagues (2016) found that sexism was directly related to greater PTSD symptoms in a diverse sample of women of color that included approximately 12% Latinx women. To date, few studies have examined this relationship and further research is needed to confirm these findings particularly in Latinx women.

### **Sexual Objectification**

Related, but separate from sexism, is the construct of sexual objectification, defined as reducing a woman to her body or body parts and/or ridiculing women based on their bodies (Kozee, Tylka, Augustus-Horvath, & Denchik, 2007). Experiences of sexual objectification share some overlap with generalized sexism given that they may occur across similar settings (e.g. workplace, close relationships). However, sexism measures

typically do not assess the specific experience of a woman being reduced to her body or body parts and being valued based on her sexuality (Watson et al., 2016). Given that sexual objectification has been found to be ubiquitous in the lives of women (Fairchild & Rudman, 2008; Moradi & Huang, 2008), it is an important construct to examine on its own.

Research examining sexual objectification has allowed an understanding of the lived experiences and socialization of women and how these experiences translate into mental health problems among women. The empirical literature has linked objectification experiences of women to negative mental health outcomes such as body dissatisfaction (Frederick, Forbes, Grigorian, & Jarcho, 2007; Viladrich, Yeh, Bruning, & Weiss, 2009), body shame (Boie, Lopez, & Sass, 2012), eating disorder symptomology, and depressive symptoms (Moradi & Huang, 2008), in samples of majority White women. Sexual objectification has been conceptualized as a source of trauma on its own and has been linked to greater PTSD symptoms in diverse samples of women (Miles-McLean et al., 2015; Watson et al., 2016). For example, in a sample of ethnically diverse women, Miles-McLean and colleagues (2015) found experiences of sexual objectification to be both directly and indirectly associated with greater PTSD symptoms. This study also found these associations to be significant in women with and without a history of past trauma (i.e. rape or sexual assault), providing evidence that experiences of sexual objectification are related to PTSD symptoms even without a history of trauma. Research specifically addressing Latinx women is less available, however there are a handful of studies offering insight into these unique experiences (Velez, Campos, & Moradi, 2015; Watson et al., 2016). For example, Watson and colleagues (2016) examined the role of



multiple forms of oppression (including racism, sexism and sexual objectification) on PTSD symptoms in women of color, including Latinx women. These findings provided evidence for the direct relationship between sexual objectification and PTSD symptoms. Additionally, Velez and colleagues (2015) found that sexual objectification was significantly related to increased eating disorder symptomology and depressive symptoms in a sample of Latinx women. Additionally, Latinx women are often stereotyped as being exotic and sexual objects available for sexual advances (McCabe, 2009; Nadal et al., 2015). This suggests experiences of sexual objectification particularly in Latinx women are prevalent and demand further study. Unfortunately, minimal research has examined the relationship between sexual objectification and mental health among Latinx women.

### **Cultural Values**

Gender roles and ethnic group membership contribute to the development of one's identity, particularly for persons of color (Bem, 1981; Phinney & Alipuria, 1990). Stringent gender roles may influence the way in which a Latinx woman reacts and responds to sources of stress, such as discrimination, consequently influencing her mental health. Latinx traditional gender roles encompass the concept of *Marianismo*, comprised of the expectations for Latinx women to be virtuous and chaste, be the family and spiritual pillar, be subordinate to others, and self-silence in order to maintain harmony (Piña-Watson et al., 2016). Conflicting findings on the influence of traditional gender roles in Latinx culture begs for further research (Castillo et al., 2010; Cespedes & Huey,

2008; Piña-Watson et al., 2014; Piña-Watson et al., 2016). Depending on the outcome, the elements of Marianismo can be seen as positive or negative. For example, self-silencing and subordination to others can be seen as negative aspects of Marianismo and have been associated with lower positive academic attitudes, while being virtuous and chaste, a family and spiritual pillar have been associated with positive outcomes, such as academic success (Swim, Eysell, Murdoch, & Ferguson, 2010; Piña-Watson et al., 2016). In a meta-analysis focusing on Latinx populations, traditional gender role values were associated with greater internalized distress symptoms, such as depression (Mendelson, Rehkopf, & Kubzansky, 2008). Specifically, Mendelson and colleagues (2008) found that family networks and spirituality served as protective factors for Latinx individuals against depressive symptoms. While they did not specifically state the concept of Marianismo, these findings support the notion that the family and spiritual pillars are positive aspects of this construct.

### **Current Study**

Previous empirical research has identified a link between discrimination and poor psychological outcomes but have not distinguished between various types of differential treatment. Additionally, the risk or protective factors that contribute to the relationship between these variables remain unclear particularly as it pertains to Latinx women. As such, the first aim of the current study is to examine the ability of ethnic discrimination, sexism, and sexual objectification to predict PTSD symptoms and psychological distress. The second aim is to investigate the ability of Marianismo to moderate the relationship

between discrimination and mental health. With this in mind, several hypotheses have been postulated.

Hypothesis 1 states that experiences of sexism and sexual objectification will contribute to both PTSD symptoms and general psychological distress above and beyond ethnic discrimination. Specifically, hypothesis 1a states that greater endorsement of sexism and sexual objectification will predict self-reported PTSD symptoms above and beyond that which ethnic discrimination alone would predict. Hypothesis 1b states that this relationship will also be true when predicting general psychological distress.

It is believed that Marianismo will be a moderating variable, such that the negative aspects of this construct will exacerbate the effects of stress on negative mental health symptoms, while the positive aspects will serve a protective role in the relationship between stress and negative mental health symptoms. Specifically, Hypothesis 2a states that higher endorsement of the Marianismo self-silencing and subordination to others pillars will strengthen the relationship of ethnic discrimination and PTSD symptoms, while 2b stated that the pillars of being virtuous and chaste, and being a family and spiritual pillar to others will weaken this relationship. Hypotheses 2c and 2d stated that these same relationships would hold true in predicting symptoms of psychological distress.

Hypotheses 3a states that higher endorsement of the Marianismo pillars of self-silencing and subordination to others will strengthen the relationship between sexism and PTSD symptoms, while 3b states that being virtuous and chaste, and being a family and spiritual pillar to others will weaken this relationship. Hypotheses 3c and 3d predicted that these relationships would also be found in predicting psychological distress.

Hypothesis 4a states that higher endorsement of the Marianismo pillars of self-silencing and subordination to others will strengthen the relationship of sexual objectification and PTSD symptoms, while 4b states that being virtuous and chaste, and being a family and spiritual pillar to others will weaken this relationship. Hypotheses 4c and 4d reiterate these predictions with psychological distress as the outcome variable.

## **Method**

### **Participants and Sampling**

For the present study 192 adults over the age of 18 who identified as Latinx or Hispanic were recruited from community cultural events. However, 19 participant responses were discarded because either less than 80% of the survey was completed or it was deemed that participants had variable effort on their surveys. Additionally, only participants who identified as female were included in the analyses, which comprised 68.4% of sample. Of the 132 female participants, the overwhelmingly majority of the sample identified as Mexican, Mexican American, or Chicano ( $n = 122$ , 92.4%), followed by Puerto Rican ( $n = 6$ , 4.6%), Central or South American ( $n = 2$ , 1.5%), and other ( $n = 1$ , 0.8%). The age range of the sample was 18 – 72, with an average age of 39.9 ( $SD = 14.80$ ). Most women were married (48.5%,  $n = 64$ ) with an average of 1 – 2 children in the home. Slightly under a quarter of the sample reported an annual family income of under \$20,000 (22%,  $n = 28$ ). About half of the sample reported making between \$20,000 and \$50,000 annually (48%,  $n = 61$ ), with the remainder reporting over \$50,000 of annual

income (29.1%,  $n = 38$ ). Participants were almost perfectly split between U.S. born and foreign-born individuals, with 48.5% ( $n = 64$ ) reporting being foreign born and 50% ( $n = 66$ ) reporting being born in the United States. The remaining 1.5% ( $n = 2$ ) of the sample did not provide nativity information. Majority of the sample reported being first generation, defined as having neither parent born in the United States or immigrating to the U.S. themselves, (66.7%,  $n = 88$ ). Second generation individuals comprised 15.9% of the sample ( $n = 21$ ), defined as having at least one parent born in the U.S. The remaining participants were third generation Latinxs (17.4%,  $n = 24$ ), having had at least one grandparent born in the U.S. In terms of education, 13.7% ( $n = 18$ ) of the sample reported not having any high school education. Nine percent ( $n = 12$ ) of the sample reported only some high school education. A large portion of the sample (46.6%,  $n = 61$ ) reported either having a high school degree as their highest level of education (22.9%,  $n = 30$ ) or having some college or university experience (23.7%,  $n = 31$ ). The remaining women in the sample reported having a bachelor's degree or higher (30.5%,  $n = 40$ ).

## **Procedure**

After receiving appropriate study approval from the Institutional Review Board of the affiliated institution, participants were recruited from local community cultural events. Latinx individuals were approached at these events and given a brief description of the study, including goals, risks, benefits, and confidentiality. After oral consent, participants voluntarily completed a series of paper and pencil questionnaires onsite. Participants had the option to complete the survey in either English or Spanish.

Participants spent between 30-60 minutes completing the survey and had the option to discontinue at any time. Bilingual research assistants were available to answer any participant questions or concerns. To ensure privacy and confidentiality, surveys were anonymous without any form of identifiable information attached to them. Surveys were then placed into an anonymous box after completion. All participants were given a referral form with listed bilingual community mental health resources and compensated with a \$10 gift card. The majority of the sample completed the survey in English (65.2%,  $n = 86$ ).

### **Measures – Independent Variables**

*Demographic Form.* Participants completed a demographic form and indicated sex, annual household income, nativity status, education level, generation level, and age.

*Marianismo.* The Marianismo Beliefs Scale (MBS; Castillo, Perez, Castillo, & Ghosheh, 2010) is a 24-item measure, available in both English and Spanish, used to assess the extent to which a Latinx woman believes she should abide by traditional Latinx cultural gender roles. The MBS uses a 5-point Likert-scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). It is comprised of five subscales encompassing the various aspects of Marianismo: family pillar, virtuous and chaste, subordinate to others, self-silencing and spiritual pillar. A sample item of the family pillar states, “A Latina must be a source of strength for her family.” The virtuous and chaste pillar includes, “A Latina should adopt the values taught by her religion.” An example item of being subordinate to others includes, “A Latina should respect men’s opinions even when she

does not agree.” The self-silencing pillar items include, “A Latina should be forgiving in all aspects”. Lastly, a sample item of the spiritual pillar states, “A Latina should be the spiritual leader of the family.” An overall mean score is calculated or individual subscale means may be calculated. Individual subscale means were calculated for the present study. The subscales of the Marianismo Beliefs Scale were combined to create “positive” and “negative” subscales, representing aspects of Marianismo previously identified to be protective or risk factors (Swim, Eysell, Murdoch, & Ferguson, 2010; Piña-Watson et al., 2016). The positive Marianismo subscale was comprised from the following subscales: being a family pillar, being a spiritual pillar, and being virtuous and chaste. The negative Marianismo subscale consisted of the subordination to others and self-silencing subscales. Higher scores indicate greater endorsement of Marianismo beliefs. The MBS has been found to be highly reliable with Latinx women, with a reliability coefficient of .85 (Piña-Watson, Castillo, Ojeda, & Rodriguez, 2013). The Cronbach’s alpha for the present study was .93 (English = .93, Spanish = .90).

*Ethnic Discrimination.* The Brief-Perceived Ethnic Discrimination Questionnaire (B-PEDQ; Brandolo et al., 2005) is a 17-item questionnaire, available in both English and Spanish, that measures incidences of discrimination in one’s lifetime and is applicable to multiple racial and ethnic groups. Each question states an event and then asks the participant to rate how often they have experienced that event on a Likert scale from 1 (*never*) to 5 (*very often*). A sample item is, “Have others made you feel like an outsider who doesn’t fit in because of your dress, speech, or other characteristics related to your ethnicity?” An overall mean score is calculated; higher scores indicate greater endorsement of discriminatory experiences. Brandolo and colleagues (2005) reported a

Cronbach's alpha of .87 in a sample including Latinxs. The present study found a reliability coefficient of .92 (English = .92, Spanish = .92).

*Sexism.* The Schedule of Sexist Events-Revised (SSE-R; Klonoff & Landrine, 1995) is a 20-item measure, available in both English and Spanish, used to assess lifetime and recent (past year) sexist experiences in women's lives. This measure was chosen due to the inclusion of various types of discrimination reported to be experienced by Latinx women in previous research (McCabe, 2009; Nadal et al., 2015; Nadal, Mazzula, Rivera, & Fujii-Doe, 2014). Sample items include: "How many times have you been treated unfairly by teachers or professors because you are a woman?" "How many times have you been treated unfairly by your employer, boss or supervisors because you are a woman?" Items are rated on a 6-point Likert scale from 1 (*never*) to 6 (*all of the time*). Higher scores indicate higher rates of sexism. The SSE has been used and found to be reliable with an ethnically diverse sample, which included Latinx women ( $\alpha = .89$ ; Ro & Choi, 2009). Reliability for the original measure was reported at .92 (Klonoff & Landrine, 1995). Cronbach's alpha for the present study was .95 (English = .95, Spanish = .96).

*Sexual Objectification.* The Interpersonal Sexual Objectification Scale (ISOS; Kozee, Tylka, Augustus-Horvath, & Denchik, 2007) is a 15-item measure used to assess lifetime and recent (past year) experiences of sexual objectification in women's lives. This measure aims to evaluate two forms of sexual objectification, body evaluation and unwanted sexual explicit advances. Items are rated on a 5-point Likert scale from 1 (*never*) to 5 (*almost always*). Sample items include: "How often have you noticed someone leering at your body?" and "How often has someone made a degrading sexual gesture towards you?" Items are averaged and higher scores indicate greater experiences



of sexual objectification. The ISOS has been found to be reliable in a sample of Latinx women, with an internal consistency coefficient of .94 (Velez et al., 2015). The present study found a reliability coefficient of .95 (English = .95, Spanish = .95).

### **Measures – Dependent Variables**

*Posttraumatic Stress Symptoms.* The Posttraumatic Stress Symptoms Scale- Self Report (PSS-SR; Foa, Riggs, Dancu, & Rothbaum, 1993) is a 17-item self-report measure used to assess the frequency of posttraumatic stress symptoms. Respondents rate the frequency in which they have experienced various symptoms within the last week using a 4-point Likert scale from 1 (*never*) to 4 (*very often*). Sample items include, “Felt like something bad that happened to you in the past was happening all over again?” and “Tried to avoid certain activities, situations, or places?” Items are averaged with higher scores indicating greater frequency of posttraumatic stress symptoms. The PSS-SR has been found to be reliable in Latinx populations, with an internal consistency coefficient of .92 (English  $\alpha = .93$ , Spanish  $\alpha = .90$ ; Torres & Taknint, 2015). The Cronbach’s alpha for the present study was .93 (English = .93, Spanish = .93).

*Psychological Distress.* The Brief Symptom Inventory (BSI; Derogatis, 2001) is an 18-item self-report measure used to assess presence of general psychological distress. Respondents rate the level of distress each feeling item has caused them within the past week on a 5-point Likert scale ranging from 0 (*no at all*) to 4 (*extremely*). Sample items include, “Feeling no interest in things” and “feelings of worthlessness.” Items are summed with higher scores indicating greater psychological distress. The BSI has been

found to be reliable in in Latina populations, with an internal consistency coefficient of .95 (Prelow, Weaver, Swenson & Bowman, 2005). The present study found an internal consistency coefficient of .96 (English = .95, Spanish = .96).

## **Results**

### **Data Screening**

Prior to analysis seven variables of interest (positive Marianismo, negative Marianismo, ethnic discrimination, sexism, sexual objectification, PTSD symptoms, and general psychological distress) were examined to determine the accuracy of data entry, missing values, and assumptions of multivariate assumptions.

Analysis of missing data revealed that ethnic discrimination was missing 12% of responses and sexism was found to be missing 32% of data. Due to the high percentages of missing data in this sample, multiple imputation was explored as a possible remedy. Historically, missing data has been managed by substituting the mean or mode of the non-missing values for that variable. However, this has been deemed inadequate (Royston, 2004). Multiple imputation (MI) using regression based analyses is a method developed by Rubin (1987) and has grown in popularity in recent decades. This method fills in missing values with plausible substitutions generated based on distributions of and relationships among observed values in the data set (Rubin, 1987). The first step in determining the optimal technique for addressing missing data is to evaluate any patterns that may exist in these missing values. These patterns are divided into three classes: missing completely at random, missing at random, and missing not at random (Li, Stuart,

& Allison, 2015). Missing completely at random indicates that there is no relationship between missing values and other values in the data set, either missing or observed. However, this is highly unlikely to be true for most datasets. Data missing at random, in which the missing values can somehow be explained by the observed data, is the most common occurrence (Li, Stuart, & Allison, 2015). Should the data be found to be missing completely at random or missing at random, MI is utilized. MI is preferred to single imputation given that this method fills data through multiple iterations ( $m > 1$ ) with different plausible, estimated values based on statistical characteristics of the observed data. Values are analyzed and combined across these imputations creating a 'pooled' dataset which can be used to conduct multivariate analyses. In the present study, missing values were deemed to be missing at random. Variables exceeding 10% missing composite values were imputed using MI (Myrtveit, Stensrud, & Olsson, 2001). A sensitivity analysis was conducted to determine any differences between the imputed data and original data. All preliminary and main analyses were conducted and compared. No significant differences were observed. Therefore, original data was used in all analyses for the current study.

Pairwise linearity was assessed using within-group scatterplots and deemed satisfactory. Exact number of cases for each variable can be found in Table 1. To screen for univariate outliers each variable was transformed to its z-score and values  $\pm 3.29$  were considered potential outliers (Howell, 2013; Tabachnick & Fidell, 2013). Significantly high outliers were winsorized to the next highest value under the cut off of 3.29 (Tabachnick & Fidell, 2013). In order to screen for multivariate outliers Mahalanobis distance was utilized to examine the distance each value falls from the centroid. No

corrections were necessary given that only one case (< 1%) was determined to be a multivariate outlier using a  $p$ -value of 0.0001 and  $\chi^2$  testing.

All variables of interest were examined for normality. Skewness and kurtosis were evaluated in each variable by dividing the value by their respective standard errors. If the value was  $\pm 3.29$ , data were considered significantly kurtotic or skewed. General psychological distress was the only variable that was significantly kurtotic. Each variable was significantly skewed with the exception of sexual objectification and positive and negative Marianismo. However, many of these variables were expected to be skewed given that a non-clinically impaired sample was utilized. All main analyses were conducted using the transformed and untransformed data. No differences were observed; therefore, all analyses reported include original, untransformed data.

To examine multicollinearity, a matrix correlation (two-tailed Pearson's  $r$ ) of all variables was created. No two variables were correlated over 0.80, as is an accepted diagnostic cut-off of multicollinearity (P. Vatcheva & Lee 2016). Results can be found in Table 2.

### **Preliminary Analyses**

After data screening, descriptive statistics and correlations were conducted for each variable, which can be found in Table 1 and 2, respectively. Additionally, mean differences were assessed using demographic variables. Each of the seven variables of interest were assessed to determine any differences across income (less than \$20,000, \$20,000-\$50,000, and over \$50,000) and nativity status (foreign born vs. U.S. born). In

order to account for multiple comparisons, the Bonferroni correction was utilized to determine statistical significance for the preliminary analyses ( $p < .007$ ).

Table 1.

*Descriptive Statistics of Variables of Interest*

<i>Variables (n)</i>	<i>M</i>	<i>SD</i>	<i>Min.</i>	<i>Max.</i>
Positive Marianismo (114)	2.92	0.62	1.38	4.00
Negative Marianismo (124)	1.77	0.66	1.00	4.00
Ethnic Discrimination (116)	1.84	.74	1.00	4.35
Sexism (89)	2.12	.95	1.00	5.60
Sexual Objectification (124)	2.17	.88	1.00	4.67
PTSD Symptoms (123)	1.75	.65	1.00	3.86
Psychological Distress (123)	13.21	15.42	1.00	66.00

Table 2.

	1	2	3	4	5	6	7
1. Negative Marianismo	--	.509**	.038	.007	-.121	.141	.228**
2. Positive Marianismo	--	--	-.088	-.158	-.119	.042	.033
3. Ethnic Discrimination	--	--	--	.769**	.545**	.593**	.481**
4. Sexism	--	--	--	--	.613**	.574**	.448**
5. Sexual Objectification	--	--	--	--	--	.467**	.255**

6.	PTSD Symptoms	--	--	--	--	--	--	.786**
7.	Psychological Distress	--	--	--	--	--	--	--

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*Correlations of Variables of Interest.*

One way analyses of variances revealed there were no significant differences among income levels for the seven variables of interest. Independent samples t-tests were conducted to determine mean differences between foreign and U.S. born participants on all variables of interest. The analyses show that U.S. born Latinx women ( $M = 2.39$ ,  $SD = 0.85$ ) reported significantly more experiences of sexual objectification than foreign born Latinx women ( $M = 1.90$ ,  $SD = 0.81$ ),  $t(121) = -3.25$ ,  $p = .002$ ). Similarly, U.S. born participants ( $M = 2.34$ ,  $SD = 0.90$ ) reported more instances of sexism than foreign born Latinx women ( $M = 1.75$ ,  $SD = 0.80$ ),  $t(86) = -3.18$ ,  $p = .002$ ). Experiences of ethnic discrimination was also statistically significance with U.S. born Latinx women ( $M = 2.00$ ,  $SD = 0.70$ ) endorsing more experiences than those that were foreign born ( $M = 1.62$ ,  $SD = 0.74$ ,  $t(112) = -2.81$ ,  $p = .006$ ). As a result, the main analyses controlled for income and nativity status.

### **Hypothesis 1**

Hypothesis 1 consisted of two parts and stated that sexism and sexual objectification would predict (a) PTSD symptoms and (b) general psychological distress above and beyond ethnic discrimination. To test Hypothesis 1, two separate hierarchical

regressions were conducted for PTSD symptoms and psychological distress. Nativity status and annual household income were entered in step 1, ethnic discrimination was entered at step 2, sexual objectification was entered at step 3, and sexism was entered at step 4. Due to the greater support throughout the literature of the association between both sexual objectification and ethnic discrimination and PTSD symptoms, sexism was entered in the last step in order to test whether sexist experiences could predict PTSD symptoms above and beyond both of these constructs.

**Hypothesis 1a.** For the first hierarchical regression predicting PTSD symptoms, step 1 explained 14% of the variance in PTSD symptoms,  $F(2,73) = 5.923$ ,  $R^2 = .140$ ,  $p = .004$ . Both nativity status ( $p = .057$ ) and annual family income ( $p = .032$ ) were significant. Ethnic discrimination explained an additional 27% of variance in PTSD symptoms after controlling for demographic variables  $R^2$  change =  $.276$ ,  $F$  change =  $F(1,72) = 33.99$ ,  $p < .001$ . With the addition of sexual objectification in step 3, the total variance explained by the model was 45%,  $F(4,71) = 14.638$ ,  $R^2 = .452$ ,  $p < .001$ ,  $R^2$  change =  $.036$ ,  $F$  change =  $F(1,71) = 4.715$ ,  $p = .033$ . After entry of sexism in the final step, the total variance accounted for by the model was 47%,  $F(5,70) = 12.646$ ,  $R^2 = .475$ ,  $p < .001$ . Sexism explained an additional 2.3% of variance of PTSD symptoms,  $R^2$  change =  $.023$ ,  $F$  change =  $F(1,70) = 3.014$ ,  $p = .087$ . These results indicate partial support for hypothesis 1a showing that sexism does not predict PTSD symptoms above and beyond ethnic discrimination, however, sexual objectification does. Full results are shown in Table 3.

**Hypothesis 1b.** For the second hierarchical regression predicting general psychological distress, step 1 explained 9% of the variance in general psychological

distress,  $F(2,73) = 3.992$ ,  $R^2 = .099$ ,  $p = .023$ ; nativity status was significant ( $p = .002$ ). With the addition of ethnic discrimination in step 2, the total variance accounted for was increased to 30%,  $F(3,72) = 10.351$ ,  $R^2 = .301$ ,  $p < .001$ ,  $R^2$  change = .203,  $F$  change =  $F(1,72) = 2.102$ ,  $p = .152$ . Sexual objectification added only 2% of variance to the model in step 3,  $R^2$  change = .020,  $F$  change =  $F(1,71) = 2.102$ ,  $p = .152$ . After entry of sexism, total variance explained by the model was 36%,  $F(5,70) = 8.021$ ,  $R^2 = .364$ ,  $p < .001$ . Sexism did add a significant amount of variance to the final model,  $R^2$  change = .043,  $F$  change =  $F(1,70) = 4.715$ ,  $p = .033$ . Hypothesis 1b was supported in that sexism contributed to the variance of general psychological distress above and beyond that of ethnic discrimination (see Table 4).

### **Moderator Analyses**

Moderator analyses were conducted to test Hypotheses 2, 3, and 4 which test the ability of Marianismo to moderate the relationship between discrimination and mental health. A moderator is a third variable that alters the strength or direction of the relationship between a predictor variable and an outcome variable (Frazier, Tix, & Barron, 2004). Barron and Kenny proposed a 5-step approach to test moderation through multiple regressions. Step one is to conduct a hierarchical regression to determine if the independent variable predicts the dependent variable. Step two calls for the centering, or subtracting the respective mean of each case value, of any continuous variables being used in the analysis, in order to standardize output. Step three consists of creating the interaction variable by multiplying the independent and moderator variable.



Table 3.

*Hierarchical Regression Analysis for Variables Predicting PTSD symptoms.*

Variables	Model 1			Model 2			Model 3			Model 4		
	<i>B</i>	<i>SE B</i>	$\beta$	<i>B</i>	<i>SE B</i>	$\beta$	<i>B</i>	<i>SE B</i>	$\beta$	<i>B</i>	<i>SE B</i>	$\beta$
Nativity	.037	.153	.026	-.175	.132	-.125	-.214	.130	-.153	-.251	.130	-.179
Annual Household Income	-.163	.048	-.371**	-.097	.041	-.221	-.087	.041	-.197	-.088	.040	-.200
Ethnic Discrimination				.496	.085	.570**	.406	.093	.467**	.272	.120	.313*
Sexual Objectification Sexism							.163	.075	.227	.113	.079	.158
$R^2$	.140			.416			.452			.475		
F for change in $R^2$	5.923			33.996			4.715			3.014		

Note. \*  $p < .05$ , \*\*  $p < .001$

Table 4.

*Hierarchical Regression Analysis for Variables Predicting Psychological Distress.*

Variables	Model 1			Model 2			Model 3			Model 4		
	<i>B</i>	<i>SE B</i>	$\beta$	<i>B</i>	<i>SE B</i>	$\beta$	<i>B</i>	<i>SE B</i>	$\beta$	<i>B</i>	<i>SE B</i>	$\beta$
Nativity	-5.250	3.638	-.161	-9.354	3.348	-.288*	-9.865	3.341	-.303*	-10.869	3.290	-.334*
Annual Household Income	-2.980	1.157	-.288*	-1.674	1.064	-.162	-1.536	1.061	-.149	-1.494	1.034	-.144
Ethnic Discrimination				9.875	2.160	.488**	8.297	2.404	.410**	3.662	3.170	.181
Sexual Objectification Sexism							2.767	1.909	.167	1.117	2.010	.067
										6.128	2.822	.369*
$R^2$	.099			.301			.321			.364		
F for change in $R^2$	3.992			20.893			2.102			4.715		

Note. \*  $p < .05$ , \*\*  $p < .001$

Step four adds the newly created interaction variable to the last step of the hierarchical regression to determine if this variable moderates the relationship. Per Baron and Kenny (1986), if the unstandardized beta for the independent variable becomes zero after adding the interaction, there is evidence for significant moderation by the interaction variable.

Instead of using the traditional procedures for moderator analyses proposed by Barron and Kenny (1986), a more recent approach developed by Hayes (2012) was used. The PROCESS macro is a SPSS add-on which simplifies moderation to a one-step input procedure and offers expanded information on the moderator analyses. This approach estimates coefficient values using ordinary least squares (OLS) regressions (Hayes, 2012). In addition, the PROCESS approach corrects construct bias, offers effect sizes, and allows for enhanced graphing techniques, including assessment of slope line significance (Hayes, 2017). This model estimates the influence of the independent variable on the dependent variable by the moderating variable. Similar to Baron and Kenny's method, the multiple regressions utilized are hierarchical with the first step controlling for the predictor and moderator variables and the last step entering the newly created interaction variable. While Barron and Kenny (1986) called for the centering of any continuous variables in moderation analysis, Hayes (2012) argues that this is not necessary. Centering quantitative variables has been suggested to reduce multicollinearity and is done by subtracting the sample mean from the scores on each predictor variable (Tabachnick & Fidell, 2013). PROCESS offers a centering feature that can be used, however, is deemed optional by the author. Hayes & Rockford (2016) argue that the belief that all continuous variables observed in a moderation analysis need to be centered,

has been repeatedly debunked. Therefore, the current study did not center variables used in any moderation analyses. In addition, due to the many analyses being conducted, Bonferroni's correction was employed for moderator analyses ( $p = .004$ ).

## **Hypothesis 2**

Hypothesis 2 stated that Marianismo gender role beliefs would moderate the relationship between ethnic discrimination experiences and PTSD symptoms. Specifically, Hypothesis 2a stated that the negative aspects of Marianismo (self-silencing and subordination subscales) would strengthen the relationship between experiencing ethnic discrimination (B-PEDQ) and reporting symptoms of PTSD (PSS-SR). Separately, Hypothesis 2b stated that the positive aspects of Marianismo (being virtuous and chaste, being a family pillar and spiritual pillar) would weaken the relationship of ethnic discrimination (B-PEDQ) experiences and reporting symptoms of PTSD (PSS-SR). Demographic variables of annual family income and nativity status were included as covariates. In addition, ethnic discrimination, Marianismo beliefs, and an interaction term of ethnic discrimination multiplied by Marianismo beliefs was entered.

**Hypothesis 2a.** For the first analysis that examined negative aspects of Marianismo as a moderator between ethnic discrimination and PTSD symptoms, the variables accounted for 43% of variance in PTSD symptoms,  $F(5,92) = 13.99$ ,  $R^2 = .432$ ,  $p < .001$ . Ethnic discrimination showed a significant main effect, however Marianismo and the interaction effect was not significant. Results are in Table 5.

Table 5.

*Hierarchical Regression Examining Negative Marianismo as Moderator Between Ethnic Discrimination and PTSD symptoms.*

Variable	<i>B</i>	<i>SE B</i>	<i>95% CI</i>
Nativity	-.133	.116	-.363 – .097
Annual Household Income	-.067	.037	-.141 – .007
Ethnic Discrimination	.642**	.190	.266 – 1.019
Negative Marianismo	.119	.199	-.277 – .514
Interaction of ethnic discrimination and negative Marianismo	-.040	.090	-.219 – .138
<i>R</i> <sup>2</sup>	.432		

Note. \*  $p < .05$ , \*\*  $p < .001$

**Hypothesis 2b.** For the second analysis that examined positive aspects of Marianismo as a moderator between ethnic discrimination and PTSD symptoms, the variables accounted for 42% of the variance in PTSD symptoms,  $F(5/83) = 12.39$ ,  $R^2 = .427$ ,  $p < .001$ . The main effect of ethnic discrimination was significant, however, Marianismo and the interaction effect were not significant. Results can be found in Table 6.

Table 6.

*Hierarchical Regression Examining Positive Marianismo as Moderator Between Ethnic Discrimination and PTSD symptoms.*

Variable	<i>B</i>	<i>SE B</i>	<i>95% CI</i>
Nativity	-.108	.122	-.352 – .136
Annual Household Income	-.076*	.040	-.155 – .003
Ethnic Discrimination	.893*	.294	.308 – 1.477
Positive Marianismo	.337	.208	-.076 – .751

Interaction of ethnic discrimination and positive Marianismo	-.123	.099	-.319 – .073
$R^2$	.427		

Note. \*  $p < .05$ , \*\*  $p < .001$

**Hypothesis 2c.** The third analysis examined negative aspects of Marianismo as a moderator between ethnic discrimination and psychological distress. The variables accounted for 28% of variance in psychological distress,  $F(5,94) = 7.644$ ,  $R^2 = .289$ ,  $p < .001$ . Ethnic discrimination, negative Marianismo, and the interaction effect were not significant. Results can be found in Table 7.

**Hypothesis 2d.** The fourth analysis examined positive aspects of Marianismo as a moderator between ethnic discrimination and psychological distress. The variables accounted for 28% of variance in psychological distress,  $F(5,84) = 6.815$ ,  $R^2 = .289$ ,  $p < .001$ . Ethnic discrimination showed a significant main effect, however, negative Marianismo and the interaction effect were not significant. Results can be found in Table 8. Hypothesis two was not supported. Neither the negative nor positive aspects of Marianismo moderated the relationship of ethnic discrimination and PTSD symptoms or psychological distress.

Table 7.

*Hierarchical Regression Examining Negative Marianismo as Moderator Between Ethnic Discrimination and Psychological Distress.*

Variable	$B$	$SE B$	95% $CI$
Nativity	-6.680	2.812	-12.262 – -1.097
Annual Household Income	-.970	.926	-2.808 – .868
Ethnic Discrimination	.8.321	4.802	-1.214 - 17.875

Negative Marianismo	-1.405	4.912	-11.158 – 8.348
Interaction of ethnic discrimination and negative Marianismo	1.197	2.267	-3.304 – 5.698
$R^2$	.289		

Note. \*  $p < .05$ , \*\*  $p < .001$

Table 8.

*Hierarchical Regression Examining Positive Marianismo as Moderator Between Ethnic Discrimination and Psychological Distress.*

Variable	$B$	$SE B$	95% CI
Nativity	-5.945	3.023	-11.957 – .067
Annual Household Income	-1.475	1.001	-3.466 – .517
Ethnic Discrimination	16.280*	7.554	1.259 – 31.301
Positive Marianismo	5.147	7.554	-5.169 – 15.464
Interaction of ethnic discrimination and positive Marianismo	-2.011	2.508	-7.000 – 2.977
$R^2$	.289		

Note. \*  $p < .05$ , \*\*  $p < .001$

### Hypothesis 3

Hypothesis 3 stated that Marianismo gender role beliefs would moderate the relationship between sexism experiences and PTSD symptoms. Hypothesis 2a predicted that the negative aspects of Marianismo (self-silencing and subordination) will strengthen the relationship between experiencing sexism (SSE) and reporting symptoms of PTSD (PSS-SR). Hypothesis 3b stated that the positive aspects of Marianismo (being virtuous and chaste, being a family pillar and spiritual pillar) would weaken the relationship of sexist experiences and reporting symptoms of PTSD. Demographic variables of annual

family income and nativity status were included as covariates. In addition, sexism, Marianismo beliefs, and an interaction term of sexism multiplied by Marianismo beliefs was entered.

**Hypothesis 3a.** This analysis examined negative aspects of Marianismo as a moderator between sexism and PTSD symptoms. These variables accounted for 42% of variance in PTSD symptoms,  $F(5,76) = 11.21$ ,  $R^2 = .425$ ,  $p < .001$ . Sexism showed a significant main effect. Negative aspects of Marianismo and the interaction effect were not significant. Results can be found in Table 9.

Table 9.

*Hierarchical Regression Examining Negative Marianismo as Moderator Between Sexism and PTSD symptoms.*

Variable	<i>B</i>	<i>SE B</i>	<i>95% CI</i>
Nativity	-.176	.127	-.429 – .077
Annual Household Income	-.107	.041	-.189 – -.025
Sexism	.499*	.166	.168 – .829
Negative Marianismo	.182	.201	-.219 – .582
Interaction of sexism and negative Marianismo	-.049	.079	-.207 – .110
$R^2$	.425		

Note. \*  $p < .05$ , \*\*  $p < .001$

**Hypothesis 3b.** For the second analysis that examined positive aspects of Marianismo as a moderator between sexism and PTSD symptoms, the variables accounted for 43% of the variance in PTSD symptoms,  $F(5,71) = 10.90$ ,  $R^2 = .434$ ,  $p <$



.001. The main effect of sexism was significant, however the effects of Marianismo and the interaction variable were non-significant. Results shown in Table 10.

Table 10.

*Hierarchical Regression Examining Positive Marianismo as Moderator Between Sexism and PTSD symptoms.*

Variable	<i>B</i>	<i>SE B</i>	<i>95% CI</i>
Nativity	-.140	.131	-.401 – .120
Annual Household Income	-.112*	.044	-.200 – -.024
Sexism	.711*	.244	.224 – 1.197
Positive Marianismo	.383	.211	-.037 – .803
Interaction of sexism and positive Marianismo	-.105	.080	-.264 – .054
<i>R</i> <sup>2</sup>	.434		

Note. \*  $p < .05$ , \*\*  $p < .001$

**Hypothesis 3c.** The third analysis examined negative aspects of Marianismo as a moderator between sexism and psychological distress. The variables accounted for 32% of variance in psychological distress,  $F(5,77) = 7.275$ ,  $R^2 = .321$ ,  $p < .001$ . Sexism showed a significant main effect. Negative Marianismo and the interaction effect were not significant. Results shown in Table 11.

**Hypothesis 3d.** The fourth analysis that examined positive aspects of Marianismo as a moderator between sexism and psychological distress, the variables accounted for 34% of the variance in psychological distress,  $F(5,72) = 7.529$ ,  $R^2 = .343$ ,  $p < .001$ . The main effect of sexism was significant, however, positive Marianismo and the interaction variable were not significant. Results can be found in Table 12. Hypothesis 3 was not

supported. Neither negative nor positive aspects of Marianismo moderated the relationship between sexism and PTSD symptoms or psychological distress.

Table 11.

*Hierarchical Regression Examining Negative Marianismo as Moderator Between Sexism and Psychological Distress.*

Variable	<i>B</i>	<i>SE B</i>	<i>95% CI</i>
Nativity	-8.506	3.350	-15.177 – -1.834
Annual Household Income	-2.134	1.116	-4.356 – .089
Sexism	8.972*	4.610	-.208 – 18.153
Negative Marianismo	1.128	5.453	-9.730 – 11.985
Interaction of sexism and negative Marianismo	.042	2.169	-4.278 – 4.361
<i>R</i> <sup>2</sup>	.321		

Note. \*  $p < .05$ , \*\*  $p < .001$

Table 12.

*Hierarchical Regression Examining Positive Marianismo as Moderator Between Sexism and Psychological Distress.*

Variable	<i>B</i>	<i>SE B</i>	<i>95% CI</i>
Nativity	-8.073	3.433	-14.917 – -1.229
Annual Household Income	-2.821	1.184	-5.182 – -.460
Sexism	15.075*	6.885	1.351 – 28.800
Positive Marianismo	5.726	5.611	-5.460 – 16.912
Interaction of sexism and positive Marianismo	-2.053	2.203	-6.445 – 2.339
<i>R</i> <sup>2</sup>	.343		

Note. \*  $p < .05$ , \*\*  $p < .001$

#### Hypothesis 4

Hypothesis four stated that Marianismo gender role beliefs would moderate the relationship between sexual objectification (ISOS) and PTSD symptoms (PSS-SR). Hypothesis 4a specifically stated that the negative aspects of Marianismo would strengthen the relationship between experiences of sexual objectification and PTSD symptoms. Alternatively, Hypothesis 4b stated that the positive aspects of Marianismo would weaken the relationship between sexual objectification and PTSD symptoms. Demographic variables of annual family income and nativity status were included as covariates. In addition, sexual objectification, Marianismo beliefs, and an interaction term of sexual objectification multiplied by Marianismo beliefs was entered.

**Hypothesis 4a.** This analysis examined negative aspects of Marianismo as a moderator between sexual objectification and PTSD symptoms. These variables accounted for 26% of variance in PTSD symptoms,  $F(5,100) = 7.27$ ,  $R^2 = .267$ ,  $p < .001$ . However, sexual objectification, negative aspects of Marianismo, and the interaction effect were not significant. Results shown in table 13.

Table 13.

*Hierarchical Regression Examining Negative Marianismo as Moderator Between Sexual Objectification and PTSD symptoms.*

Variable	<i>B</i>	<i>SE B</i>	<i>95% CI</i>
Nativity	-.044	.121	-.284 – .197
Annual Household Income	-.095*	.040	-.173 – .016
Sexual Objectification	.216	.185	-.152 – .584
Negative Marianismo	-.042	.240	-.517 – .434

Interaction of sexual objectification and negative Marianismo	-.061	.097	-.132 – .253
$R^2$	.267		

Note. \*  $p < .05$ , \*\*  $p < .001$

**Hypothesis 4b.** For the second analysis that examined the positive aspects of Marianismo as a moderator between sexual objectification and PTSD symptoms, the variables accounted for 26% of variance in PTSD symptoms,  $F(5,91) = 6.43$ ,  $R^2 = .261$ ,  $p < .001$ . However, sexual objectification, positive aspects of Marianismo, and the interaction effect were not significant. Results can be found in table 14.

Table 14.

*Hierarchical Regression Examining Positive Marianismo as Moderator Between Sexual Objectification and PTSD symptoms.*

Variable	<i>B</i>	<i>SE B</i>	<i>95% CI</i>
Nativity	-.031	.130	-.289 – .226
Annual Household Income	-.101*	.041	-.183 – -.020
Sexual Objectification	.469	.293	-.898 – 2.260
Positive Marianismo	.285	.253	-.218 – .788
Interaction of sexual objectification and positive Marianismo	-.056	.098	-.249 – .138
$R^2$	.261		

Note. \*  $p < .05$ , \*\*  $p < .001$

**Hypothesis 4c.** The third analysis examined the negative aspects of Marianismo as a moderator between sexual objectification and psychological distress. These variables accounted for 16% of variance in psychological distress,  $F(5,102) = 4.043$ ,  $R^2 = .165$ ,  $p =$

.002. Sexual objectification, negative Marianismo, and the interaction term were not significant. Results are shown in Table 15.

**Hypothesis 4d.** The last analysis examined the positive aspects of Marianismo as a moderator between sexual objectification and psychological distress. These variables accounted for 19% of the variance in psychological distress,  $F(5,92) = 4.360$ ,  $R^2 = .192$ ,  $p = .001$ . Sexual objectification, positive Marianismo, and the interaction term were not significant. Hypothesis 4 was not supported. Neither negative nor positive aspects of Marianismo moderated the relationship between sexual objectification and PTSD symptoms or psychological distress. Results are in Table 16.

Table 15.

*Hierarchical Regression Examining Negative Marianismo as Moderator Between Sexual Objectification and Psychological Distress.*

Variable	<i>B</i>	<i>SE B</i>	<i>95% CI</i>
Nativity	-5.120	3.002	-11.075 – .835
Annual Household Income	-2.271	1.000	-4.255 – -.287
Sexual Objectification	3.181	4.571	-5.886 – 12.247
Negative Marianismo	-.283	5.935	-12.055 – 11.490
Interaction of sexual objectification and negative Marianismo	1.038	2.428	-3.778 – 5.854
$R^2$	.165		

Note. \*  $p < .05$ , \*\*  $p < .001$

Table 16.

*Hierarchical Regression Examining Positive Marianismo as Moderator Between Sexual Objectification and Psychological Distress.*

Variable	<i>B</i>	<i>SE B</i>	<i>95% CI</i>
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Nativity	-4.833	3.196	-11.180 – 1.514
Annual Household Income	-2.745	1.032	-4.795 – -.696
Sexual Objectification	16.811	7.343	2.227 – 31.395
Positive Marianismo	12.745	6.279	.286 – 25.226
Interaction of sexual objectification and positive Marianismo	-4.069	2.419	-8.873 – .736
$R^2$	.261		

Note. \*  $p < .05$ , \*\*  $p < .001$

### Discussion

The present study has filled a gap in the literature by examining PTSD symptoms and general psychological distress in accordance with the conceptualization of discrimination as a form of trauma. The literature shows that Latinx individuals are at heightened risk for experiencing PTSD symptoms, however, the contributing factors to this phenomenon are still unclear. The current study expanded on previous research that has found chronic stressors, such as discrimination, to be a contributing factor to PTSD symptoms in women of color (Pole et al., 2005; Torres & Taknint, 2015; Watson et al., 2016). Specifically, ethnic discrimination, sexual objectification, and sexism are each associated with negative mental health outcomes in Latinx women. Furthermore, there is evidence that sexism and sexual objectification are differentially associated with PTSD symptoms and general psychological distress. When integrating an intersectional approach to understanding the experiences of Latinx women the current study examined the role of cultural traditional gender role beliefs within these relationships.

The Schedule of Sexist Events was left incomplete by 32% of participants in this study. The amount of missing data for this specific measure, and not the other surveys,

suggests that participants were not willing to report experiences of sexism. It is possible that beliefs regarding sexism, as well as feminism, within the Latinx community could have played a role in this occurrence. Feminist movements have openly acknowledged and challenged the sexist experiences of women throughout history, therefore creating a synonymous and inextricable link between feminism and sexism (Chrisler & Smith, 2004). Research has shown that gender role norms have shaped the way in which women appraise and respond to sexist events, specifically the expectation of women to engage in self-silencing behaviors (Swim, Eysell, Murdoch, and Ferguson, 2010). In a sample of college women, Swim and colleagues found that the greater self-silencing beliefs endorsed, the less likely women were to want to respond to sexist incidents. Given many central cultural values in the Latinx community, including gender role expectations (i.e. familism, Marianismo), women may be viewed negatively if they endorse experiencing sexism or unfair treatment by men because this would be challenging traditional views or customs (Manago, Spears Brown, and Leaper, 2009). For example, Latinx women may feel a burden of ascribing to feminist ideals of being self-sufficient women with many individualized goals while also valuing her culture that may emphasize sacrificing individual goals for the sake of family or loved ones. This furthers the burden of balancing two identities, as Latinx women may feel as though should they endorse or report experiences of sexism they may be seen as rejecting traditional Latinx cultural gender norms or effectively ‘choosing’ their gender over their ethnicity. Additionally, these feminist movements have also historically catered to the experiences of middle-class, White women, disregarding the intersections and complexities of women

embodying multiple marginalized identities. Therefore, Latinx women could feel a greater pull towards their ethnic identity when asked about experiences of sexism.

It is possible that participants felt as though items on the SSE and the ISOS were similar in nature, and therefore felt as though completing the ISOS alone was sufficient. Participants could have also viewed the items of the ISOS as more salient than those of the SSE and found those questions to be more important. While these are possibilities, survey packets were counterbalanced to avoid order effects, therefore this may not fully account for the missing data. A final possibility comes back to the intersectional nature of the experiences of women of color. While the SSE has been used with samples including Latinx women, it was initially developed and validated with a sample of majority White women (Klonoff & Landrine, 1995). The items encompassed within this measure may be more relevant to the experiences of White women rather than those of Latinx women. Therefore, the women in this sample may have not recognized the items in the SSE as salient experiences in their lives.

Hypothesis 1 stated that sexism and sexual objectification would predict (a) PTSD symptoms and (b) general psychological distress above and beyond ethnic discrimination. Results partially supported each of these hypotheses. In hypothesis 1a, sexual objectification was found to contribute unique variance above and beyond ethnic discrimination in predicting PTSD symptoms, while sexism did not contribute significant variance. Separately, in hypothesis 1b, predicting general psychological distress, sexism was found to contribute unique variance above and beyond ethnic discrimination, while sexual objectification was non-significant. In each of the final models of hypotheses 1a and 1b, ethnic discrimination was still found to be a robust predictor of both PTSD



symptoms and general psychological distress. These findings are consistent with previous research conducted with women of color. Szymanski and Stewart (2010) found sexism to predict psychological distress above and beyond ethnic discrimination. Sexist events, as captured by the SSE, can be considered daily or frequently occurring acts in a woman's day to day, specifically, it has been found that women experience one to two sexist events a week (Swim, Hyers, Cohen, and Ferguson, 2001). Women are also socialized to accept many of the slights described in the SSE without responding or challenging the individuals perpetuating a discriminatory environment, often for fear of how the perpetrator may respond (Dodd, Giuliano, Boutell, and Moran, 2001; Swim and Hyers, 1998). These kind of pervasive, recurrent, and, often, ambiguous experiences may lead to symptoms more accurately captured by general psychological distress.

Regarding the results of hypothesis 1b, sexual objectification has previously been found to be directly related to PTSD symptoms in a sample of women of color, while ethnic discrimination was only indirectly related (Watson et al., 2016). Sexual objectification captures the experiences of women that may illicit a higher potential for harm or may be life threatening in nature (i.e. unwanted sexual advances or groping). Therefore, it is understandable that these experiences are related to more severe mental health outcomes, such as PTSD symptoms. In a qualitative study, Watson, Robinson, Dispenza, and Nazari (2012) found that their sample of African American women described their experiences of sexual objectification as leading to feelings of 'physical safety anxiety', emotional numbness, poor interpersonal relationships, and self-blame. These are similar symptoms captured by various PTSD symptom clusters, i.e. negative cognitions in mood and hypervigilance. There are multiple factors known to influence the

development of PTSD symptoms following a traumatic event, including, lack of control, the environment an individual returns to following the event, and subjective severity of the event (Dunmore, Clark, & Ehlers, 2001). In the case of sexual objectification, should a woman appraise that event as traumatic or highly stressful, there is little control she has over stopping that event or preventing it from happening again (Dodd et al., 2001; Swim and Hyers, 1998). Sexual objectification of women is ubiquitous in our society and in the lives of women, creating an environment in which women are frequently confronted with reminders of the objectification event, or are subject to another situation in which she is objectified. These conditions logically map onto the presentation of PTSD symptoms and are less so related to symptoms encompassed within the general psychological distress measure. Overall, these findings provide evidence for the detrimental outcomes of experiencing discrimination targeting a woman's gender and/or ethnicity.

Hypothesis 2 stated that the negative and positive aspects of Marianismo gender role beliefs would differentially moderate the relationship between ethnic discrimination and PTSD symptoms (2a and 2b) and ethnic discrimination and psychological distress (2c and 2d). Evidence for this was not obtained. However, ethnic discrimination served as a significant predictor for both PTSD symptoms and psychological distress. These results suggest that the experiences of ethnic discrimination have a significant influence on PTSD symptoms and psychological distress. Hypothesis 3 stated that the negative and positive aspects of Marianismo would differentially moderate the relationship between sexism and PTSD symptoms (3a and 3b) as well as the relationship between sexism and psychological distress (3c and 3d). Sexism was found to significantly predict both PTSD symptoms and psychological distress in each of these models. However, none of the

interaction effect predictions were supported. These findings provide evidence that sexism has a significant association with psychological distress as well as PTSD symptoms. Lastly, hypothesis 4 predicted the same relationships as both hypotheses 2 and 3 with sexual objectification as the predictor variable (4a, 4b, 4c, 4d). None of these hypotheses were supported.

The non-significant findings of Marianismo moderating the relationships between experiences of discrimination and mental health may be attributable to various explanations. The behavioral and attitudinal manifestations of traditional gender roles, like Marianismo, may be shifting. While traditional gender role beliefs do exist within the Latinx culture, these beliefs are not endorsed by all Latinx women. The Latinx population is one that has partaken in mass emigration over the past few decades (Flores, López, & Radford, 2015). The Latinx diaspora in the United States has given way to many changing cultural norms and values through the processes of acculturation, globalization, and transnationalism (Villenas, 2007). Half of the sample in the present study reported being born in the U.S. These individuals may not endorse the same traditional cultural values as those born in Latin America. Marianismo is a cultural value that still has basis within this population, however, the extent to which different Latinx women ascribe to these roles may vary widely. Further research on this notion is warranted to understand the changing dynamics and cultural evolution throughout the Latinx diaspora.

Moreover, age cohort differences may have been observed with regards to traditional gender roles. Unfortunately, the sample size of the current study did not allow for the cohort analyses. Still, it is possible that older generations may have distinctive Marianismo beliefs in comparison to younger Latinx women. There is evidence of this in

the literature pertaining to family conflict between Latinx adolescent girls and their mothers (Kuhlberg, Peña, & Zayas, 2010; Peña et al., 2011). The cultural value of familism has been cited as being a source of conflict between these adolescents and their mothers. Latinx adolescent girls have been found to adhere to this cultural value in a less traditional way than their mothers, creating a conflictual relationship (Kuhlberg et al., 2010). Given these differences, it is possible that women of different ages subscribe to differing beliefs of traditional cultural gender roles encompassed within *Marianismo*. Additionally, it has been found that as women age, they identify experiences of sexism differently. Klonoff and Landrine (1995) identified that younger age women (22 years and younger) reported experiencing sexism more frequently in the past year than did older women (23 – 55 years), however, women aged 40-55 reported significantly more sexism in the workplace than did women under 40. These results show that the frequency and the context in which women experience sexist events may change as women age. Research also shows that the association of sexual objectification and mental health may manifest differently in older women than in college aged women (Augustus-Horvath, and Tylka, 2009; Tiggeman and Lynch, 2001). For instance, Tiggemann and Lynch (2001) found that appearance anxiety, disordered eating, and habitual body monitoring all significantly decreased as women aged. Lastly, the dichotomous strategy of grouping the *Marianismo* subscales into negative and positive variables could have overlooked important nuances.

### **Limitations**

This study had several limitations. First, the obtained sample is not generalizable to all Latinx women. Majority of this sample were women of Mexican descent residing in a moderately sized Midwestern city. Second, the method self-report measures was utilized. This method may have been difficult for participants to accurately, retrospectively recall past experiences of discrimination and moods. Additionally, the environment of a community cultural festival in which many individuals were completing these surveys may have caused participants to respond differently given the nature of the event they were at. Third, the sample size was smaller than was expected due to high amounts of missing data. It is possible that findings could have differed with complete data. Moreover, analyses examining cohort effects were unable to be conducted. These analyses could have offered insight into the differences in the endorsement of Marianismo beliefs between age groups and possibly offered deeper understanding of the insignificant effects of the influence of Marianismo beliefs on the relationship between discrimination and mental health symptoms. Lastly, the current study encountered high levels of missing data across various variables, with the sexism measure having 32% of missing data, which could have influenced findings.

### **Future Directions and Conclusion**

Future studies should continue to examine the ways in which the intersectional experiences of Latinx women influence mental health. It is known that women of color experience unique forms of discrimination due to the inextricable link of their gender and

ethnicity. The present study attempted to measure the unique experiences of Latinx women.

This study provides evidence that various forms of discrimination are related to both general psychological distress and to PTSD symptoms in this population. Therefore, research should continue to understand the mechanisms underlying these associations and the unique variables associated with Latinx women.

Moreover, further research should also examine the nuances and complexities of traditional cultural gender roles within the Latinx community. As this population grows and matures in the United States, younger generations may have differing traditional beliefs than their predecessors. Though Marianismo did not serve as a moderator in the present study, previous research has shown its negative influence on mental health (Edelson, et al., 2007; Mendelson, et al., 2008). Therefore, additional research is needed to understand this construct within this community.

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