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Running head: PREDICTORS & OUTCOMES OF RACIAL SOCIALIZATION

Youth and Caregivers' Perceptions of Racial Socialization: Examining the Interactive Role
of Risk and Cultural Resilience Factors As Predictors and Mental Health as Outcomes

A dissertation defense submitted in partial fulfillment of the requirements for the
degree of Doctor of Philosophy at Virginia Commonwealth University

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PREDICTORS & OUTCOMES OF RACIAL SOCIALIZATION

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Abstract

Black families' mental health, including that of the children and caretakers, is a persistent public health concern. Existing work documents that parental racial socialization messages are a protective process for the psychological well-being of Black children, youth, and emerging adults (Bannon et al., 2009). The majority of work to date has focused on youth, and we have limited information about the effects of racial socialization on *caregivers'* mental health outcomes. It is also essential to examine the relation between racial socialization and outcomes among caregivers because, aside from their identity as parents, caregivers have other identities and experiences that deserve attention. Furthermore, in addition to examining the effects of both youth reports and caregiver reports of racial socialization and the impact on both individuals' outcomes, it is essential to understand the factors that underlie the racial socialization process for both youth and caregivers. Guided by the integrative model for the study of stress in Black American families (Murry et al., 2018), the current study addresses numerous gaps to provide a comprehensive understanding of the antecedents and outcomes associated with racial socialization among Black families.

Mediation analyses were used to examine aspects of racial socialization messages that mediate the relation between risk factors and youths' and parents' mental health well-being. Direct paths were also examined as part of the mediation analyses and youths' and parents' sex were included as covariates predicting outcomes. Further, to determine if cultural characteristics (e.g., parents' and youths' ERI centrality) serve as a moderator between risk factors and racial socialization messages, we created interaction terms between youths' and parents' report of risk (i.e., discrimination or ACEs) and their cultural characteristics predicting mental health symptoms, via youths' and parents' perception of various racial socialization messages. Findings

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indicated that youths' and parents' centrality and private regard are moderators of the relation between risk factors and racial socialization messages. Additionally, parents' racial barrier messages predicted youths' worsened mental health. Overall, findings highlight the importance of also considering ethnic-racial identity when examining how risk informs perceptions of racial socialization and, in turn, mental health symptoms. Findings are addressed in detail below and provide crucial empirical support for intervention and implementation efforts to address mental health disparities for Black youth and caregivers.

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Youth and Caregivers' Perceptions of Racial Socialization: Examining the Interactive Role of Risk and Cultural Resilience Factors As Predictors and Mental Health as Outcomes

Racial socialization is a common process undertaken by parents of ethnically and racially diverse children and youth (Hughes et al., 2006; Neblett et al., 2012; Wang et al., 2020). In particular, this process entails disseminating attitudes, values, and knowledge regarding race and ethnicity (Hughes et al., 2006). Furthermore, racial socialization is a process by which individuals develop opinions of their ethnic-racial group and come to comprehend components regarding history and core values (Hughes et al., 2016). Notably, work has established that parents engage in racial socialization to equip their children with coping skills and tools to navigate socio-political environments and the harmful effects of stigmatization, bias, and racism (Neblett et al., 2012; Wang et al., 2020). Due to the variety of methods parents choose to use when educating their children about the racial and ethnic backgrounds of their families, researchers have noted that racial socialization is a multifaceted concept. For instance, parents engage in racial socialization in various ways, including instilling in their children messages of cultural socialization, preparation for bias, promotion of mistrust, and egalitarianism (Hughes et al., 2006). ¹Racial socialization processes are captured in the current study by messages of racial pride, racial barriers, and self-worth, as defined by Lesane-Brown et al. (2009) and Neblett et al. (2009). Parents' transmission of knowledge of cultural history, heritage, and pride refers to messages of *racial pride* (termed as cultural socialization by Hughes et al., 2006). Furthermore,

¹Racial socialization was conceptualized according to Hughes and colleagues (2006). However, other scholars have used other terms to capture these processes. *Cultural socialization/racial pride* refers to practices that teach youths about their racial or ethnic heritage and history that promote cultural customs, traditions and, cultural/racial/ethnic pride. *Preparation for bias/racial barriers* refers to strategies that promote awareness of discrimination and prepare youth to cope with it. Lastly, *Egalitarianism/self-worth* captures strategies that encourage children to value individual qualities (e.g., hard work) over racial group membership. Discussion of race is avoided, and colorblind ideas are encouraged.

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messages about *racial barriers* are given by parents to help children learn how to cope with and function in a racialized society (referred to as preparation for bias by Hughes et al., 2006).

Lastly, messages of *self-worth* emphasize diversity and racial equality (referred to as egalitarianism by Hughes et al., 2006).

Among Black families, in particular, racial socialization is prevalent and impactful. For example, some work found that 62.4% of Black parents engaged in conversations about race over the past year with their children (Sullivan et al., 2021). Other work documents that more than 88% of African American parents engage in cultural socialization practices either by what they say (e.g., emphasizing ethnic pride) or do (e.g., engaging in activities that promote cultural awareness) in the past year (Caughy et al., 2002; Hughes, 2003). Given the prevalence of racial socialization in Black families, it is essential to understand the factors that inform racial socialization, as well as the impact of racial socialization on both youths' and caregivers' outcomes.

Existing work documents that parental racial socialization messages are a protective process for the psychological well-being of Black children, youth, and emerging adults (Bannon et al., 2009; Bynum et al., 2007; Caughy et al., 2002; Davis & Stevenson, 2006; Wang et al., 2020). For instance, Black parents' provision of greater messages of cultural pride was associated with youths' lower depressive symptoms (Davis & Stevenson, 2006; McHale et al., 2006). Similarly, Bannon and colleagues (2009) found that greater parental endorsement of cultural pride predicted fewer anxiety symptoms for African American school-aged children. Interestingly, the majority of previous studies that have investigated the relation between parental racial socialization and adolescents' internalizing symptoms have predominantly examined depressive symptoms as the mental health outcome (Gibson et al., 2022; Neblett et al.,

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2012). The relation between racial socialization and anxiety symptoms among adolescents is less understood.

Overall, it is essential to better understand racial socialization and various forms of mental health (e.g., anxiety and depressive symptoms) among adolescents. A recent 10-year data trend analysis (YRBS, 2019) found that from 2009 to 2019, youth mental health has progressively declined across high school students. This is concerning given the overwhelming amount of work that documents that poor mental health during adolescence is associated with risky behavior and consequences (e.g., substance abuse, risky sexual behavior, and decline in school performance; YRBS, 2019). In addition to the recent decline in youths' mental health, examining mental health outcomes during adolescence is important because this is a vulnerable period for worsened mental health (Wang et al., 2020).

During this developmental stage, youth gain cognitive skills, become more aware of racial injustices in their surroundings, and experiment with their identities (Hughes & Johnson, 2001; Wang et al., 2020). In fact, a recent study on anxiety and depression among teens in the U.S. noted that youth see anxiety and depression as a challenge for themselves and their peers (Pew Research Center, 2019). Longitudinal work has found that addressing mental health symptoms early on has positive implications for one's mental health later in life. Further, relevant to the current study, 31.5% of Black high school students reported having persistent feelings of sadness or hopelessness in the past year (YRBS, 2019). Alarming, 16.9% of Black high school students seriously considered attempting suicide (YRBS, 2019). Thus, understanding processes that contribute to Black youth's mental health and well-being is a public concern that needs immediate attention.

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Additionally, the majority of work to date has focused on youth, and we have limited information about the effects of racial socialization on *caregivers'* mental health outcomes. It is also important to examine the relation between racial socialization and outcomes among caregivers because, aside from their identity as parents, caregivers have other identities and experiences that deserve attention. A majority of research on cultural processes and outcomes has tended to focus on youths' outcomes, and parents' outcomes are often neglected. In fact, when parents' experiences are considered in research, it is often because their roles and duties have implications for their children's mental health versus their own (Mendes et al., 2012; Wang et al., 2020). Although this is important to consider, a focus on caregivers' experiences (e.g., racial socialization processes) and links with their own outcomes is equally important. The majority of work examining the relation between racial socialization and mental health outcomes has focused on how parents' or youths' reports of racial socialization impact youths' mental health internalizing symptoms. No work to our knowledge has examined how racial socialization messages and behaviors are associated with caregivers' mental health symptoms.

Further, relevant to the current study, in their meta-analytic review of how parental racial socialization practices are associated with psychosocial and behavioral adjustment among children of color, Wang and colleagues (2018) found that there are variations in reporter effects depending on whether the reporter of racial socialization was a parent or youth. Specifically, findings noted that youth reports of racial socialization provided a stronger association between socialization practices and youths' internalizing symptoms. It is unclear whether different findings would emerge when parents' reports of racial socialization and parents' outcomes are included.

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In addition to examining the effects of both youth reports and caregiver reports of racial socialization and the effects on both individuals' outcomes, it is essential to understand the factors that underlie the process of racial socialization for both youth and caregivers. Black youth and parents are navigating unique experiences (e.g., racial discrimination and structural inequalities) that have implications for their racial socialization processes. According to a risk and resilience framework, people overcome adversity and challenges by utilizing resources and assets that are available to them (García Coll et al., 1996; Luthar et al., 2000; Masten et al., 2001; Spencer et al., 2006). Accordingly, both risk and resilience factors may play a role in racial socialization. For example, risk factors may include stressful life experiences (both culturally related and more generally), such as racial discrimination and adverse child experiences (ACEs), and resilience factors may include cultural processes that mitigate these risks (e.g., ethnic-racial identity).

Although some youth characteristics have been examined in relation to their perceptions of racial socialization experiences, the majority of existing work has focused on caregivers' cultural characteristics (e.g., ethnic-racial identity; ERI; e.g., Derlan et al., 2018; Knight et al., 1993), and has predominantly focused on cultural resilience factors as a direct predictor of racial socialization, rather than the interactive effects of risk factors and resilience factors in predicting racial socialization. Thus, to address numerous gaps and provide a more comprehensive understanding of the antecedents and outcomes of racial socialization among Black families, the current study aims to understand whether a) adolescents' and caregivers' risk factors (i.e., racial discrimination and ACEs) alongside their cultural resilience factors (i.e., caregivers' ERI and youths' ERI) inform both caregivers' and youths' perceptions of their racial socialization (i.e., racial pride, racial barriers, and self-worth) and b) caregivers' and youths' perceptions of

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components of racial socialization inform caregivers' and youths' mental health outcomes (i.e., anxiety and depressive symptoms).

Theoretical Framework

A theoretical framework that is useful for understanding the tested process from risk and resilience factors informing multiple reporters' accounts of racial socialization and, in turn, family members' outcomes is the integrative model for the study of stress in Black American families (i.e., the integrative model) conceptualized by Murry and colleagues (2018). Authors note that previous family stress theories do not adequately capture the unique experiences of Black families and how they persevere (i.e., ordinary magic) in the face of challenges (Murry et al., 2018). Ordinary magic captures the concept of resilience, which emerges when people identify ways to adapt and respond to adversity (Masten, 2001; Murry et al., 2018). Thus, the integrative model pulls various components from earlier theories and frameworks (i.e., family and environmental stress, ecological, and resilience-strength-based approaches) and examines stress in Black American families in a nuanced way by centering race and ethnicity and taking into consideration the factors and processes that are unique to Black families that lead to positive development and adaptation. Specifically, the integrative model examines the role of macro-level stressors, historical and contextual influences, family promotive and inhibiting vulnerabilities, and cultural strengths-based coping assets in the well-being of Black families.

The integrative model (Murry et al., 2018) notes that the consequences and aftermath of sociohistorical events and politics (e.g., slavery and Jim Crow laws) continue to impact Black Americans' lives every day in the form of sociocultural stressors (e.g., discrimination and racism). Murry and colleagues (2018) highlight that the trickling effect of sociohistorical events and stressors leads to extreme environmental stressors (e.g., race-related daily hassles,

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insufficient health care services, and neighborhood stressors). Murry et al. (2018) note that despite facing challenges and adversity, Black Americans overcome these struggles and adapt by tapping into their *ordinary magic*. Specifically, Murry and colleagues (2018) note that Black families have ordinary magic (i.e., cultural strengths and assets), such as racial identity and racial socialization, that play critical roles (both mediating and moderating) that offset negative family environmental stressors. The authors posit that cultural assets are resources that help families navigate their everyday experiences, thus directly impacting positive adjustment. Based on these theoretical tenets, it is possible that when individuals experience environmental stressors (i.e., discrimination and ACEs), they may use cultural strengths-based coping assets (e.g., racial identity) to cope with these stressful contextual demands that are deeply rooted in racist socio-political environments in the U.S. Interactions between their environmental stressors and strengths-based coping may then inform racial socialization processes that occur between youth and caregivers.

Furthermore, Murry and colleagues (2018) note that cultural assets (e.g., racial socialization messages) can also directly impact positive development, adjustments, and adaptation. Therefore, consistent with these notions (Murry et al., 2018), it is not only possible for risk and resilience factors to inform racial socialization, but racial socialization may also, in turn, impact individuals' mental health outcomes. Although no studies to our knowledge have examined this full process, prior work provides evidence for aspects of this model and is reviewed below in three sections. Specifically, we review research that has been conducted and identify gaps in existing work on 1) ACEs and racial discrimination as risk factors predicting perceptions of racial socialization, (2) the moderating role of protective cultural factors on

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relations between risk factors and racial socialization, and (3) racial socialization and mental health among youth and caregivers.

Racial Discrimination and ACEs as Risk Factors Predicting Perceptions of Racial Socialization

Racial Discrimination and Racial Socialization. Over the years, extensive work has examined the relation between racial discrimination and racial socialization among Black families (e.g., Fischer & Shaw., 1999; Hughes, 2003; Hughes et al., 2006; Hughes & Johnson., 2001; Leath et al., 2021; Saleem et al., 2016; Umaña-Taylor & Hill., 2020). Collectively, these studies show that parental experiences of discrimination are associated with parental messages of racial socialization differently based on the type of racial socialization that is considered (e.g., preparation for bias/racial barriers messages vs. racial pride/cultural socialization messages).

Regarding preparation for bias racial socialization, caregivers' discrimination experiences have tended to be associated with increased preparation for bias. Researchers have noted that the increased racial socialization messages observed in Black parents are a way for them to navigate these stressful events and equip their children with the necessary tools to navigate the sociopolitical and historical climate. For instance, in a recent qualitative study, Leath and colleagues (2021) asked Black college women to reflect on the racial socialization messages they received from their mothers while growing up. A common theme that was endorsed by participants was that the socialization messages they received from their mothers were a result of their mothers' interpretation and awareness of the racialized events they were witnessing. For example, one participant described that as a result of senseless killings of Black teens and young adults (e.g., Trayvon Martin), her mother increased warning messages to her and her siblings. One participant recalled a message from her mother, "Make sure you don't walk with your hood

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on or your hands in your pockets" (p. 202). These accounts align with quantitative findings (Hughes, 2003; Hughes et al., 2006) that document that in the face of discrimination, more messages of racial socialization are received to prepare Black youth to navigate a racialized environment.

On the other hand, research documenting the relation between discrimination and cultural socialization/racial pride as a form of racial socialization has been mixed. For instance, Hughes and Johnson (2001) found that greater experiences of discrimination prompted parents to provide more frequent cultural socialization messages. This positive association has also been found in other studies examining the relation between discrimination and cultural socialization/racial pride (McNeil et al., 2006; Saleem et al., 2016). Interestingly, Derlan and colleagues (2018) investigated how mothers' experiences with discrimination moderated the relations between their cultural socialization attitudes and behaviors. Findings indicated that mothers' discrimination did not directly inform their cultural socialization behaviors; however, mothers' discrimination experiences strengthened the attitudes about the importance of engaging in cultural socialization to inform greater socialization behaviors (Derlan et al., 2018). Contrary to these findings, other work has found no relation between parents' discrimination and engagement with cultural socialization/racial pride messages (Hughes, 2003; Hughes & Chen, 1997).

The majority of work has utilized the term egalitarianism rather than *self-worth* to describe racial socialization messages that place an emphasis on personal attributes rather than race-related messages. However, conceptually, self-worth and egalitarianism capture the same construct. Work has also documented mixed findings in the relation between racial discrimination and egalitarianism/self-worth. In a qualitative study, Doucet and colleagues (2018) explored how Black parents' experiences of racism play a role in the use of

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egalitarianism messages with their children. Analysis of interviews found that the way parents made sense of their experiences with racism and discrimination promoted egalitarianism messages. Specifically, parents noted that they wanted their children to grow up with a sense of equality and hope (Doucet et al., 2018); thus, they preferred to provide egalitarianism messages. Furthermore, it was found that Black parents adjust the racial socialization messages they provide based on their child's age and perception of their child's cognitive development. Conversely, studies have found that more racial stress (e.g., discrimination) is associated with lower egalitarian beliefs (Ballard, 2015; Hope et al., 2020). Authors noted that diverse youth (i.e., Latine, Black, and Asian) encounter with racism (e.g., discriminatory experiences) leads to feelings that society is unfair (Ballard, 2015; Hope et al., 2020).

Furthermore, earlier work investigating the relation between racial discrimination and racial socialization found that when parents experience racial discrimination in various settings (e.g., social events, at their jobs), they provide their children with more cultural socialization/racial pride messages (Hughes, 2003). Hughes (2003) noted that because of their own discriminatory experiences, parents anticipate that their children themselves will encounter racial discrimination, thus explaining the frequent messages received by the youth. This pattern has been found across multiple studies examining the relation between discriminatory experiences and various racial socialization practices (Hughes et al., 2006; Hughes & Johnson., 2001). Recently, Umaña-Taylor and Hill (2020) reviewed the precursors and outcomes of racial socialization. Authors found that discriminatory experiences are a catalyst for messages of preparation for bias (Hagelskamp & Hughes., 2014; Umaña-Taylor & Hill, 2020).

Less work has focused on how discrimination experiences are associated with mental health outcomes via racial socialization. To our knowledge, when racial socialization is tested in

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process models, it has been included as a protective buffer and not as a mediator (Harris-Britt et al., 2007; Saleem et al., 2016). For example, a study with African American eighth-graders explored how racial socialization messages (i.e., cultural pride, preparation for bias) buffered the relation between racial discrimination and self-esteem. Findings indicated that the association between discrimination and self-esteem was weakened when youth reported more messages about pride (Harris-Britt et al., 2007). Similarly, Fischer and Shaw (1999) examined moderators of the association between racial discrimination and self-esteem. Though racial socialization has been examined as a moderator of various studies, there has been no study to our knowledge that has tested whether components of socialization mediate the relation between risk factors and mental health outcomes. Racial socialization should also be examined as a potential mediator because it can help explain underlying processes and be leveraged in new and different ways for interventions. Thus, existing literature indicates that sometimes racial discrimination informs greater racial socialization. Other times, it is not associated with racial socialization depending on the component of racial socialization that is examined (e.g., racial pride, racial barriers, and self-worth). Existing literature has tended to focus on caregivers' own discrimination experiences and the effects on their perceptions of their own racial socialization behaviors, and it is less clear whether youths' discrimination experiences inform their perceptions of racial socialization messages in terms of racial pride, racial barriers, and self-worth. It is plausible that racial discrimination experiences may inform greater or less racial socialization. Thus, we explored these relations and differences by the reporter, and hypothesized that both youths' and caregivers' discrimination would be significantly associated with components of racial socialization (i.e., racial pride, racial barriers, and self-worth), but we do not make a priori hypotheses about the direction of these relations given that positive and negative relations are

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possible. The current study addresses gaps in the literature by focusing on parents' and youth reports of their own discrimination experiences and perceptions of various forms of racial socialization messages.

ACEs Predicting Racial Socialization. It is also possible that other risk factors, such as ACEs, impact racial socialization processes. ACEs refer to childhood traumatic incidents or negative experiences that occurred during one's first 18 years of life (e.g., witnessing violence in the home) that may have interfered with the child's sense of stability growing up (CDC, 2022). Work has indicated that African Americans experience ACEs more than other racial groups (Liu et al., 2020). To our knowledge, no studies have explored the relation between ACEs and racial socialization. However, related work provides some support for this association. For instance, Liu and colleagues (2020) argue that it is vital to examine racial and ethnic differences in ACEs, given their relationship to long-term physical and mental health. Authors note that to inform interventions and promote resilience for Black families, it is crucial to examine protective factors that mitigate the relationship between adversity and poor mental health. Results indicated that greater adversity was associated with worse mental health, while more access to protective factors was associated with better mental health. Similarly, Youssef et al. (2017) examined that exposure to ACEs was significantly associated with depression for young adults; however, when participants reported high and medium levels of resilience, they showed fewer depressive symptoms. Authors note that resilience factors (i.e., the ability to cope with stress and adversity, such as self-confidence, self-efficacy, self-control, optimism, and spirituality/autonomy) were important in buffering the association between ACEs and mental health outcomes. Although these studies are not focused on racial socialization, racial socialization has been conceptualized as a form of resilience in the African American community (Wang et al., 2020). Understanding

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this mediation process from ACEs to mental health outcomes via racial socialization may provide crucial empirical support for intervention and implementation efforts to address mental health disparities for Black youth and caregivers.

Drawing from trauma literature, Hosey (2019) argued that despite experiencing the negative effects of ACEs, adaptations still occur after negative experiences. This adaptation refers to posttraumatic growth after a negative event. Hosey (2019) notes that although we know a lot about how ACEs influences outcomes, limited work has focused on the processes that lead to adaptation. Work on post-traumatic growth and outcomes found that overcoming challenging circumstances(i.e., ACEs allowed people to achieve positive psychological development(i.e., sense of personal strength, adaptive coping, or ability to make meaning (Hassija & Turchik, 2016; Tedeschi & Calhoun, 2004). Drawing from research on post traumatic growth, one possibility is that ACEs would be positively associated with racial socialization because, in the face of trauma, individuals engage in adaptive coping. Racial socialization may be this coping. Conversely, it is also possible that ACEs can be negatively associated with racial socialization. Trauma-related work notes that individuals have thresholds, and when it is reached, it can alter their perception of themselves and others (Benight et al., 2017; Hosey, 2019). Thus it is possible that ACEs can be negatively associated with racial socialization because their ability to adjust may be disrupted, which in turn, can lead to worse mental health.

Racial socialization has been conceptualized as a positive parenting process (Hughes et al., 2006; Wang et al., 2020). It is plausible that when Black parents experience ACEs, they engage in fewer parenting processes (e.g., racial socialization). A well-repeated phrase that may be helpful in understanding this relation is “you can’t pour from an empty cup.” This is the idea that it is difficult to give from a place of deficiency. For instance, it may be plausible that

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individuals who have experienced ACEs may have ongoing trauma related to their childhood experiences and coping with them and may have less bandwidth to engage in racial socialization. Work examining the relation between ACEs and parent-child interactions provides a plausible explanation of how the two may be related, such that, parents' who have experienced ACEs have difficulty engaging in positive parenting behaviors and lack confidence in their parenting abilities (Bailey et al., 2012; Lomanowska et al., 2017). Aligned with this conceptualization, it is possible that ACEs will be negatively associated with racial socialization. On the other hand, similar to some of the work that has found a positive relation between discrimination and racial socialization (i.e., more racial discrimination experiences is linked with greater racial socialization) it is possible that when individuals experience a stressful event such as ACEs, it motivates them to give their children the necessary tools (racial socialization messages) to navigate their realities. This interpretation is aligned with risk and resilience work which notes that in the face of adversity, Black families tap into their ordinary magic (i.e., racial socialization) to adjust to circumstances (Murry et al., 2018). Therefore, we hypothesized that ACEs would be significantly associated with racial socialization messages (i.e., racial pride, racial barriers, and self-worth), however, due to the existing gaps in the literature and various conceptual possibilities, we did not speculate whether the direction of association between ACEs and racial socialization in the current study will be positive or negative, because either direction is plausible. As a result, this section is exploratory to ascertain the potential associations between ACEs and forms of racial socialization (racial pride, racial barriers, and self-worth) across reporters.

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Moderating Role of Protective Cultural Factors on Relations Between Risk Factors and Racial Socialization

In the current study, we were guided by strengths-based perspectives (e.g., García-Coll et al., 1996; Masten et al., 2001; Murry et al., 2018) to understand better the interactive role of risk factors and cultural assets in predicting mental health outcomes via aspects of racial socialization. According to the integrative model (Murry et al., 2018), when faced with risk, Black families draw on their ordinary magic (e.g., ERI centrality), resulting in positive adaptation (e.g., racial socialization).

Ethnic-Racial Centrality and Private Regard as Moderators. A cultural factor that is posited to play a role in the current study is adolescents' and parents' ERI private regard and centrality. Ethnic-racial identity (ERI) is a multidimensional construct that encompasses the behaviors and attitudes one holds toward their own ethnicity-race (Sellers et al., 1998; Umaña-Taylor et al., 2014; Williams et al., 2020). The effects of ERI have been widely studied and are generally recognized to be positively associated with racial and ethnic minoritized individuals' psychosocial well-being and health (Ahn et al., 2021; Umaña-Taylor & Rivas-Drake, 2021). Relevant to the current study, dimensions of ERI may include centrality (i.e., how much one's ethnic-racial group membership is key to one's self-concept; Sellers et al., 1998) and private regard (i.e., evaluative judgment about being a member of one's ethnic-racial group (Sellers et al., 1998)).

During adolescence, youth become more aware of their identity and may encounter experiences that prompt them to think about their ethnic-racial group (Umaña-Taylor et al., 2014). Previous work that has tested dimensions of ERI as a moderator of the relation between risk factors and outcomes has found that ERI dimensions have a buffering effect that protects

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against negative outcomes. For instance, Sellers and colleagues (2006) investigated whether ERI centrality moderated the relation between discrimination and psychological functioning (i.e., stress, depressive symptomatology, self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth) for adolescents in grades 7–10. Findings indicated that when dimensions of ERI were not considered, discrimination experiences predicted worse adolescent outcomes (e.g., greater stress and depressive symptoms). However, when testing racial identity as a resilience factor, results indicated that more positive attitudes about one's group (i.e., private regard) were associated with positive psychological outcomes (e.g., less stress; Sellers et al., 2006). Sellers and colleagues (2003) also found that ERI centrality was a protective factor in the relation between racial discrimination and psychological distress (i.e., depressive, anxiety, and stress symptoms) among African American ninth graders. That is, for adolescents who indicated that race is less central to them, experiences with racial discrimination were associated with higher levels of stress (Sellers et al., 2003). Authors interpreted these findings by noting that individuals with high centrality may be protected from the detrimental consequences of racially discriminating experiences because their self-assurance in their race prevents them from internalizing the experience (Sellers et al., 2003).

The protective role of ERI centrality and private regard in the relation between discrimination and psychological outcomes has been documented in the literature (Stein et al., 2014; Romero et al., 2014; Yip et al., 2008; Yip et al., 2019). However, it is possible that ERI dimensions might also moderate the relation between risk factors (i.e., discrimination and ACEs) and aspects of racial socialization (i.e., racial pride, racial barriers, and self-worth). When experiencing stressful events, greater ERI may be protective against the risk experiences having an impact on racial socialization messages of racial pride, racial barriers, and self-worth.

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Furthermore, with the exception of one notable study that tested whether children's ERI predicted racial socialization (Umaña-Taylor et al., 2013), often when predictors of racial socialization are examined, parents' characteristics are used (Derlan et al., 2018). Limited work that has focused on children's cultural characteristics as predictors of racial socialization (Umaña-Taylor et al., 2013) demonstrates that their characteristics matter too. Drawing from the broader parenting literature, youth have agency, and parents often adjust their parenting to accommodate their children's personalities and behaviors (Collins et al., 2000). Therefore, it is possible that in the face of stressful risk experiences (e.g., discrimination and ACEs), when a child or caregiver has highly a central ERI (e.g., high levels of centrality) and/or highly positive ERI (e.g., high level of private regard), it might motivate parents to engage in more racial socialization to help their children overcome these stressful experiences. Consistent with these conceptual interpretations, in the discussion of findings from the meta-analysis, Wang and colleagues (2020) suggest that future work on racial socialization should draw from the larger parenting research, which considers multiple methods of informants and considers bi-directional effects.

The current study examines how dimensions of ERI moderate the relation between risk factors and racial socialization components among caregivers and adolescents. Taking into consideration the integrative model (Murry et al., 2018) that posits that Black Americans overcome stressful situations (e.g., discrimination) by tapping into their ordinary magic (e.g., ERI ethnic identity), and previous empirical findings, we expected that dimensions of ERI would be protective and weaken the relations between family risk factors and racial socialization.

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Racial Socialization and Mental Health Among Youth and Caregivers

Racial Socialization and Mental Health Symptoms. Existing research has documented the relation between parental racial socialization and youth mental health symptoms (e.g., anxiety and depressive symptoms; Hughes et al., 2006; Huguley et al., 2019; McHale et al., 2006; Neblett et al., 2012). Experts have argued that for African American youth, receiving positive messages about their racial minority group from their parents is associated with positive mental health (Neblett et al., 2012). Indeed, among African American parents and their children (i.e., age ranged from 9 to 15 years), higher levels of parental racial socialization (i.e., endorsement of cultural pride reinforcement) were associated with lower levels of anxiety for children, compared to children whose parents did not provide cultural pride messages to their children (Bannon et al., 2009). Similarly, McHale and colleagues (2006) found that parental cultural socialization was associated with lower depressive symptoms in children and adolescents aged 6 to 17 years, as well as lower anxiety symptoms in youth aged 9 to 15 (Bannon et al., 2009). These studies represent a few examples of work in this area.

Wang and colleagues' (2020) meta-analysis aimed to synthesize the existing literature on parental racial socialization on psychosocial outcomes for children, youth, adolescents, and emerging adults of color across developmental periods (i.e., childhood: ages 6-10 through late adolescence/emerging adulthood: ages 18-24). Authors found that consistently across the literature, parental cultural socialization was associated with positive mental health for children and youth of color (Wang et al., 2020). Regarding parental messages of promotion of mistrust, findings have been mixed regarding the effect on children's well-being. In particular, some research has indicated that messages of mistrust are linked to better mental health outcomes (e.g., less internalizing symptoms), while other research indicates that it is linked to higher depression

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(Caughy et al., 2002; Dunbar et al., 2015; Gartner et al., 2014). Wang and colleagues (2020) found that although work on parental messages of egalitarianism on children's outcomes is limited, findings have consistently found that it is linked to poorer mental health outcomes and socioemotional distress for students (*Age* = 18.73 years; Bar & Neville, 2014) and 4- and 5-year-old children (Calzada et al., 2012). Lastly, work is limited regarding parental messages of preparation for bias, finding no consistency in the benefits of these types of messages. Some work has found no association between preparation for bias and psychosocial outcomes, and other work found that it is not helpful or beneficial (e.g., associated with increased aggression, negatively related to self-esteem, and associated with decreased trust in the mother-child relationship; Wang et al., 2020).

Most work that uses the parental report of racial socialization uses it to examine mental health outcomes in children and youth, but as indicated, the type of racial socialization is important. These findings highlight the importance of including subscales of racial socialization (e.g., racial pride, racial barriers, and self-worth) in order to understand differences and similarities between types of racial socialization and outcomes.

Further, to our knowledge, no work has examined how parents' reports of their racial socialization affect their own mental health and well-being. However, related work provides some conceptual support for how racial socialization may be linked to caregiver outcomes. For example, Williams and colleagues (2012) found that African American adults (*Age* = 26.76; *SD* = 14.14) with lower levels of ERI reported greater anxiety and depressive symptoms. Similarly, other studies have found that greater ERI is linked to lower levels of psychological distress (i.e., fewer symptoms of anxiety and depression) among adult African Americans (Pyant & Yanico, 1991; Yip et al., 2006). It is possible that racial socialization may have similar effects

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on caregivers' mental health outcomes even though these previous findings are with adults (not identified as parents specifically) and focus on the relations between ERI and outcomes (rather than racial socialization). In particular, research has shown that those who engage in racial socialization have a tendency to have a positive orientation toward their racial/ethnic group and culture (McHale et al., 2006). Although ERI and racial socialization are different, this finding supports the broader notion that caregivers' cultural experiences may impact their mental health.

It is essential to understand how *ordinary magic* (e.g., racial socialization) is associated with mental health outcomes among Black caregivers, as this information can be helpful for clinicians, therapists, and counselors working with caregivers to improve their mental health. Murry et al. (2018) note that historical influences continue to affect Black Americans. For instance, Black families have been forced to navigate a society that has racialized policies and practices and has historically disregarded the needs of the broader community (Murry et al., 2018; Planey et al., 2019). Given this, some Black families are wary of seeking mental health services for themselves and loved ones because of a system that has historically taken advantage of and failed them when help was most needed (e.g., inappropriate and non-culturally responsive mental health services; Planey et al., 2019). Many Black families have reported negative prior experiences with mental health care services (Breland-Noble et al., 2011; Graves, 2017; Lindsey et al., 2013), and provider mistrust (Breland-Noble et al., 2011) were barriers to receiving mental health services and help.

Thus, the current study addresses numerous gaps in the literature by taking a culturally-centered, strength-based approach and focusing on Black adolescents and their caregivers, and examining similarities and differences in their perceptions and experiences. By including different individuals' reports of racial socialization on mental health outcomes, we are capturing

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a more detailed picture of how these processes inform outcomes. For example, an adolescent's report of racial socialization and the effects on their mental health may be vastly different than parents' perception of racial socialization and the effect it has on the mental health of themselves and/or their children.

Considering Multiple Reporters' Accounts of Racial Socialization. The prevalence of parents' racial socialization messages and behaviors is typically captured by Likert scale surveys, which are completed by either parents or youth (Wang et al., 2020). The few studies that have taken both individuals' reports of racial socialization into account have discovered differences in the association between racial socialization and outcomes depending on who the reporter is (Hughes et al., 2009; Peck et al., 2014). Most work on racial socialization and mental health outcomes has primarily used youths' reports of racial socialization. Work on perceptions has noted that youth internalize and perceive messages of racial socialization differently than what parents may be trying to accomplish and what parents perceive they are doing (Lesane-Brown, 2006; Yasui, 2015). Specifically, given that not all messages are internalized, one argument advanced by researchers in favor of using youths' reports of racial socialization rather than parents' reports is that youths' responses reflect what they have received from their parents (rather than solely on what parents think they are doing, which may or may not actually get through to adolescents).

On the other hand, researchers that have used parents' reports of racial socialization note that parents' reports are reflective of their intentions (Yasui, 2015). Parents' reports should also be considered because this may be an important intervention point for service providers (e.g., family therapists) in understanding how parents can support their children. For instance, Wang and colleagues (2020) note there are various ways in which parents communicate racial

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socialization messages, so how these messages affect youth may not be what parents intended. Thus, a better understanding of both reporters' accounts of racial socialization and the associated antecedents and outcomes is necessary. Research that has included parent and child reports of racial socialization has found inconsistencies. For instance, Hughes and colleagues (2009) examined how both mothers' and their sixth graders' reports of racial socialization were associated with adolescents' ERI. Findings demonstrated that only youth reports of racial socialization predicted their identity processes, but not caregiver reports. Of importance to the current paper, the authors noted that racial socialization for parents and youth was captured via different formats (i.e., classroom administered vs. one-on-one surveys) and by different items and scales to measure the construct. The current study builds on this study by assessing both youths' and caregivers' reports of racial socialization using survey methods and examining links with the mental health of both individuals. Furthermore, Peck and colleagues investigated the relation between parent and youth reports of parents' racial socialization messages and dimensions of ERI. Results suggested that parent reports of parents' racial socialization messages were indirectly related to youth ethnic identity via youth reports of parents' racial socialization messages (Peck et al., 2014).

Collectively, these studies demonstrate that considering parents' reports of racial socialization is important to understand outcomes. Moreover, Wang and colleagues (2020) note that using child reports to measure parenting practices (i.e., racial socialization) and youth outcomes may introduce shared-method bias, known to inflate effect sizes. Few studies have included both parents' and youths' reports of racial socialization. Focusing solely on youths' reports of racial socialization may lead to shared method bias. Shared method bias refers to the bias generated between one construct (e.g., racial socialization) and another (e.g., mental health

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outcomes) because of the instrument used being reported by one reporter (Podaskoff et al., 2003). One possible way to combat this bias is by using multiple sources of reporters to measure the same construct (Podaskoff et al., 2003). The current study addresses gaps in the literature by including both parents' and youths' reports of racial socialization so we can account for the other reporters' experiences and examine whether one individual's perceptions or both individuals' perceptions are most informative for predictors and outcomes associated with racial socialization.

The Current Study

The current study addressed various limitations in the existing literature. First, we know quite a bit about how racial socialization is associated with child outcomes but not how this process is associated with parents' outcomes. Parents' mental health is also essential and should be considered. Second, existing work has not tended to include both caregivers' and youths' accounts of racial socialization among Black adolescents, thus statistically accounting for the other person's experience. Specifically, most studies have included children's reports of racial socialization but it has been suggested that the association between racial socialization and psychosocial outcomes vary as a function of whether parents or children were the informants of the parental socialization practice. Third, few studies have examined how ACEs are associated with parents' and youths' racial socialization and, in turn, how that influences mental health outcomes. Fourth, in existing work focused on racial socialization, there have been differences in results by the type of socialization that has occurred, but limited work has tested the differential mediation effects of various racial socialization components in relations between youth and caregiver risk/resilience factors and outcomes.

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Guided by the integrative model for the study of stress in Black American families (Murry et al., 2018) the current study examined whether family risk factors and resilience factors (i.e., caregivers' ERI private regard and centrality and adolescents' ERI private regard and centrality) are associated with family processes - i.e., components of racial socialization (i.e., racial pride, racial barriers, and self-worth) perceived by parents and youth - and, in turn, caregiver and youth mental health outcomes (i.e., depressive symptoms, anxiety symptoms; Figure 1). Furthermore, given research that documents differences in mental health symptoms based on sex (Rivas-Drake et al., 2014; Seaton et al., 2010), parents' and youths' sex were included as a covariate in the current analyses. Although the current study simultaneously tests mediation models with moderation in the first part of the model (as depicted in Figure 1), the aims and hypotheses are detailed separately below for each part of the model.

Aim 1. To examine whether Black adolescents' and parents' discrimination experiences were associated with components of racial socialization (i.e., racial pride, racial barriers, and self-worth). We hypothesized that Black adolescents' and parents' greater reports of discrimination experiences would be significantly associated with racial socialization (i.e., racial pride, racial barriers, and self-worth) either positively or negatively.

Aim 2. To examine whether adolescents' and parents' reports of their own ACEs are associated with their reports of racial socialization (i.e., racial pride, racial barriers, and self-worth). Given the existing gap in the literature and various conceptual possibilities, we did not speculate whether the association between ACEs and racial socialization in the current study would be positive or negative, but predicted that the association will be significant.

Aim 3. To investigate whether cultural characteristics (i.e., centrality, and private regard) moderated the relation between family risk factors (i.e., discrimination, ACEs) and racial

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socialization (i.e., racial pride, racial barriers, and self-worth) messages. It was hypothesized that adolescents and parents with stronger ERI centrality and private regard will experience weakened associations between risk factors predicting negatively impacting racial socialization (i.e., racial pride, racial barriers, and self-worth).

Aim 4. To examine whether family risk factors (i.e., discrimination, ACEs) are associated with better parent and adolescent mental health (i.e., less anxiety, depression symptoms) via racial socialization (i.e., racial pride, racial barriers, and self-worth). It was hypothesized that the three components of racial socialization would significantly mediate the relation between family risk factors and parent and adolescent mental health symptoms (i.e., anxiety, depression), such that greater discrimination and ACEs would be associated with racial socialization (i.e., racial pride, racial barriers, and self-worth) and, in turn, less anxiety and depressive symptoms.

Method

Participants and Procedure

Participants in the current study were 184 Black adolescents between the ages of 12- to 17-years-old and their parents from Richmond and surrounding areas. Data is from a larger study called Exploring Well-Being, Risk, Protective And Cultural Factors In Black Youth And Parents Study (VCU Center for Cultural Experiences and Prevention, 2020). The larger study explored how risk and protective factors are associated with Black families' well-being. The average age of youth was 14.36 years ($SD = 1.7$). Caregivers' age was only collected from a small portion of the sample ($n=134$); thus, it is excluded from analyses in the current study. Of the caregivers who did report age, age ranged from 18-68 years. The majority of caregivers ($n = 141$) identified as female. Regarding the household environment, caregivers reported that 1 to 6 children lived with them. About 26.1% ($n=48$) of caregivers reported being high school graduates, and 15.2% ($n =$

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28) reported having a bachelor's degree (e.g., BA, BS). Annual household income ranged from less than \$10,000 to more than \$90,000 per year. Specifically, 28.3% ($n = 52$) reported that annual household income was less than \$10,000, and 11.4% ($n = 21$) reported that their annual household income was more than \$90,000. Further, about half of the youth (51%) were female. The research team and personnel collaborated with Research Unlimited for recruitment purposes. Participants were recruited through community-wide (e.g., organizations, agencies, health clinics, churches) verbal and print advertisements, social media, word of mouth, and snowball sampling techniques. In-person data were collected from 184 families between August 2019 and March 2020. Due to the global impact of the coronavirus (COVID-19), the data collection procedure was revised to take into consideration COVID-19 precautions and recommendations. REDCap survey technology was used to complete and manage the surveys. Both caregivers and youth were compensated for their participation (i.e., \$20) in the current study. All procedures were approved by the Human Subjects Review Board.

Measures

Predictor variables. Parents' and youths' reports of their own ACEs and discrimination experiences were included in the current study as predictors.

Parents' and Youths' Adverse Childhood Experiences. To measure parents' and youths' retrospective accounts of their ACEs (e.g., stressful or traumatic events experienced during childhood), we used a revised and shorter version (i.e., revised does not include sexual abuse) of the Adverse Childhood Experiences questionnaire (ACEs; Felitti et al., 1998). Sexual abuse is not measured as an ACE in this study because the first few caregivers who completed the questionnaire expressed discomfort and concern about adolescents being asked that question.

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All questions about ACEs pertain to the respondents' first 18 years of life. This revised measure captures 9 of the original ACEs (i.e., psychological abuse, physical abuse, witnessing domestic violence, witnessing criminal behavior in the household, physical neglect, emotional and psychological neglect, substance abuse in the household, mental illness in the household, and parental separation or divorce). Youth and parents selected how many of the 9 experiences applied to them by indicating yes or no to each item. Response categories were first dichotomized (0=No, 1=Yes). Then subcategories were created for each of the 9 ACEs by calculating if the participant reported experiencing any of the items associated with each category. A cumulative sum score was then created with a possible range of 0 (experienced no ACEs) to 9 (experienced all of the measured ACEs). Higher scores indicate greater adverse childhood experiences. Support and validity for the ACEs questionnaire (Felitti et al., 1998) have been found among both parents and youth across various ethnic-racial groups (Dong et al., 2004; Slopen et al., 2016). Cronbach's alpha in the present study for youth ACEs is .91 and .91 for caregivers.

Parents' and Youths' Racial Discrimination Experiences. To assess both parents' and youths' experiences with racial discrimination, we used 5-items that measure youths' and parents' personal, racial discrimination experiences (5-items; e.g., "I experience discrimination because of my race"). The items capture parents' and youths' own experiences with racial discrimination. Participants were asked to rate how much they agreed or disagreed with items on a 7-point Likert scale ranging from (1)*Strongly Disagree* to (7)*Strongly agree*. Higher scores indicate that participants are more likely to perceive discrimination based on their race. Support for validity and reliability has been found for this discrimination measure among African

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Americans (Branscombe et al., 1999; Hagiwara, 2010). Cronbach's alpha in the present study for youth personal discrimination is .91 and .87 for caregivers.

Moderator variables. Parents' and youths' racial centrality and private regard are included in the current study as moderators of the relations between family risk factors (i.e., ACEs and discrimination) and racial socialization components.

Parents' Centrality & Private Regard. Two subscales from the Multidimensional Inventory of Black Identity (MIBI; Sellers et al., 1998) were used to capture parents' centrality and private regard. The centrality scale includes 4 items (e.g., "Being Black is an important reflection of who I am; I have a strong attachment to other Black people") and captures how important race and ethnicity are to parents' identity. Furthermore, the private regard subscale was used to measure how good or bad parents feel about being part of their ethnic-racial group. The private regard subscale includes 3 items (i.e., "I am happy that I am Black; I feel good about Black people; I am proud to be Black"). Parents are asked how much they agree or disagree with items on a 7-point Likert scale ranging from (1)*Strongly disagree* to (7)*Strongly agree*. Overall, higher scores indicate greater centrality and private regard. One item in the centrality subscale is negatively worded (i.e., "Being Black has little to do with how I feel about myself"); thus, it was reverse-scored so that higher scores represent higher levels of centrality. Support for validity and reliability has been provided for these subscales among Black parents and adults (Jones & Neblett, 2019; Rowley et al., 1998). Cronbach's alpha in the present study for parents' centrality is .71 and .91 for private regard.

Youths' Centrality & Private Regard. Two subscales from the Multidimensional Inventory of Black Identity-Teen (MIBI-T; Scottham et al., 2008) were used to capture youths' centrality and private regard. The centrality scale includes 3 items (i.e., "If I were to describe

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myself to someone, one of the first things that I would say is that I'm Black; I feel close to other Black people; I have a strong sense of belonging to other Black people") and captures how important being Black is to youths' identity. Furthermore, the private regard subscale was used to measure how good or bad youth feel about being part of their ethnic-racial group. The private regard subscale includes 3-items (e.g., "I am proud to be Black; I am happy that I am Black; I feel good about Black people"). Youth were asked how much they agreed or disagree with items using a 5-point Likert scale ranging from (1)*Really disagree* to (5)*Really agree*. Overall, higher scores indicate greater centrality and private regard. Support for validity and reliability has been provided for the subscales among Black adolescents and youth (Neblett et al., 2009). Cronbach's alpha in the present study for youths' centrality is .74 and .94 for private regard.

Mediator variables. Parents' reports of the racial socialization (i.e., racial pride, racial barriers, and self-worth) they provide and youths' reports of the racial socialization (i.e., racial pride, racial barriers, and self-worth) they receive were included as mediators.

Parents' Perception of Racial Socialization. The Racial Socialization Questionnaire-Parent Version (RSQ-P; Neblett et al., 2009) was used to assess how often parents think they are using three different racial socialization techniques and messages with their children. Parents were asked to indicate their experience with each item on a 3-point Likert scale which (1)*Never*, (2)*Once or Twice*, and (3)*More than Twice*. The RSQ-P is a 12-item assessment that captures three dimensions of racial socialization (i.e., racial pride, racial barriers, and self-worth). The racial pride subscale (4 items) measures the extent to which primary caregivers encourage their child to take pride in their racial groups' history, norms, customs, and traditions (e.g., "Told your child he/she should be proud to be Black"; "Told your child never to be ashamed his/her Black features"). The racial barriers subscale (4 items) accesses the frequency of messages that parents

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have provided to prepare their child for racial adversity in the broader society (e.g., “Told child people try to keep Black people from being successful”; “Told your child that some people think they are better because of their race”). Lastly, the self-worth subscale (4 items) was used to measure the frequency with which the parent communicated that the child has value both as an individual and a person of color (e.g., “Told your child that skin color does not define who he/she is; Told your child that he/she is special, no matter what anyone says”). In the current study, we included all three subscales in analyses, as well as considered a composite score of overall racial socialization that will be an average of the responses from caregivers across the three subscales. Support for validity and reliability have been found for all three subscales among Black caregivers (Neblett et al., 2009; Wang & Huguley, 2012; White-Johnson et al., 2010). For the three subscales of parents’ perception of racial socialization, Cronbach’s alpha in the current study is .70 for pride, .76 for barriers, and .83 for self-worth.

Youths’ Perception of Racial Socialization. To assess youths’ perception of how often they have received racial socialization messages from their parents, we used three subscales (i.e., racial pride, racial barriers, and self-worth) from the Racial Socialization Questionnaire-Teen Version (RSQ-T; Lesane-Brown et al., 2009). This 12-item measure reflects how frequently adolescents report receiving different types of messages about the significance and meaning of race from their parents over the past year. The racial pride subscale includes 4 items and assesses youths’ perception of how often their parents provided messages or engaged in behaviors about taking pride in their racial group (e.g., “Talked to you about Black history”). The racial barriers subscale (4 items) assesses the extent to which parents provided awareness and emphasized racial inequities (e.g., “Some people may dislike you because of the color of your skin”; “Blacks have to work twice as hard as Whites to get ahead”). Lastly, the self-worth subscale includes 4-

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items that capture how much of focus parents placed on communicating positive messages about themselves (e.g., “You are somebody special, no matter what anyone says”; “Skin color does not define who you are”). Youth response options were rated on a 3-point Likert scale in which (1)*Never*, (2)*Once or Twice*, and (3)*More than Twice*. In the current study, we included all three subscales in analyses, as well as considered a composite score of overall racial socialization that will be an average of the responses from youth across the three subscales. Support for validity and reliability have been found for all three subscales in this measure among Black Youth (Neblett et al., 2008). For the three subscales of youths’ perception of racial socialization, Cronbach’s alpha in the current study is .77 for pride, .82 for barriers, and .80 for self-worth.

Outcome variables. Parents’ reports of their own mental health and youths’ reports of their own mental health were included as outcome variables.

Youths’ Anxiety and Depressive Symptoms. Two subscales from the Patient-Reported Outcomes Measurement Information System-Pediatric Profile-25 (PROMIS-25; Cella et al., 2010) were used to measure youths’ mental health (i.e., anxiety and depressive symptoms). The anxiety subscale scale includes 4 items (e.g., “I felt worried”; “I worried when I was at home”) and captures youth reports of how anxious, nervous, and worried they were in the past 7 days. Response options were on a 5-point Likert scale ranging from (0)*Never* to (4)*Almost Always*. Moreover, the depressive symptoms subscale includes 4 items (e.g., “It was hard for me to have fun”; “I felt sad”; “I felt lonely”) and captures youth reports of sadness, loneliness, lack of

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pleasure in activities, and pessimistic attitudes in the past 7 days. Response options were on a 5-point Likert scale ranging from (0)*Never* to (4)*Almost Always*. Sum scores were created to find the total raw score of each subscale. Support for validity and reliability has been provided for PROMIS among youth and adolescents from various ethnic-racial backgrounds (Cox et al., 2020; Karlson et al., 2020). Cronbach's alpha in the present study for the youth anxiety subscale is .89 and .86 for their depressive symptoms.

Parents' Anxiety and Depressive Symptoms. Two subscales from the Patient-Reported Outcomes Measurement Information System-29 (PROMIS-29; Cella et al., 2010) were used to measure caregivers' mental health (i.e., anxiety and depressive symptoms). The anxiety subscale includes 4 items (e.g., "My worries overwhelmed me"; "Found it hard to focus on anything other than anxiety") and measures how frequently in the past 7 days parents experienced symptoms of anxiety, such as being fearful, worrying, and trouble focusing. Response options for parents are rated on a 5-point Likert scale ranging from (1)*Never* to (5)*Almost Always*. Furthermore, the depressive symptoms subscale includes 4 items (e.g., "I felt hopeless"; "I felt depressed") and captures parents' depressive symptoms (i.e., worthlessness, helplessness, hopelessness) over the last 7 days. Response options ranged from (1)*Never* to (5)*Almost Always*. Sum scores are created to find the total raw score of each subscale. Support for validity and reliability has been provided for PROMIS among caregivers from various ethnic-racial backgrounds (Craig et al., 2014; Scholle et al., 2018). Cronbach's alpha in the present study for the parent anxiety subscale is .88 and .92 for their depressive symptoms.

Covariates. Participants' sex was included as a covariate in the current study.

Sex. Parents and youth answered various demographic questions, including their self-reported sex (coded as 1 = *male*, 2 = *female*, 3 = *intersex*, 4 = *prefer not to disclose*). Parents' and

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youths' sex were included as a covariate in analyses. Descriptive statistics demonstrated that no participants indicated that they preferred not to disclose their sex or chose intersex. Therefore for analyses, participants selected answers were recoded to 1=*male* and 0=*female*.

Analytic Approach

Power analysis. Detecting power (i.e., significant effects) in mediation structural equation models can be challenging. Thus, we used the Monte Carlo power analyses strategy for mediation models to determine whether at least .80 power could be achieved (Zhang, 2016). Specifically, we used a Monte Carlo simulation in Mplus in which I specified a model with 14 predictors, 2 mediators, and 4 outcome variables. The Monte Carlo technique generates numerous random samples from a population using hypothesized parameter values. For this current study, power analyses were carried out with parameter values of .25 for the paths in the model, corresponding to a medium effect size (Cohen, 1988) and 184 participants to determine whether at least .80 power could be achieved given the effect size and the number of participants. According to the Monte Carlo simulation analysis, with 184 participants and the paths in each of my 6 final models, the current study has a power of 0.802 and an alpha of 0.05, indicating sufficient power in each of the models I am testing.

Preliminary analyses. Prior to running the analyses to test research questions, descriptive statistics, including correlations, means, and standard deviations, were calculated for all study variables (see Table 1). We checked that skewness and kurtosis were within an acceptable range (i.e., skewness less than two and kurtosis less than seven were considered to be acceptable; Tabachnick & Fidell, 2006). Further, we checked variables for outliers caused by errors in data coding.

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Analytic approach. Full information maximum likelihood was used in Mplus version 7.2 (Muthén & Muthén, 1998–2014) to do path analyses using structural equation modeling. Model fit was examined by using the comparative fit index (CFI), the root-mean-square error of approximation (RMSEA), and the standardized root-mean-square residual (SRMR). Model fit was considered to be good (acceptable) if the CFI is greater than or equal to .95 (.90), the RMSEA is less than or equal to .05 (.08), and the SRMR is less than or equal to .05 (.08; Hu & Bentler, 1999).

Furthermore, for mediation purposes, the models included the direct relations between risk predictors (i.e., discrimination and ACEs) and participants' (i.e., youths' and parents') mental health outcomes. Moreover, youths' and parents' sex were included as covariates predicting mental health symptoms. All predictor variables were mean-centered before the creation of interaction terms, as recommended by Aiken and West (1991). As recommended by Preacher and colleagues (2006), simple slope analyses were used to understand significant interactions. If significant interactions were identified, they were graphed and probed at one standard deviation above and below the mean of the moderators (i.e., centrality, and private regard).

Lastly, the RMediation web application was utilized to formally test for mediation to compute confidence intervals for any significant mediated effects (Tofighi & MacKinnon, 2011). In this method, mediation is significant if the confidence interval does not contain zero.

Testing main research questions. In order to minimize the risk of type II error (false negative; when you indicate that a relation does not exist when it is actually significant), we did not include all variables in one model because, given a large number of paths, there would be low power to detect effects. Instead, we engaged in a process of model building (see the process described below), which resulted in 6 final parsimonious models. Each final model includes a

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combination of one risk factor (i.e., either ACEs or discrimination) for both youth and caregivers, a combination of youth and caregiver resilience factors for each type of racial socialization mediator (i.e., parents' and youths' racial pride in a model; parents' and youths' racial barriers' in a model; and parents' and youths' self-worth in a model). For example, Figures 2, 3, and 5 include both youths' and parents' discrimination experiences, and both of their resilience factors across the 3 different types of racial socialization; Figures 11, 15, and 18 include youths' and parents' ACEs and both of their resilience factors across the 3 different types of racial socialization. This approach of examining ACEs and discrimination experiences separately enabled me to see the relations that exist when different risk factors are present. Furthermore, I chose to separate these two variables into separate models because they were highly correlated, which risks multicollinearity issues, as well as to minimize the risk of Type II error.

Model building process to arrive at 6 final models. I engaged in a model-building process that resulted in 6 final models. First, I tested 12 models that included combinations of either youth or caregiver risk factors and youth or caregiver resilience factors for each type of racial socialization mediator (i.e., either parents' and youths' racial pride in a model; parents' and youths' racial barriers' in a model; or parents' and youths' self-worth in a model). For example, the first series of models included youths' risk and youths' resilience factors across the 3 different types of racial socialization. The second set of models included parents' risk and parents' resilience factors across the 3 different types of racial socialization. The third set of models included youths' risk and parents' resilience factors across the 3 different types of racial socialization. The last set of models included parents' risk and youths' resilience factors across the 3 different types of racial socialization.

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The model-building process helped me determine how to combine variables into a smaller number of models while reducing Type II errors (Jenkins-Smith et al., 2017). When testing models, I was guided by the indicators outlined by (Jenkins-Smith et al., 2017): 1) increased prediction (i.e., increased model fit), 2) statistically significant estimated coefficients, and 3) model coefficient stability (i.e., whether paths were lost).

The criteria for model-building outlined by Jenkins-Smith and colleagues (2017) were met. Thus, I combined the 12 original models with the different forms of racial socialization into four models across the various combinations of parent and youth risk and resilience factors. To explore the data further, I then combined the 4 models into 2 models. One model I referred to as “matched,” meaning that youth risk and protective factors and parents’ own risk and protective factors were combined in one model with both reporters of racial socialization. The second model, I referred to as “mismatched.” That model included youths’ risk and parents’ protective factors and parents’ risk and youths’ protective factors. When I tried this, paths were lost.

Then, as I was examining descriptive statistics, I noticed that discrimination and ACEs were highly correlated, creating possible multicollinearity issues, and the ACEs variable was highly associated with outcomes. In the literature, ACEs has been found to be associated with a host of outcomes, and the goal of this study was exploring multiple processes with both ACEs, discrimination, and racial socialization processes. I was concerned about TYPE II error, and the possibility that the paths that included ACEs (associations that have already been heavily explored in the literature) may be masking important findings with the other variables. To test this possibility, I put parents’ and youths’ discrimination in one model (i.e., with both youths’ and parents’ protective factors) and youths’ and parents’ ACEs in a different model (i.e., with both youths’ and parent’ protective factors). We decided to move forward with this approach

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because it aligns with one of the goals of the current study, which is to understand the relations among variables when two reporters accounts are present in the same model and reduced multicollinearity issues with ACEs and discrimination. However, then, a second concern was that the two models did not have enough power for each path included, and therefore, I split each of the two models into 3 models (i.e., each having only one form of racial socialization for both reporters in each of the three models (e.g., parents' racial pride and youths' racial pride), which resulted in the 6 parsimonious models discussed below in detail.

Results

Primary research questions were tested in 6 models. The models are labeled as: *The interactive role of youths' and parents' racial discrimination experiences and cultural resilience as predictors of mental health via the perception of racial pride (Model 1)*, *The interactive role of youths' and parents' racial discrimination experiences and their cultural resilience as predictors of mental health via the perception of racial barriers (Model 2)*, *The interactive role of youths' and parents' racial discrimination experiences and their cultural resilience as predictors of mental health via the perception of racial self-worth (Model 3)*, *The interactive role of youths' and parents' adverse child experiences and their cultural resilience as predictors of mental health via perception of racial pride (Model 4)*, *The interactive role of youths' and parents' adverse child experiences and their cultural resilience as predictors of mental health via perception of racial barrier (Model 5)*, and *The interactive role of youths' and parents' adverse child experiences and their cultural resilience as predictors of mental health via perception of racial self-worth (Model 6)*. In short, Models 1-3 (represented visually in Figures 2, 3, and 5) included parents' and youths' racial discrimination as risk predictors, and Models 4-6 (represented visually in Figures 11, 15 and 18) included parents' and youths' ACEs as the risk

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predictors. There are 3 models for discrimination as the risk predictors and 3 models for ACEs as the risk predictors because each model included a different type of racial socialization (i.e., racial pride, racial barriers, and racial self-worth). Unstandardized coefficients are reported in the text and standardized coefficients are reported in figures 2, 3, 5, 11, 15, and 18.

Models 1-3: Parents' and Youths' Discrimination as Predictors with Each Type of Socialization

Model 1: The interactive role of youths' and parents' racial discrimination experiences and cultural resilience as predictors of mental health via the perception of racial pride. Model one (Figure 2) tested whether youths' and parents' centrality and private regard moderated the relation between youths' and parents' racial discrimination experiences and their perceptions of racial socialization pride messages and whether youths' and parents' discrimination experiences predicted their anxiety and depressive symptoms via the perception of racial pride messages. The hypothesized model demonstrated good fit: $\chi^2 (df = 81) = 88.49, p = .27$; CFI = .98; RMSEA = .02 90% C.I. [.00, .05]; SRMR = .04. Results indicated that parents' and youths' centrality and private regard did not moderate the association between their experiences of racial discrimination and their perceptions of racial pride messages. Further, because youths' and parents' perceptions of racial pride messages were not associated with any mental health outcomes (e.g., youth anxiety and depressive symptoms), no mediation pathways existed.

However, various significant paths emerged. First, parents' discrimination was directly and positively associated with youths' perception of racial pride messages ($\beta = .13, p = .00$). Youths' centrality was directly and positively associated with youth's perception of racial pride messages ($\beta = .10, p = .05$). Youths' private regard was directly and positively associated with youth's perception of racial pride messages ($\beta = .16, p = .00$).

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Regarding direct effects, youths' discrimination experiences were positively associated with youths' anxiety symptoms ($\beta = .70, p = .00$). Regarding study controls, boys had lower anxiety ($\beta = -1.47, p = .01$), and depressive symptoms ($\beta = -2.18, p = .00$) when compared to girls. Parent sex was not associated with parents' or youths' anxiety or depressive symptoms.

Model 2: The interactive role of youths' and parents' racial discrimination experiences and their cultural resilience as predictors of mental health via the perception of racial barriers. Model two (Figure 3) tested whether parents' and youths' private regard and centrality moderated the relation between their racial discrimination experiences and their perception of racial barrier messages and whether parents' and youths' racial discrimination experiences predicted both youths' and parents' anxiety and depressive symptoms via the perception of racial barrier. The hypothesized model demonstrated good fit: $\chi^2 (df = 81) = 90.13, p = .23$; CFI = .97; RMSEA = .03 90% C.I. [.00, .05]; SRMR = .04. Regarding moderation effects, one path emerged for youths' centrality. Specifically, youths' centrality moderated the relation between parents' discrimination experiences and parents' perception of racial barriers ($\beta = -.08, p = .02$). Simple slopes analysis (see Figure 4) indicated that for youth who reported *low* centrality, parents' racial discrimination experiences significantly predicted more parents' messages of racial barriers ($\beta = .15, p = .00$), but this relation was not significant when youth reported *high* levels of centrality ($\beta = -.01, p = .82$). Given the significant moderation effect, two mediation paths emerged for youth with *low* centrality. Specifically, among youth who reported *low* centrality, parents' discrimination predicted parents' greater messages of racial barriers ($\beta = .15, p = .00$), and in turn, was positively associated with youths' higher anxiety symptoms ($\beta = 1.21, p = .01$). Regarding the test of mediation for this path, findings indicated that parental messages of racial barriers were a significant mediator (unstandardized 95% confidence interval for the mediated

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effect = 0.031, 0.382). Furthermore, for youth who reported *low* centrality, parents' discrimination significantly predicted parental messages of racial barriers ($\beta = .15, p = .00$) and, in turn, was positively associated with youths' higher depressive symptoms ($\beta = 1.08, p = .02$). Regarding the test of mediation for this path, findings indicated that parental messages of racial barrier were a significant mediator (unstandardized 95% confidence interval for the mediated effect = 0.027, 0.341).

Further, findings indicated a positive association between parents' discrimination and parents' perception of racial barriers ($\beta = .07, p = .02$), which was, in turn, positively associated with youths' anxiety symptoms ($\beta = 1.21, p = .01$). Regarding the test of mediation for this path, findings indicated that the association between parents' discrimination and youths' anxiety symptoms was significantly mediated by parents' perception of racial barriers (unstandardized 95% confidence interval for the mediated effect = 0.004, 0.205). Additionally, parents' discrimination was positively associated with parents' perception of racial barriers ($\beta = .07, p = .02$) and, in turn, positively associated with youths' depressive symptoms ($\beta = 1.08, p = .02$). Regarding the mediation test for this path, findings indicated that parents' perception of racial barrier messages was a significant mediator of the association between parents' discrimination and youths' depressive symptoms (unstandardized 95% confidence interval for the mediated effect = 0.004, 0.183).

Apart from mediation, a few additional significant paths emerged. Youths' discrimination was directly and positively associated with youths' perception of racial barriers ($\beta = .11, p = .00$). Further, parents' discrimination was directly and positively associated with youths' perception of racial barriers ($\beta = .10, p = .00$). Lastly, youths' centrality was directly and positively associated with youths' perception of racial barriers ($\beta = .19, p = .00$). Parents' report of racial barrier

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messages was directly and positively associated with youths' anxiety ($\beta = .67, p = .00$) and depressive symptoms ($\beta = 1.08, p = .02$). In terms of direct effects, youths' discrimination was directly and positively associated with youths' anxiety symptoms ($\beta = .67, p = .00$). Youths' discrimination was directly and positively associated with parents' depressive symptoms ($\beta = .39, p = .03$). Regarding study controls, boys had lower anxiety ($\beta = -1.54, p = .01$), and depressive symptoms ($\beta = -2.21, p = .00$) when compared to girls. Parent sex was not associated with parents' or youths' anxiety or depressive symptoms.

Model 3: The interactive role of youths' and parents' racial discrimination experiences and their cultural resilience as predictors of mental health via the perceptions of racial self-worth. Model three (Figure 5) tested whether parents' and youths' private regard and centrality moderated the relation between their racial discrimination experiences and their perception of racial self-worth messages and whether parents' and youths' racial discrimination experiences predicted youths' and parents' anxiety and depressive symptoms, via the perceptions of racial self-worth. The hypothesized model demonstrated acceptable fit: $\chi^2 (df = 81) = 83.67, p = .40$; CFI = .99; RMSEA = .01 90% C.I. [.00, .04]; SRMR = .04. Results indicated several moderation paths. First, parents' centrality moderated the relation between youths' discrimination and youths' perception of racial self-worth ($\beta = .08, p = .01$). Simple slopes analysis (see Figure 6) indicated that youths' discrimination predicted greater youths' perception of self-worth messages when parents' reported *high* centrality ($\beta = .10, p = .01$). However, this relation was not significant when parents' reported *low* levels of centrality ($\beta = -.06, p = .11$).

Additionally, parents' private regard moderated the relation between youths' discrimination and parents' report of the racial self-worth messages they provided ($\beta = .04, p = .04$). Simple slopes analysis (see Figure 9) indicated that youths' discrimination predicted fewer

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parents' self-worth messages when parents' reported *low* private regard ($\beta = -.09, p = .02$).

However, this relation was not significant when parents' reported *high* private regard ($\beta = .04, p = .28$). Third, parents' centrality moderated the relation between parents' report of discrimination and parents' perception of the racial self-worth messages ($\beta = -.07, p = .01$). Simple slopes analysis (see Figure 10) indicated that parents' discrimination predicted fewer parents' reports of racial self-worth messages when parents reported *high* centrality ($\beta = -.10, p = .01$). However, this relation was not significant at *low* levels of parent centrality ($\beta = .04, p = .17$). Fourth, youths' centrality moderated the relation between parents' discrimination and youths' perception of racial self-worth ($\beta = .06, p = .04$). Simple slopes analysis (see Figure 7) indicated that parents' discrimination predicted greater youths' report of self-worth messages when youth reported *high* centrality ($\beta = .14, p = .00$); however, this relation was not significant when youth reported *low* levels of centrality ($\beta = .02, p = .49$).

Lastly, youths' private regard moderated the relation between parents' discrimination and youths' report of racial self-worth messages ($\beta = -.06, p = .02$). Simple slopes analysis (see Figure 8) indicated that parents' discrimination predicted greater youths' self-worth messages at *low* levels of youths' private regard ($\beta = .14, p = .00$). However, this relation was not significant at *high* youth private regard ($\beta = .03, p = .47$). Because youths' and parents' reports of self-worth messages were not associated with any mental health outcomes, no mediation pathways existed.

Apart from moderation, a few additional significant paths emerged. Parents' discrimination was directly and positively associated with youths' perception of self-worth messages ($\beta = .08, p = .00$). Youths' private regard was directly and positively associated with

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youths' perception of self-worth messages ($\beta = .22, p = .00$). Parents' private regard was directly and positively associated with youths' perception of self-worth messages ($\beta = .09, p = .01$).

In terms of direct effects, youths' discrimination was directly and positively associated with youths' anxiety symptoms ($\beta = .67, p = .00$). Regarding study controls, boys had lower anxiety ($\beta = -1.46, p = .01$), and depressive symptoms ($\beta = -2.22, p = .00$) when compared to girls. Parent sex was not associated with parents' or youths' anxiety or depressive symptoms.

Models 4-6: Parents' and Youths' ACEs as Predictors with Each Type of Socialization

Model 4: The interactive role of youths' and parents' adverse childhood experiences and their cultural resilience as predictors of mental health via the perception of racial pride.

Model four (Figure 11) tested whether youths' and parents' centrality and private regard moderated the relation between youths' and parents' ACEs and their perceptions of racial pride messages and whether ACEs predicted youths' and parents' anxiety and depressive symptoms via youths' and parents' perceptions of racial pride. The hypothesized model demonstrated acceptable fit: $\chi^2 (df = 81) = 99.35, p = .08$; CFI = .95; RMSEA = .04 90% C.I. [.00, .06]; SRMR = .04. Results indicated that youths' centrality moderated the relation between youths' ACEs and parents' perception of racial pride ($\beta = -.03, p = .05$). Simple slopes analysis (see Figure 12) showed that for youth with *high* centrality, youths' ACEs did not significantly predict parents' perception of racial pride ($\beta = -.03, p = .12$). Among youth with *low* centrality, youths' ACEs also did not significantly predict parents' perception of racial pride ($\beta = .03, p = .12$). Thus, although the interaction term was significant, simple slopes analysis indicated that the paths were not significant at both high and low levels of youths' centrality. The significant interaction term likely emerged given the positive and negative coefficient at high and low levels of youths' centrality.

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Additionally, parents' centrality moderated the relation between youths' ACEs and parents' perception of racial pride ($\beta = -.05, p = .00$). Simple slopes analyses (see Figure 13) indicated that for parents with *high* centrality, youths' ACEs significantly predicted parents' lower perception of racial pride ($\beta = -.05, p = .02$), and among parents' with *low* centrality, youths' ACEs significantly predicted parents' greater perception of racial pride ($\beta = .05, p = .02$). Lastly, regarding interactions, parents' private regard moderated the relation between youths' ACEs and parents' perception of racial pride ($\beta = .03, p = .00$). Similar to the previous interactions, simple slopes analyses (see Figure 14) demonstrated that among parents with higher levels of private regard, youths' ACEs was associated with greater parents' perception of racial pride ($\beta = .05, p = .01$), and among parents with *lower* levels of private regard, youths' ACEs was associated with less parents' perceptions of racial pride ($\beta = -.05, p = .01$). Moreover, apart from moderation, several other significant paths were found. Youths' centrality ($\beta = .13, p = .02$) and youths' private regard ($\beta = .15, p = .01$) were directly and positively associated with youths' perception of racial pride messages. Youths' centrality ($\beta = -.09, p = .02$) was directly and negatively associated with parents' perception of racial pride messages. Youths' private regard ($\beta = .09, p = .04$) was directly and positively associated with parents' perception of racial pride messages.

There were also several significant direct effects. Youths' ACEs were directly and positively associated with youths' anxiety symptoms ($\beta = .51, p = .00$). Further, youths' ($\beta = .36, p = .00$) and parents' ACEs ($\beta = .27, p = .00$) were directly and positively associated with youths' depressive symptoms. Parents' ACEs were directly and positively associated with parents' anxiety ($\beta = .41, p = .00$) and depressive symptoms ($\beta = .39, p = .00$). Regarding study controls, boys had lower anxiety ($\beta = -1.33, p = .02$), and depressive symptoms ($\beta = -2.12, p = .00$) when

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compared to girls. Parent sex was not associated with parents' or youths' anxiety or depressive symptoms.

Model 5: The interactive role of youths' and parents' adverse childhood experiences and their cultural resilience as predictors of mental health via the perception of racial barriers.

Model five (Figure 15) tested whether youths' and parents' centrality and private regard moderated the relations between youths' and parents' ACEs and their perceptions of racial barrier messages and whether ACEs predicted youths' and parents' anxiety and depressive symptoms via the perception of racial barrier messages. The hypothesized model demonstrated acceptable fit: $\chi^2 (df = 81) = 101.82, p = .06$; CFI = .95; RMSEA = .04 90% C.I. [.00, .06]; SRMR = .04. Results indicated that youths' private regard moderated the relation between parents' ACEs and youths' perception of racial barriers messages ($\beta = .05, p = .05$). Simple slopes analysis (see Figure 16) indicated that parents' ACEs predicted greater youths' racial barrier messages when youths' reported *high* private regard ($\beta = .07, p = .02$). However, this relation was not significant when youth reported *low* private regard ($\beta = -.02, p = .48$). There were no relations between youth's racial barrier messages with any mental health outcomes; thus no mediation pathways existed.

However, there were additional moderation findings. Results indicated that youths' private regard moderated the relation between youths' ACEs and parents' perception of racial barrier messages ($\beta = .04, p = .04$). Simple slopes analyses (see Figure 17) showed that for youth who indicated *high* private regard, youths' ACEs did not significantly predict parents' perception of racial barriers ($\beta = .05, p = .07$). Similarly, among youth with *low* private regard, youths' ACEs also did not significantly predict parents' perception of racial barriers ($\beta = -.03, p =$

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.26). Thus, although, the interaction term was significant, simple slopes analysis indicated that the paths were not significant at both high and low levels of youths' private regard. The significant interaction term likely emerged given the positive and negative coefficient at high and low levels of youths' private regard. Given that the interaction term was not significant at high or low levels, there were no longer any mediation paths, so tests of mediation were not conducted.

Furthermore, several significant paths emerged. Youths' centrality was positively and directly related to youth's report of barrier messages ($\beta = .22, p = .00$). Parents' report of racial barrier messages was directly and positively associated with youths' anxiety ($\beta = 1.16, p = .01$) and youths' depressive symptoms ($\beta = 1.00, p = .01$).

Also regarding direct effects, youths' ACEs were directly and positively associated with youths' anxiety ($\beta = .52, p = .00$) and youths' depressive symptoms ($\beta = .37, p = .00$).

Additionally, parents' ACEs were directly and positively associated with youths' depressive symptoms ($\beta = .24, p = .01$). Parents' ACEs were directly and positively associated with parents' anxiety ($\beta = .41, p = .00$) and parent's depressive symptoms ($\beta = .39, p = .00$). Regarding study controls, boys had lower anxiety ($\beta = -1.46, p = .01$), and depressive symptoms ($\beta = -2.16, p = .00$) when compared to girls. Parent sex was not associated with parents' or youths' anxiety or depressive symptoms.

Model 6 : The interactive role of youths' and parents' adverse childhood experiences and their cultural resilience as predictors of mental health via the perception of racial self-worth.

Model six (Figure 18) tested whether youths' and parents' centrality and private regard moderated the relation between youths' and parents' ACEs and their perceptions of racial self-worth messages, and whether ACEs predicted youths' and parents' anxiety and depressive

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symptoms via perceptions of racial self-worth messages. The hypothesized model demonstrated good fit: $\chi^2 (df = 81) = 95, p = .14$; CFI = .97; RMSEA = .03 90% C.I. [.00, .05]; SRMR = .04. Results indicated that parents' and youths' centrality and private regard did not moderate the association between their experiences of adverse childhood experiences and their perceptions of racial self-worth messages. Further, because youths' and parents' perceptions of racial self-worth messages were not associated with any mental health outcomes (e.g., youth anxiety and depressive symptoms), no mediation pathways existed.

However, various paths not involved in moderation or mediation were significant. Youths' private regard was directly and positively associated with youths' perception of racial self-worth ($\beta = .22, p = .00$). Youths' centrality was directly and negatively associated with parents' perception of racial self-worth ($\beta = -.10, p = .03$). Lastly, parents' private regard was directly and positively associated with parents' perception of racial self-worth ($\beta = .09, p = .00$).

Furthermore, various direct effects emerged as significant. First, youths' ACEs were directly and positively associated with youths' anxiety ($\beta = .51, p = .00$) and youths' depressive symptoms ($\beta = .36, p = .00$). Moreover, parents' ACEs were directly and positively associated with youths' anxiety ($\beta = .19, p = .05$) and youths' depressive symptoms ($\beta = .26, p = .00$). Parents' ACEs were directly and positively associated with parents' anxiety ($\beta = .41, p = .00$) and parents' depressive symptoms ($\beta = .39, p = .00$). Regarding study controls, boys had lower anxiety ($\beta = -1.31, p = .02$), and depressive symptoms ($\beta = -2.14, p = .00$) when compared to girls. Parent sex was not associated with parents' or youths' anxiety or depressive symptoms.

Discussion

The goals of the current study were to (a) examine how adolescents' and caregivers' risk factors (i.e., racial discrimination and ACEs) alongside their cultural resilience factors (i.e.,

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caregivers' and youths' centrality and private regard) informed both caregivers' and youths' perceptions of their racial socialization (i.e., racial pride, racial barriers, and self-worth) and (b) understand if caregivers' and youths' perceptions of components of racial socialization inform caregivers' and youths' mental health outcomes (i.e., anxiety and depressive symptoms).

Research in this area has mainly focused on the relation between parental socialization and adolescents' depressive symptoms (Gibson et al., 2022; Neblett et al., 2012), with little focus on the relation between racial socialization and adolescents' anxiety symptoms. Furthermore, the majority of existing work has not tended to examine the effects of racial socialization on caregivers' mental health outcomes. Moreover, given that existing work has documented that differences exist depending on whether parents or youth were the reporter of racial socialization (Wang et al., 2020), the current study aimed to capture how processes inform outcomes by simultaneously accounting for different individuals' reports of racial socialization on mental health outcomes.

In brief, the current study found protective benefits of youths' and caregivers' ethnic-racial identity (i.e., centrality and private regard) in the relations between risk factors (i.e., discrimination and ACEs) and aspects of racial socialization (i.e., racial pride, racial barriers, and self-worth). Additionally, across models, only caregivers' reports of racial socialization barriers mediated the relation between risk and outcomes. For example, parents who reported greater discrimination provided more racial barrier messages, which predicted more youth anxiety and depressive symptoms. In addition, findings also indicated that youths' centrality moderated the relation between parents' discrimination and parents' report of racial socialization racial barrier messages. For example, when youth reported low centrality, parents' discrimination predicted greater youth anxiety and depressive symptoms via parents' racial barrier messages.

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One of the goals of the current study was also to understand the effects of racial socialization on caregivers' mental health outcomes; however, interestingly, no factors that we tested were significant in predicting parents' mental health outcomes. Below we review findings in more detail by discussing (a) results for the relations between discrimination and cultural resilience predicting mental health via aspects of racial socialization (i.e., racial pride, racial barriers, and self-worth), (b) results for the relations between ACEs and cultural resilience predicting mental health via aspects of racial socialization (i.e., racial pride, racial barriers, and self-worth), (c) summary and takeaways, and lastly, (d) limitations, future directions, implications, and conclusions.

Discrimination and Cultural Resilience Predicting Mental Health Via Racial Socialization

Regarding the relation between discrimination and aspects of racial socialization messages (i.e., racial pride, racial barriers, and self-worth), results aligned with hypotheses. Consistent with expectations, parents' and youths' discrimination experiences were directly associated with racial socialization. First, parents' reports of discrimination experiences were positively associated with *youths'* greater perception of all three types of racial socialization messages (i.e., youths' racial pride, racial barrier, and racial self-worth) and *parents'* perception of racial barriers. That is when parents reported experiencing discrimination, youths' reported receiving greater racial pride, barriers, and self-worth racial socialization messages. Additionally, parents' discrimination was directly associated with their own reports of racial barrier messages. Further, youths' reports of discrimination experiences were only positively associated with youths' reports of racial barrier messages.

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The current findings are consistent with some prior research documenting the relation between racial discrimination and racial socialization among Black families (Hughes et al., 2006; Umaña-Taylor & Hill., 2020). Specifically, work documenting this relation has been mixed and has found that in response to discrimination experiences, sometimes Black parents provide more racial socialization messages to equip their children with the necessary tools to navigate stressful experiences (Leath and colleagues, 2021). Consistent with these findings, work has found that parents' interpretation and awareness of racialized events prompt parents to take action to protect their children (Hughes et al., 2003; Hughes et al., 2006). Findings are discussed further in more detail below according to the three different aspects of racial socialization (a) racial pride as the form of racial socialization, (b) racial barriers as the form of racial socialization, and (c) racial self-worth as the form of racial socialization.

Racial Pride as the Form of Racial Socialization. Regarding racial pride as a form of racial socialization, parents' and youths' reports of racial pride messages were not a significant mediator in the relation between discrimination experiences and cultural resilience predicting mental health outcomes. However, direct effects and interesting findings emerged that are consistent with the existing literature. First, aligned with our prediction, parents' experiences with discrimination were positively associated with youths' reports of racial socialization racial pride messages. When parents reported having discrimination experiences, their children reported receiving greater messages of racial pride. This is consistent with prior findings that noted that when some parents experience racial discrimination, they anticipate that their children themselves will encounter racial discrimination, so in response, they provide their children with more racial pride messages (McNeil et al 2006; Saleem et al., 2016) as a way to counteract negative racial experiences. For instance, parents may believe it is important to impart cultural

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pride and heritage values to counteract any negative experiences that may arise with their children. This is consistent with the integrative model for the study of stress in Black Americans, which posits that as a response to environmental stressors (e.g., discrimination), Black families pull from their cultural coping assets (e.g., racial pride messages) as a way to adjust and adapt to negative experiences (Murry et al., 2018). Contrary to expectations, youths' discrimination experiences did not inform their own reports of racial pride socialization messages or parents' perceptions of it. It is possible that given the ages of youth in the current study (i.e., 11-17 years old), parents' discrimination experiences may be more salient in internalizing racial socialization messages. During this developmental period, youth are still exploring what their race and ethnicity mean to them (Williams et al., 2020), and it may be possible that parents' experiences may be more impactful. For example, work examining generational trauma has found that children are in tune with their parents' experiences (Lehrner & Yehuda et al., 2018). Thus, this may be why youths' discrimination experiences did not inform their own reports of racial pride socialization messages. Similarly, parents' own experiences of discrimination did not predict parents' reports of racial pride messages. It is possible that parents in the current study may not be as aware of everything they are doing. For instance, racial socialization messages can include implicit and explicit messages and behaviors (Hughes et al., 2006), and parents may underreport the racial pride messages they are providing to their children. Thus, these findings highlight the importance of including both caregivers' and youths' reports of their own racialized experiences, as well as both of their reports of the same racial socialization process. Findings emerged specifically for caregivers' discrimination impacting youths' perceptions of the racial pride socialization that their parents were providing. If only caregivers' reports of this racial

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socialization process had been included (which is often done in the literature), then this association would have been missed.

Furthermore, youths' ethnic-racial identity centrality and private regard were associated with youths' perception of racial pride socialization messages; that is, youth who reported that race was a central part of their identity and felt good about their race and ethnicity reported receiving greater racial pride socialization messages. It is possible that the youth in the current study are aware of what their racial identity means to them and are more aware of the messages their caregivers are providing that affirms their ethnic-racial identity. In fact, an earlier study found that youths' ethnic identity predicted family-ethnic socialization over time. Authors noted that this process of how ethnic-racial identity (e.g., resolution and exploration) informs ethnic socialization could be explained by the idea that youths' ethnic identity tends to mirror parental practices and values (e.g., racial socialization; Umaña-Taylor et al., 2013). Our findings build on this work by examining these associations amongst Black families and by including other types of ERI (i.e., centrality and private regard). Considering these findings, it is possible that youths' reports of racial pride messages reflect the socializing that parents are doing. Collectively, these findings highlight that understanding one's ethnic-racial identity has implications for how racial socialization messages are interpreted by youth. The few studies that have considered multiple family members' reports of racial socialization have found differences in the relationships between racial socialization antecedents and outcomes depending on who the reporter is (e.g., youth or parent; Peck et al., 2014). The current findings fill a gap in the research by demonstrating how crucial it is to consider both children's and parents' perceptions of racial socialization.

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Racial Barriers as the Form of Racial Socialization. Regarding racial barriers as a form of racial socialization, parents' report of racial barriers socialization messages were a significant mediator in the relation between discrimination experiences and cultural resilience predicting parents' and youths' mental health outcomes. Specifically, for youth with low ethnic-racial centrality, parents' experiences of discrimination predicted greater parents' racial barriers messages and, in turn, more youth anxiety and depressive symptoms; however for youth with high ethnic-racial centrality, this relation was not significant. Previous work highlights that having higher centrality can serve as a protective factor or buffer to mental health well-being; however, in the case of youth who feel that ethnicity/race is not as central to their sense of self, having parents highlight the barriers they face due to ethnicity/race may be particularly stressful because it does not align with how youth are thinking about themselves, thus leading to poorer mental health. The current findings are aligned with previous findings that document that preparation for bias messages alone sometimes inform worse mental health outcomes (Wang et al., 2020), and add on this work by highlighting that preparation for bias/racial barriers messages, while important, can be difficult for youth to process based on how they are thinking about their ethnicity/race. It may be valuable for caregivers to first check in with youth about how central being Black is to them, and how they are thinking about being Black prior to delving into racial barriers messages. It may be that youth need additional support as racial barriers messages are delivered, or that these forms of messages may need to go alongside racial pride forms of socialization. To our knowledge, this is the first study to examine how discrimination experiences are associated with mental health outcomes via racial socialization. For instance, when racial socialization is tested in process models, it has tended to be included as a protective buffer and not a mediator (Fisher & Shaw., 1999; Harris-Britt et al., 2007). The current findings

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suggest that racial socialization can help explain some of the underlying processes and nuances in how youths' own identity and their parents' discrimination experiences are associated with youths' mental health. A helpful model for understanding the current results of the relation between aspects of racial socialization and parents' and youths' mental health outcomes is the Racial Encounter Coping Appraisal and Socialization Theory (RECAST; Anderson & Stevenson, 2019). The RECAST framework posits that racial socialization is often a stressful but necessary practice that Black parents engage in. Specifically, scholars note that racial socialization is an effective coping tool in reducing the effects of racial stress on negative experiences because it reframes the meaning of negative experiences. According to Anderson and Stevenson (2019), racial socialization is an intentional practice that can be used to assist youth and parents in healing from the effects of past, present, and future racial trauma. In regard to the current findings, to address mental health disparities in Black youth, it is important for parents to accompany racial barrier messages with positive messages as well in order to reduce youths' anxiety and depressive symptoms, especially among children with low centrality. As researchers, it is essential to continue to explore ways to engage in conversations about racial barriers, which can be stressful for youth. For example, one possible solution is to provide proactive socialization messages (e.g., empowerment, values, cultural pride) in addition to racial barriers messages (Anderson & Stevenson, 2019; Martin & Noble, 2023).

Furthermore, a direct path was found between parents' discrimination and youth mental health. Specifically, parents' discrimination experiences predicted youths' worse anxiety and depressive symptoms. Interestingly, parents' discrimination did not inform their own mental health and youths' discrimination did not inform their own mental health in this model. These findings highlight the importance of considering caregivers' racialized experiences and how they

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may be directly impacting youth. Teens seem to be paying attention to the experiences that they hear or see from their caregivers surrounding discrimination, and this vicarious experience is worsening their mental health. From a research standpoint, this finding further highlights the value of including family members' experiences, because this process would have not been detected without both' parents' and youths' experiences included.

Moreover, although parents' perceptions of racial barriers was a significant mediator, *youths'* perception of racial barriers was not a significant mediator of the relations between both youths' and parents' reports of discrimination and outcomes. However, various additional associations were observed that involved youths' reports of racial socialization barriers messages. First, youths' and parents' discrimination experiences both predicted greater youth accounts of racial barrier messages. That is when both parents and youths' reported experiencing racial discrimination, youth reported greater messages of barriers. This suggests that both youths' and parents' experiences influence the messages that youths perceive. Second, youths' ethnic-racial centrality predicted youths' reports of greater racial barrier messages. That is, when youths' reported that race was a central part of their identity, they reported receiving greater barrier messages. It may be possible that youths who view race as a central part of their identity may be more aware of injustices and inequality and more in tune with these forms of messages that their parents are providing than youth who do not view race as a central part of their identity. Although both identity and discrimination informed youths' perceptions of barrier messages, this was not, in turn, associated with mental health outcomes. It is unclear why parents', and not youths', barrier messages informed mental health. It will be important for future research to conduct qualitative research to dive more into some of the ways youth and parents discuss racial barriers and how each person feels during these discussions. Perhaps when parents report the

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types of messages they are delivering and youth report what they are receiving, they are reporting slightly different messages that they are recalling. Qualitative research methods would provide a more in-depth view of these processes that could shed light on why different individuals' accounts of the same racial socialization messages were so differently informative for mental health.

Racial Self-Worth as the Form of Racial Socialization. Parents' and youths' report of racial self-worth messages was not a significant mediator between predictors and outcomes. However, several interactions emerged between discrimination and identity in predicting racial socialization that are important to consider. First, youths' centrality moderated the relation between parents' discrimination and youths' reports of racial self-worth messages. For youth with high centrality (i.e., race is central to their identity), parents' discrimination experiences were associated with youths' greater reports of receiving messages that they have value as an individual, regardless of race. For youth with low centrality, parents' discrimination did not inform self-worth racial socialization messages. In other words, when parents are reporting that they are experiencing discrimination, their children are reporting receiving messages that they are important, regardless of their ethnic-racial background. This is consistent with prior work that supports that when faced with discrimination, some parents may choose to adopt color-blind ideologies and avoid explicit conversations about race in hopes of shielding their children from the negative consequences of discrimination (Wang et al., 2020). In addition, another moderation finding that emerged with youths' ethnic-racial identity was in terms of private regard. Specifically, when youth reported low private regard, parents' discrimination experiences predicted more youth reports of receiving messages that they have value as an individual regardless of race. (i.e., self-worth messages). When youth had high private regard, this relation

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was not significant. Thus, as youth feel less positively about their ethnicity/race, they seem to be more aware of the messages that parents are providing that are based on personal characteristics instead of race. In sum, together, findings for youth reports of self-worth racial socialization tell a similar story, which varies based on youths' ERI. Parents' discrimination informed youths' perceptions of greater self-worth messages among youth with high centrality and youth with low private regard. Scholars have highlighted that components of ERI function differently and should be assessed separately (Williams et al., 2020). These findings align with this recommendation, and highlight that for identity-relevant experiences in youths' contexts related to parents' discrimination and youths' racial socialization, centrality and private regard function differently. Furthermore, another moderation finding suggest that for parents who said that race is central to them, youth who experienced discrimination are saying that they are receiving messages that value them as a person regardless of race. It is possible that parents who say that their ethnic-racial background is an important aspect of their identity see the importance of teaching their children that they are worthy and special no matter what.

In addition to youths' perceptions of racial socialization self-worth messages, parents' reports of racial self-worth messages, was informed by various factors. In particular, for parents who reported high centrality, parents' discrimination predicted fewer parents' racial self-worth messages. This makes sense because if parents report that race is important to them, they will most likely provide race-focused messages rather than color-blind messages. This finding is interesting because it is opposite to the finding for youths' perceptions of self-worth racial socialization processes. As mentioned, when youth had high centrality, youth perceived that parents' discrimination was linked with *more* self-worth racial socialization messages, however, when parents had high centrality, parents' discrimination was associated with *less* self-worth

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racial socialization messages. Scholars have noted that socialization messages vary by the reporter and their perceptions (Hughes et al., 2009; Peck et al., 2014), and our findings certainly support that notion. It is unclear whose accounts more accurately depict the racial socialization self-worth messages that are provided in the context of parental discrimination. Racial socialization assessments are often conducted as surveys, but these findings suggest that it would be important to assess racial socialization processes as observations or during a task to see how the messages are delivered and how they map onto perceptions. It might also be valuable for programs with families to have youth and parents share their perceptions of their racial socialization, alongside ways they wish the socialization processes may be different. This feedback could be especially useful after moments when caregivers experience discrimination because this stressful experience seemingly sets racial socialization messages into motion. It is likely that families engage in racial socialization without checking in for feedback, and this could be especially valuable given that our findings indicated that perceptions of the same process vary so widely, even among caregivers and youth who both have high racial centrality.

Lastly, for parents who did not feel good about their race/ethnicity, youth discrimination predicted fewer parents' messages that the child has value regardless of race. Overall, the current findings highlight that it is important to consider parents' and youths' identities in understanding how racial socialization informs mental health. Further, that is important to consider multiple reporters' experiences in these associations.

ACEs and Cultural Resilience Predicting Mental Health Via Racial Socialization

Racial Pride as the Form of Racial Socialization. Parents' and youths' reports of racial pride messages were not significant mediators in the associations tested. However, other significant paths emerged as predictors of racial pride that are important to discuss. First, youths'

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centrality and private regard were associated with their reports of receiving greater racial pride messages. Similarly, youths' reports of ERI (i.e., centrality, private regard) were also associated with parents' reports of racial pride messages. Although little work has focused on children's cultural characteristics as predictors of racial socialization, the current findings build on existing work because it demonstrates that youth matter and are making meaning of what their ERI means to them (Collins et al., 2000), which is then associated with eliciting greater racial socialization pride messages from parents. For the most part, findings in the current study were with either parents' or youths' reports, but not both. This suggests that this is a particularly robust finding, and that when teens feel that being Black is an important part of who they are and they feel positively about being Black, there is clear racial socialization messages that instill pride that are perceived by both parents and youth.

Moreover, a few meaningful interactions emerged. First, when parents' ethnic-racial centrality was high, youths' ACEs predicted *fewer* parental perceptions of racial pride messages, however, when parents' ethnic-racial centrality was low, youths' ACEs predicted *more* racial pride messages. It is less clear why this finding emerged. It is possible that parents who don't think race is as central to them, but see their children struggling with stressful experiences, may be more willing to lean into racial pride messages because they may not have tried that as a strategy to help their children cope. For parents with high racial centrality, parents have probably used racial socialization pride messages more frequently as a coping tool for their children, and so when their children are experiencing stressful adverse experiences, they may temporarily back away from racial pride socializing and instead focus on using other tools to help their children cope. The current study was cross-sectional, and therefore we are unable to see whether these strategies continue over time. If this possibility is supported, then families could be assessed a

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few months later, and parents with high centrality might be turning back to racial socialization pride messages as a tool to help their children cope with ACEs. More research is needed to see how often parents use racial socialization pride messages as a tool vs. other strategies, and how they make these decisions.

Although these findings with parents' ethnic-racial centrality were contrary to expectations, the findings for parents' private regard were consistent with expectations. This interaction was also significant at both high and low levels, but the finding was in the opposite direction. When parents' private regard was high, youths' ACEs predicted *more* parental pride messages (which is opposite to the aforementioned finding that when parents' ethnic-racial centrality was high, youths' ACEs predicted *fewer* parental pride messages). Then, when parents' private regard was low, youths' ACEs predict *fewer* parents' pride messages, which is also opposite to the finding for parents with low centrality (i.e., when parents' ethnic-racial centrality was low, youths' ACEs predicted *more* racial pride messages). It is interesting that when considering parents' different components of ERI, the findings are completely different. As mentioned, parents with different attitudes and ideas about their ethnic-racial group membership may use different strategies to help their children at different times. It will be important to conduct longitudinal work with numerous time points (e.g., daily diary studies) to see how parents' fluctuations in their racial socialization pride messages may vary based on their children's stressful ACEs experiences and parents' own ERI. We know that ERI components are fluid (Williams et al., 2020), and therefore, the findings might be capturing processes that vary based on changes in parents' ERI. Although more research is needed, these findings build on the existing work that has not tended to focus on racial socialization and ERI within the context of youths' experiences

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of ACEs, and suggest that continuing to understand these processes among Black families may be helpful for programming to help youth cope with ACEs.

Barriers as the Form of Racial Socialization. First, a trending moderated mediation process was found between youths' ACEs and youth's private regard predicting parents' perception of racial barriers and, in turn, youths' anxiety and depressive symptoms. Specifically, parents' perception of racial barriers was trending to be a significant mediator in these associations, such that when youths' private regard was high (i.e., felt positively about their ethnic-racial background), youths' ACEs predicted more parents' messages of barriers and, in turn, greater youth depressive and anxiety symptoms. This was not significant for youth with low private regard. Consistent with our predictions, in the face of stressful experiences (i.e., ACEs), youth with a highly positive ERI (e.g., high level of private regard) motivate parents to engage in more racial socialization barrier messages. Although parents' intentions may be to provide their kids with tools to navigate their surroundings, findings show that in some cases, messages solely about racial barriers are associated youths' worse mental health. Perhaps parents who notice that their children have high private regard might feel the need to provide racial barrier messages because they might be trying to protect them/shield them from potential negative experiences by being prepared. This finding was similar to the other moderated mediation path in the model with discrimination and barriers previously described that also found an interaction between children's ERI and discrimination informing racial socialization barriers messages, which then informed youths' worse mental health. Both moderated mediation pathways suggest that future work and parenting interventions should continue to explore the messages parents are providing their children while at the same time taking into consideration their child's ethnic-racial identity components, as these processes both inform youth mental health.

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In addition, apart from the mediation pathway that included moderation, there was an additional moderation finding that did not involve mediation. Based on the integrative model (Murry et al., 2018), it was expected that when faced with risk (e.g., ACEs), individuals would draw on their ordinary magic (e.g., ERI centrality), resulting in positive adaptations (e.g., racial socialization). Consistent with this expectation, when youths' private regard was high, parents' ACEs predicted youths' greater report of racial barrier messages. This relation was not significant when youth had low private regard. This finding with parents' ACEs is similar to the above finding with youths' ACEs, such that both individuals' ACEs inform greater racial barriers messages (youths' and parents' reports) when youth have high ERI private regard. Results demonstrate that youths' private regard is an important factor in understanding how youths' and parents' ACEs inform youths' perceptions of racial barriers. Moreover, findings shed light that in the presence of ACEs, parents are adapting and providing their children with the necessary tools to be prepared for the sociohistorical context that Black youth are navigating.

Racial Self-Worth as the Form of Racial Socialization. Parents' and youths' reports of racial self-worth messages were not significant mediators in the associations tested. Further, there were no interactions. It is important to note that in the current study, parents' and youths' ACEs were directly associated with several mental health outcomes for both youth and parents across the 3 models that included ACEs. Although we had a decent sample size in the current study, it is possible that the strong direct associations between ACEs and mental health left over limited variance for additional predictions. Although we did have some findings that were robust despite these direct effects, it will be important for future work with larger samples to continue exploring how youths' and parents' ACEs and ethnic-racial identity together inform racial socialization and mental health outcomes.

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Although no mediation paths were significant in this model, various additional paths emerged. Youths' centrality was associated with less parental reports of racial self-worth messages. This further speaks to the notion that youth matter and drive parents to adjust their parenting (e.g., less color-blind messages) to accommodate their children's personalities (child with a highly central ERI; Collins et al., 2000). Moreover, parents' private regard predicted greater parental reports of racial self-worth messages (i.e., messages that their children are essential as an individual regardless of race). Because parents feel grounded in their identity, they may value teaching their children that they matter as people more broadly. Relatedly, youth's private regard predicted more youth reports of racial self-worth messages. The current findings speak to the value of considering multiple reporters' accounts of racial socialization. Specifically, work on racial socialization has primarily used youths' reports of racial socialization; however, findings suggest that it is also valuable to use parents' reports of racial socialization because they reflect their intentions (Yasui, 2015).

Summary and Takeaways

Across the six models tested in the current study, there were numerous important findings. As a summary, four general takeaway points emerged. First, a goal of the current study was to test how racial socialization mediated relations between risk and resilience factors and mental health outcomes. However, only parental messages of racial barriers socialization mediated the relation between risks (e.g., discrimination) and youths' mental health outcomes in the models. Similarly, the trending mediation path (i.e., youths ACEs by youths' private regard) was also through parents' messages of racial barriers socialization. Broadly, results demonstrate that when parents provide racial barriers messages within the context of discrimination or ACEs, it is associated with youths' greater anxiety and depressive symptoms. Previous work highlights that

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preparation for bias is an essential tool parents use to navigate potential negative racialized experiences (Anderson & Stevenson., 2019; Wang et al., 2020). Although racial barrier messages are necessary, the current results show that these types of messages can also be stressful for youth (i.e., greater anxiety and depressive symptoms). Considering the context, youth and adolescents are already navigating stressful experiences that are present in adolescence. Thus, family therapists and interventions targeted toward Black youths' mental health need to consider how these messages are delivered. Perhaps, encouraging parents to pair barrier messages with pride messages can improve mental health outcomes for youth; however, these claims warrant further testing and investigation. Relatedly, one of our goals was to understand how these processes affect caregivers' mental health, however, no form of racial socialization informed caregivers' mental health. Future work should continue to examine caregivers' mental health given the limited work in this area, but might also consider testing other parents outcomes that might be related to racial socialization efforts (e.g., parents' efficacy, parents' stress).

Second, an intriguing pattern emerged from the results: when assessing how risk (e.g., discrimination and ACEs) was associated with aspects of racial socialization, one must also consider their children's ethnic-racial identity components (i.e., youth centrality and private regard) because these moderated the majority of paths in the current study between risk and racial socialization. The limited work that has examined children's characteristics as predictors of racial socialization has found that their identity also matters (Umaña-Taylor et al., 2013), which our results also strongly support. The current findings fill gaps in the racial socialization literature by demonstrating that parents frequently modify their parenting to account for their children's personalities and behaviors (Collins et al., 2000). Relatedly, another pattern that

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emerged is that when assessing how youths' risk is associated with aspects of racial socialization, one must also consider their parents' cultural characteristics. Mapping onto the previously mention pattern, taken together, our findings almost always emerged for a parent risk factor and child cultural protective factor or for a youth risk factor and parental protective factor. In other words, it was rarely matched youths' risk and youth' protective factors or parents' risk and parents' protective factors. For example, many findings emerged from the interactions between parents' discrimination experiences and youths' ethnic-racial identity components. Previous research on the antecedents of racial socialization has yielded conflicting results (Umaña-Taylor & Hill., 2020). However, this research shows that it is not enough to consider one's own experiences and beliefs; we must also specifically consider the identities and experiences of both youth and parents, to capture a detailed picture of Black family's lived experiences.

Limitations, Future Directions, Implications, & Conclusions

The current study has various limitations that highlight directions for future research. First, the present study's findings are based on a sample of 184 youths and their parents. Given the number of paths estimated in the examined questions, only parent and child sex were included as controls to minimize the possibility of a type 2 error and detect significant findings. Future research would benefit from including larger samples and additional covariates. Further, caregivers were not required to be biological parents to participate in the current study; instead, researchers simply asked if they were the child's legal parent or guardian; and no relationship to the child was reported. Future work examining these relations and processes should explore the caregivers' relation to the child and account for difference based on who is involved in racial socialization in the family.

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Relatedly, the current study only collected data from one caregiver, which may have missed important socialization that occurred from other family members. For instance, kinship support is a cultural factor that is often valued by Black families (Sarkisian & Gerstel., 2004); therefore, understanding the role that other potential caregivers play in racial socialization will be an important future step in determining how risk and cultural factors inform racial socialization messages, and in turn, black families' mental health.

Further, the measure used in the present study broadly asked the youth to report on the racial socialization messages they received from caregivers. Therefore, the assessments of racial socialization used in the current study are not exactly the same (i.e., what parents perceived they provided to their child and what the child perceived they received from the participating parent). Future work can benefit from qualitative assessments that provide more insight into who exactly is doing the racial socialization and in what context. For example, some work supports that fathers and mothers communicate messages about race differently (McHale et al., 2006). Understanding how family dynamics and relations play a role in these processes will provide a comprehensive understanding of these relations.

Moreover, data collection was completed by March 2020. In 2020, there was a double pandemic, referring to the interconnectedness of the Covid-19 global pandemic and the pandemic of racism that continues to disproportionately affect Black families (Starks, 2021). The period after data collection has been referred to by scholars as a time of racial awakening where conversations about Black lived experiences were amplified around the world (Starks, 2021). Future work should continue to explore these questions within the current sociopolitical context after the double pandemic began because it has been noted that experiences of discrimination and racial socialization were elevated. Given this, it will be important to continue to explore these

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questions longitudinally in future work to examine similarities and differences in these relations across diverse contexts and time.

Lastly, recent work has pushed for scholars working with families regarding risk experiences also to assess how stressful those experiences are. For instance, families and youth may experience discrimination and ACEs, but there is a lot of variability in how stressful individuals find these experiences to be. In the current study, we did not include assessment of the stress associated with ACEs or discrimination. Therefore, also asking questions surrounding how stressful risk experiences are for families may provide more context into how variables relate to one another. Relatedly, recently scholars have suggested that racial discrimination is an ACE that impacts the psychological well-being of Black youth (Bernard et al., 2022). In the current study we assessed racial discrimination and ACEs separately. Additionally, given that we had a relatively modest sample 184 youth and their caregivers, we examined ACEs and discrimination in separate models in order to have enough power to detect effects. Future research with larger samples should include both risk factors (i.e., ACEs and discrimination) in the same models.

Additionally, the current study was conducted with adolescents, which may or may not generalize to younger populations. Future work should explore these questions with families who have younger children. Emerging work on ERI supports that children experience racial priming from birth, and they begin to recognize and understand aspects of their ethnic-racial identity as in early childhood (Williams et al., 2020). Recent theoretical advancement has conceptualized ERI as a process that unfolds and develops across the lifespan (Williams et al., 2020). Understanding how these processes evolve in younger children can have important implications for children's

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mental health. This is important given that work highlights that early intervention is associated with better mental health outcomes over time.

Despite these limitations, the current study has important strengths and implications. First, the current study included both parents' and youths' reports of their experiences. By including both youths' and parental reports, we statistically account for the other reporters' experiences and can capture what exactly predicts outcomes when both individuals' experiences are taken into consideration. Furthermore, we used a strengths-based approach to better understand the role of Black families' cultural assets (i.e., centrality, private regard) and how they interact with risk factors to inform racial socialization and mental health outcomes. Results from the current study can be used by family-focused practitioners that may be seeing families that are navigating stressful situations (e.g., discrimination) and provide recommendations to parents on how to approach racial socialization messages when there is a history of risk (e.g., ACEs) and how this may look different across families when ERI is central, and positive or not. Findings from the current study can benefit counselors, social workers, and parents and their shared goals of reducing mental health disparities that disproportionately affect Black youth and caregivers' mental health.

References

- Agency for Healthcare Research and Quality. (2013, May). National healthcare disparities report 2012. Rockville, MD: Author.
- Aiken, L. S., West, S. G., & Reno, R. R. (1991). *Multiple regression: Testing and Interpreting Interactions*. Sage.
- Ahn, L. H., Dunbar, A. S., Coates, E. E., & Smith-Bynum, M. A. (2021). Cultural and universal parenting, ethnic identity, and internalizing symptoms among African American

PREDICTORS & OUTCOMES OF RACIAL SOCIALIZATION

adolescents. *Journal of Black Psychology*, 47(8), 695–717.

<https://doi.org/10.1177/00957984211034290>

Bailey, H. N., DeOliveira, C. A., Wolfe, V. V., Evans, E. M., & Hartwick, C. (2012). The impact of childhood maltreatment history on parenting: A comparison of maltreatment types and assessment methods. *Child abuse & neglect*, 36(3), 236-246.

<https://doi.org/10.1016/j.chiabu.2011.11.005>

Ballard, P. J. (2016). Longitudinal links between discrimination and civic development among Latino and Asian adolescents. *Journal of Research on Adolescence*, 26(4), 723-737.

<https://doi.org/10.1111/jora.12221>

Bannon Jr, W. M., McKay, M. M., Chacko, A., Rodriguez, J. A., & Cavaleri Jr, M. (2009).

Cultural pride reinforcement as a dimension of racial socialization protective of urban African American child anxiety. *Families in society*, 90(1), 79-86.

<https://doi.org/10.1606/1044-3894.3848>

Barr, S. C., & Neville, H. A. (2014). Racial socialization, color-blind racial ideology, and mental health among Black college students: An examination of an ecological model. *Journal of Black Psychology*, 40(2), 138-165. <https://doi.org/10.1177/0095798412475084>

Benight, C.C., Shoji, K., & Delahanty, D. L. (2017). Self-regulation shift theory: A dynamic systems approach to traumatic stress. *Journal of Traumatic Stress*, 30(4), 333-342.

<https://doi.org/10.1002/jts.22208>

Bernard, D. L., Smith, Q., & Lanier, P. (2022). Racial discrimination and other adverse childhood experiences as risk factors for internalizing mental health concerns among Black youth. *Journal of traumatic stress*, 35(2), 473-483.

<https://doi.org/10.1002/jts.22760>

PREDICTORS & OUTCOMES OF RACIAL SOCIALIZATION

- Branscombe, N. R., Schmitt, M. T., & Harvey, R. D. (1999). Perceiving pervasive discrimination among African Americans: Implications for group identification and well-being. *Journal of Personality and Social Psychology*, 77(1), 135–149. <https://doi.org/10.1037/0022-3514.77.1.135>
- Breland-Noble, A. M., Bell, C. C., & Burriss, A. (2011). “Mama just won't accept this”: Adult perspectives on engaging depressed African American teens in clinical research and treatment. *Journal of Clinical Psychology in Medical Settings*, 18, 225–234. <https://doi.org/10.1007/s10880-011-9235-6>.
- Bynum, M. S., Burton, E. T., & Best, C. (2007). Racism experiences and psychological functioning in African American college freshmen: Is racial socialization a buffer? *Cultural Diversity and Ethnic Minority Psychology*, 13(1), 64. <https://doi.org/10.1037/1099-9809.13.1.64>
- Calzada, E. J., Huang, K.-Y., Anicama, C., Fernandez, Y., & Brotman, L. M. (2012). Test of a cultural framework of parenting with Latino families of young children. *Cultural Diversity and Ethnic Minority Psychology*, 18(3), 285–296. <https://doi.org/10.1037/a0028694>
- Caughy, M. O. B., O'Campo, P. J., Randolph, S. M., & Nickerson, K. (2002). The influence of racial socialization practices on the cognitive and behavioral competence of African American preschoolers. *Child development*, 73(5), 1611-1625. <https://doi.org/10.1111/1467-8624.00493>
- Cella, D., Riley, W., Stone, A., Rothrock, N., Reeve, B., Yount, S., ... & PROMIS Cooperative Group. (2010). The Patient-Reported Outcomes Measurement Information System (PROMIS) developed and tested its first wave of adult self-reported health outcome item

PREDICTORS & OUTCOMES OF RACIAL SOCIALIZATION

- banks: 2005–2008. *Journal of clinical epidemiology*, 63(11), 1179-1194.
<https://doi.org/10.1016/j.jclinepi.2010.04.011>
- Cohen, J. (1988). *Statistical power analysis for the behavioral sciences*. (2nd Ed.). New York: Lawrence Erlbaum Associates.
- Collins, W. A., Maccoby, E. E., Steinberg, L., Hetherington, E. M., & Bornstein, M. H. (2000). Contemporary research on parenting: The case for nature and nurture. *American Psychologist*, 55(2), 218–232. <https://doi.org/10.1037/0003-066X.55.2.218>
- Constantine, M. G. (2006). Perceived family conflict, parental attachment, and depression in African American female adolescents. *Cultural Diversity and Ethnic Minority Psychology*, 12(4), 697–709. <https://doi.org/10.1037/1099-9809.12.4.697>
- Cowles, M., & Davis, C. (1982). On the origins of the .05 level of statistical significance. *American Psychologist*, 37, 553.
- Cox, E. D., Connolly, J. R., Palta, M., Rajamanickam, V. P., & Flynn, K. E. (2020). Reliability and validity of PROMIS® pediatric family relationships short form in children 8–17 years of age with chronic disease. *Quality of life research*, 29(1), 191-199.
<https://doi.org/10.1007/s11136-019-02266-x>
- Craig, B. M., Reeve, B. B., Brown, P. M., Cella, D., Hays, R. D., Lipscomb, J., ... & Revicki, D. A. (2014). US valuation of health outcomes measured using the PROMIS-29. *Value in Health*, 17(8), 846-853. <https://doi.org/10.1016/j.jval.2014.09.005>
- Davis, G. Y., & Stevenson, H. C. (2006). Racial socialization experiences and symptoms of depression among Black youth. *Journal of Child and Family Studies*, 15(3), 293-307.
<https://doi.org/10.1007/s10826-006-9039-8>

PREDICTORS & OUTCOMES OF RACIAL SOCIALIZATION

- Derlan, C. L., Umaña-Taylor, A. J., Jahromi, L. B., & Updegraff, K. A. (2018). Cultural socialization attitudes and behaviors: Examining mothers' centrality, discrimination experiences, and children's effortful control as moderators. *Cultural Diversity and Ethnic Minority Psychology, 24*(2), 162–172. <https://doi.org/10.1037/cdp0000176>
- Derlan, C. L., Umaña-Taylor, A. J., Updegraff, K. A., & Jahromi, L. B. (2016). Mothers' characteristics as predictors of adolescents' ethnic-racial identity: An examination of Mexican-origin teen mothers. *Cultural Diversity and Ethnic Minority Psychology, 22*(3), 453–459. <https://doi.org/10.1037/cdp0000072>
- Dong, M., Anda, R. F., Felitti, V. J., Dube, S. R., Williamson, D. F., Thompson, T. J., ... & Giles, W. H. (2004). The interrelatedness of multiple forms of childhood abuse, neglect, and household dysfunction. *Child abuse & neglect, 28*(7), 771-784. <https://doi.org/10.1016/j.chiabu.2004.01.008>
- Doucet, F., Banerjee, M., & Parade, S. (2018). What should young Black children know about race? Parents of preschoolers, preparation for bias, and promoting egalitarianism. *Journal of Early Childhood Research, 16*(1), 65-79. <https://doi.org/10.1177/1476718X16630>
- Dunbar, A. S., Perry, N. B., Cavanaugh, A. M., & Leerkes, E. M. (2015). African American parents' racial and emotion socialization profiles and young adults' emotional adaptation. *Cultural Diversity and Ethnic Minority Psychology, 21*(3), 409. <http://dx.doi.org/10.1037/a0037546>.

PREDICTORS & OUTCOMES OF RACIAL SOCIALIZATION

- Felitti, V. J., Anda, R. F., Nordenberg, D., & Williamson, D. F. (1998). Adverse childhood experiences and health outcomes in adults: The Ace study. *Journal of Family and Consumer Sciences*, *90*(3), 31. [https://doi.org/10.1016/s0749-3797\(98\)00017-8](https://doi.org/10.1016/s0749-3797(98)00017-8)
- Fischer, A. R., & Shaw, C. M. (1999). African Americans' mental health and perceptions of racist discrimination: The moderating effects of racial socialization experiences and self-esteem. *Journal of Counseling Psychology*, *46*(3), 395-407. <https://doi.org/10.1037/0022-0167.46.3.395>
- García Coll, C. G., Crnic, K., Lamberty, G., Wasik, B. H., Jenkins, R., García, H. V., & McAdoo, H. P. (1996). An integrative model for the study of developmental competencies in minority children. *Child Development*, *67*(5), 1891–1914. <https://doi.org/10.1111/j.1467-8624.1996.tb01834.x>
- Garthe, R. C., Sullivan, T., & Kliewer, W. (2015). Longitudinal relations between adolescent and parental behaviors, parental knowledge, and internalizing behaviors among urban adolescents. *Journal of youth and adolescence*, *44*(4), 819-832. <https://doi.org/10.1007/s10964-014-0112-0>
- Gartner, M., Kiang, L., & Supple, A. (2014). Prospective links between ethnic socialization, ethnic and American identity, and well-being among Asian-American adolescents. *Journal of youth and adolescence*, *43*(10), 1715-1727. <https://doi.org/10.1007/s10964-013-0044-0>
- Gibson, S. M., Bouldin, B. M., Stokes, M. N., Lozada, F. T., & Hope, E. C. (2022). Cultural racism and depression in Black adolescents: Examining racial socialization and racial identity as moderators. *Journal of Research on Adolescence*, *32*(1), 4148. <https://doi.org/10.1111/jora.12698>

PREDICTORS & OUTCOMES OF RACIAL SOCIALIZATION

- Graves, L. (2017). Filters of influence: The help-seeking process of African American single mothers living in poverty seeking mental health services for their children. *Child & Youth Services, 38*, 69–90. <https://doi.org/10.1080/0145935X.2016.1251836>.
- Hagelskamp, C., & Hughes, D. L. (2014). Workplace discrimination predicting racial/ethnic socialization across African American, Latino, and Chinese families. *Cultural Diversity and Ethnic Minority Psychology, 20*(4), 550–560. <https://doi.org/10.1037/a0035321>
- Hagiwara, N. (2010). *The effects of blacks' physical characteristics on whites' evaluations of blacks and blacks' experiences with discrimination: Separating the effects of facial features from skin tone* (Order No. 3417830). Available from Ethnic NewsWatch; ProQuest Dissertations & Theses Global. (748247627). Retrieved from <http://proxy.library.vcu.edu/login?url=https://www.proquest.com/dissertations-theses/effects-blacks-physical-characteristics-on-whites/docview/748247627/se-2>
- Harris-Britt, A., Valrie, C. R., Kurtz-Costes, B., & Rowley, S. J. (2007). Perceived racial discrimination and self-esteem in African American youth: Racial socialization as a protective factor. *Journal of Research on Adolescence, 17*(4), 669-682. <https://doi.org/10.1111/j.1532-7795.2007.00540.x>
- Hassija, C. M., & Turchik, J. A. (2016). An examination of disclosure, mental health treatment use, and posttraumatic growth among college women who experienced sexual victimization. *Journal of Loss and Trauma, 21*(2), 124–136. <https://doi.org/10.1080/15325024.2015.1011976>

PREDICTORS & OUTCOMES OF RACIAL SOCIALIZATION

- Hope, E. C., Smith, C. D., Cryer-Coupet, Q. R., & Briggs, A. S. (2020). Relations between racial stress and critical consciousness for black adolescents. *Journal of Applied Developmental Psychology, 70*, 101184. <https://doi.org/10.1016/j.appdev.2020.101184>
- Hosey, A. M. (2019). *Shame, Self-Esteem, and Identity in the Aftermath of Adverse Childhood Experiences: Implications for Depression and Posttraumatic Growth in Emerging Adults*. Western Carolina University.
- Hu, L., & Bentler, P. M. (1999). Cutoff criteria for fit indices in covariance structure analysis: Conventional criteria versus new alternatives. *Structural Equation Modeling, 6*, 1–55. <https://doi.org/10.1080/10705519909540118>
- Hughes, D. (2003). Correlates of African American and Latino parents' messages to children about ethnicity and race: A comparative study of racial socialization. *American journal of community psychology, 31*(1-2), 15-33. <https://doi.org/10.1023/A:1023066418688>
- Hughes, D., & Chen, L. (1997). When and what parents tell children about race: An examination of race-related socialization among African American families. *Applied Developmental Science, 1*(4), 200-214. https://doi.org/10.1207/s1532480xads0104_4
- Hughes, D., Hagelskamp, C., Way, N., & Foust, M. D. (2009). The role of mothers' and adolescents' perceptions of ethnic-racial socialization in shaping ethnic-racial identity among early adolescent boys and girls. *Journal of Youth and Adolescence, 38*, 605–626. <https://doi.org/10.1007/s10964-009-9399-7>
- Hughes, D., & Johnson, D. (2001). Correlates in children's experiences of parents' racial socialization behaviors. *Journal of Marriage and Family, 63*(4), 981–995. <https://doi.org/10.1111/j.1741-3737.2001.00981.x>

PREDICTORS & OUTCOMES OF RACIAL SOCIALIZATION

Hughes, D., Rodriguez, J., Smith, E. P., Johnson, D. J., Stevenson, H. C., & Spicer, P. (2006).

Parents' ethnic-racial socialization practices: A review of research and directions for future study. *Developmental Psychology*, *42*(5) 747–770. <https://doi.org/10.1037/0012-1649.42.5.747>

Huguley, J. P., Wang, M.-T., Vasquez, A. C., & Guo, J. (2019). Parental ethnic-racial

socialization practices and the construction of children of color's ethnic-racial identity: A research synthesis and meta-analysis. *Psychological Bulletin*, *145*(5), 437–458. <https://doi.org/10.1037/bul0000187>

Hughes, D. L., Watford, J. A., & Del Toro, J. (2016). A transactional/ecological perspective on \

ethnic–racial identity, socialization, and discrimination. *Advances in child development and behavior*, *51*, 1-41. <https://doi.org/10.1016/bs.acdb.2016.05.001>

Jenkins-Smith, H. C., Ripberger, J. T., Copeland, G., Nowlin, M. C., Hughes, T., Fister, A. L., &

Wehde, W. (2017). *Quantitative research methods for political science, public policy and public administration*. 3rd Ed, Oklahoma: University of Oklahoma Libraries. <https://doi.org/10.15763/11244/52244>

Jones, S. C., & Neblett, E. W. (2019). Black parenting couples' discussions of the racial

socialization process: Occurrence and effectiveness. *Journal of Child and Family Studies*, *28*(1), 218-232. <https://doi.org/10.1007/s10826-018-1248-4>

Karlson, C. W., Delozier, A. M., Seals, S. R., Britt, A. B., Stone, A. L., Reneker, J. C., ... &

Welsch, M. A. (2020). Physical activity and pain in youth with sickle cell disease. *Family & Community Health*, *43*(1), 1-9. <https://doi.org/10.1097/FCH.0000000000000241>

Knight, G. P., Bernal, M. E., Garza, C. A., Cota, M. K., & Ocampo, K. A. (1993). Family

socialization and the ethnic identity of Mexican-American children. *Journal of*

PREDICTORS & OUTCOMES OF RACIAL SOCIALIZATION

cross-cultural psychology, 24(1), 99-114. <https://doi.org/10.1177/0022022193241007>

Leath, S., Butler-Barnes, S., Ross, R., & Lee-Nelson, Z. (2021). What happens if they come for you? An exploration of mothers' racial socialization on discrimination with Black college women. *Psychology of Women Quarterly*, 45(2), 194-211.

<https://doi.org/10.1177/036168432097967>

Lehrner, A., & Yehuda, R. (2018). Trauma across generations and paths to adaptation and resilience. *Psychological Trauma: Theory, Research, Practice, and Policy*, 10(1), 22–29.

<https://doi.org/10.1037/tra0000302>

Lesane-Brown, C. L. (2006). A review of race socialization within Black families.

Developmental Review, 26(4), 400-426. <https://doi.org/10.1016/j.dr.2006.02.001>

Lesane-Brown, C. L., Scottham, K. M., Nguyen, H. X., & Sellers, R. M. (2009). The Child Racial Socialization Scale: A new measure for use with African American adolescents.

Unpublished Manuscript

Lewis, T. T., Barnes, L. L., Bienias, J. L., Lackland, D. T., Evans, D. A., & Mendes de Leon, Carlos F. (2009). Perceived discrimination and blood pressure in older African American and white adults. *Journals of Gerontology Series A: Biomedical Sciences and Medical Sciences*, 64(9), 1002–1008. <https://doi.org/10.1093/gerona/glp062>

Lewis, T. T., Kravitz, H. M., Janssen, I., & Powell, L. H. (2011). Self-reported experiences of discrimination and visceral fat in middle-aged African American and Caucasian women.

American Journal of Epidemiology, 173(11), 1223–1231.

<https://doi.org/10.1093/aje/kwq466>

Lewis, T. T., Troxel, W. M., Kravitz, H. M., Bromberger, J. T., Matthews, K. A., & Hall, M. H. (2013). Chronic exposure to everyday discrimination and sleep in a multiethnic sample of

PREDICTORS & OUTCOMES OF RACIAL SOCIALIZATION

middle-aged women. *Health Psychology*, 32(7),810–819.

<https://doi.org/10.1037/a0029938>

Lindsey, M., Chambers, K., Pohle, C., Beall, P., & Lucksted, A. (2013). Understanding the behavioral determinants of mental health service use by urban, under-resourced black youth: Adolescent and caregiver perspectives. *Journal of Child and Family Studies*, 22, 107–121. <https://doi.org/10.1007/s10826-012-9668-z>.

Liu, S. R., Kia-Keating, M., Nylund-Gibson, K., & Barnett, M. L. (2020). Co-occurring youth profiles of adverse childhood experiences and protective factors: Associations with health, resilience, and racial disparities. *American Journal of Community Psychology*, 65(1-2), 173-186. <https://doi.org/10.1002/ajcp.12387>

Lomanowska, A. M., Boivin, M., Hertzman, C., & Fleming, A. S. (2017). Parenting begets parenting: A neurobiological perspective on early adversity and the transmission of parenting styles across generations. *Neuroscience*, 342, 120-139. <https://doi.org/10.1016/j.neuroscience.2015.09.029>

Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child development*, 71(3), 543-562. <https://doi.org/10.1111/1467-8624.00164>

Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist*, 56(3), 227-238. <https://doi.org/10.1037//0003-066x.56.3.227>

McHale, S. M., Crouter, A. C., Kim, J. Y., Burton, L. M., Davis, K. D., Dotterer, A. M., & Swanson, D. P. (2006). Mothers' and fathers' racial socialization in African American families: Implications for youth. *Child development*, 77(5), 1387-1402. <https://doi.org/10.1111/j.1467-8624.2006.00942.x>

PREDICTORS & OUTCOMES OF RACIAL SOCIALIZATION

- McNeil Smith, S., Reynolds, J. E., Fincham, F. D., & Beach, S. R. H. (2016). Parental experiences of racial discrimination and youth racial socialization in two-parent African American families. *Cultural Diversity and Ethnic Minority Psychology, 22*(2), 268–276. <https://doi.org/10.1037/cdp0000064>
- Mendes, A. V., Loureiro, S. R., Crippa, J. A., de Meneses Gaya, C., García-Esteve, L., & Martín-Santos, R. (2012). Mothers with depression, school-age children with depression? A systematic review. *Perspectives in psychiatric care, 48*(3), 138-148. <https://doi.org/10.1111/j.1744-6163.2011.00318.x>
- Most U.S. Teens See Anxiety and Depression as a Major Problem Among Their Peers. Pew Research Center, Washington, D.C. (2019). Retrieved from <https://www.pewresearch.org/social-trends/2019/02/20/most-u-s-teens-see-anxiety-and-depression-as-a-major-problem-among-their-peers/>
- Murry, V. M., Butler-Barnes, S. T., Mayo-Gamble, T. L., & Inniss-Thompson, M. N. (2018). Excavating new constructs for family stress theories in the context of everyday life experiences of Black American families. *Journal of Family Theory & Review, 10*(2), 384-405. <https://doi.org/10.1111/jftr.12256>
- Muthén, L. K., & Muthén, B. O. (1998 –2014). Mplus: Statistical analysis with latent variables. User's guide (Version 7.31) [Computer software]. Los Angeles, CA: Author.
- Neblett, E. W., Smalls, C. P., Ford, K. R., Nguyen, H. X., & Sellers, R. M. (2009). Racial socialization and racial identity: African American parents' messages about race as precursors to identity. *Journal of youth and adolescence, 38*(2), 189-203. <https://doi.org/10.1007/s10964-008-9359-7>

PREDICTORS & OUTCOMES OF RACIAL SOCIALIZATION

- Neblett Jr, E. W., White, R. L., Ford, K. R., Philip, C. L., Nguyen, H. X., & Sellers, R. M. (2008). Patterns of racial socialization and psychological adjustment: Can parental communications about race reduce the impact of racial discrimination?. *Journal of Research on Adolescence, 18*(3), 477-515. <https://doi.org/10.1111/j.1532-7795.2008.00568.x>
- Neblett, E. W., Jr., Rivas-Drake, D., & Umaña-Taylor, A. J. (2012). The promise of racial and ethnic protective factors in promoting ethnic minority youth development. *Child Development Perspectives, 6*(3), 295–303. <https://doi.org/10.1111/j.1750-8606.2012.00239.x>
- Peck, S. C., Brodish, A. B., Malanchuk, O., Banerjee, M., & Eccles, J. S. (2014). Racial/ethnic socialization and identity development in Black families: The role of parent and youth reports. *Developmental Psychology, 50*(7), 1897–1909. <https://doi.org/10.1037/a0036800>
- Planey, A. M., Smith, S. M., Moore, S., & Walker, T. D. (2019). Barriers and facilitators to mental health help-seeking among African American youth and their families: A systematic review study. *Children and Youth Services Review, 101*, 190–200. <https://doi.org/10.1016/j.childyouth.2019.04.001>
- Podsakoff, P. M., MacKenzie, S. B., Lee, J.-Y., & Podsakoff, N. P. (2003). Common method biases in behavioral research: A critical review of the literature and recommended remedies. *Journal of Applied Psychology, 88*(5), 879–903. <https://doi.org/10.1037/0021-9010.88.5.879>
- Preacher, K. J., Curran, P. J., & Bauer, D. J. (2006). Computational tools for probing interactions in multiple linear regression, multilevel modeling, and latent curve analysis. *Journal of Educational and Behavioral Statistics, 31*(4), 437-448.

PREDICTORS & OUTCOMES OF RACIAL SOCIALIZATION

<https://doi.org/10.3102/10769986031004437>

Pyant, C. T., & Yanico, B. J. (1991). Relationship of racial identity and gender-role attitudes to Black women's psychological well-being. *Journal of Counseling Psychology, 38*(3), 315–322. <https://doi.org/10.1037/0022-0167.38.3.315>

R Core Team (2016). R: A language and environment for statistical computing (version 3.3.0)[Computer software]. Vienna, Austria: R Foundation for Statistical Computing. Retrieved from the comprehensive R archive network (CRAN): <https://www.R-project.org/>

Rivas-Drake, D., Seaton, E. K., Markstrom, C., Quintana, S., Syed, M., Lee, R. M., ... & Ethnic and Racial Identity in the 21st Century Study Group. (2014). Ethnic and racial identity in adolescence: Implications for psychosocial, academic, and health outcomes. *Child development, 85*(1), 40-57. <https://doi.org/10.1111/cdev.12200>

Romero, A. J., Edwards, L. M., Fryberg, S. A., & Orduña, M. (2014). Resilience to discrimination stress across ethnic identity stages of development. *Journal of Applied Social Psychology, 44*(1), 1-11. <https://doi.org/10.1111/jasp.12192>

Rowley, S. J., Sellers, R. M., Chavous, T. M., & Smith, M. A. (1998). The relationship between racial identity and self-esteem in African American college and high school students. *Journal of personality and social psychology, 74*(3), 715. <https://doi.org/10.1037//0022-3514.74.3.715>

Saleem, F. T., English, D., Busby, D. R., Lambert, S. F., Harrison, A., Stock, M. L., & Gibbons, F. X. (2016). The impact of African American parents' racial discrimination experiences and perceived neighborhood cohesion on their racial socialization practices. *Journal of youth and adolescence, 45*(7), 1338-1349. <https://doi.org/10.1007/s10964-016-0499-x>

PREDICTORS & OUTCOMES OF RACIAL SOCIALIZATION

- Scholle, S. H., Morton, S., Homco, J., Rodriguez, K., Anderson, D., Hahn, E., ... & Hart, E. (2018). Implementation of the PROMIS-29 in routine care for people with diabetes: challenges and opportunities. *The Journal of ambulatory care management*, *41*(4), 274-287. <https://doi.org/10.1097/JAC.0000000000000248>
- Scottham, K. M., Sellers, R. M., & Nguyễn, H. X. (2008). A measure of racial identity in African American adolescents: The development of the Multidimensional Inventory of Black Identity--Teen. *Cultural Diversity and Ethnic Minority Psychology*, *14*(4), 297–306. <https://doi.org/10.1037/1099-9809.14.4.297>
- Seaton, E. K., Caldwell, C. H., Sellers, R. M., & Jackson, J. S. (2010). An intersectional approach for understanding perceived discrimination and psychological well-being among African American and Caribbean Black youth. *Developmental Psychology*, *46*(5), 1372–1379. <https://doi.org/10.1037/a0019869>
- Sellers, R. M., Caldwell, C. H., Schmeelk-Cone, K. H., & Zimmerman, M. A. (2003). Racial identity, racial discrimination, perceived stress, and psychological distress among African American young adults. *Journal of Health and Social Behavior*, 302-317. <https://doi.org/10.2307/1519781>
- Sellers, R. M., Copeland-Linder, N., Martin, P. P., & Lewis, R. L. H. (2006). Racial identity matters: The relationship between racial discrimination and psychological functioning in African American adolescents. *Journal of research on Adolescence*, *16*(2), 187-216. <https://doi.org/10.1111/j.1532-7795.2006.00128.x>
- Sellers, R. M., Smith, M. A., Shelton, J. N., Rowley, S. A., & Chavous, T. M. (1998). A multidimensional model of racial identity: A reconceptualization of African American

PREDICTORS & OUTCOMES OF RACIAL SOCIALIZATION

- racial identity. *Personality and social psychology review*, 2(1), 18-39.
<https://doi.org/10.1207/s15327957pspr020>
- Sheikh, I. S., Alsubaie, M. K., Dolezal, M. L., Walker, R. S., Rosencrans, P. L., Peconga, E., Holloway, A., Bentley, J. A., & Zoellner, L. A. (2022). The role of social connectedness in buffering the effects of discrimination on post-trauma cognitions in forcibly displaced Muslims. *Psychological Trauma: Theory, Research, Practice, and Policy*, 14(1), 47–54. <https://doi.org/10.1037/tra0001070>
- Slopen, N., Shonkoff, J. P., Albert, M. A., Yoshikawa, H., Jacobs, A., Stoltz, R., & Williams, D. R. (2016). Racial disparities in child adversity in the US: Interactions with family immigration history and income. *American journal of preventive medicine*, 50(1), 47-56. <https://doi.org/10.1016/j.amepre.2015.06.013>
- Spencer, M. B. (2006). A phenomenological variant of ecological systems theory (PVEST): A human development synthesis applicable to diverse individuals and groups. In W. Damon & R. M. Lerner (Ed.), *Theoretical models of human development: Handbook of Child Psychology*, (Vol. 1, 6th ed.). Wiley.
- Starks, B. (2021). The double pandemic: Covid-19 and white supremacy. *Qualitative Social Work*, 20(1-2), 222-224. <https://doi.org/10.1177/1473325020986011>
- Stein, G. L., Kiang, L., Supple, A. J., & Gonzalez, L. M. (2014). Ethnic identity as a protective factor in the lives of Asian American adolescents. *Asian American Journal of Psychology*, 5(3), 206–213. <https://doi.org/10.1037/a0034811>
- Sullivan, J. N., Eberhardt, J. L., & Roberts, S. O. (2021). Conversations about race in Black and White US families: Before and after George Floyd’s death. *Proceedings of the National Academy of Sciences*, 118(38). <https://doi.org/10.1073/pnas.210636611>

PREDICTORS & OUTCOMES OF RACIAL SOCIALIZATION

Tabachnick, B. G., Fidell, L. S., & Ullman, J. B. (2007). *Using multivariate statistics* (Vol. 5, pp. 481-498). Boston, MA: Pearson.

Tedeschi, R. G., & Calhoun, L. G. (2004). Target Article: "Posttraumatic Growth: Conceptual Foundations and Empirical Evidence." *Psychological Inquiry*, 15(1), 1–18. https://doi.org/10.1207/s15327965pli1501_01

Tofighi, D., & MacKinnon, D. P. (2011). RMediation: An R package for mediation analysis confidence intervals. *Behavior Research Methods*, 43(3), 692-700. <https://doi.org/10.3758/s13428-011-0076-x>

Umaña-Taylor, A. J., & Hill, N. E. (2020). Ethnic–racial socialization in the family: A decade's advance on precursors and outcomes. *Journal of Marriage and Family*, 82(1), 244-271. <https://doi.org/10.1111/jomf.12622>

Umaña-Taylor, A. J., & Rivas-Drake, D. (2021). Ethnic-racial identity and adolescents' positive development in the context of ethnic-racial marginalization: Unpacking risk and resilience. *Human Development*, 65(5-6), 293-310. <https://doi.org/10.1007/s10964-020-01360-5>

Umaña-Taylor, A. J., Quintana, S. M., Lee, R. M., Cross Jr, W. E., Rivas-Drake, D., Schwartz, S. J., Syed, M., Yip, T., Seaton, E. & Ethnic and Racial Identity in the 21st Century Study Group. (2014). Ethnic and racial identity during adolescence and into young adulthood: An integrated conceptualization. *Child development*, 85(1), 21-39. <https://doi.org/10.1111/cdev.12196>

Umaña-Taylor, A. J., Zeiders, K. H., & Updegraff, K. A. (2013). Family ethnic socialization and ethnic identity: A family-driven, youth-driven, or reciprocal process? *Journal of Family Psychology*, 27(1), 137–146. <https://doi.org/10.1037/a0031105>

PREDICTORS & OUTCOMES OF RACIAL SOCIALIZATION

VCU Center for Cultural Experiences and Prevention (2020). Exploring Well-being, Risk, Protective And Cultural Factors In Black Youth And Parents Data Set. Virginia Commonwealth University.

Wang, M.-T., Henry, D. A., Smith, L. V., Huguley, J. P., & Guo, J. (2020). Parental ethnic-racial socialization practices and children of color's psychosocial and behavioral adjustment: A systematic review and meta-analysis. *American Psychologist, 75*(1), 1–22. <https://doi.org/10.1037/amp0000464>

Wang, M. T., & Huguley, J. P. (2012). Parental racial socialization as a moderator of the effects of racial discrimination on educational success among African American adolescents. *Child development, 83*(5), 1716-1731. <https://doi.org/10.1111/j.1467-8624.2012.01808.x>

White-Johnson, R. L., Ford, K. R., & Sellers, R. M. (2010). Parental racial socialization profiles: Association with demographic factors, racial discrimination, childhood socialization, and racial identity. *Cultural Diversity and Ethnic Minority Psychology, 16*(2), 237–247. <https://doi.org/10.1037/a0016111>

Williams, C. D., Byrd, C. M., Quintana, S. M., Anicama, C., Kiang, L., Umaña-Taylor, A. J., ... & Whitesell, N. (2020). A lifespan model of ethnic-racial identity. *Research in Human Development, 17*(2-3), 99-129. <https://doi.org/10.1080/15427609.2020.1831882>

Williams, M. T., Chapman, L. K., Wong, J., & Turkheimer, E. (2012). The role of ethnic identity in symptoms of anxiety and depression in African Americans. *Psychiatry research, 199*(1), 31-36. <https://doi.org/10.1016/j.psychres.2012.03.049>

PREDICTORS & OUTCOMES OF RACIAL SOCIALIZATION

- Williams, D. R., & Mohammed, S. A. (2009). Discrimination and racial disparities in health: evidence and needed research. *Journal of behavioral medicine*, 32(1), 20-47.
<https://doi.org/10.1007/s10865-008-9185-0>
- Winters, K. C., Latimer, W. W., Stinchfield, R. D., & Egan, E. (2009). Measuring adolescent drug abuse and psychosocial factors in four ethnic groups of drug-abusing boys. In G. A. Marlatt & K. Witkiewitz (Eds.), *Addictive behaviors: New readings on etiology, prevention, and treatment* (pp. 657–676). American Psychological Association. <https://doi.org/10.1037/11855-025>
- Winters, K. C., Latimer, W. W., Stinchfield, R. D., & Henly, G. A. (2000). Examining psychosocial correlates of drug involvement among drug clinic-referred youth. *Journal of Child & Adolescent Substance Abuse*, 9(1), 1-17. https://doi.org/10.1300/J029v09n01_01
- Yasui, M. (2015). A review of the empirical assessment of processes in ethnic-racial socialization: Examining methodological advances and future areas of development. *Developmental Review*, 37, 1-40. <https://doi.org/10.1016/j.dr.2015.03.001>
- Yip, T. (2018). Ethnic/racial identity—A double-edged sword? Associations with discrimination and psychological outcomes. *Current directions in psychological science*, 27(3), 170-175. <https://doi.org/10.1177/0963721417739348>
- Yip, T., Gee, G. C., & Takeuchi, D. T. (2008). Racial discrimination and psychological distress: The impact of ethnic identity and age among immigrant and United States-born Asian adults. *Developmental Psychology*, 44(3), 787–800. <https://doi.org/10.1037/0012-1649.44.3.787>

PREDICTORS & OUTCOMES OF RACIAL SOCIALIZATION

- Yip, T., Seaton, E. K., & Sellers, R. M. (2006). African American racial identity across the lifespan: Identity status, identity content, and depressive symptoms. *Child development*, 77(5), 1504-1517. <https://doi.org/10.1111/j.1467-8624.2006.00950.x>
- Yip, T., Wang, Y., Mootoo, C., & Mirpuri, S. (2019). Moderating the association between discrimination and adjustment: A meta-analysis of ethnic/racial identity. *Developmental Psychology*, 55(6), 1274–1298. <https://doi.org/10.1037/dev0000708>
- Youssef, N. A., Belew, D., Hao, G., Wang, X., Treiber, F. A., Stefanek, M., ... & Su, S. (2017). Racial/ethnic differences in the association of childhood adversities with depression and the role of resilience. *Journal of Affective Disorders*, 208(15), 577-581. <https://doi.org/10.1016/j.jad.2016.10.024>
- Youth Risk Behavior Survey Data Summary & Trends Report 2009-2019. Center for Disease Control and Prevention (2019). Retrieved from <https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBSDataSummaryTrendsReport2019-508.pdf>
- Zhang, Z. (2014). Monte Carlo based statistical power analysis for mediation models: Methods and software. *Behavior Research Methods*, 46, 1184–1198. <https://doi.org/10.3758/s13428-013-04>

PREDICTORS & OUTCOMES OF RACIAL SOCIALIZATION

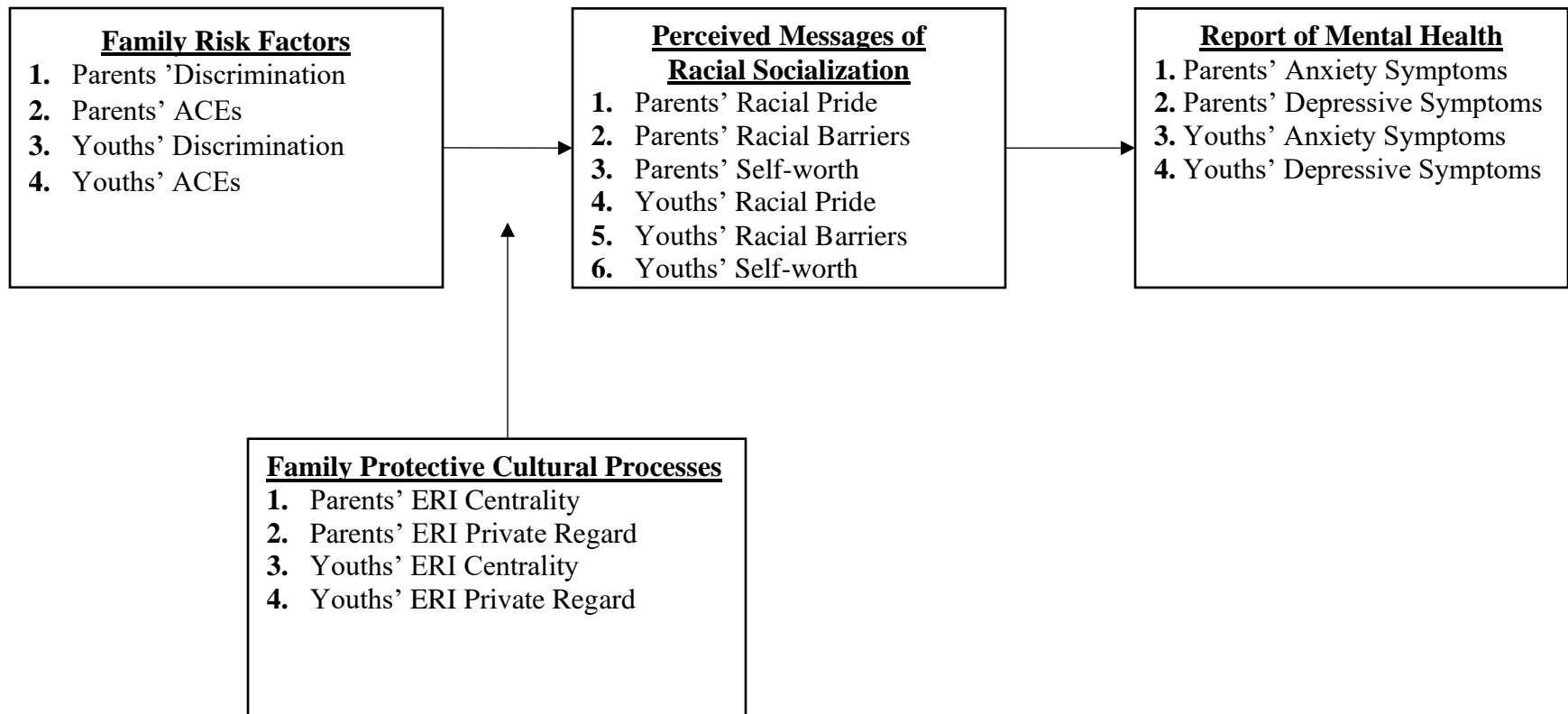
Table 1

Bivariate Correlations, Means and Standard Deviations among Study Variables and Controls (N=184)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
1. Y Sex	---																			
2. P Sex	.16*	---																		
3. Y Discrimination	.04	-.03	---																	
4. P Discrimination	.10	.11	.02	---																
5. Y ACEs	-.01	.04	.18*	.05	---															
6. P ACEs	.02	-.03	.03	.24**	.28**	---														
7. Y Centrality	.09	.14	.08	.01	-.02	-.09	---													
8. P Centrality	-.06	.01	-.04	.20*	-.04	-.02	.08	---												
9. Y Private Regard	-.06	-.03	-.02	-.05	-.18*	-.04	.60**	.11	---											
10. P Private Regard	-.09	-.10	-.15	.14	-.04	.00	.13	.63**	.17*	---										
11. Y RS Pride	-.01	-.03	.11	.28**	-.08	.01	.33**	.08	.36**	.03	---									
12. P RS Pride	-.05	-.19*	-.05	.04	-.08	-.03	-.06	.15	.10	.14	.09	---								
13. Y RS Barriers	.11	.00	.27**	.22**	.09	.09	.28**	.09	.16*	.01	.64**	.15*	---							
14. P RS Barriers	.07	-.04	.04	.22**	.01	.12	-.02	.09	.05	.03	-.02	.54**	.22**	---						
15. Y RS Self-worth	-.07	.03	.04	.17*	-.11	-.07	.33**	.11	.47**	.12	.72**	.04	.49**	-.03	---					
16. P RS Self-worth	-.05	-.18*	-.12	-.00	-.05	.08	-.10	.12	.06	.26**	.02	.70**	.04	.37**	-.01	---				
17. Y Anxiety	-.17*	-.10	.28**	.04	.35**	.22**	-.01	.01	.04	-.01	-.01	-.04	.11	.18*	.02	-.09	---			
18. Y Depressive	-.28**	-.11	.10	.06	.29**	.27**	-.08	.02	-.02	.04	-.06	.03	.01	.14	-.07	.02	.66**	---		
19. P Anxiety	-.04	-.12	.15	.12	.02	.32**	-.12	-.10	-.09	-.08	.04	-.03	.00	.05	-.03	.04	.15*	.22**	---	
20. P Depressive	-.05	-.13	.16*	.11	.09	.31**	-.15	-.11	-.15*	-.11	-.02	-.09	-.05	.03	-.11	-.03	.15	.23**	.80**	---
Means	.48	.23	2.71	3.89	2.64	3.89	3.59	5.21	4.31	6.11	1.38	1.61	.99	.99	1.53	1.71	4.74	3.50	3.82	3.04
SD	.50	.42	1.63	1.61	2.73	2.85	.97	1.10	1.02	1.50	.58	.45	.69	.61	.56	.48	4.05	3.72	3.47	3.59

PREDICTORS & OUTCOMES OF RACIAL SOCIALIZATION

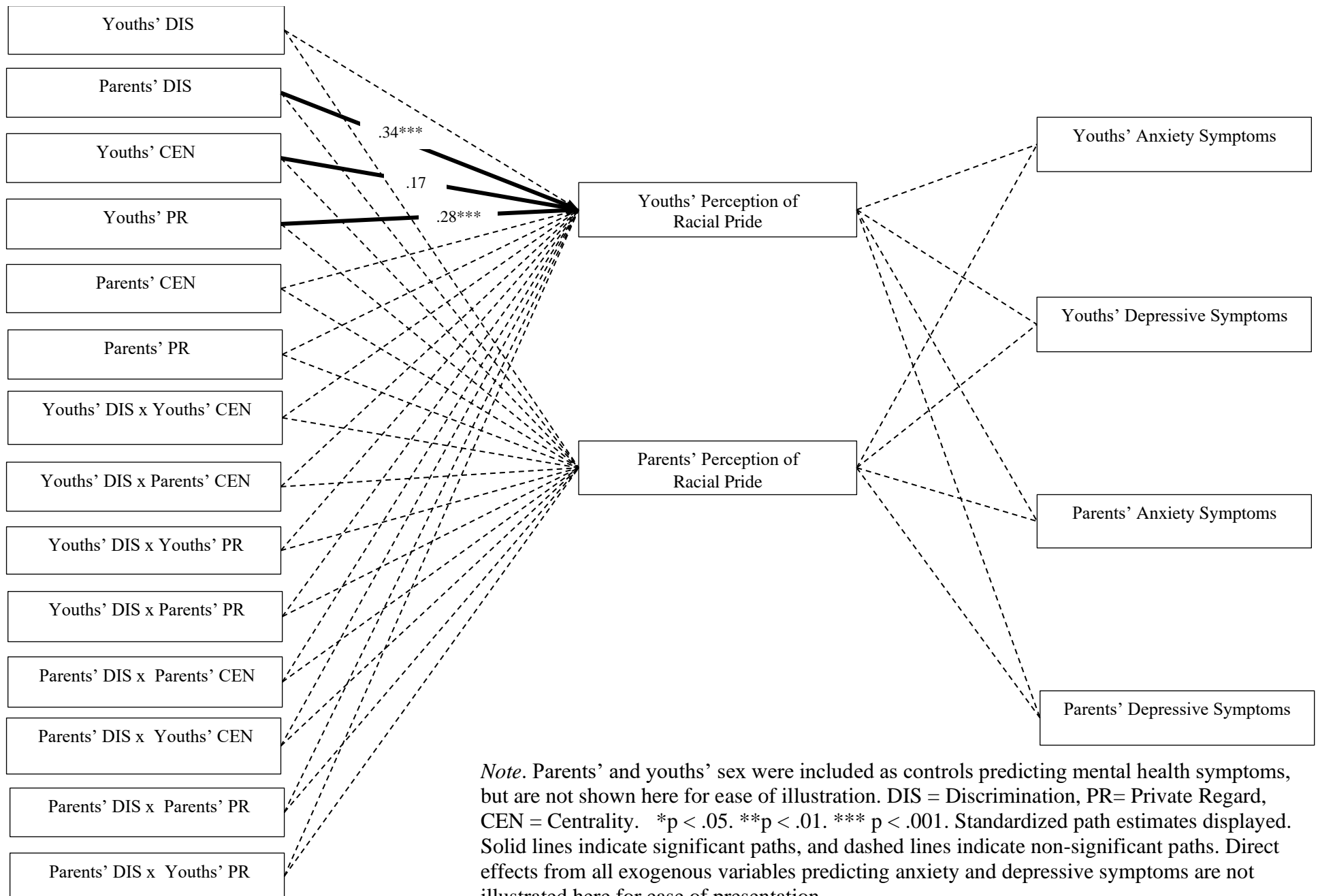
Figure 1. *Conceptual model to test the interactive role of risk and cultural resilience factors as predictors of mental health via perception of racial socialization.*



Note. ACEs = Adverse Child Experiences, ERI = Ethnic-racial Identity

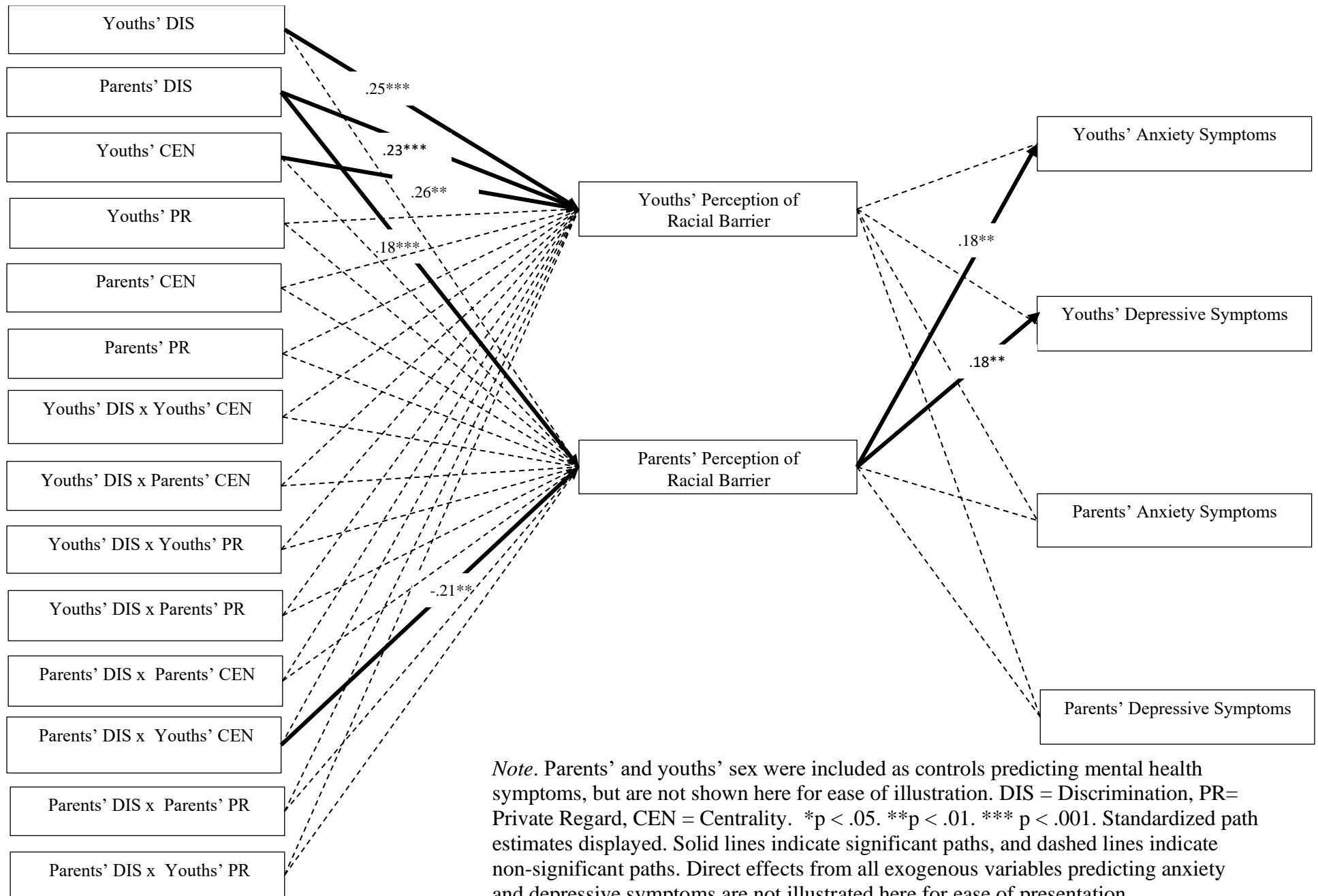
PREDICTORS & OUTCOMES OF RACIAL SOCIALIZATION

Figure 2. Final model testing the interactive role of youths' and parents' racial discrimination and their cultural resilience as predictors of mental health via perception of racial pride.



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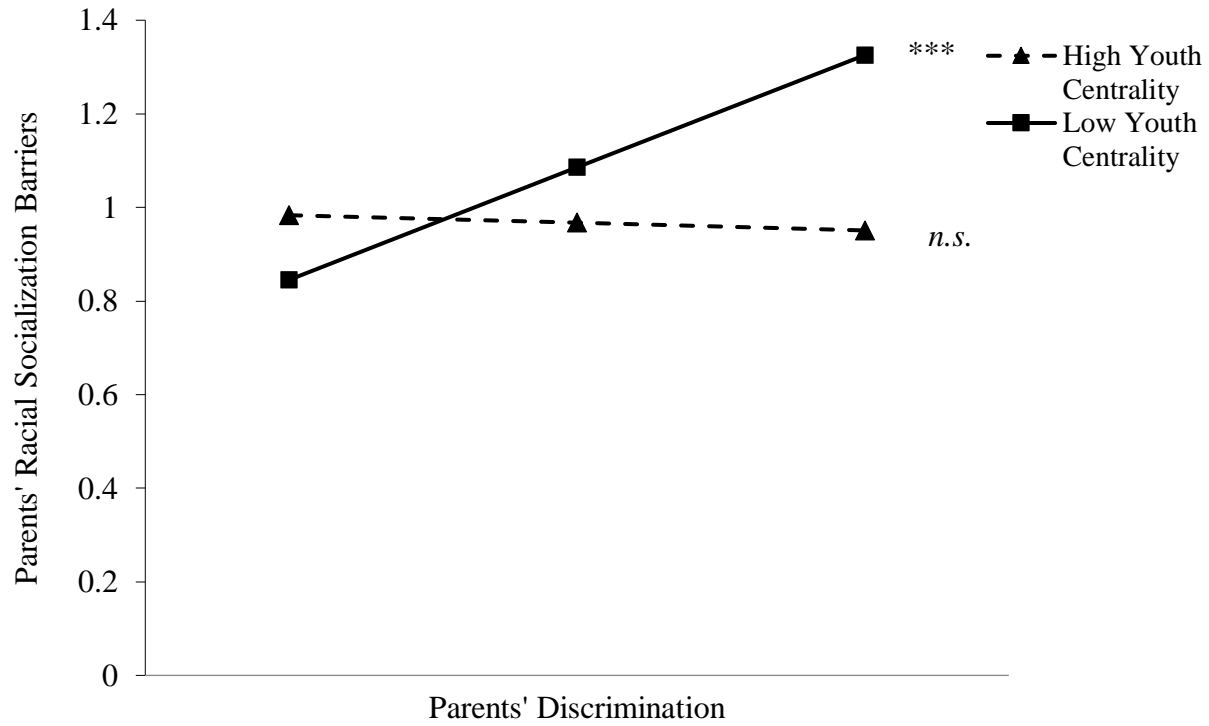
Figure 3. Final model testing the interactive role of youths' and parents' racial discrimination and their cultural resilience as predictors of mental health via perception of racial barriers.



PREDICTORS & OUTCOMES OF RACIAL SOCIALIZATION

Figure 4

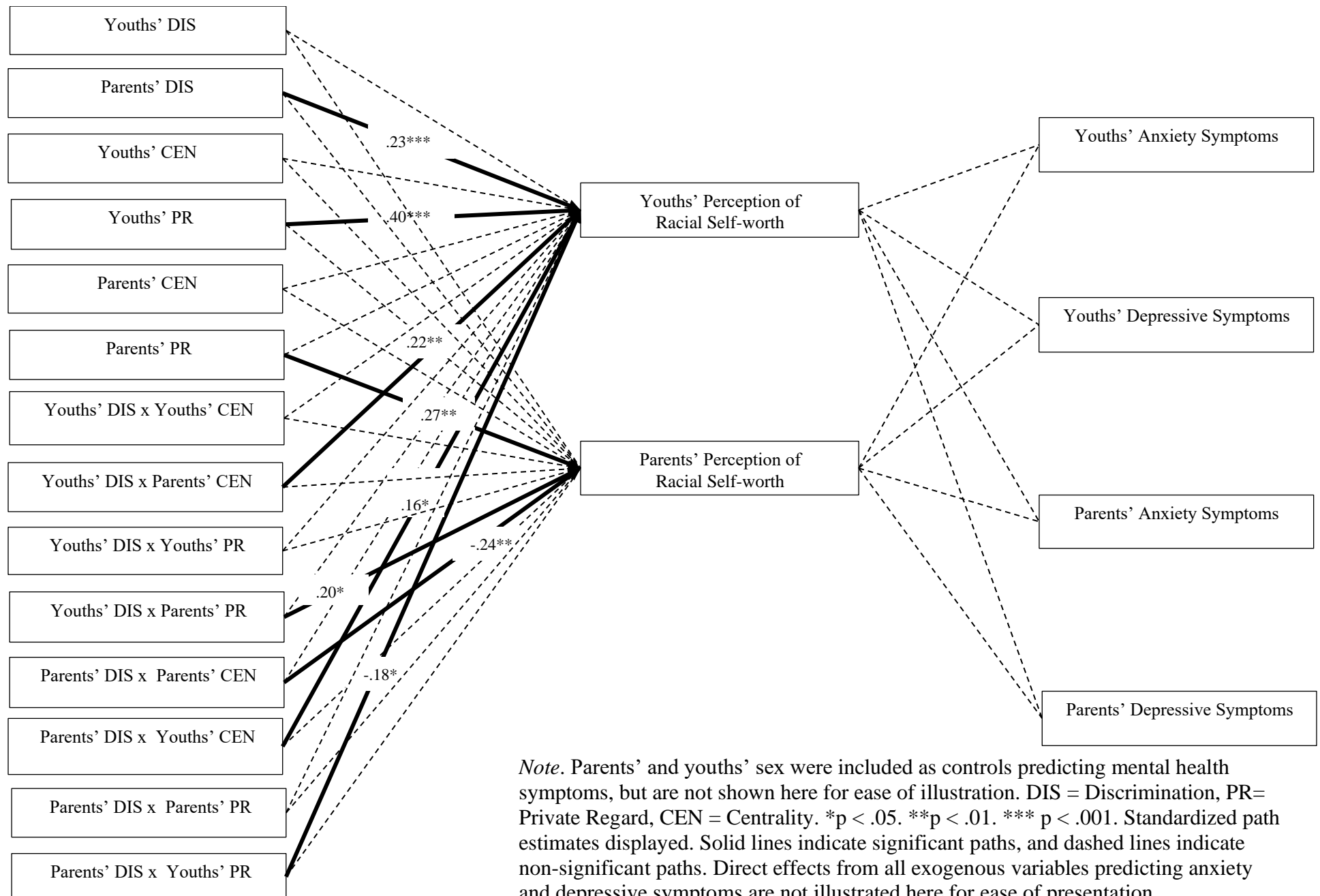
Moderation Effects of Youths' Centrality on the Association between Parents' Discrimination and Parents' Racial Socialization Barriers.



Note. ***Denotes slope that is significant at $p < .001$. *n.s.* denotes slope that is not significant. Unstandardized coefficients were used.

PREDICTORS & OUTCOMES OF RACIAL SOCIALIZATION

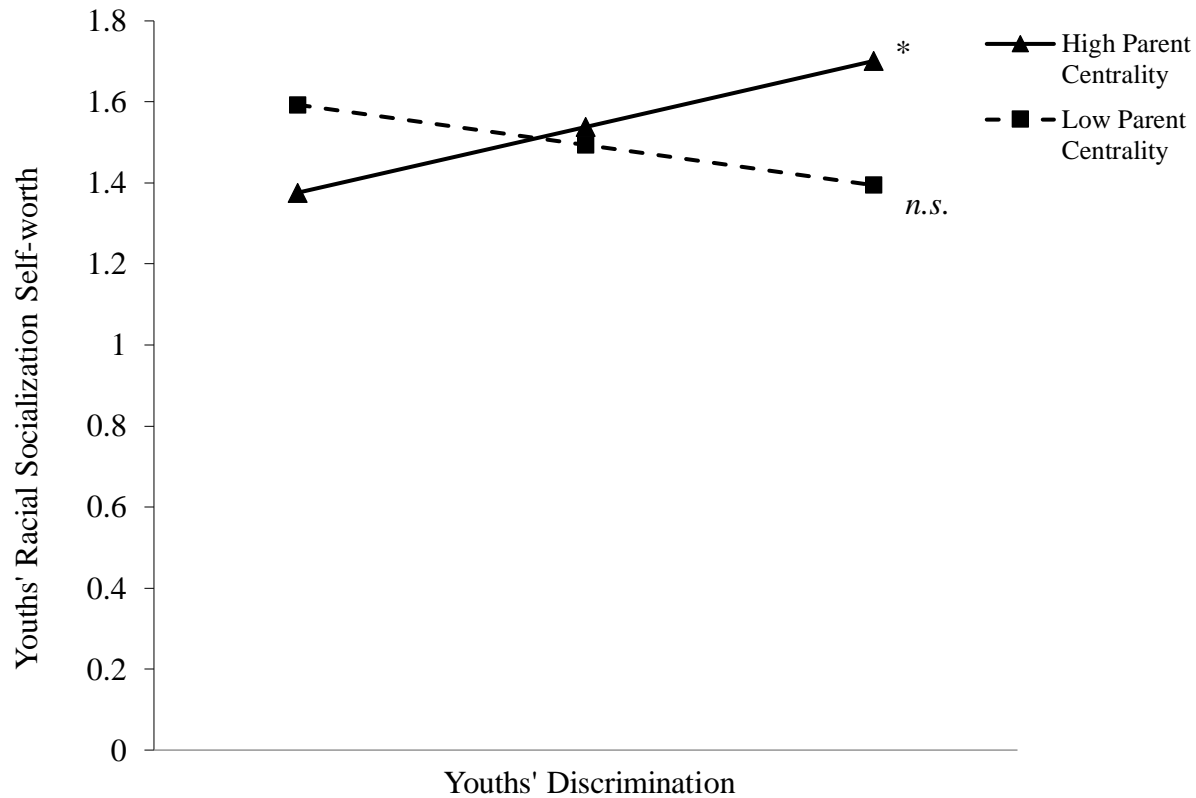
Figure 5. Final model testing the interactive role of youths' and parents' racial discrimination and their cultural resilience as predictors of mental health via perception of racial self-worth.



PREDICTORS & OUTCOMES OF RACIAL SOCIALIZATION

Figure 6

Moderation Effects of Parents' Centrality on the Association between Youths' Discrimination and Youths' Racial Socialization Self-worth.

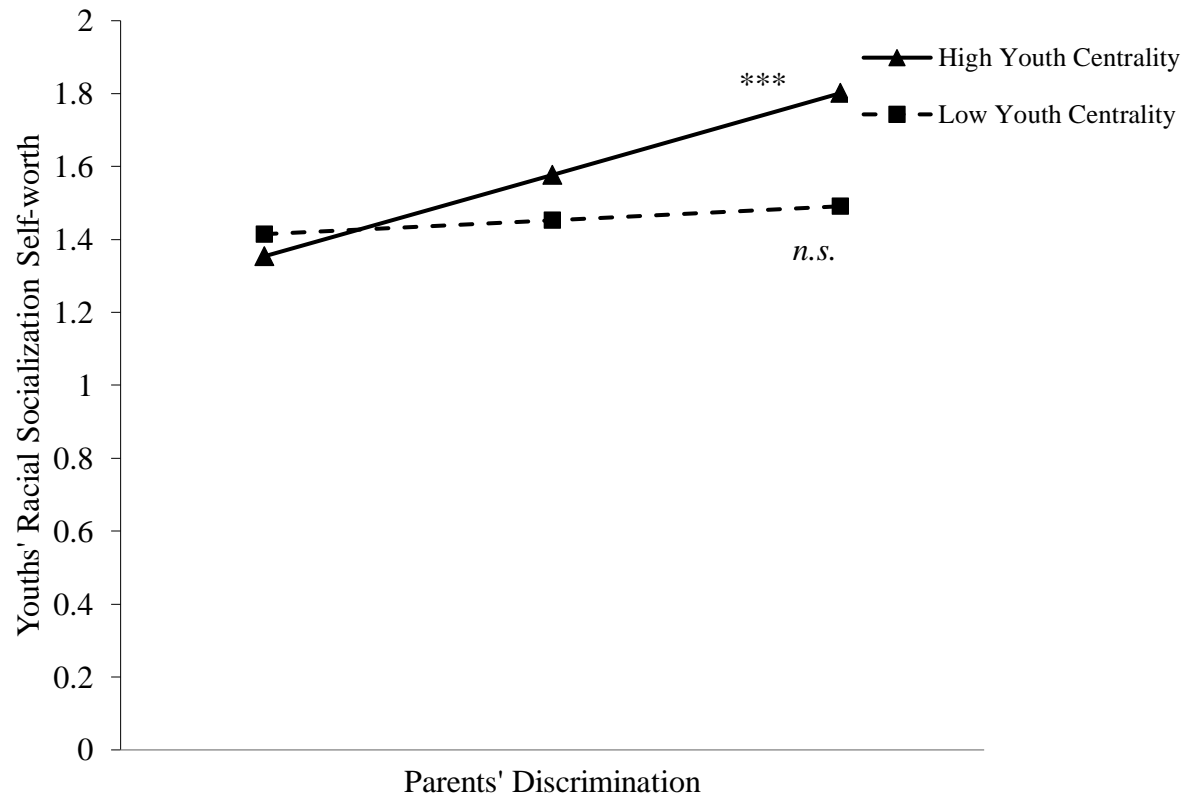


Note. *Denotes slope that is significant at $p < .05$. *n.s.* denotes slope that is not significant. Unstandardized coefficients were used.

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Figure 7

Moderation Effects of Youths' Centrality on the Association between Parents' Discrimination and Youths' Racial Socialization Self-worth.

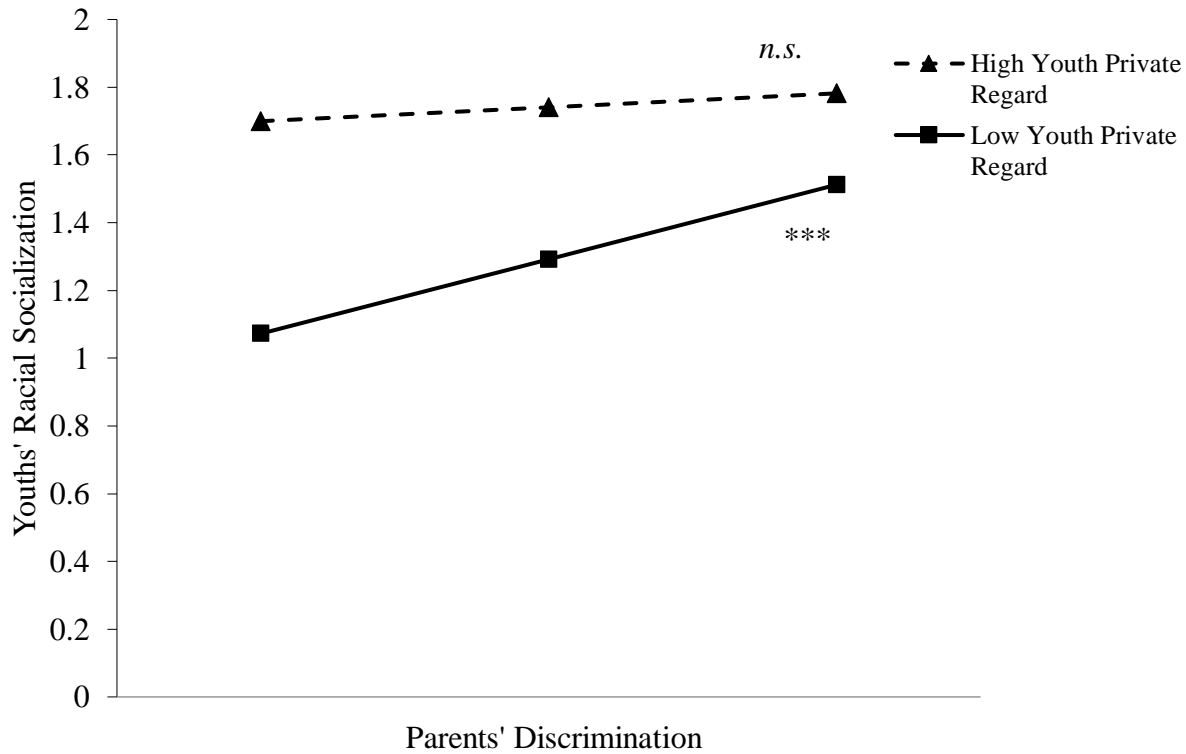


Note. ***Denotes slope that is significant at $p < .001$. *n.s.* denotes slope that is not significant. Unstandardized coefficients were used.

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Figure 8

Moderation Effects of Youths' Private Regard on the Association between Parents' Discrimination and Youths' Racial Socialization Self-worth.

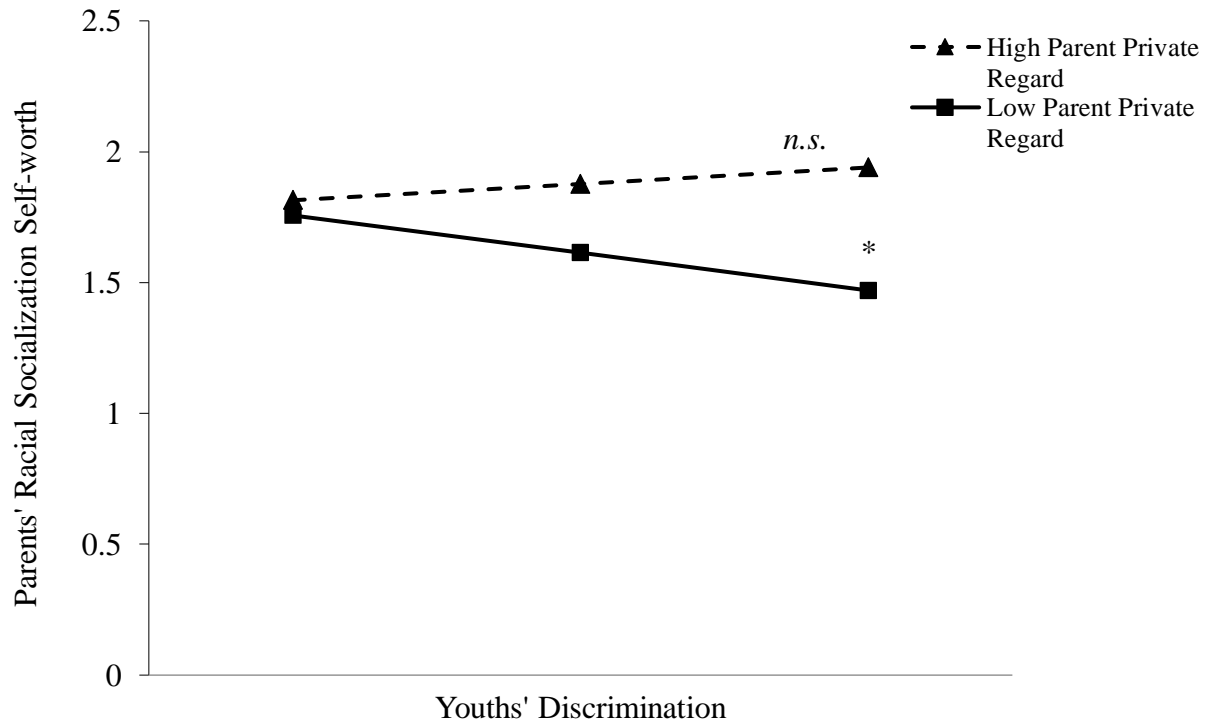


Note. ***Denotes slope that is significant at $p < .001$. *n.s.* denotes slope that is not significant. Unstandardized coefficients were used.

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Figure 9

Moderation Effects of Parents' Private Regard on the Association between Youths' Discrimination and Parents' Racial Socialization Self-worth.

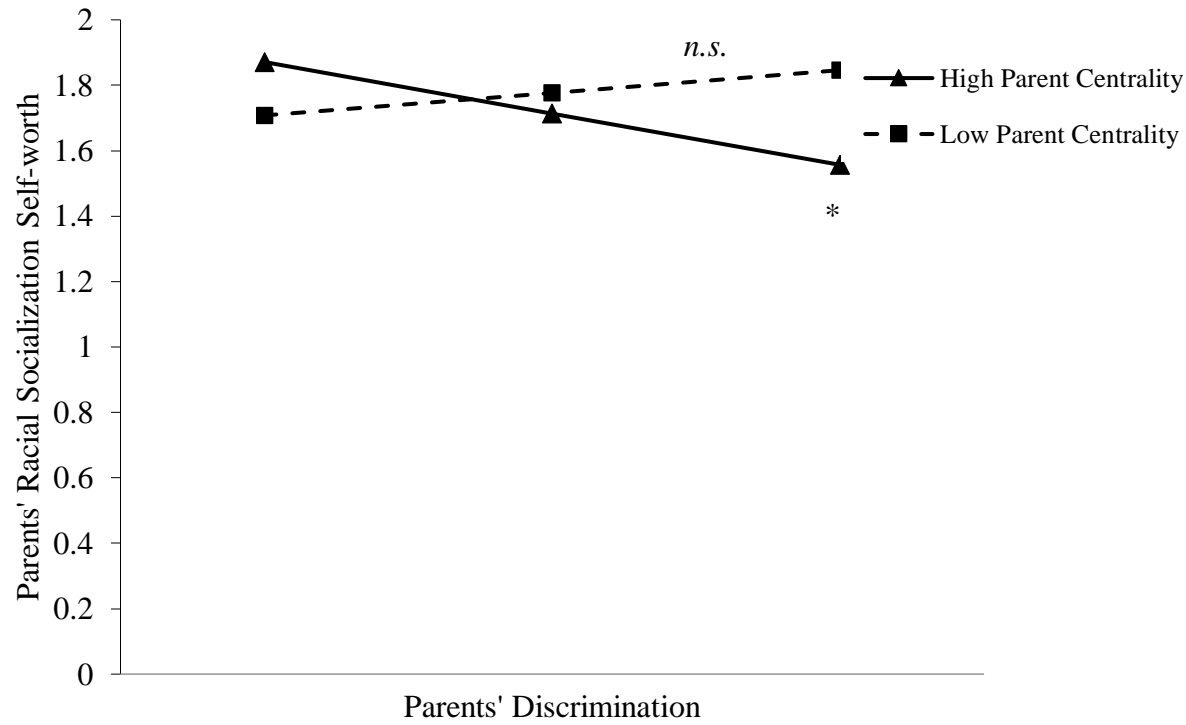


Note. *Denotes slope that is significant at $p < .05$. *n.s.* denotes slope that is not significant. Unstandardized coefficients were used.

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Figure 10

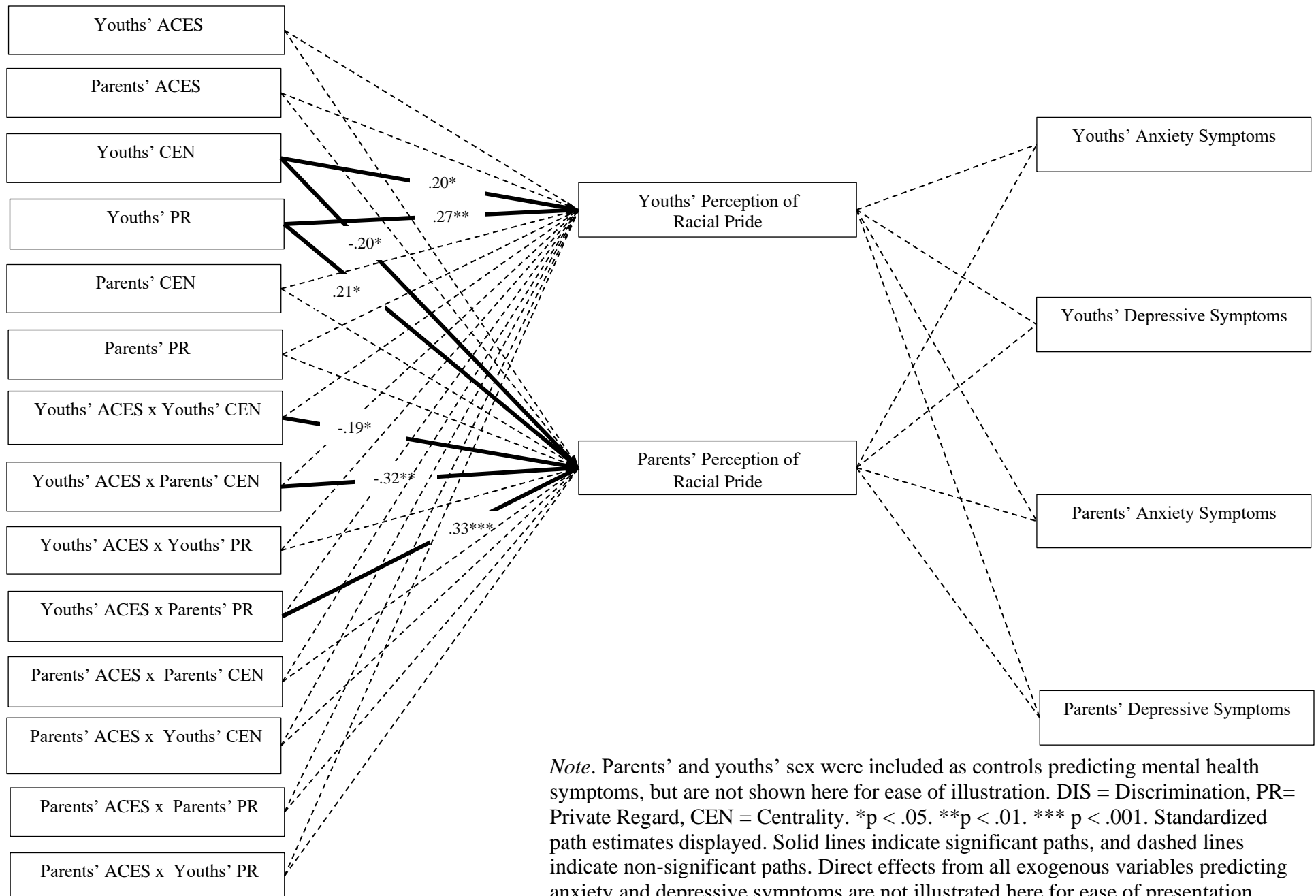
Moderation Effects of Parents' Centrality on the Association between Parents' Discrimination and Parents' Racial Socialization Self-worth.



Note. *Denotes slope that is significant at $p < .05$. *n.s.* denotes slope that is not significant. Unstandardized coefficients were used.

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Figure 11. Final model testing the interactive role of youths' and parents' adverse child experiences and their cultural resilience as predictors of mental health via perception of racial pride.

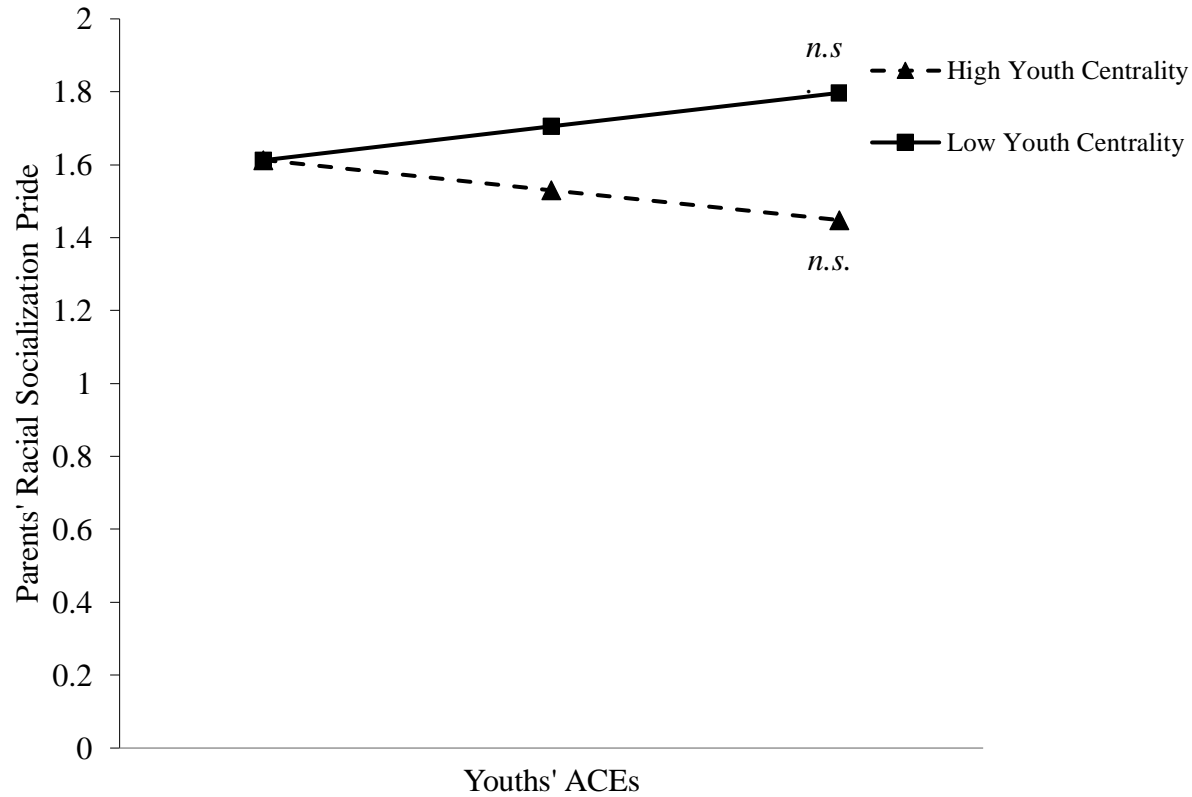


Note. Parents' and youths' sex were included as controls predicting mental health symptoms, but are not shown here for ease of illustration. DIS = Discrimination, PR= Private Regard, CEN = Centrality. * $p < .05$. ** $p < .01$. *** $p < .001$. Standardized path estimates displayed. Solid lines indicate significant paths, and dashed lines indicate non-significant paths. Direct effects from all exogenous variables predicting anxiety and depressive symptoms are not illustrated here for ease of presentation.

PREDICTORS & OUTCOMES OF RACIAL SOCIALIZATION

Figure 12

Moderation Effects of Youths' Centrality on the Association between Youths' Adverse Childhood Experiences and Parents' Racial Socialization Pride.

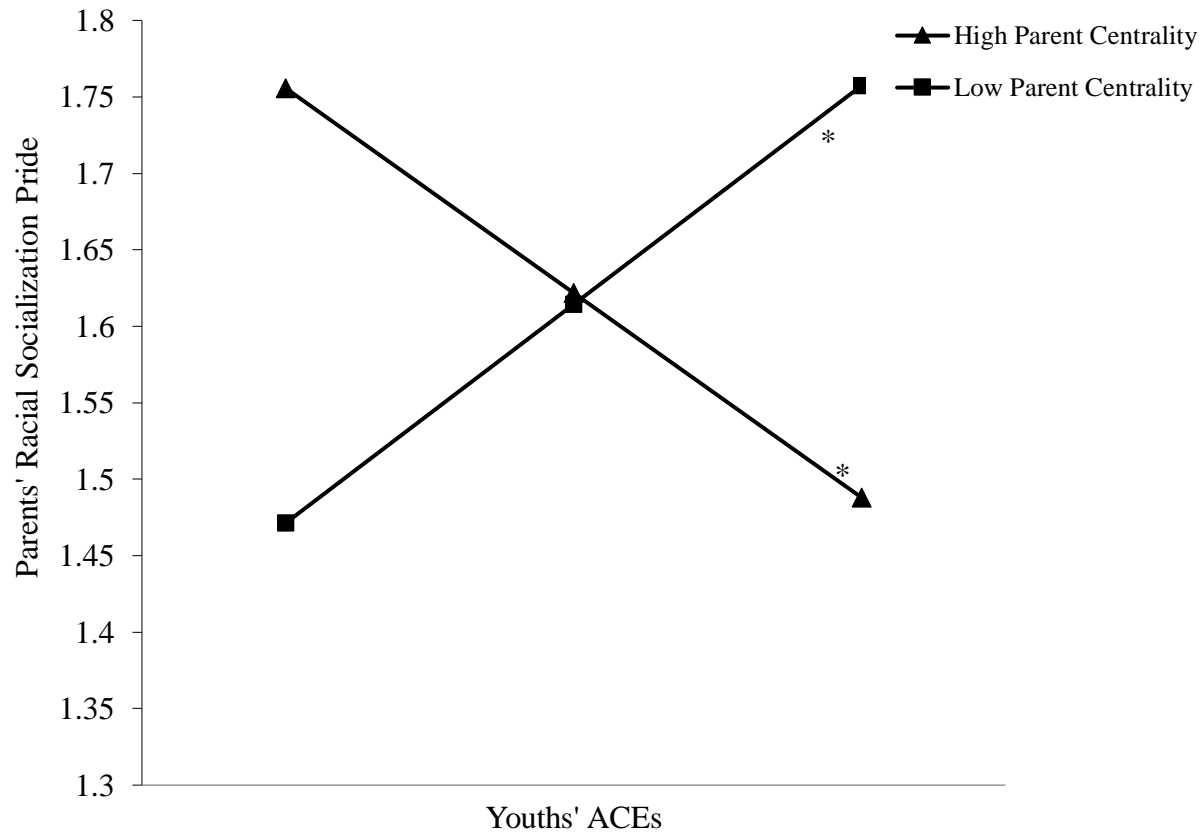


Note. *n.s.* denotes slope that is not significant. Unstandardized coefficients were used.

PREDICTORS & OUTCOMES OF RACIAL SOCIALIZATION

Figure 13

Moderation Effects of Parents' Centrality on the Association between Youths' Adverse Childhood Experiences and Parents' Racial Socialization Pride.

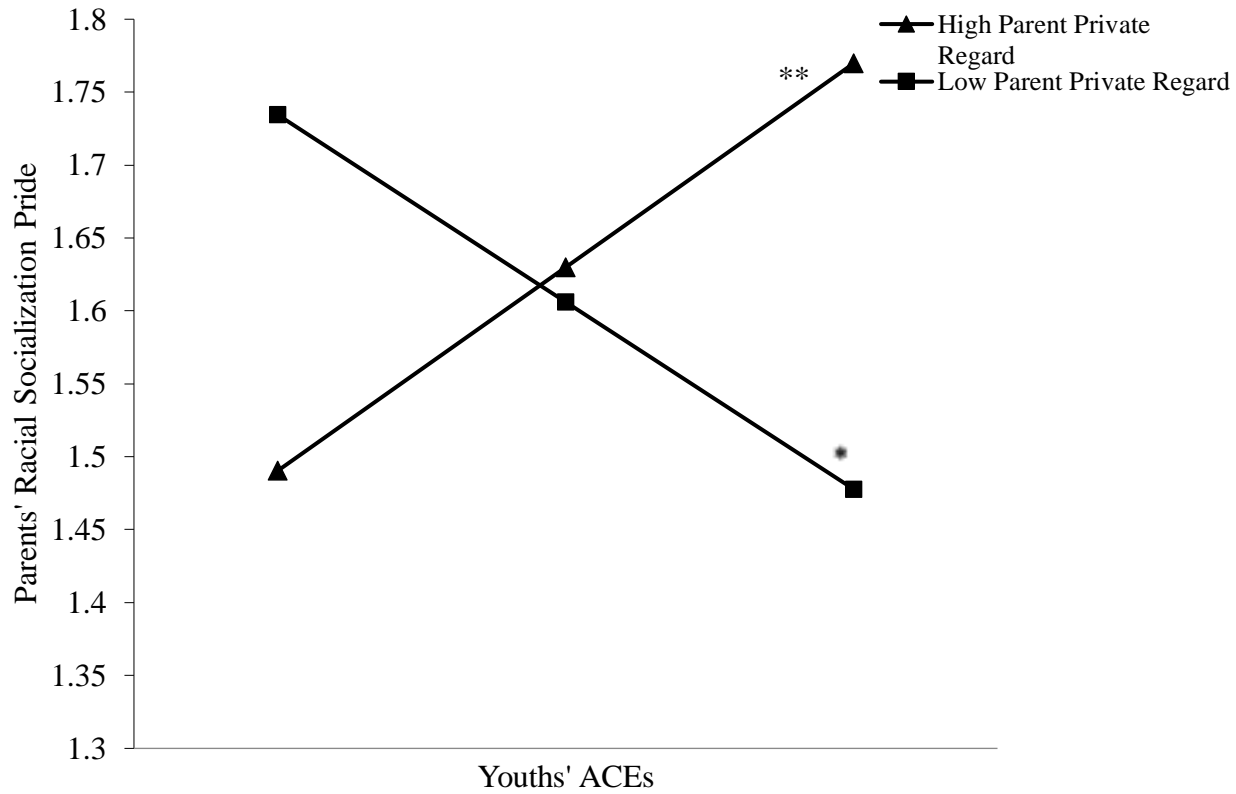


Note. *Denotes slope that is significant at $p < .05$. Unstandardized coefficients were used.

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Figure 14

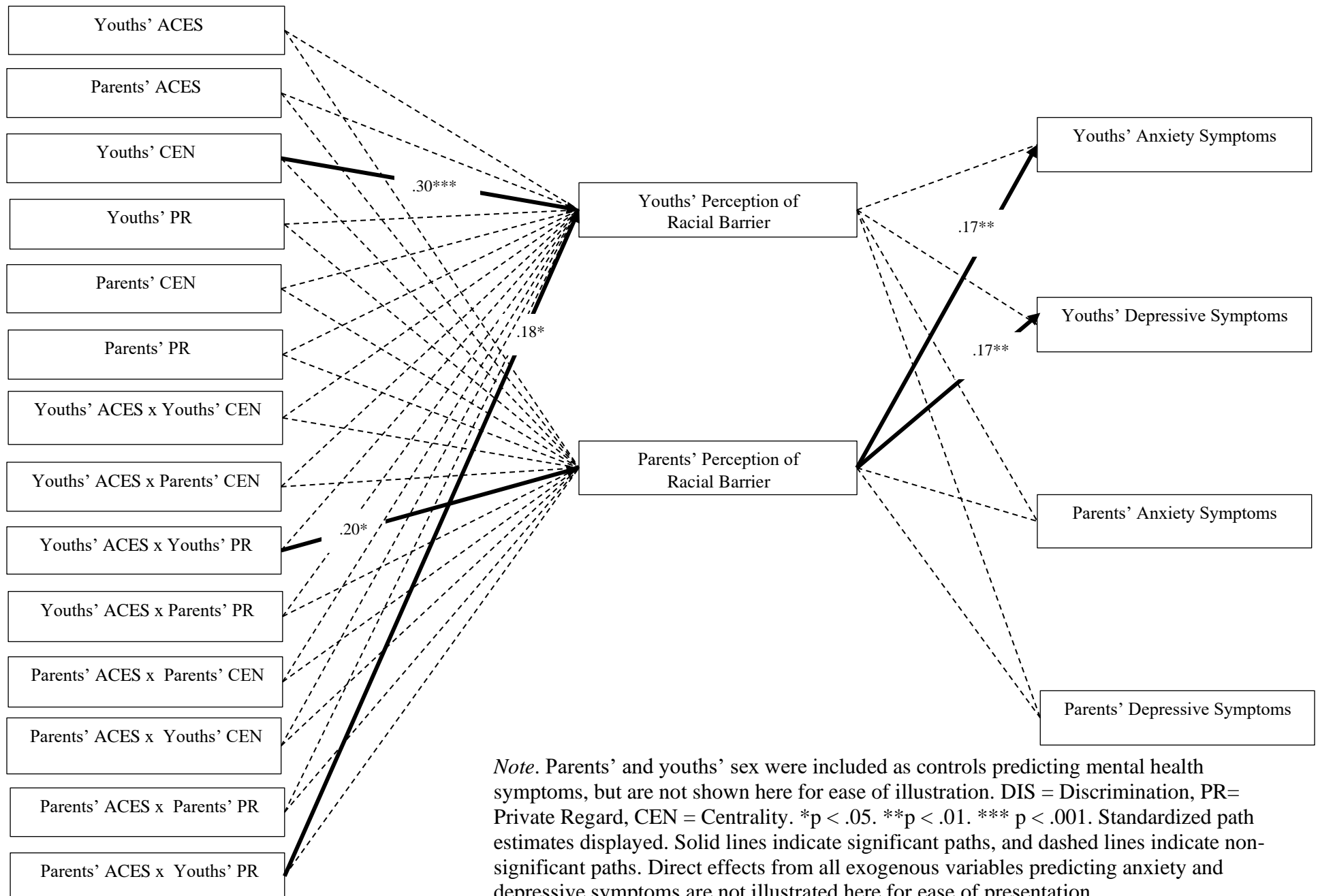
Moderation Effects of Parents' Private Regard on the Association between Youths' Adverse Childhood Experiences and Parents' Racial Socialization Pride.



Note. *Denotes slope that is significant at $p < .05$. Unstandardized coefficients were used.

PREDICTORS & OUTCOMES OF RACIAL SOCIALIZATION

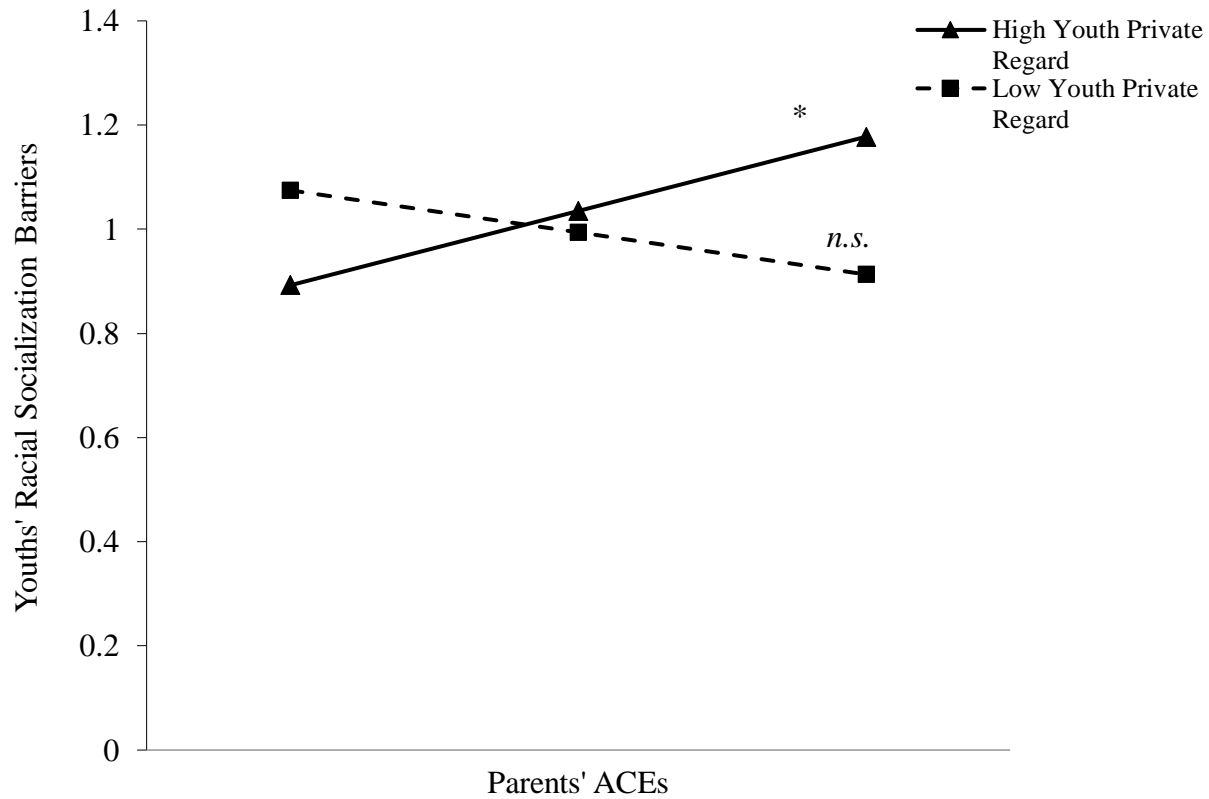
Figure 15. Final model testing the interactive role of youths' and parents' adverse child experiences and their cultural resilience as predictors of mental health via perception of racial barriers.



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Figure 16

Moderation Effects of Youths' Private Regard on the Association between Parents' Adverse Childhood Experiences and Youths' Racial Socialization Barriers.

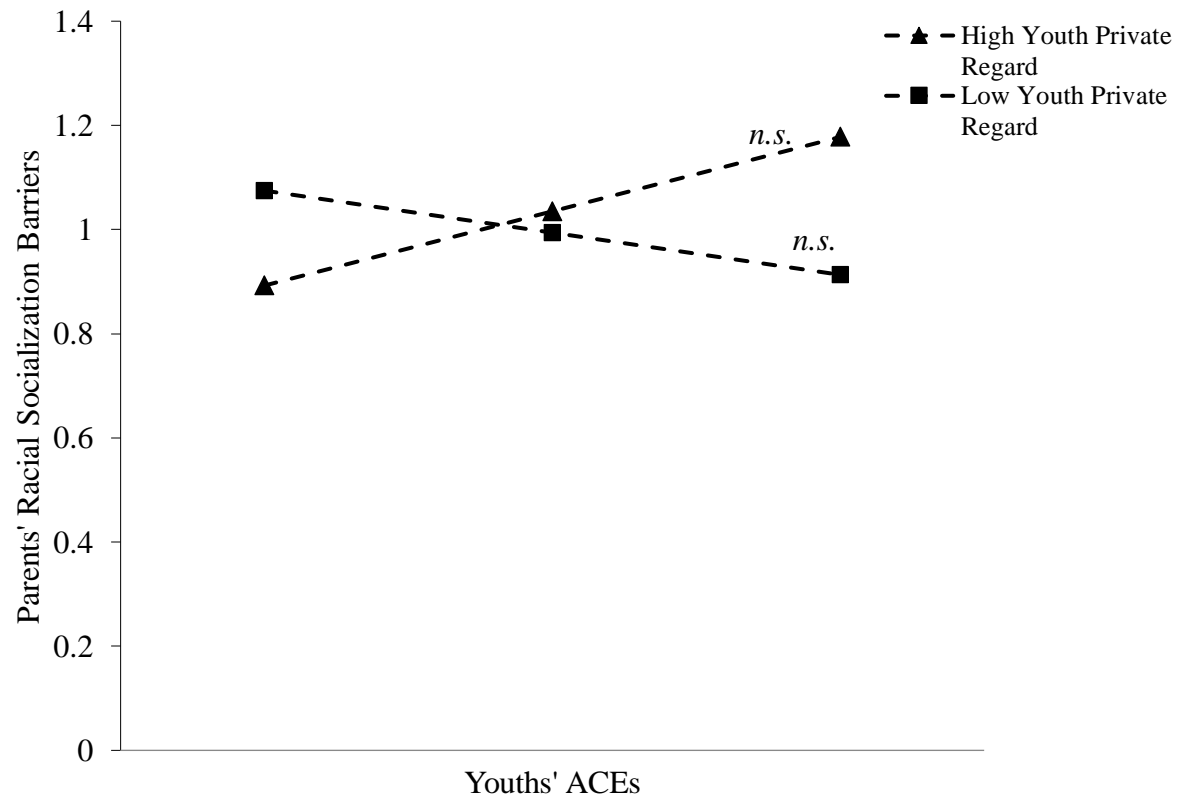


Note. *Denotes slope that is significant at $p < .05$. *n.s.* denotes slope that is not significant. Unstandardized coefficients were used.

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Figure 17

Moderation Effects of Youths' Private Regard on the Association between Youths' Adverse Childhood Experiences and Parents' Racial Socialization Barriers.



Note. *n.s.* denotes slope that is not significant. Unstandardized coefficients were used.

PREDICTORS & OUTCOMES OF RACIAL SOCIALIZATION

Figure 18. Final model testing the interactive role of youths' and parents' adverse child experiences and their cultural resilience as predictors of mental health via perception of racial self-worth.

