

FROM WHENCE COMETH HER STRENGTH

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by

Janis E. Roberson

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

School of Behavioral Sciences

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**ABSTRACT**

On May 29, 1851, Isabella Baumfree, a 54-year-old former slave, delivered the keynote address at the Women's Convention in Akron, Ohio. Baumfree, better known as Sojourner Truth, could have focused her speech on the lashes grooved in her back, or her children she watched sold off into slavery. Yet her rallying cry came in the form of a simple question: "Ain't I a woman?" Before gendered racial microaggressions had been defined, Sojourner Truth recognized that although she was a woman, she was not treated the same as non-Black women. There is no shortage of data on the deleterious effects of gendered racism on the Black woman. This paper quantitatively explores the degree to which Black women experience gendered racial microaggressions, whether they perceive their encounters as traumatic, and if religiosity/spirituality serves as a moderator for their stressors. Through the use of a single anonymous online survey that combined the GRMS, PCL-5, DUREL, and demographic questions,  $N=462$  ( $n=261$  non-Black and  $n=201$  Black) women contributed to this study. Results showed that, in nearly every category, non-Black women responded in a manner that suggests they experience gendered microaggressions and are bothered by them more than Black women. The Black women in this study rated their perceived encounters of traumatic stress lower than non-Black women and religious beliefs higher than non-Black women. Thus, it is possible strong religiosity/spirituality reduces the impact of traumatic stressors experienced by Black women.

*Keywords:* Black women, critical race feminism, gendered racial microaggressions, intersectionality, racism, religion, spirituality, strong Black woman, trauma

**Copyright Page (optional)**

### **Dedication**

First, I give all glory to God—my Savior, sustainer, and source of strength, for without Him, His grace, favor, and power working through me, none of this would be possible. Second, to my immediate family for being so supportive and encouraging to me during the rough moments. To my dad, for being an inspiration to me of perseverance by the example he has lived. My mom, for her readiness to proofread nearly every assignment along this doctoral journey and being a steady stream of optimism. My big brother Jason, for his initial advocacy of me seeking this degree because “you can never go wrong when you invest in yourself” and being a willing editor. Finally, I would like to dedicate this project to all the individuals whose paths have crossed mine and prompted me to seek the source of my help. Not only the protagonists in my life, but even those with antagonistic desires and actions towards me because, as Joseph declared in Genesis 50:20, though they meant it for evil, God has worked it out for the good.

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**List of Abbreviations**

Duke University Religion Index (DUREL)

Gendered Racial Microaggressions Scale (GRMS)

Posttraumatic Stress Disorder (PTSD)

PTSD Symptom Checklist for the DSM-5 (PCL-5)

## CHAPTER ONE: INTRODUCTION

### Overview

Racism and discriminatory practices have a longstanding history within humanity. Through the years, an emphasis on the value of women has become more prominent, however not all women have obtained equal status. The Black woman continues to trudge along behind women in the majority population and even many other minority groups, in wage earnings, positions of leadership, health, and educational accomplishments (Guerra, 2013). When considering gendered racial microaggressions, biases, and exclusionary practices, the Black woman oftentimes faces adversities designed to keep her down, yet still manages to persevere.

### Background

#BlackGirlMagic is a hashtag representing the collective determination of Black females to conquer their unique challenges and obstacles (Jordan-Zachery & Harris, 2019). This motivational phrase likely exists for a variety of reasons, but since it places an emphasis on the Black female, it can be useful in the exploration of gendered racism and the trauma it carries. This study aims to understand how religion influences the gendered racial microaggressions Black women experience and whether religion is a contributor to their "magic."

The #BlackGirlMagic movement began in 2013 as a Tweet response from Cashawn Thompson regarding an article stating that Black women were not as physically attractive as other women (Olayinka et al., 2021). The hashtag triggered a global crusade focused on Black women connecting with one another, celebrating the individual and collective achievements of Black women, and highlighting all that makes them beautiful (Mahali, 2017; Olayinka et al.,

2021). #BlackGirlMagic narrative postulates that since historically humanity finds Black women inadequate, they should spend time both highlighting and reveling in all the ‘magical’ things that make Black females so distinct (Mahali, 2017). Black women in South Africa have allowed this movement to inspire unity amongst Black women and reflect on what it means to live at this intersection of gender and race (Mahali, 2017). In a recent study on the effect of the #BlackGirlMagic social media movement on the self-esteem of Black women, nearly 70% of the women surveyed indicated since interacting with the hashtag, their self-esteem had improved (Olayinka et al., 2021). This hashtag was not created in order for Black women to usurp social classes or be recognized by Black men, but it encourages Black women to persevere in a world that seems to reinforce their insufficiency (Mahali, 2017). According to writer and theorist Gloria Jean Watkins, better known by her pen name "bell hooks," Black women live in a world in which they have battled brokenness, tolerated trauma, and yet still survive (Mahali, 2017). Even though the popular hashtag was designed to encourage, empower, and elevate Black females, the fact remains that Black girls/women are not magical (McPherson, 2020); thus this researcher seeks to learn from whence cometh her strength?

A reflective look at the perception of Black women during the Civil Rights’ era and present day Black Lives’ Matter movement revealed that the Black woman was either blamed for struggles Black men encountered, not being supportive enough, or simply overlooked (Adams & Lott, 2019). Adams and Lott (2019) contend that when the Black experience is referenced, it generally was taking into consideration that of cis-gendered Black men, with no thought of the Black woman and her challenges. So, despite the attention the Black Lives’ Matter movement may direct towards the Black race, the Black woman is not necessarily considered to be included in this crusade, which consequently contributes to additional concerns.

According to Purdie-Vaughns and Eibach (2008) directing the spotlight on the Black woman is long overdue, especially if intersectional invisibility holds any validity. Intersectional invisibility was a term used to hypothesize the way individuals who are able to identify with multiple minority groups tend to be overlooked because they do not match the identities of the majority groups (Purdie-Vaughns & Eibach, 2008). For example, Black is typically associated with the Black male and woman is often associated with the White woman, essentially making the Black woman invisible. Data supports individuals having multiple stigmatized identities (race, gender, social class, sexual orientation) not only recognize people in majority groups fail to see them, but appearing invisible is often perceived as discrimination and being stereotyped (Remedios & Snyder, 2018). The theory of invisibility in respect to gendered race is evident in the realm of online dating for Black women as well; when provided the opportunity to select a preferred demographic group for dating, 15% of men chose Black women compared to over 60% of women who listed a preference for a Black man (Schug et al., 2017). It is possible the way media depicts the Black woman, or the lack of publicity in the media of Black women are related to the preference in mate selection (Schug et al., 2017).

However, even if more attention were to be directed towards the Black woman, present and past stereotypical depictions of Black women being overly sexualized can affect how Black women view, understand, create, and navigate their identities (Collier et al., 2018). Gendered racial stereotypes, coupled with the manifestation of certain behaviors, may adversely affect the perceptions of the Black woman compared to how a White woman may be perceived when displaying identical actions (Donovan, 2011). For instance, a White woman who is perceived as being assertive is typically not viewed negatively, yet if a Black woman displays assertiveness, she will probably be identified as an “angry Black woman” (Donovan, 2011). Similarly, the

embodiment of the strong Black woman persona and taking on the responsibility for being superwoman are apparent cultural images perhaps created out of necessity to reinforce the strength to persevere and prevail, yet used by some to oppress Black women because efforts to maintain those ideals have been associated with mental health challenges (Carter & Rossi, 2019). Gómez (2019) explored cultural betrayal trauma theory among female college students in ethnic minority groups and how it contributes to dissociation, posttraumatic stress disorder, and posttraumatic stress symptoms. They found cultural betrayal was related to posttraumatic stress symptoms and dissociation (Gómez, 2019). Cultural betrayal is perceived when within-group trauma transpires between minority populations and (intra)cultural trust is violated (Gómez, 2019). A little less than 50% of the women who indicated they were victimized stated their ethnic group made it challenging to share by denying the trauma occurred, attempting to cover it up, or punishing the victim (Gómez, 2019).

At the intersection of gender and race Black women find themselves in an undesirable place that is often subjected to unfair practices, discrimination, betrayal, rejection, and being overlooked, but somehow manage to persevere. Data from 2019 revealed that suicide occurs amongst Black Americans at a rate of approximately 60% less than individuals identified as being non-Hispanic White, and death by suicide occurred four times more often by Black males than Black women (OHM, 2021). In order for Black women to live out their potential and combat the continual affronts of social injustice and marginalization, efforts to understand, engage, and promote their uniqueness ought to be explored (Pratt-Clarke, 2012). With so many factors going in opposition to the Black woman, uncovering the “magic” that helps sustain her could aid in strengthening not only future generations of Black women, but other marginalized and oppressed women from different races.

### **The Problem**

The problem is a deficiency of data concerning the role religion plays on racial and gendered socialization in the lives of Black women. Several studies have been conducted regarding Black women and the impact racism has on their physical and mental health (Kaholokula, 2016; Lewis et al., 2017; Mouzon et al., 2017; Paradies, 2006; Pietrese et al., 2012; Williams et al., 2003; Williston et al., 2019). A substantial amount of research exists with data indicating race related trauma as the result of microaggressions, stereotypes, and biases adversely impacts Black women (Barrie et al., 2016; Lewis et al., 2017; Moradi & Subich, 2003; Mouzon et al., 2017; Pietrese et al., 2012; Thomas et al., 2008; Torres et al., 2010; Watson et al., 2016). There is even research that highlights the value of religion in the face of trauma (Kucharsha, 2020; Lisman et al., 2017; Milstein, 2019). However, it seems researchers have not given much attention to the potential protective role religion may have for the Black woman when confronted with racial trauma.

Kimberlé Williams Crenshaw surmised that Black women tend to experience discrimination similar and different to that of White women and Black men, somewhat of a “double-discrimination” – discrimination based on race and sex (1989). It is at this intersection of race and gender Crenshaw (1989) laid the foundation of intersectionality, to accentuate the way race and gender both work in unison and contribute to inequalities Black women experience (Carbado, 2013). Through the lens of intersectionality, Black feminists have constructed a framework for conceptualizing and critiquing the numerous social systems that converge to create and sustain inequalities (Grzanka et al., 2017). Some researchers use the terminology epistemic exclusion to address the minimization and undervaluing of the prevalence of intersectionality in marginalized populations (Settles et al., 2020). Whether one chooses to

acknowledge the juncture that lies at the crossroads of race and gender does not negate its existence, nor the reality of the damaging debris left in the aftermath once racism, discrimination, and negative stereotyping are faced. Even though degrading, hurtful, off-putting stereotypes of the Black woman constantly circulate, the Black woman has managed to persevere through opposition and make priceless deposits to the Black feminist movement (Rodgers, 2017).

Lewis and Neville (2015), Moody and Lewis (2019), and Martins and colleagues (2020) conducted studies specifically targeting Black women and the gendered racial microaggressions they are affronted by, each with recommendations for future researchers to continue to explore the effects of racial trauma on this population. Black women experience racial traumatic stress due to racial discrimination, gendered racial microaggressions, or collective racial trauma from the compilation of exposure to traumatic events resulting in PTSD symptoms and health challenges (Carter et al., 2020; Kaholokula, 2016; Mouzon et al., 2017; Pietrese et al., 2012). Higher occurrences of gendered racial microaggressions are significantly related to more traumatic stress symptoms; and internalized gendered racial oppression was found to be a moderator of the relations between gendered racial microaggressions and traumatic stress symptoms (Moody & Lewis, 2019). Results from previous studies showed that the mental health and self-esteem of Black women are adversely affected by their experiences of gendered racial microaggressions (Martins et al., 2020). The health and well-being of Black Americans has been associated with perceived discrimination and stress; specifically, Black individuals who interpret encounters as being discriminatory and stressful are at greater risk for obesity (Stepanikova et al., 2017). The problem is current literature lacks sufficient information regarding protective means for combating racial trauma Black women experience.

### **The Purpose**

The purpose of this quantitative study will be to gain an understanding of how exposure to religion impacts racial trauma experienced by Black women. Specifically, the researcher plans to investigate the relations between collective gendered racial stereotypes, microaggressions, traumatic stress symptoms, and religion on the Black woman (Moody & Lewis, 2019). Through the use of an online survey that combines culturally adapted, empirically developed scales: Gendered Racial Microaggressions Scale (GRMS), PTSD Symptom Checklist for the Diagnostic and Statistical Manual of Disorders, Fifth Edition (PCL-5), and Duke University Religion Index (DUREL) the researcher will obtain quantifiable data to address this gap in the literature and answer whether experiences of racism towards Black women is perceived as traumatic and the impact religion has on her. Although this study focuses on microaggressions experienced by Black women due to the intersection of gender and race, exploring gender microaggressions of women is not worthless. Basford and colleagues (2014) define gender microaggressions as direct or indirect actions that dismiss, degrade, dominate, or denote aggressive or indifferent behaviors toward women. Thus, targeted participants will be females at least 18 years of age who have internet access; in order to obtain a statistically significant representation of women with diverse backgrounds, no other exclusionary criteria exist.

### **Significance of the Study**

This quantitative research study seeks to further efforts in the investigation of the deleterious effects of racial trauma encountered by Black women. Research reflects that as the result of discrimination, biases, and gendered racism individuals fare poorly (Stepanikova et al., 2017; Tribble Davis et al., 2019), but it is uncertain if the gendered racial microaggressions

experienced are perceived as traumatic and how Black women cope with these encounters. Since for the most part, people of color underutilize mental health care resources (Williston et al., 2019) and religion has historically been viewed as somewhat of a strengthening or protective factor for Black Americans (Curtis-Boles, 2017), it would seem that seeking comfort from scriptures would be an obvious coping resource. However, research indicating such is limited, thus this study will contribute to and extend the literature on possible sources of this #BlackGirlMagic and the key to continued perseverance.

Gathering current data with a diverse composition of Black women to complement existing research conducted on Black adolescent and college-aged females (Barrie et al., 2016; Brown et al., 2017), will support the recommendations of previous researchers (Lewis & Neville, 2015; Moody & Lewis, 2019). Recruiting participants via online outlets to conduct the survey increases the likelihood of securing Black women from different geographic locations, socio-economic levels, educational attainments, and experiences which all help with the eventual generalizability of the data obtained. This study will also provide empirical research that can be used as a reference for older women who seek to teach and instruct younger women on ways to navigate the potentially perilous path that lies ahead as demonstrated in the following scriptures Proverbs 22:6; Titus 2:3-4 (*New International Version*, 1978/2011). Due to the structural systems currently in place, eradicating racism is continually remaining a hope, but identifying remedies to cope can be a reality; and something this study aims to provide.

### **Research Questions**

**RQ 1:** Do Black women perceive gendered racial microaggressions as defined by the Gendered Racial Microaggressions Scale (GRMS) encountered as being traumatic?

**RQ 2:** Will there be a statistically significant difference between perceived gendered racial microaggressions experienced by Black women and the gendered microaggressions encountered by women in general?

**RQ 3:** Does religion serve as a moderating factor for perceived racial trauma experienced by the population of Black women surveyed?

### Definitions

1. *Gendered racism* – a form of subjugation based on the concurrent experience of both racism and sexism (Essed, 1991).
2. *Gendered racial microaggressions* – indirect slights that occur in conversations, interactions, and the environment resulting in oppression based on the juncture of race and gender (Lewis et al., 2013).
3. *Microaggressions* – fleeting and commonplace verbal, behavioral, and environmental disgraces, whether deliberate or inadvertent, that communicate hostile, derogatory, or negative racial, gender, sexual-orientation, or religious slights and insults to the target person or group (Sue et al., 2007).
4. *Trauma* – the response to a deeply disturbing or distressing event that overwhelms an individual's ability to cope, altering their psychological state (Briere & Scott, 2015).
5. *Religiosity* – self-governing behaviors and practices driven by moral values, belief systems, and attitudes (Iqbal & Khan, 2020).
6. *Spirituality* – the internal processing of a universal relationship with God or higher power (Iqbal & Khan, 2020).

### **Summary**

Exploring the deleterious effects of racism and trauma is a feat many researchers have already begun. Thus, recognizing a problem exists is not the challenge, but rather generating solutions to triage the wounded. This study seeks to extend what is known about the impact of gendered racial microaggressions on Black women, determine whether their encounters with racism is perceived as traumatic, and investigate whether religiosity serves as a coping source for racial trauma. Gaining this insight provides individuals in the helping professions and community with ideas to help soothe, console, and encourage Black women to tap into their power source.

## CHAPTER TWO: LITERATURE REVIEW

### Overview

Understanding how exposure to religion impacts racial trauma experienced by Black women entails the expansion and investigation of multiple components. Establishing the theoretical framework, plight of the Black woman, validity of racism as trauma, and investigating the relations between collective gendered racial stereotypes, microaggressions, traumatic stress symptoms (Moody & Lewis, 2019), and the role religion plays on mental health are of importance. Crenshaw (1989) concluded that Black women tend to experience discrimination similar and different to that of White women and Black men, somewhat of a “double-discrimination” – discrimination based on race and sex. In this study, racial trauma will be used broadly to encapsulate gendered racism experienced via microaggressions and stereotypes. Gendered racism is a term defined by Essed (1991) as a form of subjugation based on the concurrent experience of both racism and sexism. Lewis and colleagues (2013) described gendered racial microaggressions as being indirect slights that occur in conversations, interactions, and the environment resulting in oppression based on the juncture of race and gender.

This study seeks to extend research conducted by Lewis and Neville (2015) and Moody and Lewis (2019) by exploring the function of gendered racial microaggressions on diverse samples of Black women. Several studies have been conducted regarding Black women and the impact racism have on their physical and mental health (Kaholokula, 2016; Lewis et al., 2017; Mouzon et al., 2017; Paradies, 2006; Pietrese et al., 2012; Williams et al., 2003; Williston et al., 2019). A substantial amount of research exists with data indicating race related trauma as the

result of microaggressions, stereotypes, and biases adversely impacts Black women (Barrie et al., 2016; Lewis et al., 2017; Moradi & Subich, 2003; Mouzon et al., 2017; Pietrese et al., 2012; Thomas et al., 2008; Torres et al., 2010; Watson et al., 2016). There is even research that highlights the value of religion in the face of trauma (Kucharsha, 2020; Lisman et al., 2017; Milstein, 2019); however, it seems researchers have not given much attention to the potential protective role religion may have for the Black woman when confronted with racial trauma. Specifically, there exists a research gap in explaining whether religion serves as a protective factor lessening the impact of racial trauma experienced by Black women. There is also a gap in answering whether Black women perceive the gendered racial microaggressions encountered as being traumatic.

### **Theoretical Framework**

There are several theories one may choose to explore on the subject of race, and many could apply. Critical race feminism (CRF) evolved as an extension of critical race theory (CRT), to incorporate the unique encounters women of color share that surpass racism only, but rather examines the characteristics women of color possess resulting from their experiences with race, gender and class intersecting (Gibbs Grey & Harrison, 2020). CRF purposefully highlights the adverse, oppressive challenges women of color face thus operating from somewhat of a victim narrative; however, because there is value in exploring ways to build up, encourage, and foster resilience in Black women by focusing on their strengths (Clonan-Roy et al., 2016), intersectionality is the theoretical stance from which this study is framed.

Intersectionality was introduced by Crenshaw (1989) to accentuate the way race and gender both work in unison and contribute to inequalities Black women experience (Carbado,

2013). The theory of intersectionality postulates that in order for one to truly understand an individual's perspective and encounters, they must consider their experiences in relation to the intersection of all social groups in which they are members (McCormick-Huhn et al., 2019). Intersectionality highlights the increased risks to the well-being of individuals who are simultaneously identified in multiple minority groups (Etengoff, 2020). It explores more than the encounters of a Black woman, but also considers additional layers that add to the complexity of that woman, like her social status, education, religion, and disability (Curtis-Boles, 2019). Viewing the Black woman through the intersectionality framework lens is crucial in order to comprehend how the combination of gender and race work to create a unique experience (Chamberlin, 2019; Ghavami & Peplau, 2012). Multiple researchers contend intersectionality is the place where social identities emerge (Chamberlin, 2019; Davis et al., 2018; Shavers & Moore, 2014). Through the lens of intersectionality, Black feminists have constructed a framework for conceptualizing and critiquing the numerous social systems that converge to create and sustain inequalities (Grzanka et al., 2017).

Some additional reasons an intersectional approach was selected as the theoretical framework include: providing the groundwork for accepting the interactions of race, gender, and class between individuals, groups, and processes; expanding one's insight and understanding of other individuals' experiences; encouraging individuals to consider how others operate within the systems and structures established; helping individuals view alternative groups give and make meaning of situations; fostering the unveiling of the numerous, concurrent identities that one may possess; and presenting a wide framework for evaluating actions and associations (Few-Demo, 2014). Research suggests that some of the problems Black females encounter are not their fault but result from the governing structures that exist (Wun, 2018). Hegemonic

femininity is a term used specifically in regards to the Black woman's feminine ideology, describing the way race and gender intersect as it is not the same for White women (Davis et al., 2018). The value of viewing Black women from an intersectional perspective was noted by Wing's (1990/2019) declaration that although the Black woman is comprised of multiple contributing layers, she cannot be divided or reduced to just any one particular facet, thus viewing her as a whole is imperative (Wing, 1990/2019). Even though degrading, hurtful, off-putting stereotypes of the Black woman constantly circulate, the Black woman has managed to persist through resistance and make priceless deposits to the Black feminist movement (Rodgers, 2017). Through the lens of intersectionality, the aim of this study is to better understand and conceptualize how the Black woman perseveres in the face of opposition.

### **Related Literature**

#### **The Plight of the Black Woman**

When examining the prevailing conditions that have hamstrung the Black woman's ability to thrive, the most conclusive, and indisputable research points to their unbalanced income compared to other population groups. Much also has been written about the broken families they come from and now lead. Finally, the culmination of their plight has led to poorer health when compared to other population groups.

#### ***Income***

Woman of color is a term used to broadly categorize women who are not considered to be White, non-Hispanic females, but in this study the focus is specifically on the Black female. The Black female population accounted for 12.9% of the U.S. population in 2019, having only 4.1% representation in management positions, and earned roughly 63 cents to every dollar the White,

non-Hispanic male made in 2019 (Catalyst, 2021). In 2018 the Black female population was 21.7 million in the United States, comprising 52% of the entire Black population, according to the U.S. Census Bureau (Black Demographics, 2021). Compared to “all women,” Black women earned on average \$5,500 less per year than her counterparts, had greater unemployment rates, and nearly double the amount of Black women were living in poverty compared to other women (Black Demographics, 2021; Chinn et al., 2021). The Black woman heads nearly 30% of the households compared to only about 10% of women headed households for other races (Black Demographics, 2021). This data becomes concerning because it is the beginning of cyclical behavior. Poor women are more likely to live in neighborhoods with low-quality housing and experience problems in parenting and child care (Ustün, 2000). This is particularly true in Black communities.

### ***Broken Family***

Staley (1991) pointed out that Black, single-parent, female-headed households often experience loneliness, isolation, and despair. Continuous cycles of poverty and estrangement can lead to feelings of hopelessness (June & Black, 2002). Based on the 2018 U.S. Census, roughly 46% of all women were married at the time of the survey, compared to the 48% of Black women who had not ever been married (Black Demographics, 2021). Almost 365,000 more Black men were married compared to Black women even though the Black woman attributes to 51% of the population. Data further indicates that less than half of Black women are married at the time they give birth, which may factor in the poverty discrepancies between them and all women (Black Demographics, 2021). To compound their struggles and disappointment, research findings suggest Black females might have to settle on their mate predilections and date less desirable males due to the gendered power disadvantage (Simmons et al., 2021). Women with

the characteristics appealing to the men were more likely to be involved in a relationship, yet women were less likely to find a Black male with suitable or comparable qualities to date, hence their need to compromise (Simmons et al., 2021). When considering equity and the Black woman, it is imperative to understand how the intersectionality of gender, race, and the impact of institutional and individual discrimination influences their situation (Chinn et al., 2021).

### ***Poorer Health***

With regard to the Black woman and her health, she tends to have greater incidences of heart disease, strokes, cancers, diabetes, obesity, stress, dying while pregnant, and a life expectancy of three years less than non-Hispanic White females (Chinn et al., 2021). There are even disparities in the treatment Black women receive in regards to pain management; a study found that although Black women indicated significantly high levels of pain after giving birth, they were less likely to receive a prescription for opioids to help with their pain (Badreldin et al., 2019; Johnson et al., 2019). Black women are impacted by violence and related health concerns more than other populations so interventions that only address one facet of the issue often fails to account for the complexities that affect them, again, intersectionality is important (Sabri & Gielen, 2019). When compared with White Hispanic and non-Hispanic women, Black women manifested greater PTSD symptoms and reported increased vulnerability, which was a related mediator between race and PTSD (Gaffey et al., 2019). In a study conducted by Lipsky and colleagues (2016) on the moderating effect of ethnicity/race and major depressive disorder (MDD) on predicting the likelihood of PTSD developing in Black, Hispanic, and White women, Black women were found to be more likely to have a lower socioeconomic status, less likely to be married, and more likely to report traumatic intimate partner violence and interpersonal violence. The reason Black women are the focus of this study has to do with the data indicating

the oppressive conditions and challenging circumstances they are faced with yet still manage to keep fighting, displaying incredible resilience despite the odds. For instance, Black women battle mental health issues around the same rate as other races, yet the suicide rate for Black women is lower than that of other women by more than double (Chinn et al., 2021). Similarly, Black women-owned businesses continually grow at rates higher than the national average, even though Black women generally earn less money and are less educated than their counterparts (Guerra, 2013).

### **Trauma Defined**

Trauma inevitably will be experienced by the vast majority of individuals living today, regardless of race, culture, ethnicity, socioeconomic background, religion, and gender. Therefore, it is imperative to spend time grasping trauma's full spectrum. Trauma can be defined as the response to a deeply disturbing or distressing event that overwhelms an individual's ability to cope, altering their psychological state (Briere & Scott, 2015). It is a very subjective experience not easily assimilated into a sense of normalcy; capable of overwhelming a person's beliefs, behaviors, relationships, and values (Levers, 2012). Trauma diminishes a person's sense of self, their ability to feel a full range of emotions and experiences, and causes feelings of helplessness. According to Friedman (2015), trauma is a ruinous event in which exposed individuals have been placed in circumstances where they have witnessed death or feel threatened by physical harm or violence. Friedman (2015) further explains that trauma also can be experienced indirectly via exposure to a loved one who has encountered trauma.

Just from those definitions, it is apparent trauma affects more than those fighting for and serving our country or survivors of child maltreatment. Trauma is an experience that cannot be merely assimilated into a sense of normalcy, but rather tends to overwhelm a person's beliefs,

behaviors, relationships, and values. Traumatic experiences have elements that are both temporal and structural (such as enduring systemic economic and social inequalities), leaving an individual longing for new, and practical coping strategies to facilitate survival. In efforts to fully commit to fostering a society of inclusion, respect, and wellbeing, the impact of racism must be explored and understood (Santiago-Rivera et al., 2016), especially in the context of trauma. Oftentimes race is overlooked as a potential source of trauma due to the invalidation of the traumatic stress internalized from an incident that fails to meet the clinical definitions of a traumatic experience (Moody & Lewis, 2019). Understanding what constitutes trauma leads to addressing the reality of racism being a form of trauma.

### **Racism as Trauma**

Race and racism are enduring constructions in today's society and thus cannot be minimized and overlooked due to discomfort (Wynter-Hoyte et al., 2020). Racism has molded the opportunities and access to resources available to minorities; as a result, today's efforts to challenge a system of oppression will undoubtedly frame the future (Chavez-Dueñas et al., 2014). Racial trauma can occur as the result of an individual's response to major events, like real or perceived incidences of racial discrimination, or the accumulation of minor interactions in the form of microaggressions (Williams et al., 2018). This study seeks to explore the unanswered question of whether Black women perceive the gendered racial microaggressions encountered as being traumatic. Even though racial trauma is similar to posttraumatic stress disorder, it is unique because it encompasses persistent individual and collective grievances due to exposure and re-exposure to race-based stress (Comas-Díaz et al., 2019). Frequently, literature on racism and mental health centers around depression and anxiety, with minimal attention to traumatic stress, despite research that conceptualizes racism as lingering, emotional,

and psychologically damaging enough to yield traumatic stress responses (Bryant-Davis, 2005; Carter, 2007; Moody & Lewis, 2019). Carlson (1997) conceptualized race-based traumatic stress with three rudimentary components: (1) emphasizing the subjective perception of an event; (2) understanding the experiences of racism as abrupt and unexpected, thus influencing the ability to adapt or experience posttraumatic growth; and (3) viewing the experience as uncontrollable, which might influence the degree an event is perceived as traumatic. Carlson's model shifts power to the individual in making meaning of their experience and it yields consideration to cultural protective factors.

Race and all that intersect it – social class, gender, religion, and age, matter and play a considerable role in society thus making it impossible to deny and ignore (Rankin-Wright et al., 2020). Pietrese et al. (2012) noted that among Black people, negative psychological responses to racism have many of the same effects associated with trauma. They also found the relationship between perceived racism and self-reported depression and anxiety is rather far-reaching, providing a reminder that experiences of racism could play a role in health disparities (Pietrese et al., 2012). In efforts to clarify the interrelationship of racism, trauma, and PTSD, Ford (2008) wrote about the complexities of their shared effects and how racism could: (a) present as a risk factor for psychological trauma; (b) intensify the impact of psychological trauma and increase the possibility of PTSD or other posttraumatic stress symptoms; and (c) be a type of psychological trauma itself.

### ***Racism in the Bible***

Composing a thorough review of literature would seemingly be remiss without a brief look at what the all-time best-selling produced literature (Bryan, 2020) has to offer. The Bible is a collection of books written across the span of centuries, translated into multiple languages, and

considered by Christians as God's instruction manual for life (Bryan, 2020). Even though racism is not a topic that tends to elicit euphoric emotions and may even be a cause of distress, it too is covered in the Bible. The Bible has stories of people being oppressed and hunted to be killed because of their race or nationality. For instance, Pharaoh made an edict to have all the male Hebrew babies killed because he felt threatened (*New International Version*, 1978/2011, Exodus 1:15-16) and throughout the book of Esther there was an underlying plot in place to have the Jews exterminated. Racism is not a new phenomenon; there exists a multiplicity of written accounts detailing heinous acts conceived, enforced, and enacted in order to oppress people who were different from the majority. Therefore, instead of pretending racism and its ruinous ramifications are non-existent, attention towards identifying potential sources capable of providing positive sustenance seems prudent. Presently, there is a gap in the research to answer whether religion serves as a protective factor to buffer the impact of racial trauma Black women experience, and whether a correlation exists between religion and traumatic stress in Black Women.

### ***Race-Related Trauma***

Race-related trauma is a persistent, unfavorable interaction that can be experienced implicitly or demonstrated explicitly (Henderson et al., 2019). Microaggressions also play a role in the pervasiveness of racial trauma. The term racial microaggression was first coined in the 1970s by Dr. Chester Pierce, a Black psychiatrist and Harvard professor, can be defined as fleeting and commonplace verbal, behavioral, and environmental disgraces, whether deliberate or inadvertent, that communicate hostile, derogatory, or negative racial, gender, sexual-orientation, and religious slights and insults to the target person or group (Sue et al., 2007). Microaggressions are often expressed unconsciously on a continuum of subtlety, but can also be

done intentionally against the identity or worth of an individual (Luke et al., 2020). Racial microaggressions are understated forms of racism and dissenting racial slights against people of color (Sue et al., 2007). Research from Sue and colleagues (2007) revealed the negative impact of overt discriminatory experiences on mental health and wellbeing; racism is related to lower levels of self-esteem, coinciding with more traumatic symptoms.

Gendered racial microaggressions are indirect verbal, behavioral, environmental expressions of repression based on the combination of gender and race (Lewis et al., 2013). Gendered racial microaggressions contribute to both PTSD symptoms and posttraumatic cognitions (Dale & Safren, 2019). Lewis and colleagues (2017) saw significant associations of negative effects on the physical and mental health outcomes of Black females based on their experiences of gendered racial microaggressions. Findings showed that a higher occurrence of gendered racial microaggressions was significantly related to more traumatic stress symptoms and internalized gendered racial oppression moderated the relations between gendered racial microaggressions and traumatic stress symptoms (Moody & Lewis, 2019). Just as numerous articles are written on PTSD experienced in service members and the horrific effects of sexual abuse on children, an examination of the impact gendered racism has on the Black female will be explored with the hope of an understanding of how their experiences could also be considered traumatic. Colorism is the process of showing favoritism towards people with lighter-skinned tones; this preferential treatment can be seen in a variety of areas such as housing, education, marriage, and wages (Hunter, 2007). Many times, the impact of colorism within systemic racism is not addressed, thus culturally responsive social work fails to address the depth of issues impacting Black Americans (Ortega-Williams et al., 2021). Countless Black females have expressed being subjected to various forms of microaggressions designed to oppress them,

however when provided an opportunity to talk and share their stories in a supportive environment an emancipatory sense was noted (King & Pringle, 2018). In their study, King and Pringle (2018) found Black females who participated in science, technology, engineering, and mathematics (STEM) programs flourished when they had the chance to give voice to their experiences within familiar environments, which gives credence to the power of the collective.

Torres and Taknit (2015) studied the relationship between ethnic microaggressions, ethnic identity, general self-efficacy, and traumatic stress symptoms among Latino adults and found that ethnic microaggressions were largely associated with traumatic stress, ethnic identity, and depression. Their findings highlight the intricate relations between microaggressions and traumatic stress, demonstrating that even elusive forms of discrimination can be traumatic stressors (Moody & Lewis, 2019). Shorter-Gooden (2004), postulated that Black females are confronted with finding ways to manage racial and gender biases in the countless forms they are experienced, whether it be from being made to feel invisible, being sexually harassed, hearing racial affronts, encountering biased hiring and promotion practices, or the unceasing inundation of negative and stereotypical cultural messages about Black women in the media. The more one experienced sexual objectification microaggressions, the greater the PTSD symptoms and poor thoughts of self (Dale & Safren, 2019). Likewise, sexism and sexual objectification were found to have direct bearings to greater trauma symptoms (Watson et al., 2016). Black women who experience stress from sexually objectifying gendered racial microaggressions tend to place an emphasis on appearance-contingent self-worth and demonstrate less appreciation of their bodies (Dunn et al., 2019). As a result of racism and microaggressions, Comas-Díaz and Jacobsen (2001) believed one can experience what they call ethnocultural allodynia, which is an increased

sensitivity to inoffensive stimuli as the result of enduring previously painful culturally based scenarios.

Some Black women face negative perceptions of who they are based on characteristics that distinguish them from the majority group (Barrie et al., 2016). Gendered racial socialization is defined as the manner in which families deliver different messages to Black children based on their insights of the changing racial climate for males and females (Brown et al., 2017). The socialization messages of Black parents differ for girls than boys, whereas they placed an emphasis on achievement and pride for daughters; parents emphasized the existence of negative stereotypes and how to cope with racism for their sons (Thomas & Speight, 1999). By delivering messages in this manner many Black females grow up unsure of how to healthily cope with gendered racism. Thus, many of the challenges Black women face in adulthood are often simply a continuation of the retribution received as young girls for being perceived as an aggressive, non-compliant threat, with destructive intentions (Annamma et al., 2019). Black children are often expected to get over or suppress conflict because their cultural response to the situation is usually misunderstood by their teachers (Henderson et al., 2019).

Black females may feel burdened because they have to take on responsibilities that are not traditionally feminine and the roles are sometimes interpreted in the Black community as either failure on the part of the Black woman or manifestation of racism in the Black community (Crenshaw, 1989). Black women are not viewed the same as Black men or White women, but rather have unique experiences based on the interactions of racism and sexism as well as different values and beliefs that influence their identity and functioning (Chinn et al., 2021; Thomas et al., 2004). From every angle, research shows the Black woman seems to encounter ridicule, judgment, and confrontation. Even current literature, under the guise of relationship-

advice, functions to keep Black women down (Christopher-Byrd, 2019). In order for Black women to live out their potential and combat the continual affronts of social injustice and marginalization, efforts to understand, engage, and promote their uniqueness ought to be explored (Pratt-Clarke, 2012).

Black women are stereotyped differently from women in other minority groups, typically being seen as aggressive, angry, or having masculine traits (Cook, 2013). Unfortunately instead of accumulating stereotypes that are seen as a positive attributions to her character, the stereotypes that linger simply perpetuate the challenges Black women face. For example, in a study exploring how the effect of gendered racism and the strong Black woman persona might interact and cause distress, the findings highlighted the deleterious effects of gendered racism and gendered racial stereotypes on Black women's mental health (Baalbaki, 2019). The motivation to appear as the strong Black woman very likely contributes to difficulties they experienced (Baalbaki, 2019). It is from this constant battle that the strong Black woman mantra was probably birthed and has become such a part of U.S. culture, that few ever take time to acknowledge how the burden of maintaining this image weighs on the emotional health of the Black woman (Romero, 2000). Although this imagery is seemingly positive, it relays the undertones that the Black woman wants to be an island, does not need help, and delays her from recognizing and identifying instances when she is in need (Romero, 2000). Racial stress was also a significant factor in the relationship between the strong Black woman persona and perceived stress (Davis et al., 2018). Black women who endorsed the strong Black woman mentality had moderate-to-high levels of stress and depressive symptoms (Donovan & West, 2015). Self-silencing behaviors often lead to the depressive symptoms experienced by Black women who assume the role of the strong Black woman (Abrams et al., 2019). Many Black

women have learned to respond to physical and psychological hardships by concealing their trauma with the strong Black woman façade (Abrams et al., 2019). According to Watson-Singleton (2017), women who fully embrace the strong Black woman role perceived less emotional support and greater psychological distress; demonstrating that the strong Black woman persona is directly related to the distress Black women experience and influences their psychological health.

The strong Black woman persona was believed to have been developed over time in response to and refuge from the negative stereotypes society attributed to Black women (Chamberlin, 2019). In a study conducted by Etowa and colleagues (2017), participants in Nova Scotia described the strong Black woman as someone who must stay well at all costs, can do all things, self-sufficient, believes in God, a nurturer, hardworking, and is fueled by determination. Interestingly, participants did not view the persona as optional, but a necessity because of the racism experienced, which subsequently becomes a heavy burden for them to bear (Etowa et al., 2017). The strong Black woman schema presents with facets that could be viewed as rather paradoxical; for example, it promotes the notion of one being psychologically resilient, yet does not support behaviors that would typically be done with mental wellbeing; relishes in customary docile feminine roles but demands autonomy; and dares the present-day Black woman to confront the negative historical systems in place while simultaneously holding fast to the provenances that perpetuate the stereotype (Belgrave et al., 2016; Chamberlin, 2019; Davis et al., 2018; Watson & Hunter, 2016). There is a consensus among multiple researchers that conforming to the strong Black woman persona has been associated with suppressing emotions, postponing precautionary medical treatment, and diminished help-seeking

behaviors (Chamberlin, 2019; Sumra & Schillaci, 2015; Versey & Curtin, 2016; Watson & Hunter, 2015; Woods-Giscombé, 2010).

Although the phrase #BlackGirlMagic may seem to be an extension of the strong Black woman persona, carrying the connotation of Black women being able to defy all the odds stacked against them, it is actually more of an affirming, transcendental, strengths-based mantra giving Black women permission to express their feelings, embrace obstacles, and be empowered to overcome (Walton & Oyewuwo-Gassikia, 2017). Studies have shown that the impact of managing various forms of subtle and covert discrimination regularly not only places a strain on the coping resources of the Black woman and her mental health, but may also be a hindrance to her when internalized and linked to how deeply rooted her self-identity is tied to her race (Mouzon et al., 2017; Torres et al., 2010; Walton & Oyewuwo-Gassikia, 2017). Watson and colleagues (2016) found that overt discrimination had a negative impact on mental health, such that racism resulted in lower self-esteem and greater trauma symptoms.

### **Effects of Trauma**

When trauma is thought of, frequently the symptoms associated with the aftermath of the adverse event are recalled. Sanderson (2013) identified some symptoms of trauma as being overpowering physiological responses like flashbacks and intrusive thoughts that impact how survivors perceive themselves and others. Similarly to emotional wreckage that lies in the wake of trauma, racism also leaves those who have been recipients of its cruel, unfavorable, residual effects in turmoil. Interpersonal racism can negatively impact an individual's overall physical health and lead to adverse birth outcomes, cardiovascular disease, diabetes, hypertension, and obesity; additionally, developing data also points to an association between racism and breast cancer in Black females (Kaholokula, 2016). Prolonged exposure to discriminatory practices is

ruinous to one's self-esteem (Versey & Curtin, 2016). Jones (2002) postulated that internalized racism results from the loss of faith in oneself, as well as those who resemble them. Much like being in an environment that breeds discrimination, internalized racism is also associated with low self-esteem, anxiety, depressive symptoms, distress, and dissension in the Black community (Chamberlin, 2019; Graham et al., 2016); Mouzon & McLean, 2017; Thomas et al., 2004).

Research indicates that when Black women have awareness that others have negative stereotypical views of them, they display adverse mental health, poor self-care, and have a tendency to turn to unhealthy vices for coping (Jerald et al., 2017). Reflecting on the heinous acts displayed in the media from 2020, the publicized murders of George Floyd, Breonna Taylor, and Ahmaud Arbery, caused emotional unrest for many minorities. Vicarious trauma often develops from the recurring flashbacks and intrusive images from incidences such as those. As a result, these individuals could very possibly be living in a constant state of hyper-arousal because they are unable to do anything about their fear of being discriminated against, racially profiled, and hunted for sport. In a study conducted by Carter and colleagues (2020), participants who self-reported having experienced racial discrimination showed significantly higher PTSD symptoms and health challenges; furthermore, encounters with police and being in restaurant settings in which racial discrimination was experienced resulted in increased startle responses. Overall, their results illuminated the importance of recognizing the impact of racism in trauma-exposed populations (Carter et al., 2020).

Trauma, depression, and anxiety often disrupt the sleep cycle, which prevents the restorative process of sleep and consequently disrupts the brain from processing traumatic experiences and memories (Uhernik, 2017). Fuller-Rowell and colleagues (2020) examined

within-person associations between discrimination and sleep quality, and results indicated that on days when participants experienced more discrimination, their sleep problems increased. The inability to process the events of the day, namely traumatic encounters can increase the likelihood of an individual being “stuck” in a state of hypervigilance. Not only does prolonged sleep loss have the potential to adversely affect emotional development and cause serious mental health problems, as well as placing an individual at risk for obesity, high blood pressure, heart disease, stroke, irregular heartbeat, and diabetes (Curley, 2019; McMakin et al., 2016; Neuropsychopharmacology, 2017), but sleep disturbances are known to be an integral component of the PTSD diagnosis (Caldwell & Redeker, 2009; Giosan et al., 2015; Hu et al., 2006; Koren et al., 2002; Mellman et al., 2007; van Liempt et al., 2013; Wamser-Nanney & Chesher, 2018). With regards to obesity, researchers found that trauma did not directly impact the body mass index (BMI) in Black women, but the number of traumatic incidences experienced adversely influenced their mental health; statistically significant associations were noted between direct effects of Black American women (Caceres et al., 2020). Emotion dysregulation is also related to increased levels of inflammation in traumatized Black women with type 2 diabetes mellitus (Powers et al., 2019).

Research reveals a strong association between increased experiences of gendered racism, sexism and overall psychological distress for Black females (Moradi & Subich, 2003; Thomas et al., 2008). Woods-Giscombé and colleagues (2010) found that even when coping strategies are implemented, gendered racism has a ubiquitous effect on psychological distress (Chamberlin, 2019). Unfortunately, an insufficient amount of research exists to answer whether Black women perceive the gendered racial microaggressions encountered as being traumatic. It is apparent that racism bears a resemblance of symptoms typically associated with complex trauma. Children

growing up despising the color of their skin — which God created — just because others do not like them, can over time develop alterations in personality and detachment from their race. Although being a child and not liking who they are or accepting the coloring of their skin may seem silly and trivial, women with darker skin tones generally have poorer mental health, physical health, self-esteem, and lower socioeconomic status than lighter skinned women (Tribble Davis et al., 2019). In a qualitative study, Black women recounted negative memories they experienced while growing up in grade school regarding their hair, embarrassment and anxiety were often the emotional responses felt; further indicating hair bias can be a source of trauma and identity negotiation in educational environments (Mbilishaka & Apugo, 2020). Just recognizing that grown women can still recall the emotions felt as a young child further brings attention to the lasting effects racial microaggressions have and their traumatizing capabilities.

While investigating the association between gendered racism and anxiety among Black women findings indicated gendered racial microaggressions largely predicted anxiety, but physical activity did not serve as a buffer for the anxiety induced by gendered racial microaggressions (Wright & Lewis, 2020). Based on the notion that exercise is generally an acceptable method to reduce stress and improve mental health, it was believed that exercise may serve as a buffer from the anxiety experienced as the result of gendered racism (Wright & Lewis, 2020). Wright and Lewis' (2020) study established the stressful nature of gendered racial microaggressions and their complexity, such that physical activity is not a sufficient source for reducing the resulting anxiety and providing space for the exploration of additional protective measures capable of decreasing anxiety in Black women. Another study concluded that increased levels of gendered racism resulted in increased levels of anticipated relationship threat (Young et al., 2019). One may determine the best way to cope is to fake the feelings, but hiding and

pretending emotions adversely impacts relationship satisfaction and health; essentially the costs of hiding emotions is greater than the costs of faking emotions (Seger-Guttmann & Medler-Iiraz, 2016). This study could possibly have implications or relate to the instances when Black women are challenged with hiding their true feelings when experiencing gendered racial microaggressions, denying the impact does not diminish the destructive consequences. In an exploration of the association between racial discrimination and psychological well-being and the mediating role of distress intolerance, results indicated a positive association with decreased psychological well-being through distress intolerance; essentially, more racism was related to greater distress intolerance and therefore less psychological well-being (Le et al., 2020). Kaholokula (2016) recognized internalized racism seemed to interact with the experiences of interpersonal racism of Black Americans in complex ways as to impact their health. Mouzon and colleagues (2017) additionally noted among Black Americans, racial discrimination was associated with adverse effects on physical health. Williams and colleagues (2003) found discrimination and racism were usually linked with indicators of poor health; perceptions of discrimination seem to trigger physiological and psychological arousal, and continual exposure to experiences of discrimination might have adverse long-term consequences for health. Mentally unstable Black women would simply awaken the stereotype of an angry Black woman, so identifying healthy, conducive coping techniques is advantageous.

### **Coping with Racial Trauma**

In a study investigating the psychometrics of the Africultural Coping Systems Inventory with Black women who experienced trauma and attempted suicide, Watson-Singleton and colleagues (2020) found global reliance on culturally relevant coping was associated with reduced psychopathology as opposed to specific forms of Africultural coping techniques. When

exploring the moderating role of race/ethnicity identity in the relationship between trauma exposure and psychiatric diagnosis for Black and White college aged women, results indicated that ethnic identity is a significant safeguard against potential psychiatric diagnoses as the result of exposure to traumatic incidents for both White and Black females (Townsend et al., 2020). Situations in which Black individuals are the minority group, comparisons between them and others most likely takes precedence over that of intra-group differences and their bonds are strengthened (Wilson, 2021). Collective self-esteem thus becomes a protective factor. Interviews with Black women provided a major over-arching theme of cultivating resilience in the midst of adversity by garnering support from individuals included in their community (Dale & Safren, 2018). After conducting thorough interviews with Black women on how they dealt with gendered racism, four themes emerged, one of which was their reliance on faith, prayer, and balance (Spates et al., 2020). Sabri and Granger (2018) addressed the effects of gender-based violence and trauma on the health of marginalized populations and found social support can positively impact health by potentially reducing the level of stress experienced, perhaps there is some credence to the notion of there being strength in numbers. Black women have also been known to employ some aspects of their gendered racial identity – assimilation, humanist, defiance, strength, pride, or empowerment – in order to negotiate situations and protect themselves from gendered racism and intersectional oppression (Williams & Lewis, 2021). Overall, it seems the primary ways Black women cope with racial trauma are: collectively, internally, and through their faith.

### **Effects of Religion on Mental Health**

There are various empirically supported therapeutic techniques available to treat individuals dealing with trauma; however, it may be helpful to place attention on how religion

affects mental health because for the most part, people of color tend to underutilize mental health care resources (Williston et al., 2019). First, it is important to distinguish between internal and external sources of strength. Religiosity focuses more on drawing strength from an interpersonal relationship with a Higher Power to overcome difficulties, while the reliance on help, encouragement, and support from others draws on an external system (Shorter-Gooden, 2004). Shorter-Gooden (2004) found that Black women frequently found comfort in religious/spiritual deeds when confronted with trials resulting from the perils that awaited them at the intersection of their gender and race.

In a study of Black individuals who participated in counseling sessions, racial microaggressions were perceived during the sessions by over half of the participants, but less than a quarter of them discussed their feelings with the therapist and instead left without the help they needed and a ruptured therapeutic relationship (Owen et al., 2014). Some Black individuals contend that counseling from a White person will not help because they cannot possibly understand the Black life, however with more credible Black mental health professionals accessible to those in need, the negative view of counseling could diminish (Banks, 2020). However, the idea of seeking professional counseling help from another Black person runs the risk of someone knowing their business and divulging it to the entire Black community (Young & Rabiner, 2015). Young and Rabiner (2015) recognized this factor and attributed it to the existing stigma associated with and distrust of mental health agencies. Research recognizes the disparity between the perceived need for counseling support often originates from parental perceptions of the interventions (Vázquez & Villodas, 2019). From their findings, Vázquez and Villodas (2019) noted Black parental units were less likely to accept their children needed counseling interventions but rather opted for mentoring programs instead. As these children

grow up, the value of counseling is diminished or not even considered a viable option and the reliance on religion and spirituality are even greater.

Quite a bit of research provides evidence that religious behavior is associated with better mental health, but evidence regarding the “importance of religion” is mixed (Kucharsha, 2020). In a study conducted on veterans it was noted that if religion served as a foundational basis for an individual, then in stressful situations, those religious factors could significantly contribute to attempts at cognitive processing trauma (Lisman et al., 2017). Religion is often seen as the source of hope, support, and strength for the Black woman (Abrams et al., 2014). The association between religiosity and psychological impact of trauma depends on an individual’s outlook of religion and the type of trauma experienced (Kucharsha, 2020). It is important to address trauma at a relational level, reflecting on how it can affect the spiritual and religious dimensions of one’s life in their community (Keefe-Perry & Moon, 2019). In response to trauma, religious attendance tends to dramatically increase; most likely because religious institutions offer a “grounding effect” in the midst of trauma, similar to a lightning rod to a lightning strike (Milstein, 2019).

Traumatic stress can affect an individual’s mood, cognition, and behavior, often resulting in deviations from their normal functioning level (Keefe-Perry & Moon, 2019), but religious beliefs and practices may help individuals deal with distressing traumatic events and reduce adverse thoughts and feelings. However, those beliefs alone might not be sufficient in alleviating or remedying other neurobiological symptoms of PTSD (Koenig et al., 2019). Individuals who have a strong religious belief system tend to have greater, statistically significant progress in their mental health compared to those who lack firm religious views (Friedrich-Killinger, 2020). The value of religion can be viewed in the sense that individuals who experience a great deal of

turmoil tend to seek a higher power for comfort, if during this time they experience peace, comfort, and protection then their view of/relationship with God is reinforced and increases (Friedrich-Killinger, 2020). Strong religious practices and spiritual beliefs have been viewed as an essentiality in coping factors for Black people, such that Black women who had strong religiosity tended to have better mental well-being even in the face of adverse medical prognosis (Sheppard et al., 2018).

Religiosity and spirituality are frequently used interchangeably, but spirituality tends to be associated with internal processing and is thought to be universal as opposed to religiosity, which may differ depending on culture (Iqbal & Khan, 2020). Two methods of defining religiosity in psychology were identified by Hill (2013): (1) dispositional religiosity: which is general religiosity or spirituality, general religious beliefs, religious behavior and commitment, and spiritual / religious well-being; and (2) functional religiosity – which refers to religious experiences as well as the use of religion as a source of motivation or a coping strategy (Hill, 2013). Spirituality, not religiosity, factors in psychological adjustment and has been shown to lead to increased happiness and optimism (Chang et al., 2018). Having a general belief in God or a higher power is often differentiated from being affiliated with a particular religion, but regardless of how faith is defined, it is noted to have a positive influence on believers (Berkel et al., 2019). The church and belief in God have been central to the Black community, dating back to slavery times (Chamberlin, 2019). An increase in both significance and satisfaction in life was associated with religious involvement in a sample of Black Americans (Henderson, 2016). Taking part in religious practices like prayer, meeting with a minister, and attending services have been positively associated with self-esteem and negatively associated with anxiety, depression, and stress (Chamberlin, 2019; Hays & Arganda, 2016; Lucette et al., 2016).

Individuals having some form of religious belief system or level of spirituality resulted in a significant decline in depressive symptoms (Gwin et al., 2020). Research suggests that religiosity and spirituality are associated with a greater quality of life including improved emotional, mental, and physical performance (Abu et al., 2018). Seemingly, the answer to the question as to whether religion is being used by Black women to safeguard against racial trauma is limited. In one study religious emotional support was found to serve as a positive source for self-esteem and life satisfaction, but organized religious involvement did not have any direct correlation to the mental well-being of Black females (Rose et al., 2021); but another found spiritual support groups have been beneficial in helping individuals form bonds, relay experiences, and increase their social networks with likeminded people (Forrester-Jones et al., 2018). In fact, four “Change Clubs” were established at churches to examine whether the participants would find benefit from the plans set forth in the Change Clubs – diet, physical activity, cardiorespiratory fitness, and blood pressure. Results of this preliminary study highlighted the value of implementing culturally appropriate and specifically tailored interventions for Black females (Brown et al., 2017).

### **Summary**

Based on the literature reviewed above, the Black woman is a marginalized, minority set apart from other females of different races and the Black male. But the research fails to explore and address other key areas in understanding the challenges Black women face. Specifically, there is a gap in the research to answer how Black women have leveraged religion to navigate through the troubled waters of racial trauma. There is also limited information in understanding whether Black women perceive gendered racial microaggressions encountered as being traumatic. The Black woman experiences gendered racial microaggressions and stereotypes that

perpetuate racial trauma, compounding her need for help. Although seeking professional counseling would likely help, due to negative stigmas already in place, hope and healing for the Black woman will likely come from religious practices and spiritual beliefs. Especially since research continues to point to religiosity being related to favorable mental health, reduced racial stigma, and found to be somewhat of a positive, protective factor for Black adolescent females (Butler-Barnes et al., 2018). Therefore, on the recommendations of Lewis and Neville (2015) and Moody and Lewis (2019) gendered racial microaggressions will be explored on diverse samples of Black women. Culturally adapted measures of traumatic stress for Black women and religion specific queries will be included to capture data related to addressing the role religion may have in racial trauma, in order to see from whence cometh her strength.

## **CHAPTER THREE: METHODS**

### **Overview**

The intended purpose of this study was to explore the degree to which Black women experienced gendered racial microaggressions, whether their encounters were perceived as traumatic, and if religiosity/spirituality served as a protective factor for their traumatic stressors. In order to determine the impact of intersectionality of gender and race on the Black woman, an online survey was presented to all women, regardless of race, 18 years of age and older. Responses from women participating in the study provided insight on their experiences of gendered microaggressions as women and if those occurrences were perceived as traumatic. The goal was to extend existing research, obtain data that would answer the research questions, offer recommendations for future research, and provide information that would give insight on how to best support and address psychological concerns for the Black female population.

### **Design**

Analysis of data received from the anonymous online survey administered to participants, was done through the use of quantitative measures. Surveys are often used as a means for individuals to self-report their beliefs and behaviors in a way that the frequency of their occurrence can be documented (Heppner et al., 2016). The quantitative approach was appropriate for this particular study because the researcher aimed to create a replicable design, gather data from a large number of participants, and have the ability to present findings that could be generalized to the Black female population (Goertzen, 2017). Conducting an online

survey increases the odds of obtaining a sampling from participants of varying geographical locations and ages (Lewis & Neville, 2015).

### **Research Questions**

**RQ 1:** Do Black women perceive gendered racial microaggressions as defined by the Gendered Racial Microaggressions Scale encountered as being traumatic?

**RQ 2:** Will there be a statistically significant difference between the amount of perceived gendered racial microaggressions experienced by Black women and the gendered microaggressions encountered by women in general?

**RQ 3:** Does religion serve as a moderating factor for perceived racial trauma experienced by the population of Black women surveyed?

### **Hypotheses**

**H 1:** The results from the Gendered Racial Microaggressions Scale (GRMS) would indicate the majority of Black women surveyed would perceive gendered racial microaggressions as traumatic.

**H 2:** All women will indicate some level of traumatic stress symptoms due to gendered microaggressions, but results will indicate Black women experience a statistically significant amount of traumatic stress due to the intersection of gender and race.

**H 3:** Religion will serve as a moderator for the traumatic stress symptoms experienced by Black women and thus the levels of perceived stress identified as the result of gendered racial microaggressions will be less than that of women who do not indicate having a strong religious belief system.

### **Participants and Setting**

Participants consisted of women 18 years of age and older. In order to obtain a statistically significant representation of women with diverse backgrounds, no other exclusionary criteria were implemented other than age and gender. The data collected for this study came from an online survey. A purposeful sampling method was necessary to ensure women of varying ages, geographical locations, relational and social economic status, and levels of religiosity were recruited. However, in addition to emails sent to individuals, the researcher also relied on a snowball sampling by creating a post on Facebook informing potential participants of the study to share with friends who met the criteria – females over the age of 18. Women interested were able to go to a link that took them to a Google Doc with information regarding the study, informed consent, and survey. The survey was completed via Google Docs.

### **Instrumentation**

Women who participated in the study completed a survey. It took approximately 30 minutes to complete the survey and there were options available for the participant to terminate the questionnaire without any penalty or adverse reactions. The questions were accessible via a Google form.

### **Scales**

The measures listed below were included on the questionnaire and administered to quantify the constructs used in the study:

#### ***Gendered Racial Microaggressions Scale (GRMS)***

The GRMS was constructed for use with Black women to quantifiably measure their experiences of gender and racial microaggressions due to the intersection of the two (Lewis &

Neville, 2015). This questionnaire consists of 26-items assessing both the frequency and perceived levels of stress incurred from microaggressions (Lewis & Neville, 2015). The scale addresses four salient themes: assumptions of beauty, silenced and marginalized, strong Black woman, and angry Black woman (Lewis & Neville, 2015). Responses are collected using a Likert-type scale to indicate the frequency of experiences occurring (Moody & Lewis, 2019). Internal consistency reliability has been good,  $\alpha=.92$  and  $\alpha=.93$ , respectively (Lewis & Neville, 2015; Moody & Lewis, 2019). This scale was used as it was initially created and a modified version was also accessible for non-Black women who participated in the study. An example of an item that could be found on the scale includes, “someone has made a sexually inappropriate comment about my butt, hips, or thighs.”

***PTSD Symptom Checklist for the Diagnostic and Statistical Manual of Disorders, Fifth Edition (PCL-5)***

Efforts to assess whether traumatic stress is associated with one being identified as a Black woman was done through the use of the PCL-5 (Weathers et al., 2013). The PCL-5 contains 20 questions that address the presence of traumatic stress based on the symptom criteria in the DSM-5. Respondents indicate the level of distress experienced on a Likert scale of 0=not at all to 4=extremely, with a possible total score of 80 (Weathers et al., 2013). Administration of this scale was done with acknowledgement that it is not intended to treat or diagnose participants with PTSD, but rather to gauge, based on the symptoms indicated, how much and the degree to which they have been bothered by their experiences (Weathers et al., 2013). This measure has been used in both research and clinical settings to assess traumatic stress symptoms associated with an identified traumatic experience (Malcoun et al., 2015). Items on the scale correspond to the following four PTSD symptom clusters: intrusion symptoms (Cluster B), persistent

avoidance (Cluster C), negative alterations in cognitions and mood (Cluster D), and increased arousal (Cluster E); Criterion A is typically excluded because the clinical definition used does not allow for participants' subjective experiences (Moody & Lewis, 2019). Previous studies have shown strong internal consistency with college students exposed to trauma and Black women  $\alpha=.95$  (Moody & Lewis, 2019). An example of one of the probes on the PCL-5 is as follows, "having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?" This instrument was selected based on the assertion that it could be useful in assessing the Black population (Malcoun et al., 2015).

### ***The Duke University Religion Index (DUREL)***

The DUREL is a five-item scale that assesses intrinsic religiosity, organized religious activity, and non-organized religious activity (Koenig & Büssing, 2010). "I try hard to carry my religion over into all other dealings in life" is an example of one of the statements on the scale. This instrument has an internal reliability ranging between  $\alpha=0.78$  –  $\alpha=0.91$  (Koenig & Büssing, 2010). It is a brief, widely used scale (Büssing & Koenig, 2009).

### **Procedures**

Upon receiving IRB approval, creating an informational document with the informed consent and survey link was necessary in order for participant recruitment to begin. Once the Google document and survey were completed, a QR code was obtained to include in recruitment efforts via text and email messages, as well as direct message posts to Facebook friends, Liberty University Doctoral Cohort and Liberty University Online Graduate Students Facebook groups, and LinkedIn. When potential participants scanned the QR code or click on the web link

provided, they were directed to the researchers' webpage. The webpage created by the researcher was a Google document providing information regarding the study, describing it as a means to gain an understanding of "women's general life experiences and well-being" (Moody & Lewis, 2019, p. 205); contained the informed consent, and requested their participation in an anonymous, optional, no-fail, online survey. No formal controls to prevent participants from collaborating on responses was necessary because the questions were designed to capture the unique experiences of each individual.

The questionnaire was made on a Google form and presented in the following order: GRMS, PCL-5, DUREL, and demographic questions. To encourage participation and completion of the survey, an incentive offer was made for participants to enter their email address in a randomized drawing for a gift card. It was believed participants would be able to complete the survey in approximately 30 minutes. Due to the nature of the questions asked, no adverse reactions from participation was anticipated. There was, however, an option for the volunteer to terminate the questionnaire without any repercussions. After submission of the survey, data collection, and analysis began through the use of the statistical package for the social sciences (SPSS).

## **Variables**

### **Independent Variable**

The independent variable in this study were the experiences of the women that was assessed through the GRMS. All women were asked to rate whether they have felt, heard, or encountered the situations indicated on the scale. Black women who participated were administered the GRMS as is, the other women that participated in this study received a variation

of the probes without specific mention of being a Black woman and instead emphasized on their womanhood in general.

### **Dependent Variable**

Through the use of the PCL-5, the dependent variable of trauma was measured. Whether women processed their experiences with gendered microaggressions as traumatic stress was determined by scores in the four clusters. Although participants may have encountered microaggressions, the degree to which they affected them is unknown without an instrument to measure the impact.

### **Moderating Variable**

Religiosity was the moderating factor in this study. Assessing the impact of religion/spirituality was measured by tabulating participants' responses to the five-items on the DUREL. This instrument aided the researcher in determining the extent to which religiosity factors into the daily aspects of the women surveyed. When explored in relation to the independent and dependent variables, experiences of the women and trauma, this researcher sought to understand whether religiosity served in a protective/moderating role for the traumatic stress women experience.

### **Data Analysis**

The proposed model for this study was one seeking to understand the moderation of the effect of religion on a woman's experiences of gendered microaggressions with regard to their self-identified level of traumatic stress. Hayes' Process Macro (2018) was used to generate regression coefficients, p values, and confidence intervals in the simple moderation analysis. The analysis of data that was conducted in this study included graphic analysis for visual

inspection of the data. Simple correlations between GRMS and PCL-5 to see whether participants who scored high in perceiving gendered racial microaggressions also experienced several symptoms related to traumatic stress were also conducted. Regression analysis was used to describe the relationship between gendered racial microaggressions, traumatic stressors and spirituality/religiosity (Heppner et al., 2016). Participants who identified as being religious or believing in a higher power compared to women who attributed their strength to family or other Black women was considered. The effect size of this study was calculated by hand, but SPSS was the program utilized for other statistical tests.

## **Validity**

### **Statistical Validity**

Using an online survey method can be advantageous in the potential for collecting responses from women of varying geographical locations (Lewis & Neville, 2015), but also meets with threats to statistical validity. Two possible concerns include obtaining an insufficient sample size and making an inaccurate calculation estimate for the effect size (Heppner et al., 2016). These threats can be reduced by conducting a power analysis to determine a sufficient sample size and looking for outliers before proceeding with calculations (Heppner et al., 2016).

### **Internal Validity**

The questions on the survey were obtained from existing scales already having been determined to have strong internal reliability, so many of the threats to internal validity were significantly reduced. There was concern for the use of the PCL-5 because participants were not expected to have recently experienced a traumatic incident, thus the initial framework or thought process in responding to the statements was different from the intended scale. To account for

this modification, the researcher provided directions indicating a specific type of experience participants should refer to when responding to the statements. Since the questionnaire was administered online and face-to-face interactions was not a required protocol, it was possible the directions and clarity of what was expected or required in the survey was not adequately understood. Efforts were made to ensure the directions were clear, concise, and thorough.

### **External Validity**

Other than participants aiming to respond in ways they felt was pleasing to the researcher and the overall outcome of the study (Heppner et al., 2016), no other threats were believed to be of significant concern to the validity of the study. Keeping the qualifications for participation in the study to being a woman over the age of 18 and reducing the goal of the study to simply understanding the experiences of a woman (Moody & Lewis, 2019), their perceptions of stressful events, and how they managed them, were intentionally done to prevent participants from having a preconceived idea of what the researcher sought to know.

### **Summary**

There is no shortage of data on the deleterious effects of gendered racism on the Black woman. With the prevalence of discriminatory experiences having been established, this quantitative community epidemiological study sought to gain an understanding of how exposure to religion impacts Black women who encounter racial trauma. Through the use of a single survey that combined the GRMS, PCL-5, and DUREL, the researcher analyzed the data to investigate the relations between gendered racial stereotypes, microaggressions, traumatic stress symptoms, and religion on the Black woman.

## CHAPTER FOUR: FINDINGS

### Overview

Gaining a better understanding of the experiences women have, their perceptions of stressful events, and how they cope with those encounters was the purpose of this study. Through the use of the GRMS scale and a modified version of the instrument, the researcher sought to determine whether Black women perceived their experiences to be more stressful when compared to the population of women in general. Analyzing the data obtained will provide insight on the perceptions of women and highlight the relationship that exists between gender and race. This information will be advantageous for individuals seeking to comprehend and support the Black woman.

### Descriptive Statistics

The data below shows the age range, racial identity, relationship status, and educational attainment of  $N=462$  women who participated in this study. All participants in this study were females ranging from 18 years of age to at least 70 years. Table 1 provides a breakdown of the number of participants per age group. The highest percentage of the population, 35% (162) of women in this study were between 30-39 years old; following this age group were those between the ages of 21-29, 29% (134); 14.3% (66) of the women were 40-49 years old; 7.6% (35) between 60-69, 6.1% (28) between 50-59, 5.4% (25) between 18-20, and less than 5% of the women were 70 years of age or older. In the demographical section of the survey, four broad racial classifications were listed for participants. Table 2 shows how the women identified themselves: 201 (43.3%) identified as Black, 171 (36.9%) identified as White, 51 (11%) identified as Hispanic/Latina, and 39 (8.4%) identified as Asian. More than half of the women

who participated in this study were married (254), 32% (148) were single, and the remaining 13% of women in the study were either divorced (6.9%), in a relationship (3.9%), or widowed (2.2%). Only 12 of the 462 women indicated that their highest level of educational attainment was high school, 31 (6.7%) reported having attended trade or technical school, leaving the remaining 419 (90.6%) women on a continuum of having some college education to a doctorate degree.

**Table 1***Age of Participants*

Age	N	%
18-20	25	5.4%
21-29	134	28.9%
30-39	162	34.9%
40-49	66	14.2%
50-59	28	6.0%
60-69	35	7.5%
70 or older	12	2.6%

**Table 2***Participants Identified Race*

	N	%
Asian	39	8.4%
Black	201	43.3%
Hispanic/Latina	51	11.0%
White	171	36.9%

## Results

### Hypotheses

**H 1:** The results from the Gendered Racial Microaggressions Scale (GRMS) would indicate the majority of Black women surveyed would perceive gendered racial microaggressions as traumatic. H1 was not supported by the data received from the survey. Both Black women and non-Black women (White, Hispanic/Latina, and Asian) completed the 26-item GRMS scale. In the version of the survey Black women completed, the word “black” was used as a descriptor in the eight items which made the specification, while non-Black women

responded to the same statements but “black” was not used to preface the type of woman. For example: “I have been perceived to be an “angry Black woman” was read by Black women and “I have been perceived to be an angry woman” was read by non-Black women. Hence, it was the researcher’s belief that Black women would respond in a way to indicate their perception of gendered racial microaggressions was greater than the other women surveyed. However, 96% of the time, when compared with non-Black women, Black women rated statements as having occurred less frequently and appraised situations as not being as stressful as non-Black women on the GRMS scale. The only exception noted was on question 16, “I have been assumed to be a strong Black woman” / “I have been assumed to be a strong woman,” in which 55% of the Black women surveyed responded as having experienced that assumption anywhere between once a month to once a week or more and 43% found it to be moderately stressful to extremely stressful; whereas 54% of non-Black women experienced that assumption once a month or more and 41% found it to be moderately stressful to extremely stressful. Therefore, based on these results, hypothesis one was not supported; the majority of Black women did not perceive their experiences of gendered racial microaggressions as traumatic.

**Table 3***Gendered Racial Microaggressions Statistics*

	Race	N	Mean	Std. Deviation	Std. Error Mean
GRMS Black Women Frequency	1 – BW	167	1.814	1.010	.078
GRMS Non-Black Women Frequency	0 – NB	243	2.242	.929	.060

**H 2:** All women will indicate some level of traumatic stress symptoms due to gendered microaggressions, but results will indicate Black women experience a statistically significant

amount of traumatic stress due to the intersection of gender and race. Data obtained did not support this hypothesis. In all four subsections of the GRMS scale, “Angry Black Woman,” “Silenced and Marginalized,” “Strong Black Woman,” and “Assumptions of Beauty and Sexual Objectification,” non-Black women indicated both a greater frequency at which behaviors occurred and more stress incurred when compared to Black women. These scores were obtained by adding the responses received in columns 3 – 5, once a month to once a week or more in frequency and moderately stressful to extremely stressful in appraisal, then dividing the sum by the total number of participants for that survey, 201 Black women or 261 non-Black women. This quotient was used to calculate the subscales as indicated by Lewis and Neville (2015). It was interesting to note that appraisal of stress was higher than frequency in three of the four subcategories for both Black and non-Black women. However, for the Strong Black Woman subscale the frequency was higher than the stress appraisal in both populations of women, 76.3 frequency to 64.6 stress appraisal for Black women and 118 rate of frequency to 102.4 stress appraisal for non-Black women. The following statement, “I feel that being a Black woman is stressful / I feel that being a woman is stressful” was true for 70.7% of Black women and 80.1% of non-Black women. Histograms were generated to visually represent data from the statement above. As shown in the figures below, the graphs display reasonably normally distributed data with elevated bars under numbers three, four, and five indicating a slightly higher appraisal of the statement for non-Black women. An independent-samples t-test was run to determine if there were differences in the level of traumatic stress experienced between Black and non-Black women. The population variances of the traumatic stress scores for both groups was equal, meeting the assumption of homogeneity of variances, as assessed by Levene’s test for equality of variances ( $p = .068$ ). Traumatic stress, as measured by the PCL-5, was higher for non-Black

women ( $M = 2.02$ ,  $SD = 0.81$ ) than Black women ( $M = 1.58$ ,  $SD = 0.89$ ), a statistically significant difference in,  $M = 0.44$ , 95% CI [0.28, 0.59],  $t(460) = 5.489$ ,  $p = <.001$ . This hypothesis was not supported by the data; responses from the Black women who participated did not indicate they experience a statistically significant amount of traumatic stress due to the intersection of gender and race.

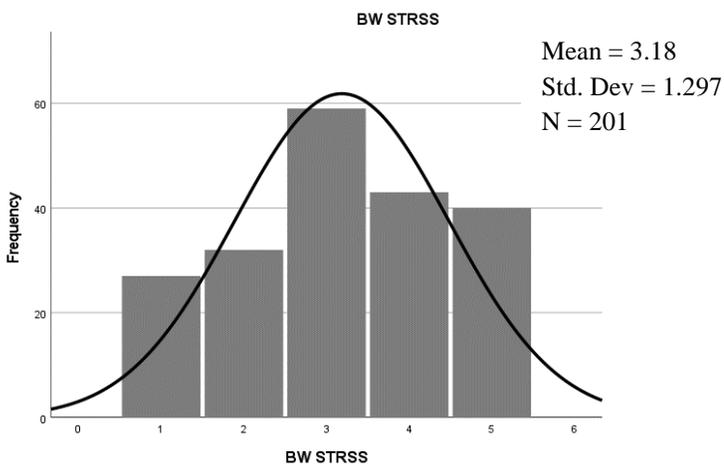
**Table 4**

*Statistics for Stress Appraisal*

	BW STRSS	NB STRSS
N	201	261
Mean	3.18	3.39
Std. Error of Mean	.091	.069
Std. Deviation	1.297	1.110
Variance	1.681	1.232
Range	4	4
Minimum	1	1
Maximum	5	5

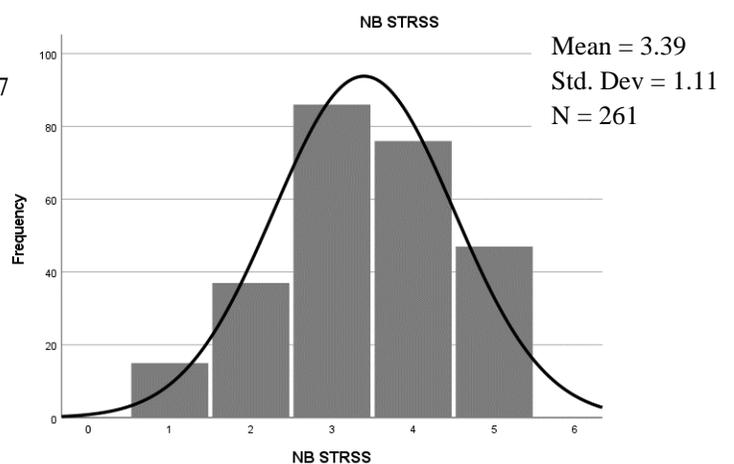
**Figure 1**

*Histogram of Black Women Stress Appraisal*



**Figure 2**

*Histogram of Non-Black Women Stress Appraisal*



**Table 5***Group Statistics for PCL-5*

	Race	N	Mean	Std. Deviation	Std. Error Mean
SCALE TOTAL PCL5	0 - NB	261	2.018	.808	.050
	1 - BW	201	1.583	.893	.063

**Table 6***T-test Results for PCL-5*

	Levene's Test for Equality of Variances		t-test for Equality of Means						
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper
Equal variances assumed	3.353	.068	5.489	460	<.001	.436	.079	.280	.592
Equal variances not assumed			5.419	407.329	<.001	.436	.080	.278	.594

**H 3:** Religion will serve as a moderator for the traumatic stress symptoms experienced by Black women and thus the levels of perceived stress identified as the result of gendered racial microaggressions will be less than that of women who do not indicate having a strong religious belief system. Although religious beliefs were significant for Black women, this hypothesis was not supported, as religious beliefs did not serve as a moderator for traumatic stress symptoms. The majority of women surveyed, 82.7%, indicated they attended church or some sort of religious meeting and 90.5% of this population acknowledged having spent private time in prayer, meditation, or Bible study. Thus, religiosity/spirituality seems to be a factor for most of the women who participated in this study. A model proposed on the effect of women's experiences with traumatic stress symptoms as the result of gendered microaggressions and religiosity/spirituality was constructed for both Black women and non-Black women. Hayes' Process Macro (2018) generated regression coefficients, p-values, and confidence intervals in the

simple moderation analysis. In viewing the Model Summary, the p-value is less than .00001, indicating there was a statistically significant difference between the perceived traumatic stress of Black women and that of non-Black women. The variables being accessed for their relationship to the 'OUTCOME VARIABLE' are presented the same for both Black and non-Black women surveyed [GRMS – PCL5]. The effect The Model of Y, perceived trauma, is not one of significance at  $p = .555$ . When considering religious beliefs systems as a moderator, it is not significant at  $p = .243$ . However, there is a significant negative direct effect of religious beliefs on Black women's experiences with gendered racial microaggressions [ $b = -.272$ ,  $p = .032$ , LLCI =  $-.521$ , ULCI =  $-.024$ ]. The p-value = .032, with significance levels typically  $< .05$ , and the confidence intervals are both negative and do not include zero, it could be concluded that religious beliefs has a significant negative effect on the frequency in which Black women report experiencing gendered racial microaggressions. The DUREL was the instrument selected for measuring the religiosity/spirituality of participants in this study. Results from this instrument were expected; the mean score on the DUREL was higher for Black women ( $M = 3.85$ ,  $SD = 1.13$ ) than non-Black women ( $M = 3.11$ ,  $SD = 1.04$ ). However, mean responses to the four religious belief statements listed in the demographic section were higher than responses to the DUREL. There was a statistically significant difference noted between the responses provided by non-Black women and Black women regarding their religious beliefs. Religious belief systems were higher for Black women ( $M = 4.13$ ,  $SD = 1.05$ ) than non-Black women ( $M = 3.31$ ,  $SD = 1.01$ ). A Welch t-test was run to determine the differences in religiosity/spirituality between non-Black and Black women due to the assumption of homogeneity of variances being violated, as assessed by Levene's test for equality of variances ( $p = .033$ ). The mean religious belief score for non-Black women was lower than Black women,  $M = 3.31$ , 95% CI [ $-1.01$ ,  $-0.63$ ],  $t(422.15)$

= -8.485,  $p = <.001$ . Table 10 displays the correlations between variables GRMS frequency and appraisal for both Black and non-Black women, traumatic stress (PCL-5), religious beliefs, and the DUREL. Following the general guidelines of correlations falling between  $0.1 < |r| < .3$ , are considered having a small strength of association; small correlations exists between all included variables. There are small negative correlations between both the frequency and appraisals of gendered racial microaggressions for Black women and religiosity/spirituality (religious beliefs and the DUREL). Since religious beliefs did not serve as a moderator, but instead had a direct negative effect on perceived gendered racial microaggressions, hypothesis three was not supported by the data.

**Table 7***Group Statistics for Mean Religious Beliefs*

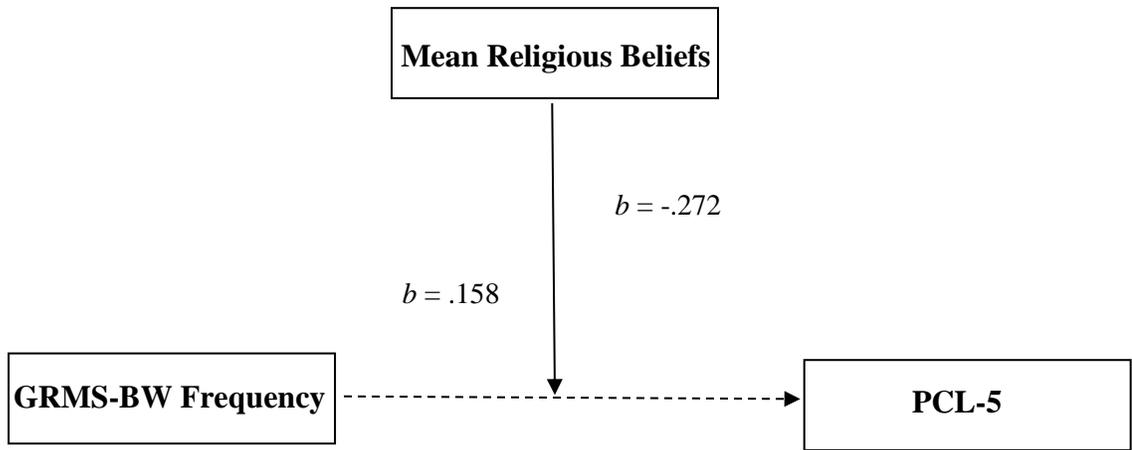
	Race	N	Mean	Std. Deviation	Std. Error Mean
Mean Religious Beliefs	0	261	3.306	1.008	.062
	1	201	4.126	1.046	.074

**Table 8***T-test Results for Mean Religious Beliefs*

	Levene's Test for Equality of Variances		t-test for Equality of Means						
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper
Equal variances assumed	4.577	.033	-8.526	460	<.001	-.820	.096	-1.009	-.631
Equal variances not assumed			-8.485	422.146	<.001	-.820	.097	-1.010	-.630

**Figure 3**

*GRMS for Black Women Moderation Model Results*



**Table 9**

*Results for GRMS for Black Women Moderation Model*

Source	b	se	t	P	LLCI	ULCI
PCL-5 (traumatic stress): $R = .609, R^2 = .370, MSE = .483, F = 31.967, p < .00001$						
Gendered Racial Microaggressions Scale – Black Women Frequency (GRMS-BW)	.158	.267	.592	.555	-.369	.686
Religious Beliefs	-.272	.126	-2.165	.032	-.521	-.024
GRMS-BW X Religious Beliefs	.071	.061	1.172	.243	-.049	.191

**Table 10***Correlations between variables GRMS, PCL-5, religious beliefs, and DUREL*

Variable	Variable 2	Correlation	N	Lower C.I.	Upper C.I.
GRMS Black Women Appraisal	Religious Beliefs	-.284	174	-.415	-.141
	DUREL	-.268	174	-.401	-.124
GRMS Black Women Frequency	Religious Beliefs	-.233	167	-.372	-.085
	DUREL	-.223	167	-.363	-.074
GRMS Non-Black Women Appraisal	Religious Beliefs	.212	243	.089	.329
	DUREL	.228	243	.105	.344
GRMS Non-Black Women Frequency	Religious Beliefs	.239	243	.116	.354
	DUREL	.264	243	.143	.377
PCL-5	Religious Beliefs	-.081	462	-.171	.010
	DUREL	-.057	462	-.148	.034

### Summary

The purpose of this study was to explore the degree to which Black women experience gendered racial microaggressions, whether their encounters are perceived as traumatic, and if religiosity/spirituality served as a protective factor for their traumatic stressors. Based on the data obtained from the surveys completed, although Black women did indicate levels of stress through their appraisals of situations, their responses were not higher than those from the population of non-Black women who participated. In nearly every category, non-Black women responded in a manner that suggests they experience gendered microaggressions and are bothered by them more than Black women. This leads the researcher to consider the notion that in some cases, gender may serve as a bridge between differing races, linking them to similar experiences. The Black women in this study rated their perceived encounters of traumatic stress lower than non-Black women and religious beliefs higher than non-Black women. It is possible this difference is because of the role religiosity/spirituality serves for Black women. The

following chapter will further this discussion of gender and race, expound upon possible implications, and provide recommendations for future research.

## CHAPTER FIVE: CONCLUSIONS

### Overview

Data from this study may lend credence to the idea that, in the great debate between gender and race, gender seems to be more of a dominating factor than race in the experiencing of microaggressions. This is not to suggest that non-Black women and Black women have identical experiences, but rather those of non-Black women should not be discredited or thought to be less stressful or impactful. In viewing the results from the four subscales of the GRMS scale made for Black women—“Assumptions of Beauty and Sexual Objectification,” “Silenced and Marginalized,” “Strong Black Woman,” and “Angry Black Woman”—race did not carry as much weight as gender. Although some level of religiosity/spirituality was acknowledged by more than half of the women in this study, Black women’s interaction with religion was noted at a statistically significantly higher rate. The following sections in this chapter will discuss possible reasons for the results obtained, explore implications for the counseling world, and provide recommendations for future studies.

### Discussion

The research determined whether Black women consider their experiences with gendered racial microaggressions as being stressful and if religion/spirituality serves as a moderating protective factor for those encounters, reducing the impact of the traumatic stressors. When assessing the research questions and hypotheses presented in this study, several theories could be viewed in consideration to the reason why current results did not support the hypotheses. The Black women surveyed in this study did not report significantly higher rates of perceived gendered racial microaggressions on the GRMS scale when compared to the non-Black women

who participated. Two main thought patterns could explain why: Women have more in common than not, despite race, or Black women have experienced gendered racial microaggressions so much they either minimize the impact or have blocked out those incidences. Traumatic stress, as measured by the PCL-5, was statistically significantly higher for non-Black women than Black women.

Cherry and Wilcox (2021) examined the effects of sexist microaggressions and found that they serve as a form of oppressive-based trauma, and women who were more advanced in their feminist identity development reported sexist experiences. This may be one reason results from the non-Black participants were higher than Black women. Now, not that Black women are less developed in their feminist identity, but perhaps as Davis and colleagues (2018) suggested, Black women may be so habituated to being flexible in their roles and contending with oppressive situations to survive that they do not react to stressful situations as other groups of women. Another potential explanation for the higher responses of gendered microaggressions amongst non-Black women could align with the findings of Robinson-Wood and colleagues (2020), who found Black women exhibited what they termed as “armored resistance.” Essentially, armored resistance is the ability to persist amid difficulties by relying on faith, grit, and resolve. If this were the case, then instead of Black women readily acknowledging and appraising occurrences of gendered racial microaggressions as significant, their armored resistance may have shielded them. Perhaps this level of resiliency, armored resistance, was learned from a historical figure like Sojourner Truth, who passionately summed up the inequitable experiences she faced living at the busy intersection of race, gender, and faith in her famous “Ain’t I a Woman?” speech given at the 1851 Women’s Convention in Akron, Ohio (Truth, 2021). Before gendered racial microaggressions had been defined, Sojourner Truth recognized that although she was a woman,

she did not receive the special attention and preferential treatment non-Black women got (Truth, 2021). In work ethics, she performed and completed tasks as well as or better than males, but was not afforded their privileges (Truth, 2021). In the end, no one cared about her struggles and heard her cries of distress but the Lord (Truth, 2021). Sojourner Truth is just one example from the long historical lineage of Black women, who provided accounts of how they encountered discrimination as the result of gender and race; thus, through the years, Black women may have become desensitized to the significance of their individual experiences of microaggressions. In a related thought, one may also question whether the statements mentioned on the GRMS scale were indeed perceived as microaggressions by Black women or merely typical experiences. This rationale would be consistent with the findings of Haynes-Baratz and colleagues (2021) that sometimes people do not acknowledge slights against them due to being unsure if it truly was an intentional act against them or something that should be overlooked. Thus, maybe Black women under-reported incidences of gendered racial microaggressions experienced because of uncertainty.

According to Mouzon and colleagues (2017), identifying racial injustices and microaggressions could be a matter of how entrenched a Black person's self-identity is tied to their race. Similarly, Black women who experience frequent incidences of gendered racism report lower levels of gendered racial identity centrality and tend to use more disengagement coping strategies (Lewis et al., 2017). A Black woman who works to disengage from the regular affronts against her may, over time, unconsciously block out microaggressions that non-Black women are attuned to. Williams and Lewis (2021) found that the Black woman's development of their gendered racial identity is a process that changes throughout their lifetime, which means depending on where in life the Black women were, racial microaggressions might not have been

on the forefront of their minds. Racism experienced by Black women is real, but intersectionality explores more than just the encounters of Black women, but also considers additional layers that add to the complexity of women, like their social status, education, religion, and disability (Curtis-Boles, 2019) which also could explain why non-Black women responded as they did on the survey.

The significant negative direct effect religion had on the frequency in which Black women acknowledged experiences of gendered racial microaggressions was anticipated, as the association between religiosity and psychological impact of trauma depends on an individual's outlook of religion and the type of trauma experienced (Kucharsha, 2020). The impact of religion in this study aligns with existing research enumerating on the auspicious effects of religion (Abu et al., 2018; Berkel et al., 2019; Butler-Barnes et al., 2018; Chang et al., 2018; Forrester-Jones et al., 2018; Friedrich-Killinger, 2020; Gwin et al., 2020). Noting that religious beliefs did not serve as a moderator for traumatic stress symptoms may be perplexing, but similarly, Rose and colleagues (2021) found that religious involvement did not have a direct correlation to the mental well-being of Black females even though religious emotional support served as a positive source for self-esteem and life satisfaction. Curtis-Boles (2017) found that while religion has historically been viewed as somewhat of a strengthening or protective factor for Black Americans when shame and crises place a strain on their faith, religious support may not have the same effect or be seen as a viable preference. There could be a level of shame for Black women who frequently experience racial microaggressions, such that they attribute their experiences with a lack of faith, thus negatively impacting their relationship with God/Higher Power. Past research also suggests that when Black females are provided an opportunity to talk about and share their stories of the various forms of microaggressions designed to oppress them

in a supportive environment, they thrived (King & Pringle, 2018). In that study, thriving equated to the Black females doing better in completing the assigned STEM courses (King & Pringle, 2018), but it could also be seen as cultivating resilience amid adversity by garnering support from others in their community (Dale & Safren, 2018). Another plausible explanation, those who may have detached themselves from being a “Black woman” and instead have internalized their identity in Christ as Paul explained in Galatians 3:26-28 (*New International Version*, 1978/2011), may not be affected the same way as the woman who is highly immersed in her Black femininity. Again, the impact of frequent incidences of racial discrimination is rooted in how much a Black person’s self-identity is tied to race (Mouzon et al., 2017). Finally, since the responses obtained were collected via an anonymous online survey, it cannot be determined why religion had the effect shown.

### **Implications**

It is believed this study will add to the existing body of literature in areas impacting the professional sector, advancing theoretical viewpoints, and expanding community care and counseling knowledge. From a professional standpoint, this study could provide insight on ways to best support the Black woman, as research indicates the Black community rarely initiates counseling services (Williston et al., 2019). Data presented in this study provide support for considerations in implementing counseling support groups in churches or private counseling with a biblical focus (Koenig et al., 2019). This assertion aligns with Forrester-Jones and colleagues (2018) who found spiritual support groups beneficial in helping individuals form bonds, relay experiences, and increase their social networks with likeminded people.

Theoretically, results from this study may be instrumental in better understanding both the depth and significance of the intersectional approach by contributing to the discussion of the influence gendered microaggressions carry versus gendered racial microaggressions, essentially gender versus race. Unlike much of the current literature that illuminates the uniqueness of the Black woman and the way an intersectional approach finally begins to provide an adequate platform to study her (Carter et al., 2020; Chamberlin, 2019; Grzanka et al., 2017; Kaholokula, 2016; Mouzon et al., 2017; Pietrese et al., 2012; Stepanikova et al., 2017; Tribble Davis et al., 2019), this data may encourage theorists to pause and ponder the value of gender and race.

Those interested in serving the community may be interested in the findings of this study in expanding their knowledge on working with minorities and marginalized populations. In recent years, an emphasis has been placed on edifying the Black female community through slogans, mantras, and catch phrases such as Black Girls Rock and #BlackGirlMagic (Jordan-Zachery & Harris, 2019), yet these results indicate that not only Black women deal with microaggressions. The researcher is not wanting to minimize efforts to support and encourage Black women because they tend to fall behind women in many other minority groups (Guerra, 2013), but rather inspire community counselors and leaders to heed to the data presented and broaden the range of inclusivity to the female population. It is evident from this study, that Black women do not own exclusive rights to being affected by gendered microaggressions and the stress it yields. Although Black women reported experiencing lower levels of stress, they also did not appraise potentially stressful instances high. Literature continues to support the deleterious effects of gendered racial microaggressions (Barrie et al., 2016; Lewis et al., 2017; Moradi & Subich, 2003; Mouzon et al., 2017; Pietrese et al., 2012; Thomas et al., 2008; Torres et al., 2010; Watson et al., 2016), but Black women are not the only women who experience slights against

them. In Proverbs 22:6 and Titus 2:3-4 (*New International Version*, 1978/2011), the Bible instructs older women to teach and instruct younger women on ways to navigate the potentially perilous paths that lie ahead, there is no distinction between Black women and non-Black women; thus it behooves Bible believers to do so as well.

### **Limitations**

There are limitations to this study that should be considered. First, regarding the instrumentation selected. The scales were researched and determined to be both valid and reliable, but the assumption that they indeed measured what they were intended to measure is a limitation. For example, the use of the GRMS scale for all women instead of only Black women, as Lewis and Neville (2015) developed it. Also, the use of the PCL-5 to assess traumatic stress associated with gendered racial microaggressions. Although previously used in studies with Black women (Malcoun et al., 2015; Moody & Lewis, 2019), given the context of the statements provided and no clearly defined event of focus for responding to the prompts, many factors could interfere with the accuracy of results received. Plus, since minimal information was shared with the women in the form of directions to prevent skewing results and the survey was anonymously administered online, it is unknown how well participants understood the questions/statements presented.

Relying on the truthful retrospection of participants before responding to statements presented in the survey is also a limitation. Data collected was obtained under the assumption that the women carefully read and accurately responded to the items presented. In the demographic section of the survey, only four racial ethnic groups were mentioned: Asian, Black, Hispanic/Latina, and White women; however bi-racial and American Indian women were not

specifically addressed. Therefore, even though this study was primarily interested in Black women and their experiences compared to non-Black women, failing to include at least an “other” option for women who do not identify as one of the four presented, may have excluded potential participants and be yet another limitation. Finally, accessibility to the survey presents a limitation. Recruitment for and participation in this study required women to have possession of or access to a computer or internet. Thus, participants without such access were excluded from the study.

### **Suggestions for Future Research**

Findings from this study can serve as a starting point for future researchers interested in the intersectional framework, role of religion and community in stress management, and quantifying the impact of trauma in unconventional experiences. As noted in the data presented, Black women did not indicate a significantly higher rate of gendered racial microaggressions when compared to other women, so continuing research in broadening the scope of taking an intersectional approach would be worthwhile. Proposed by Crenshaw (1989) as a lens for viewing Black women, the intersectional framework seems to have merit for even more individuals who could easily be categorized into multiple groups (Etengoff, 2020; Remedios & Snyder, 2018).

This study did not address the extent or amount of religiosity necessary for notable benefits to be experienced, nor was the overall health of the participants discussed. It would be interesting to learn how much exposure to religion is required to be of value to one’s physical and mental health such as the works completed by Abu and colleagues, 2018; Kucharsha, 2020; Lisman and colleagues, 2017; and Milstein, 2019. Previous studies found that when individuals

are able to share their beliefs and experiences with others who are likeminded and similar to oneself, it can be advantageous in cultivating a sense of belonging (Forrester-Jones et al., 2018; King & Pringle, 2018), so future studies on the effectiveness and development of support groups would provide additional insight.

Another area potential researchers may explore would be in identifying a reliable, culturally sensitive instrument to assess nontraditional traumatic experiences that induce traumatic stress responses. Data suggests traumatic stress can result from one's reactions to events that are internalized as traumatic but fail to meet the clinical definitions of a traumatic event (Moody & Lewis, 2019). Thus, finding a scale that measures the impact of those incidences could also add to future research. Lastly, replication of this current study from a qualitative approach would provide further context to the participants, their responses, and previous experiences, which, when combined, would provide more depth to the figures presented.

### **Summary**

This concluding chapter discussed the findings presented in Chapter Four; provided implications for professional, theoretical, and community; explored limitations of this study; and shared recommendations for future researchers. There were two primary findings from the data presented. First, based on the responses of non-Black women, they acknowledged experiences of gendered microaggressions more than Black women did. Second, Black women rated their perceived encounters of traumatic stress lower than non-Black women and religious beliefs higher than non-Black women. Implications and limitations based on these results were

examined. Further research on the intersectional approach on diverse samples of women, exploration of religiosity, and posttraumatic stress scale are recommended.

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**APPENDICES****IRB Approval Letter****LIBERTY UNIVERSITY.**  
INSTITUTIONAL REVIEW BOARD

January 11, 2022

Janis Roberson  
Kevin Van Wynsberg, Frederick Volk

Re: IRB Approval - IRB-FY21-22-467 FROM WHENCE COMETH HER STRENGTH

Dear Janis Roberson, Kevin Van Wynsberg, Frederick Volk:

We are pleased to inform you that your study has been approved by the Liberty University Institutional Review Board (IRB). This approval is extended to you for one year from the following date: January 11, 2022. If you need to make changes to the methodology as it pertains to human subjects, you must submit a modification to the IRB. Modifications can be completed through your Cayuse IRB account.

Your study falls under the expedited review category (45 CFR 46.110), which is applicable to specific, minimal risk studies and minor changes to approved studies for the following reason(s):

7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

Your stamped consent form(s) and final versions of your study documents can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB. Your stamped consent form(s) should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document(s) should be made available without alteration.

Thank you for your cooperation with the IRB, and we wish you well with your research project.

Sincerely,

**G. Michele Baker, MA, CIP**  
*Administrative Chair of Institutional Research*  
**Research Ethics Office**

### Gendered Racial Microaggressions Scale for Black Women (GRMS)

The researcher secured permission from the copyright holder, Dr. Jioni A. Lewis, to use the Gendered Racial Microaggression Scale (Lewis & Neville, 2015) as part of their study, but the scale was removed to comply with copyright. The items listed below were modified from the original instrument.

**Directions.** Please think about your experiences as a woman.

**Based on my experiences as a woman...**

Item	Frequency	Appraisal
4. Someone has made me feel unattractive because I am a woman.		
9. I have been perceived to be an “angry woman.”		
12. Someone made me feel exotic as a woman.		
13. Someone has imitated the way they think women speak in front of me.		
16. I have been assumed to be a strong woman.		
17. Someone has assumed that I should have a certain body type because I am a woman.		
19. I have received negative comments about my hair when I wear it in certain hairstyles.		
21. Someone objectified me based on my physical features as a woman.		
23. Someone assumed I speak a certain way because I am a woman.		
24. I have felt excluded from networking opportunities by male co-workers.		

**PTSD Symptom Checklist for the Diagnostic and Statistical Manual of Disorders, Fifth  
Edition (PCL-5)**

Below is a list of problems people sometimes experience in response to a highly stressful encounter. Please read each question and indicate how much you have been affected by the problem.

<b>How much were you bothered by:</b>	<b>Not at all</b>	<b>A little bit</b>	<b>Moderately</b>	<b>Quite a bit</b>	<b>Extremely</b>
1. I have had repeated, disturbing, and unwanted memories of the stressful experience.	0	1	2	3	4
2. I have had repeated, disturbing, dreams of the stressful experience.	0	1	2	3	4
3. I find myself suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it).	0	1	2	3	4
4. I begin feeling very upset when something reminds me of the stressful experience.	0	1	2	3	4
5. I have strong physical reactions when something reminds me of the stressful experience (for example, heart pounding, trouble breathing, sweating).	0	1	2	3	4
6. I find myself avoiding memories, thoughts, or feelings related to the stressful experience.	0	1	2	3	4
7. I find myself avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations).	0	1	2	3	4
8. I have trouble remembering important parts of the stressful experience.	0	1	2	3	4

9. I have strong negative beliefs about myself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous).	0	1	2	3	4
10. I blame myself or someone else for the stressful experience or what happened after it.	0	1	2	3	4
11. I have strong negative feelings such as fear, horror, anger, guilt, or shame.	0	1	2	3	4
12. I display a loss of interest in activities that I used to enjoy.	0	1	2	3	4
13. I feel distant or cut off from other people.	0	1	2	3	4
14. I have trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you).	0	1	2	3	4
15. I have irritable behavior, angry outbursts, or act aggressively.	0	1	2	3	4
16. I take too many risks or do things that could cause me harm.	0	1	2	3	4
17. I find myself being “super alert” or watchful or on guard.	0	1	2	3	4
18. I start feeling jumpy or am easily startled.	0	1	2	3	4
19. I have difficulty concentrating.	0	1	2	3	4
20. I have trouble falling or staying asleep.	0	1	2	3	4

### The Duke University Religion Index (DUREL)

How often do you attend church or other religious meetings?

1=never 2=once a year or less 3=a few times a year 4=a few times a month 5=once a week 6=more than once a week

How often do you spend time in private religious activities, such as prayer, meditation, or Bible study?

1=never 2=once a year or less 3=a few times a year 4=a few times a month 5=once a week 6=more than once a week

In my life, I experience the presence of the Divine (i.e., God).

1=definitely not true 2=tends not to be true 3=unsure 4=tends to be true 5=definitely true of me

My religious beliefs are what really lie behind my whole approach to life.

1=definitely not true 2=tends not to be true 3=unsure 4=tends to be true 5=definitely true of me

I try hard to carry my religion over into all other dealings in life.

1=definitely not true 2=tends not to be true 3=unsure 4=tends to be true 5=definitely true of me

### Demographics / Beliefs

Which state do you reside?

How old are you? 18-20 21-29 30-39 40-49 50-59 60-69 70 or older

Which of the following best describes your current relationship status? single married divorced widowed in a relationship

What is your highest level of education? High school trade/technical school some college associates degree bachelor's degree master's degree doctorate degree other

I am a woman who identifies herself as being: Asian Black Hispanic/Latina White

My primary source of strength comes from: family friends God/higher power mentor myself spouse/significant

In times of distress, I find relief in: family friends mentor myself religious/spiritual beliefs recreational substances (i.e. drinking alcoholic beverages, smoking) spouse/significant

I attribute my successes to: family friends God/higher power luck mentor myself spouse/significant

In my opinion, most of the challenges and opposition I face can be attributed to: my poor choices, Satan/evil forces, racial injustices/discrimination, family, friends, job

I feel that being a Black woman is stressful. / I feel that being a woman is stressful.

1=strongly disagree 2=disagree 3=neutral 4=agree 5=strongly agree

I was raised/taught to rely on: my mate God/higher power myself friends/sorority community nobody

My faith is a top priority. 1=strongly disagree 2=disagree 3=neutral 4=agree 5=strongly agree

I pray often and ask God for guidance. 1=strongly disagree 2=disagree 3=neutral 4=agree 5=strongly agree

I believe God will help me through anything. 1=strongly disagree 2=disagree 3=neutral 4=agree 5=strongly agree

God is important to me. 1=strongly disagree 2=disagree 3=neutral 4=agree 5=strongly agree

I must hide my emotions. 1=strongly disagree 2=disagree 3=neutral 4=agree 5=strongly agree

I can't let people know my real feelings. 1=strongly disagree 2=disagree 3=neutral 4=agree 5=strongly agree

No one wants to hear how I feel. 1=strongly disagree 2=disagree 3=neutral 4=agree 5=strongly agree

Being vulnerable is a sign of weakness. 1=strongly disagree 2=disagree 3=neutral 4=agree 5=strongly agree

I have to be a lady at all times. 1=strongly disagree 2=disagree 3=neutral 4=agree 5=strongly agree

There are certain things that women just don't do, say, or wear. 1=strongly disagree 2=disagree 3=neutral 4=agree 5=strongly agree

It is important for women to be graceful. 1=strongly disagree 2=disagree 3=neutral  
4=agree 5=strongly agree

I believe in traditional male/female roles. 1=strongly disagree 2=disagree 3=neutral  
4=agree 5=strongly agree

I am capable of achieving anything I set my mind to. 1=strongly disagree 2=disagree  
3=neutral 4=agree 5=strongly agree

I strive for excellence in all things. 1=strongly disagree 2=disagree 3=neutral 4=agree  
5=strongly agree

I am confident. 1=strongly disagree 2=disagree 3=neutral 4=agree 5=strongly agree

I take pride in being a strong woman. 1=strongly disagree 2=disagree 3=neutral 4=agree  
5=strongly agree

No one will get things done for me. 1=strongly disagree 2=disagree 3=neutral 4=agree  
5=strongly agree

I am the only one who can do what I need to be done. 1=strongly disagree 2=disagree  
3=neutral 4=agree 5=strongly agree

I have to make things happen for myself. 1=strongly disagree 2=disagree 3=neutral  
4=agree 5=strongly agree

I can only depend on myself. 1=strongly disagree 2=disagree 3=neutral 4=agree  
5=strongly agree

It is my duty to be there for everyone. 1=strongly disagree 2=disagree 3=neutral 4=agree  
5=strongly agree

I have to show people they can count on me. 1=strongly disagree 2=disagree 3=neutral  
4=agree 5=strongly agree

I sacrifice my needs for others. 1=strongly disagree 2=disagree 3=neutral 4=agree  
5=strongly agree

I am always available to help. 1=strongly disagree 2=disagree 3=neutral 4=agree  
5=strongly agree

### Recruitment Email

Hello,

As a graduate student in the School of Behavioral Sciences, Department of Community Care and Counseling at Liberty University, I am conducting research as part of the requirements for a doctor of education degree. The purpose of my research is to better understand your experiences as a woman, your perceptions of stressful events, and how you manage them. I am writing to invite eligible participants, women 18 years of age or older who identify as being female, to join my study. Participants will be asked to complete an anonymous online survey, which should not take over 30 minutes. Participation is completely optional, anonymous, and no personal identifying information will be collected in the study.

Attached to this email is a copy of the consent and I also included it in the survey. In order to participate, please click [here](#) or scan the QR code below.

After submitting the survey, participants may enter their email address to receive 1 of 20, \$20 Amazon gift cards.

Thank you in advance,

Janis Roberson

Doctoral Candidate



### Social Media Post

#### ATTENTION FEMALES 18 YEARS OF AGE OR OLDER:

Hello, my name is Janis and I am conducting research as part of the requirements for a doctor of education degree at Liberty University. The purpose of my research is to better understand your experiences as a woman, your perceptions of stressful events, and how you manage them. To participate, you must be 18 years of age or older and identify as being a female. Participants will be asked to complete an anonymous online survey, which should take no more than 30 minutes of your time. If you would like to participate and meet the study criteria, please click the link provided or scan the QR code. The first part of the survey contains the consent document, you can click the link below titled “Consent for Study” to obtain a copy to keep. Please review this section, and if you agree to participate, click “yes” to proceed with the survey. Upon survey submission, participants will have the option of entering their email address for the chance to win 1 of 20, \$20 Amazon gift cards.

[Consent for Study](#)

[Link to Survey](#)



## Consent

From Whence Cometh Her Strength

Janis Roberson, MA, LPC, NCC, doctoral student at Liberty University

### Invitation to be Part of a Research Study

You are invited to participate in a research study. In order to participate, you must be 18 years of age or older and identify as being a female. Taking part in this research project is completely voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research project.

### What is the study about and why is it being done?

The purpose of the study is to gain an understanding of your experiences as a woman, your perceptions of stressful events, and how you manage them.

### What will happen if you take part in this study?

If you agree to participate in this study, I would ask you to do the following:

Complete a survey, which should take approximately 30 minutes.

### How could you or others benefit from this study?

Participants should not expect to receive a direct benefit simply from taking a survey. Benefits to society may include increased understanding of how women perceive their experiences.

### What risks might you experience from being in this study?

The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

### How will personal information be protected?

The records of this study will be kept private.

- Participant responses will be anonymous. Anonymous means I, the researcher, will not be able to link your survey responses to any specific identifiers associated with the data.
- Data will be stored on a password-locked computer and may be used in future presentations. After three years, all electronic records will be deleted.
- Surveys will be stored on a password locked computer for three years and then erased. Only the researcher will have access to these surveys.

### How will you be compensated for being part of the study?

Participants will have the option to enter their email addresses after completing the survey to win one of twenty \$20 Amazon gift cards. Email addresses will be requested for compensation

purposes only; however, they will be collected and separated from your responses to maintain your anonymity.

#### **Is study participation voluntary?**

Participation in this study is voluntary. Your decision whether to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time prior to submitting the survey.

#### **What should you do if you decide to withdraw from the study?**

If you choose to withdraw from the study, please exit the survey and close your internet browser. Your responses will not be recorded or included in the study.

#### **Whom do you contact if you have questions or concerns about the study?**

The researcher conducting this study is Janis Roberson. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her. You may also contact the researcher's faculty sponsor, Dr. Kevin Van Wynsberg.

#### **Whom do you contact if you have questions about your rights as a research participant?**

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515.

*Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.*

#### **Your Consent**

Before agreeing to be part of the research, please be sure that you understand what the study is about. You can print a copy of the document for your records. If you have any questions about the study later, you can contact the researcher using the information provided above.

By continuing to the survey, you are agreeing to be in this study.