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GENDERED RACISM AND THE MODERATING INFLUENCE OF RACIAL IDENTITY:

IMPLICATIONS FOR AFRICAN AMERICAN WOMEN'S WELL-BEING

by

JUSTIN L. WILLIAMS

Under the Direction of Ciara Smalls-Glover, PhD

ABSTRACT

Intersectionality theory has been put forth to explain how gender and race dually impact and act upon African American women (e.g., Settles, 2006; Thomas et al., 2008). Although there is a growing body of literature on the negative effect that perceived racism has on Black/African Americans well-being and that sexism has on women's well-being, there is a paucity of research on the intersection of racism and sexism (i.e., gendered racism) and its influence on African American women's well-being (e.g., Perry, Pullen, & Oser, 2012; Thomas et al., 2008). To address this gap in the literature, the current study examined gendered racism's impact on African American women's well-being (i.e., depressive and anxiety symptoms, life satisfaction, and the quality of their social relationships). Additionally, the protective (moderating) influence of racial identity, in particular racial centrality, racial public regard, and racial private regard, on the gendered racism and well-being relationship was examined. Self-

identified African American, adult women ($N = 249$) were recruited from a southeastern metropolitan university. Lastly, the gendered racism measure used in the study, the Revised Schedule of Sexist Events (Thomas et al., 2008), appears to be a valid and reliable measure of African American women's gendered racism experiences. Regression analyses found that more frequent experiences with gendered racism was associated with more depressive and anxiety symptoms. More frequent experiences of gendered racism were also associated with less optimal social relationships and poorer life satisfaction. Furthermore, racial identity dimensions did not moderate the impact of gendered racism on African American women's well-being. Future studies should consider identities or worldviews that are theoretically aligned with the tenets of intersectionality theory as protective factors against the effect of gendered racism on African American women's well-being.

INDEX WORDS: Gendered racism, African American, women, intersectionality, racial identity

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JUSTIN L. WILLIAMS

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DEDICATION

My doctoral degree is dedicated to my mother, father, brother, and grandparents. My family has been my biggest source of support throughout this process, and I would not have been able to complete my degree without them. Thank you all!

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1 INTRODUCTION

1.1 Gendered Racism

To better understand the well-being of African Americans, researchers need to study the ways in which discrimination impacts psychological health and well-being (Jones, Cross, & DeFour, 2007). The separate racism and sexism literatures have demonstrated that both of these stressors contribute to poorer well-being (e.g., psychological health, life satisfaction, and quality of life) among African American/Black women (e.g., Greer, 2011a; Karlsen & Nazroo, 2002; Krieger, 1990; Krieger & Sidney, 1996; Landrine & Klonoff, 1996; Tomlinson-Clarke, 1998; Utsey & Constantine, 2008). Although researchers have examined the effect that racism and sexism have on African American women's health and well-being, this singular approach limits our understanding of how these forms of stress intersect with one another to effect this population (e.g., Settles, 2006; Thomas, Witherspoon, & Speight, 2008). Several scholars have suggested that racism and sexism are conflated when examining the lived experiences of African American women (e.g., Buchanan & Ormerod, 2002). For example, Crenshaw (1991) stated that Black women's experiences of their gender and race cannot be fully understood by looking at these dimensions of identity separately, but rather as they intersect in unique ways. As such, African American women may perceive incidents of discrimination as both racist and sexist and not independently of one another (Thomas et al., 2008). For African American women, theorists and scholars have proposed that the intersection of sexism and racism combine to form a distinct form of oppression called *gendered racism* (e.g., Essed, 1991). According to Essed (1991), gendered racism describes how racism and sexism can intertwine in such complex ways for African American women that under certain circumstances these separate phenomena combine

to form one hybrid form of oppression. This hybrid form of oppression called gendered racism

is characterized by racist constructions of gender roles. Gendered racism further suggests that

African American women face oppression due to their racial/ethnic minority status and because

they are female (Thomas, Witherspoon, & Speight, 2008), and that they may perceive

discrimination based on the fact that they are African American women and not separately

(Settles, 2006; Thomas et al., 2008). As such, these aspects of identity are unable to be

disentangled (Settles, 2006; Thomas et al., 2008; Thomas, Hacker, & Hoxha, 2011). Although

there is a growing body of literature on the negative influence that perceived racism has on

Black/African Americans well-being and that sexism has on women's well-being, there is a

paucity of research on the intersection of racism and sexism (i.e., gendered racism) and its

impact on African American women's well-being (e.g., Thomas et al., 2008; Perry, Pullen, &

Oser, 2012). As such, the current study sought to address this gap in the literature by examining

gendered racism's effect on African American women's well-being. Additionally, the

potentially protective (buffering) influence of racial identity on the relationship between

gendered racism and well-being was also examined. This aspect of the study was a unique

contribution to the gendered racism, intersectionality, and discrimination literatures.

1.2   Theories Concerning the Oppression Experienced by African American Women

The gender/sex and race oppression that African American women can experience has

been discussed in three different ways: the *double jeopardy* perspective, the interactionist

perspective, and the intersectionality perspective (Thomas et al., 2008). The double jeopardy

perspective states that women experience distress (or stress) due to the multiple effects of both

racism and sexism (Thomas et al., 2008). As such, African American women have to deal with

sexism and racism and the combination of the two which makes it difficult to tease apart when

one is more impactful than the other in a particular situation (Thomas et al., 2008).

Traditionally, research based on the double jeopardy approach has studied racism and sexism in

isolation among African American women, or will control for one variable while examining the

influence of the other on African American women's mental health outcomes (Szymanski &

Stewart, 2010; Thomas et al., 2008). Thomas, Witherspoon, and Speight (2008) concluded that

the limitations of the double jeopardy approach included that researchers and the approach treat

sexism and racism as separate and equal oppressions, it prioritizes one form of oppression over

the other in statistical analyses by statistically controlling for one source of oppression, and it

does not adequately discuss social inequalities. The appeal for the double jeopardy approach is

that it allows researchers to study racism and sexism separately and avoids confounding these

variables if they were combined into a new form of oppression (Thomas et al., 2008).

The interactionist perspective is the second approach that has traditionally been used to

study the experiences of African American women. The interactionist perspective suggests that

racism and sexism interact with and can amplify the effect of the other one on African American

women (Szymanski & Stewart, 2010; Thomas et al., 2008). More specifically, sexism and

racism have direct effects on the mental health of African American women as well as an

interactive effect. Moradi and Subich (2003) have used the interactionist approach to study the

interaction of these two forms of oppression on African American women. The goals of Moradi

and Subich's (2003) study were to understand the unique/additive and interactive (i.e., the

interactionist perspective) aspects of racism and sexism on psychological distress among African

American women. As such, the authors examined (1) the unique contributions of perceived

racism and sexism and (2) the interaction of racist and sexist events on psychological distress

among a sample of African American women. When racism and sexism were examined in the

same model, only sexist events contributed to psychological distress among the women. Additionally, there was no significant interaction effect (i.e., sexism and racism interacting together to contribute to psychological distress) in the model (Moradi & Subich, 2003). Furthermore, Moradi and Subich (2003) found that there was no significant difference in the magnitude of the correlations of racist events and distress and that of sexist events and distress. As such, they found that the racist and sexist events reported by the African American women in their sample overlapped (Moradi & Subich, 2003). This overlap led the authors to conclude that their findings challenged perspectives that take an interactive or additive approach to examining the effect of sexism and racism on African American women's psychological health (Moradi & Subich, 2003). Furthermore, this overlap supported current conceptualizations of racism and sexism as being intertwined and unable to be dichotomized (Moradi & Subich, 2003). Although the interactionist approach helps to elucidate the ways race and gender impact African American women, the approach isolates the experiences of racism and sexism into separate events and may not capture the unique racialized gender experiences of African American women (Moradi & Subich, 2003; Thomas et al., 2008).

In addition to the double jeopardy and interactionist perspectives, the intersectionality perspective has been put forth to explain how gender and race dually influence and act upon African American women (e.g., Settles, 2006; Thomas et al., 2008). It has been suggested that intersectionality theory is the most influential theory to develop within women's studies, feminist thought, and Black feminist thought (McCall, 2005). Intersectionality theory champions that social identities such as race and gender intersect to form unique experiences for people that are based on sociocultural power and position and privilege (Shields, 2008; Warner, 2008). These identities cannot be examined or explained alone since they form unique experiences that if

deconstructed would not accurately be able to describe that person's experience (Warner, 2008). Intersectionality theory stands in contrast to existing theories which suggest that social identities function separately from one another and can be added together to describe a person's experience (Warner, 2008). Rather these social statues exist simultaneously and can contribute to both oppression and privilege (Harnois, 2014). This theory developed from the ideas of feminists of color who acknowledged how aspects of identity (e.g., race, gender, class, etc.) combine to contribute to difference (Dill et al., 2007). These scholars emphasized that it was impossible to unpack the lived experiences of women of color using a unidimensional lens (e.g., examining only one source of oppression such as race) (Dill et al., 2007). Intersectionality research can be useful for bridging the gap between theory and practice for minority groups. It is able to shed light on the ways that difference or marginalized aspects of identity can impact the lives of people and groups (Dill et al., 2007). It can also empower these same groups and people through the accurate depiction of their lived experiences (Dill et al., 2007). As such, intersectionality theory allows researchers to examine the unique forms of oppression that various groups experience based on the intersection of multiple social identities (e.g., race, sex, sexual orientation, etc.) (Bowleg, 2008; Hankivsky et al., 2010; Jordan-Zachery, 2007; Shields, 2008; Simien, 2007; Warner, 2008). When applied to African American women, intersectionality suggests that this population cannot parse out their gender from their race and experience a unique form of identity and oppression based on their combined experiences as African Americans and as women (Greene, 1990). Additionally, African American women's gender roles are highly influenced by societal racism (Greene, 1990). Furthermore, many racial stereotypes also have gendered components to them, and this complexity contributes to the extreme difficulty that Black women have in separating gender and race in their everyday lives

(Greene, 1990; Harnois, 2013). These racialized gender-based stereotypes include African American women being viewed as emasculating, sexually promiscuous, or as unfeminine and only concerned with the well-being of others (Eliason, 1999; Settles, 2006). Additionally, there is a small body of literature that suggests that African American women's work-place harassment experiences reflect sexualized images of this population and often times combine race and gender (e.g., Buchanan, 2005; Buchanan & Ormerod, 2002).

Although intersectionality challenges researchers to look beyond the contributions of dichotomous identity statuses and look at how they intersect, it is not possible to look at all social statuses using one measure or construct. As such, Warner (2008) challenged researchers to state why they chose particular intersecting identities for groups that they are studying. The current study examines racism (race) due to the historical legacy of race-based discrimination and mistreatment against African Americans in the United States since slavery (e.g., Shorter-Gooden & Washington, 1996) and the salience of racism to many African Americans (e.g., Brondolo, Brady ver Halen, Pencille, Beatty, & Contrada, 2009). Secondly, sexism (gender) was chosen because of the negative health outcomes found among African American women as compared to women of other races (e.g., Williams & Mohammed, 2009) and the United States' history of gender-based discrimination towards women (e.g., Brown, 2003). Given the salience of race and gender for African American women, gendered racism and intersectionality theory may best capture the oppression this population experiences.

1.3   Review of The Impact of Racism, Sexism, and Gendered Racism on African American Women's Well-being

Perceived racism can have a negative effect on African American women's well-being (i.e., psychological health, life satisfaction, and the quality of their social relationships). Racism is defined as an institutional pattern of power and social control that attempts to oppress people

based on their ethnic or racial group membership (Constantine, 2006). Although Jones (1997) described three forms of racism, individual, institutional, and cultural racism, the majority of researchers have focused on the influence of individual racism on mental and physical health. Individual racism is discriminatory practices enacted on a person due to their racial/ethnic group and seeks to deny them access to opportunities (Jones, 1997).

In general, individual racism has been associated with poorer psychological health and life satisfaction among African Americans. Specifically, racism has found to be associated with greater endorsement of depressive symptoms (Ajrouch, Reisine, Lim, Sohn, & Ismail, 2010; Greer, 2011a; Greer, 2011b; Jones et al., 2007). Racism has also been associated with higher self-reported anxiety symptoms among African American adults (e.g., Banks, Kohn-Wood, & Spencer, 2006; Kessler, Mickelson, & Williams, 1999; Pascoe & Richman, 2009; Pieterse, Todd, Neville, & Carter, 2012). Furthermore, Rooks, Xu, Holliman, and Williams (2011) found that racial discrimination was negatively associated with life satisfaction among a sample of African American college students. Additionally Seaton, Caldwell, Sellers, and Jackson (2008) found that perceived racial discrimination was associated with decreased life satisfaction among a sample of 13-17 year old African American and Caribbean Black youth.

Among African American women, individual racism has been found to be associated with less optimal psychological health. Landrine and Klonoff (1996) found that for African American women racist discrimination was associated with higher depressive and anxiety symptoms. Lastly, racism has also been associated with greater psychological distress (e.g., Kwate, Valdimarsdottir, Guevarra, & Bovbjerg, 2003; Jones et al., 2007; Pieterse et al., 2012; Schulz, Gravlee, Williams, Israel, Mentz, & Rowe, 2006) among this population. Overall, experiences of racism have been related to greater depressive and anxiety symptoms and greater

psychological distress for African Americans and African American women; however most of this work has examined racism in isolation of sexism.

As detrimental as racism has been found to be for African American women, experiencing sexism has also been associated with deleterious well-being for this demographic (e.g., Klonoff & Landrine, 1995; Shorter-Gooden, 2004; Greer, 2011b). In her 2004 study, Shorter-Gooden found that more than two thirds of the African American women participants reported experiencing gender-based discrimination. Greer (2011b) found that African American college-aged women's sexism experiences were associated with higher rates of somatization, depression, and anxiety. Moradi and Subich (2003) found that perceived sexist events were associated with higher psychological distress (which was an average of participants' responses to questions that measured somatization, obsessive-compulsivity, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism) among African American women. Additionally, when examined in concert with perceived racism, perceived sexism was the only stressor that was significantly associated with psychological distress among their sample of African American women (Moradi & Subich, 2003). Similarly, Szymanski and Stewart (2010) found that perceived experiences of sexist events was the sole predictor of psychological distress among a sample of African American women in a model that included perceived experiences of racist events, internalized racism, internalized sexism, and interactions among the variables. These findings suggest that sexism is equally as oppressive for African American women as is racism (e.g., Moradi & Subich, 2003; Szymanski & Stewart, 2010).

In addition to impacting African American women's psychological health and life satisfaction, racism and sexism can negatively affect the quality of interpersonal (e.g., romantic

and family) relationships (Murry, Brown, Brody, Cutrona, & Simons, 2001; Murry et al., 2008). For example, sharing racism experiences with family members can transform an individual experience into a family-based problem (Murry et al., 2001). More specifically, Murry, Brown, Brody, Cutrona, and Simons (2001) found that for African American mothers, higher perceived racial discrimination was associated with lower relationship satisfaction (i.e., *how happy are you with your relationship with your partner?* and *how satisfied are you with your relationship with your partner?*). Additionally, Chao, Mallinckrodt, and Wei (2012) found that among African American college students who presented for outpatient therapy at their university counseling centers, racism was associated with several interpersonal concerns including difficulties making friends, concerns about romantic relationships, and problems in their relationships with peers. Additionally, racism can negatively effect African Americans' family and couple relationships (Franklin, Boyd-Franklin, & Kelly, 2006).

Furthermore, the negative contributions of contextual stressors (such as discrimination) can cause women to transfer negative emotionality to their romantic partners which may contribute to these relationships being less satisfying, becoming problematic, and being viewed as less supportive (Murry et al., 2008). For example, an African American woman may displace the negative emotions that she felt after a racist experience onto her romantic partner (Kelly, 2003). For example, Murry and colleagues (2008) found that racial discrimination experiences among rural, African American women negatively affected their psychological functioning, thereby negatively influencing the relationship quality. Given the potentially negative impact that racism has on interpersonal and social functioning, it is important to explicitly examine the relationship between racism and social functioning among African American women. Also, it is reasonable to assume that given the stressful and often interpersonally-based nature of sexism,

this form of discrimination would also negatively influence social functioning among women. Based on the deleterious effects of racism and sexism on social functioning among African Americans and African American women, the intersection of these two forms of discrimination (i.e., gendered racism) may also negatively affect the quality of relationships among African American women.

As salient as racism and sexism are in impacting African American women's well-being (i.e., psychological health, life satisfaction, and the quality of social relationships), gendered racism suggests that this population experiences a unique form of oppression based on the intersection of racism and sexism (e.g., Thomas et al., 2008; Perry et al., 2013). Furthermore, gendered racism can be conceptualized as a stressor as it is a combination of racism and sexism (i.e., racialized gender-based stereotypes), and both of this singular forms of oppression have been found to be stressors in African American women's lives (e.g., Brondolo et al., 2009; Zucker & Landry, 2007). Given the inseparable nature of gender and race in the lives of African American women, scholars have begun to investigate the influence of gendered racism on psychological health and overall well-being (e.g., Thomas et al., 2008; Perry et al., 2012). In their 2008 study, Thomas, Witherspoon, and Speight found that African American women's experiences of gendered racism were positively associated with psychological distress. Additionally, Perry, Pullen, and Oser (2012) found that African American women who reported more experiences of gendered racism had higher odds of reporting suicidal thoughts. Given the negative effect of gendered racism on African American women's well-being, this unique form of oppression deserves more attention in the existing discrimination, oppression, and feminist literatures. Furthermore, additional research is needed on the implications of gendered racism on

other aspects of well-being (i.e., life satisfaction and the quality of social relationships) outside of psychological distress.

1.4   Racial Identity as a Protective Factor: Implications for African American Women's Response to Gendered Racism

Various risk and protective factors may exacerbate or buffer the influence of gendered racism on the well-being (i.e., psychological health, life satisfaction, and quality of life) of African American women. To date, researchers have not examined potential protective factors against the negative impact of gendered racism on African American women's well-being. Although there is no existing research in this area, there is a large literature base on the protective nature of racial identity on African American's well-being in the face of racism (e.g., Whaley & McQueen, 2010). Given the importance of both race and gender for African American women, racial identity may also be a protective factor against gendered racism since it is based on racist constructions of gender-based stereotypes.

Protective factors can effect the relationship between stressors (such as gendered racism) on various outcomes by modulating the influence of these stressors on the outcome in question (Neblett et al., 2006). The presence of the protective factor influences the strength of the stressor on an outcome (Neblett, Philip, Cogburn, & Sellers, 2006). Additionally, protective factors such as the lens through which African American women view stressors may attenuate the effect of these stressors on their well-being (e.g., Franklin-Jackson & Carter, 2007). One such lens is racial identity. Sellers, Smith, Shelton, Rowley, and Chavous (1998) defined racial identity as the meaning and integration of what it means to be a member of the Black race into one's conceptualization of themselves. This self-concept is measured by how important race is the person's sense of self and what it means to that person to be a part of the Black race. It has been

widely established in the literature that racial identity is a protective factor for African American's well-being (Whaley & McQueen, 2010).

When faced with societal stressors or oppression (such as racism, sexism, and gendered racism), aspects of racial identity can be viewed as culturally-specific protective factors that may buffer African Americans against the development of negative outcomes (e.g., Cross, Thomas, & Helms, 1998; Neblett et al., 2012). Strong racial or ethnic identification may counteract potentially negative feelings (e.g., feeling less than another race or ethnicity) or consequences of racism (Stevens-Watkins, Perry, Harp, & Oser, 2012). There are several ways in which racial identity may protect African Americans from the negative impact of stressors and oppression (Neblett, Rivas-Drake, & Umaña-Taylor, 2012). One way that racial identity may be protective is that it may support or improve the self-esteem of African Americans and diminish the negative messages within discriminatory practices and experiences (Neblett et al., 2012). A second way in which racial identity may be protective is that it minimizes the likelihood that African Americans will make internal attributions for discrimination experiences. Thirdly, racial identity may influence the use of adaptive coping strategies when African Americans experience discrimination. For example, for African Americans who feel as though race is an important part of their identity (i.e., higher racial centrality), they may subsequently think about race and discrimination and develop more adaptive ways of coping (e.g., advocating against discriminatory practices) (Neblett et al., 2012). Racial identity has been found to be protective against the harmful effects of racism (Sellers, Caldwell, Schmeelk-Cone, & Zimmerman, 2003; Sellers & Shelton, 2003) and might be a buffer between experiences of gendered racism and aspects of well-being.

Racial identity theories seek to explore how individuals identify with being a member of a racial or cultural group, how they identify with others in their racial or cultural group, and how they identify with the dominant racial or cultural group (Pieterse & Carter, 2010). Racial identity influences how people think, interact with others, and respond emotionally to events in their environment (Sellers, Shelton, Cooke, Chavous, Rowley, & Smith, 1998; Worrell et al.,2001). Additionally, racial identity influences how people, in particular African Americans, interpret and understand events, interpersonal interactions, and various other experiences (Worrell, Cross, & Vandiver, 2001).

Several models of Black racial identity have been proposed and extensively researched within the literature (e.g., Cross, 1971; Helms, 1990; Sellers et al., 1998). These models contend that Blacks transverse through stages or worldviews towards becoming Black and/or how they interact with non-Blacks (e.g., Cross, 1971; Helms, 1990; Phinney, 1992) or as being multidimensional in nature, with an emphasis on describing the salience, meaning, and experience of being Black in America (e.g., Sellers et al., 1998). Although these stage models have dominated the Black identity literature, Ponterotto and Park-Taylor (2007) recommend that more research should include identity models that do not utilize a stage model. One such model that does not impose a developmental trajectory to Black racial identity is Sellers and colleagues' (1998) multidimensional model of Black racial identity (i.e., Multidimensional Model of Racial Identity (MMRI)).

The Multidimensional Model of Racial Identity (MMRI) consists of four dimensions and rests on three underlying assumptions (Marks, Settles, Cooke, Morgan, & Sellers, 2004). The first assumption is that identities are stable parts of a person; however, situational influences can impact them. The second assumption is that people have multiple identities and these identities

have varying levels of salience to them (Marks et al., 2004). The third assumption is that the MMRI does not postulate what constitutes a healthy or unhealthy Black identity as the MMRI posits that what a person thinks it means to be African American is the best indicator of racial identity (Marks et al., 2004). The MMRI does not propose how individual's racial identity changes or matures across the life span (Sellers, Morgan, & Brown, 2001). Lastly, the MMRI suggests that it is important to explore both the meaning and significance of race.

The four dimensions of the MMRI are racial centrality and racial salience (which measure the significance of race) and racial ideology and racial regard (which tap into the meaning of race) (Sellers et al., 1998). Racial centrality is how an individual normally defines his or herself in terms of race. As such, centrality is stable across situations (Sellers et al., 1998). Racial salience is how significant a person's race is to him or her at any given moment or in any given situation. Racial salience is highly contextual and may vary based on how the individual defines him or herself with regards to race (Sellers et al., 1998). According to the MMRI, racial salience mediates the association between more stable characteristics of the person's identity and how she perceives and behaves in situations (Sellers et al., 1998). Racial regard is how positively or negatively a person feels about their race. Racial regard is composed of two different components one of which is private and the other is public. Private regard is how positively or negatively the individual feels about African Americans and about being African American (Sellers et al., 1998). Public regard is how positively or negatively the person thinks others view African Americans (Sellers et al., 1998). Racial ideology is composed of four ideological philosophies that describe the person's views, attitudes, and opinions about how African Americans should behave (Sellers et al., 1998). The four ideologies are (a) a nationalist

philosophy, (b) an oppressed minority philosophy, (c) an assimilation philosophy, and (d) a humanist philosophy (See Sellers et al., 1998 for more information about these four ideologies).

Research has found that the racial centrality and racial regard (i.e., public regard and private regard) dimensions of the MMRI can be protective against the negative effect of perceived racial discrimination on well-being among African Americans. These dimensions of the MMRI are related to racial discrimination in different ways. Feeling connected to one's racial group (i.e., racial centrality) may buffer against the negative influence of racial discrimination on one's health (Sellers & Shelton, 2003). Sellers and Shelton (2003) also theorized that African Americans who believe that other racial groups have a low opinion of African Americans (i.e., low public regard) may be less impacted by racism because it is consistent with their racial beliefs. However, those African Americans who think that other racial groups have a high opinion of African Americans (i.e., high public regard) may be more negatively impacted by racism because it is inconsistent with their racial worldview (Sellers & Shelton, 2003). For example, African Americans with high public regard may be less likely to think that other racial groups are treating them negatively due to their race and might experience more negative outcomes when they perceive racial discrimination (Sellers & Shelton, 2003). African Americans with high public regard may find it more difficult to understand a racist experience given their worldview (Sellers & Shelton, 2003). Additionally, African Americans who have more favorable views of being an African American and of other African Americans (private regard) may be less affected by racism because they are less likely to internalize inferiority beliefs about African Americans (Sellers, Copeland-Linder, Martin, & Lewis, 2006). It has been suggested that internalizing inferiority beliefs about African Americans is a risk factor for more negative outcomes when one experiences racial discrimination (Jones, 2000).

Given the potentially protective aspects of racial centrality, racial public regard, and racial private regard, these three dimensions of racial identity have been the most widely studied in relation to racial discrimination. For example, higher levels of racial centrality have been found to be protective against the influence of racial discrimination on perceived stress among a sample of African American high school students (Sellers et al., 2003).   Similarly, Sellers and colleagues (2006) found that lower levels of racial public regard were protective against the impact of racial discrimination on psychological functioning (i.e., depressive symptoms, perceived stress, and psychological well-being) among a sample of African American adolescents. Additionally, lower racial public regard buffered African American college students from the negative effects of racial discrimination. Specifically, these students were less bothered by discrimination than those students who reported higher racial public regard (Sellers & Shelton, 2003). Using a profile approach, Seaton (2009) found that African American adolescents with high racial centrality, high private regard, and low public regard were protected from the negative effect of racial discrimination on psychological functioning (as measured by depressive symptoms).

However, some scholars have not found any protective or buffering effects of aspects of racial identity on the relationship between racial discrimination and various outcomes. For example, Seaton, Neblett, Upton, Hammond, and Sellers (2011) found no protective effect of racial identity (i.e., private regard, racial centrality, and public regard) on the relationship between racial discrimination and psychological well-being among African American adolescents. Similarly, Sellers and Shelton (2003) found that racial centrality and racial private regard did not buffer the negative impact of racial discrimination on African American students' outcomes. Also, Sellers and colleagues (2003) found that public regard had little influence on

psychological distress among African American adolescents who perceived racial discrimination (Sellers et al., 2003). Lastly, Burrow and Ong (2010) found that higher levels of racial centrality among a sample of African American adults exacerbated the relationship between racial discrimination and depressive symptoms and negative affect. Although the majority of research has demonstrated a protective influence of dimensions of racial identity on the relationship between racial discrimination and well-being, the field is far from a consensus. These inconsistent findings may be due to different conceptualizations of well-being used by researchers (e.g., different measures of psychological health) and the different characteristics of the samples (e.g., college age and adolescents). Despite the inconsistencies, there is a large body of research that supports the buffering effect of racial identity on the relationship between discrimination and outcomes among African American adolescents and adults (e.g., Sellers et al., 2006; Sellers & Shelton, 2003). Additionally, the potentially protective benefits of racial identity on the relationship between gendered racism and well-being has yet to be studied.

As gendered racism more accurately explains the discrimination experiences of African American women, there is a gap in the existing literature on the potentially buffering influence of culturally-specific protective factors on the relationship between gendered racism and psychological well-being. Although researchers have investigated the protective effects of racial identity on race-based discrimination for African Americans, in general, and among African American women, less is known about the relationship between racialized gender-based discrimination (i.e., gendered racism) and racial identity. Racial identity has been found to be protective against the harmful effects of racism (Sellers et al., 2003; Sellers & Shelton, 2003) and might be a buffer between experiences of gendered racism and aspects of well-being. More specifically, if the oppression that African American women experience is based on racist

constructions of gender-based stereotypes (e.g., being called a Black bitch), then racial identity may be a salient protective factor against this unique form of oppression. However, there is a lack of research examining protective factors against gendered racism's impact on African American women's well-being (psychological health, life satisfaction, and the quality of social relationships).

1.5   Purpose of the Study

Experiencing oppression due to one's race and gender can place many African American women at risk for developing psychological symptoms such as anxiety and depression, experiencing poorer relationship quality, and reporting lower life satisfaction. However, for African American women, the intersection of gender and race may be more important than the singularity of these identities (Settles, 2006). Currently, much of the literature on the association between racism and sexism and well-being has focused on the singular effects of these stressors for African American women. Research that separately examines the influence of racism and sexism on Black women's well-being is limited in how deeply it can explain this group's lived experiences (Harnois, 2014). As such, intersectionality theory and the concept of gendered racism have been proposed by scholars as a more accurate reflection of the experiences of African American women.

The focus of the present study was the integration of three theoretical or conceptual approaches that have been used when considering factors that contribute to African American's well-being, in general, but specifically for African American women. These approaches include the intersection of racism and sexism (i.e., gendered racism; Settles, 2006; Thomas et al., 2008), stress-and-coping approaches (Greer, 2011b; Thomas et al., 2008; Woods-Giscombe & Lobel, 2008), and culturally-specific protective factors (i.e., racial identity).

There is a need for literature that examines protective factors that may ameliorate the negative impact of racialized gendered experiences (such as gendered racism) on African American women's psychological well-being. To date, there is no existing research on factors that may buffer, or moderate, the relationship between gendered racism and psychological well-being for African American women. In an effort to expand upon and contribute to the gendered racism literature, the protective contribution of racial identity on the relationship between gendered racism and well-being among African American women will be explored. The current study will utilize the racial centrality, public regard, and private regard scales of the Multidimensional Inventory of Black Identity (MMBI; Sellers et al., 1997) to measure dimensions of racial identity among a sample of college-attending, African American women. The racial ideology subscales of the MMBI were not used in the current study due to lack of research regarding their protective influence on the negative relationship between discrimination and well-being among African American adults' (e.g., Seaton et al., 2011; Seaton, Upton, Gilbert, & Volpe, 2014; Sellers & Shelton, 2003; Smalls, White, Chavous, & Sellers, 2007). . Additionally, the study will investigate the validity of the Revised Schedule of Sexist Events (RSSE; Thomas et al., 2008), which measures gendered racism experiences among African American women. Although this measure was a new and important addition to the field of intersectionality research, it had not yet been validated.

1.6   Study Aims and Hypotheses

The *first aim* of this study was to establish the validity of the gendered racism scale that was created by Thompson and colleagues (2008) for the population used in the current study. Scholars suggest assessing various areas of construct validity when developing a new measure or when trying to establish the validity a newly developed measure (e.g., Foster & Cone, 1995;

Haynes, Richard, & Kubany, 1995). Construct validity refers to how well a measure correlates

with the theoretical concept that it is designed to assess (Burton & Mazerolle, 2011, p. 28).

Construct validity can include the following aspects of validity: content, convergent,

discriminant, criterion-related, and incremental (Haynes et al., 1995). Content validity is how

well a measure is associated with and representative of the construct in which it is intended to

assess (Haynes et al., 1995). Convergent validity is the degree to which the measure is similar to

other measures that it theoretically should be similar to (Burton & Mazerolle, 2011).

Discriminant validity is the degree to which the measure is not similar to other measures that it is

theoretically dissimilar to (Burton & Mazerolle, 2011).   Additionally, criterion-related validity is

the extent to which a respondent's score on a measure (e.g., an IQ test) is correlated with other

variables or outcomes that are representative of the construct (e.g., a measure of academic

performance). Lastly, incremental validity is the extent to which a measure (e.g., gendered

racism) predicts or explains a concept (e.g., depression), above and beyond other measures (e.g.,

racism) that are theorized to be associated with the concept (e.g., Burton & Mazerolle, 2011;

Foster & Cone, 1995; Haynes et al., 1995). Various intersectionality-based measures and the

procedures used to validate them were reviewed to establish a precedent for validating the

Revised Schedule of Sexists Events (RSSE) (See Appendix A for a review of the existing

literature that was used to create the validation plan for the RSSE).   A plan for establishing the

construct validity of the Revised Schedule of Sexist Events (RSSE) and associated hypotheses

were outlined in the Data Analysis plan of the manuscript (See Table 1 which contains a tabular

presentation of the validation plan for the Revised Schedule of Sexist Events).

     Aim two of the study examined (a) the correlational relationship between gendered

racism and well-being and (b) how gendered racism, racial identity, and the covariates (i.e., age,

marital status, and employment status) predicted well-being among African American women. The variables that comprised well-being were psychological health (i.e., depressive and anxiety symptoms), life satisfaction, and the quality of one's social relationships. Age, employment status, and marital status were included in analyses as control variables because there was evidence to suggest that these factors were associated with psychological symptoms for African American women (e.g., Brown & Keith, 2003; Greer, Laseter, & Asiamah, 2009). It was hypothesized that stronger endorsement of gendered racism would be associated with higher psychological distress (anxiety and depression), lower life satisfaction, and lower quality of life in regards to participants' social relationships (i.e., the quality of social relationships) among the sample of African American/Black female college students. It was also hypothesized that gendered racism, aspects of racial identity (i.e., racial centrality, private regard, and public regard), and study covariates would significantly predict (a) psychological health, (b) life satisfaction, and (c) the quality of one's social relationships.

Lastly, the *third aim* explored whether dimensions of racial identity (i.e., racial centrality, public regard, and private regard) moderate the relationship between gendered racism and well-being (i.e., the outcome variables) (See Figure 1). Additionally, participants' age, employment status, and marital status were included in the moderation analyses as control variables. The study hypothesized that identity beliefs that support importance of race (centrality), strong group attachment (private regard), and lower public perceptions of one's racial group (public regard) would buffer the effect of gendered racism on well-being while controlling for participants' age, employment status, and marital status (e.g., Sellers et al., 2006; Sellers & Shelton, 2003). More specifically, racial centrality, public regard, and private regard would mitigate the negative influence of gendered racism on psychological health, life satisfaction, and the quality of one's

social relationships. In summary, for those African American young adult women with higher levels of racial centrality, gendered racism experiences will not be associated with psychological health outcomes (depression and anxiety), life satisfaction, and the quality of one's social relationships. Conversely, for African American young adult women with lower levels of racial centrality, gendered racism experiences will be associated with poorer psychological health, life satisfaction, and the quality of one's social relationships. Secondly, for those African American young adult women with lower public regard, gendered racism experiences will not be associated with psychological health outcomes (depression and anxiety), life satisfaction, and the quality of one's social relationships. Contrarily, for those African American young adult women with higher public regard, gendered racism experiences will be associated with poorer psychological health, life satisfaction, and the quality of one's social relationships. Lastly, for those African American young adult women with higher private regard, gendered racism experiences will not be associated with psychological health outcomes (depression and anxiety), life satisfaction, and the quality of one's social relationships. Conversely, for those African American young adult women with lower private regard, gendered racism experiences will be associated with poorer psychological health, life satisfaction, and the quality of one's social relationships.

1.7 Significance of the Study

Traditionally, the unique experiences of African American women have been understudied within the psychological literature (e.g., Jackson & Greene, 2000). There is a need to use more inclusive and culturally-informed theories to describe and understand African American women's experiences. Intersectonality theory is one such theory, and researchers are beginning to investigate how oppression experienced from multiple identities influences overall well-being. This study examined the interaction of race- and gender-based discrimination (i.e.,

gendered racism) on African American women's well-being. Furthermore, the study

investigated the potential protective/buffering effects of racial identity on the relationship

between gendered racism and well-being. By investigating the effect of gendered racism on

African American women's well-being and the potentially protective influence of racial identity,

the study added to the growing discourse on risk and protective factors that have an impact on

African American women's psychological health, life satisfaction, and quality of life in the face

of multiple intersecting oppressions (i.e., racism and sexism).

Table 1 Assessing the Validity of the Revised Schedule of Sexist Events (RSSE)

<u>Aspect of Validity</u>	<u>Strategy that will be Used to Assess the Aspect of Validity</u>	<u>Measure that will be Used to Assess the Aspect of Validity</u>
Convergent Validity	• The RSSE will be correlated with a measure of racism and a measure of sexism. • It is hypothesized that the RSSE will be highly and significantly correlated with both the racism and the sexism measures.	<u>Racism:</u> • Daily Life Experiences (DLE) Scale which is a subscale of the Racism and Life Experiences Scale (RaLES; Harrell, 1997) <u>Sexism</u>: • Gender Discrimination (CARDIA Study; Krieger, 1990; Krieger & Sidney, 1996)
Discriminant Validity	• The RSSE will be correlated with a measure of social desirability. • It is hypothesized that the RSSE will be weakly and not significantly correlated with the social desirability measure.	Marlowe-Crowne Social Desirability Scale (Crowne & Marlowe, 1960)
Criterion-Related Validity	• The RSSE will be correlated with a measure of psychological distress. • It is hypothesized that the RSSE will be significantly associated with higher psychological distress (i.e., anxiety and depression).	DASS-21 (Lovibond & Lovibond, 1995)
Incremental Validity	• The first multiple regression will examine the RSSE in relation to a measure of racism and a measure of sexism: the racism measure will be entered first, the sexism measure will be entered second, and the RSSE will	<u>Racism:</u> • Daily Life Experiences (DLE) Scale which is a subscale of the Racism and Life Experiences Scale

	be entered last into the regression. The outcome variables will be depression and anxiety. • The second multiple regression will examine the RSSE in relation to the interaction of the racism measure and the sexism measure: the interaction variable (racism x sexism) will be entered first into the regression and the RSSE will be entered last into the analysis. The outcome variables will be depression and anxiety. • It is hypothesized that the RSSE will account for more variance in the models predicting depression and anxiety above and beyond what was accounted for by (1) measures of racism and sexism and (2) the interaction of racism and sexism (racism x sexism).	(RaLES) (Harrell, 1997) **Sexism**: • Gender Discrimination (CARDIA Study; Krieger, 1990; Krieger & Sidney, 1996) **Psychological Distress**: • DASS-21 (Lovibond & Lovibond, 1995)

2   METHODS

2.1   Participants

The current study data were collected from African American women who attended Georgia State University (GSU) in Atlanta, Georgia. A power analysis using G*Power 3.0.10 was conducted. With 7 predictors and a medium effect size (.15), it was determined that a minimum of 178 participants would be needed to ensure adequate power for this study. To account for incomplete surveys, 249 African American women participants were recruited through the GSU Psychology Department's Research and Testing Site (i.e., SONA).   To qualify for inclusion in the study, participants had to self-identify as African American or Black, be a woman, be 18 years of age or older, be a GSU student, and be able to read English.

2.2   Procedure

2.2.1   *Recruitment*

The study was approved by the Georgia State University Institutional Review Board (IRB). Participants were recruited using the GSU SONA system. A study description was placed on the SONA system to recruit participants and detailed the inclusion criteria for the study. Additionally, participants were required to complete a screener (i.e., prescreen) through the SONA system that asked them to identify their ethnicity and gender. Only those students who self-identified as African American or Black and as a woman were allowed to view the study description on SONA.

Participants completed the survey using an online survey system (i.e., Survey Monkey) (The study procedures are explained graphically in Figure 2). Additionally, all study materials stated that participation was voluntary. Consent was required to participate in the study and was indicated by checking *yes* to a question on the consent form page prior to the presentation of the survey questions.   In the consent form and upon completion of the study, the participant was provided with contact information for the study PI and instructions to contact the PI if they experienced discomfort or distress as a result participation. At the end of the study, participants were provided with information regarding mental health referrals (i.e., the GSU Counseling Center, Georgia Crisis and Access Line, and the GSU Psychology Clinic) and were informed that there could be a cost to seeking mental health services. For completing the survey, participants were awarded two research credits for their psychology research participation requirement. To facilitate awarding research participation credits, participants were asked to provide their name and e-mail address. Research participants' names and e-mail addresses were kept separate from their survey responses to ensure confidentiality.   The entire survey took approximately 60 minutes to complete.

2.3   Rationale for Study Measures

Perceived Discrimination. The Revised Schedule of Sexist Events (RSSE; Thomas et al., 2008) was chosen to assess women's gendered racism experiences because it was specially created to measure this construct among African American women and it is the only measure of its kind to capture the intersectional experiences of Black women. When researching sexism measures that could be used to validate the RSSE, the Schedule of Sexist Events (SSE; Klonoff & Landrine, 1995) which is one of the most widely used, publically available measures of women's sexist experiences (e.g., DeBlaere & Moradi, 2008; Matteson & Moradi, 2005) could not be used because the RSSE was created from the questions that comprise the SSE. As such, another publically available sexism measure that had been used with Black women was found, in particular, the gender discrimination scale of the CARDIA study (CARDIA Coordinating Center, 2010-2011). The Schedule of Racist Events (SRE; Landrine & Klonoff, 1996) is one of the most widely used measures of racism experiences (e.g., DeBlaere & Moradi, 2008), and the SRE's creator also developed the Schedule of Sexist Events (SSE; Klonoff & Landrine, 1995). The developers of the SRE and the SSE (the measure that was revised to create the gendered racism measure) modeled both questionnaires after the same measure (i.e., the PERI-LES; Klonoff & Landrine, 1995; Landrine & Klonoff, 1996). Additionally, the Schedule of Sexist Events and Schedule of Racist Events are highly correlated with one another (e.g., DeBlaere & Moradi, 2008), as such another racism measure was chosen to validate the RSSE. Specifically, the Daily Life Experiences (DLE) subscale of the Racism and Life Experiences Scale (RaLES) (Harrell, 1997) was utilized in the current study because of its widespread and reliable use with African American samples (e.g., Rollins & Valdez, 2006; Seaton et al., 2009).

Psychological Outcomes & Social Desirability. To examine depressive and anxiety symptoms among participants, the Hopkins Symptoms Checklist-58 (HSCL-58; Derogatis,

Lipman, Rickels, Uhlehuth, & Covi, 1974) was selected due to its frequent use within

psychological research and with samples of African American women (e.g., Greer, 2011a; Greer,

2011b; Greer, Laseter, & Asiamh, 2009). The Satisfaction with Life Scale (SWLS; Diener,

Emmons, Larsen, & Griffin, 1985) was used to measure women's satisfaction with their lives

because this measure has been used in previous studies to explore the relationship between life

satisfaction and racial discrimination experiences (e.g., Barnes & Lightsey, 2005; Prelow,

Mosher, & Bowman, 2006; Utsey, Ponterotto, Reynolds, & Cancelli, 2000). Lastly, the quality

of one's relationships was measured using the WHOQOL-BREF (WHOQOL Group, 1994). The

WHOQOL-BREF was chosen over other quality of life measures because it assesses people's

subjective evaluations of the quality of their lives rather than the functional aspects of their

quality of life, and it is widely used in the quality of life literature (Hsiao, Wu, & Yao, 2014).

Additionally, the WHOQOL-BREF is shorter than its predecessor, the WHOQOL-100, which

reduces the amount of time it takes to administer the questionnaire to research participants

(Hsiao, Wu, & Yao, 2014). Lastly, the Marlowe-Crowne Social Desirability Scale was chosen to

assess participants' social desirability given its popularity among researchers (e.g., Foster &

Cone, 1995). Also, it has been used by researchers to validate new measures (e.g., Reeb, 2006;

Schwing, Wong, & Fann, 2013) which supported its use in the current study to validate the

RSSE.

2.4   Measures (See Appendix B for the study measures.)

   Demographic information. The demographic questions solicited information about the

participants' background and personal characteristics. Information about participants' age,

employment status, and marital status were included in analyses as control variables.

Employment status was dummy coded as 1 (employed full-time or part-time) and 0 (not

employed). Additionally, marital status was dummy coded as 1 (married) and 0 (not-married).

2.4.1 Perceived Discrimination

Gendered racism. The Revised Schedule of Sexist Events (RSSE; Thomas et al., 2008)

was used to assess African American women's experiences of gendered racism. To create the

RSSE, Thomas and colleagues (2008) reworded the original Schedule of Sexist Events (SSE;

Klonoff & Landrine, 1995) questions to include *Black woman* instead of just *woman*.

According to Thomas and colleagues (2008), the SSE was chosen because the items in the

measure aligned with African American women's experiences of discrimination in qualitative

studies. The RSSE consisted of 20 items that assessed the frequency of discriminatory

experiences across one's lifetime based on the participant's status as an African American

woman. The items use a 6-point likert-type scale ranging from 1 (*the event never happened*) to 6

(*the event happens almost all the time*). Total scores range from 20 to 120. Higher scores

indicate more experience of gendered racism. Sample items for the RSSE include: *How many*

times have you been treated unfairly by your employer, boss, or supervisors because you are a

Black woman? and *How many times have you been treated unfairly by your neighbors because*

you are a Black woman? Previous research has reported reliabilities of .93 in samples of Black

women or women of African ancestry (Klevens, 2007; Thomas et al., 2008). The current study

obtained a reliability coefficient of .93 which was similar to previous studies (e.g., Klevens,

2007; Thomas et al., 2008).

Perceived Racism. The Daily Life Experiences (DLE) subscale of the Racism and Life

Experiences Scale (RaLES) (Harrell, 1997) was used to assess perceived racism. The RaLES

assesses racism-related stress, microaggressions, coping, socialization, and attitudes. The

RaLES contains five primary subscales. The DLE assesses the frequency and stress-related to 20

daily microaggressions (or daily hassles) over the past year. Participants were asked to think

about the experiences that they have had over the past and rate the frequency and stressfulness of

these experience on a 6-point Likert type scale (0 = *never* to 5 = *once a week or more*). The

frequency portion of the scale was used in the current study (range, 0 – 120); a total score was

used. The DLE has demonstrated high reliability among African American samples. For

example, Harrell (1997) found that the measure was highly reliable among a sample of African

American college students (α = .90). Seaton and colleagues (2009) found that the DLE was also

highly reliable among their sample of high school-aged African American adolescents (α = .92

and α = .93).   The current study obtained a reliability coefficient of .93 which was similar to

previous studies (e.g., Seaton et al., 2009).

Perceived Sexism. The gender discrimination scale of the Discrimination measure from

the CARDIA (Coronary Artery Risk Development in Young Adults) VIII – Year 25 Exam

(CARDIA Coordinating Center, 2010-2011) was used to measure perceived sexism. The gender

discrimination scale assessed self-reported discrimination based on one's gender in 7 different

settings (i.e., at school, getting a job, obtaining housing, at work, at home, when attempting to

obtain medical care, and while out in public). Participants were asked to indicate whether or not

(i.e., *yes* or *no*) they have *ever experienced discrimination, been prevented from doing*

something, or been hassled or made to feel inferior in any of the aforementioned settings. A

total score was created by summing the number of affirmative responses (range, 0 -7). The

gender discrimination scale has been used by researchers to examine the effect of sexism on

African American women's outcomes (e.g., Canady, Bullen, Holzman, Broman, & Tian, 2008;

Dole, Savitz, Siega-Riz, Hertz-Picciotto, McMahon, & Buekens, 2004). In the current study, one

question was dropped from the original gender discrimination scale due to low internal

consistency. After dropping this item, the current study obtained a reliability coefficient of .67

for the CARDIA sexism scale.

    2.4.2   Psychological Outcomes

    Psychological Health. The Hopkins Symptoms Checklist-58 (HSCL-58; Derogatis et al.,

1974) was used to assess participants' depression and anxiety. The full measure contains five

subscales that assess anxiety, depression, somatization, obsessive-compulsive symptoms, and

interpersonal sensitivity. The measure utilizes a 4-point Likert-type response scale from 1 (*not

at all*) to 4 (*extremely*). Participants were instructed to choose the statement that best described

how bothered they were by the symptom or problem listed during the last 7 days. Sample items

for the depression subscale include *feeling hopeless about the future* and *feeling blue*. Sample

items for the anxiety subscale include *nervousness or shakiness inside* and *feeling fearful*.

Participants' depression and anxiety scores were obtained by summing across the items that

correspond to those subscales. Higher scores on each subscale reflect greater symptoms for each

domain. The HSCL-58 was validated using a large normative sample of outpatient psychiatric

adults and adults without mental illness (Derogatis et al., 1974). Recent studies have used the

HSCL subscales with samples of African American women with adequate reliability (e.g., Greer,

2011a; Greer, 2011b; Szymanski & Stewart, 2010; Woods-Giscombe & Lobel, 2008). Derogatis

and colleagues (1974) reported the Cronbach's alphas for each of the measure's subscales:

somatization was .87, obsessive-compulsive was .87, interpersonal sensitivity was .85,

depression was .86, and anxiety was .84. The current study obtained reliability coefficients of

.90 for the depression subscale and .83 for the anxiety subscale.

    Life Satisfaction. The Satisfaction with Life Scale (SWLS; Diener, Emmons, Larsen, &

Griffin, 1985) was used to assess participants' overall satisfaction with life. The SWLS is a 5-

item measure that utilizes a 7-point Likert-type scale (1 = *strongly disagree* to 7 = *strongly*

agree). Scores on the SWLS range from 5 to 35, with higher scores indicating greater life satisfaction. Sample items include *I am satisfied with my life* and *In most ways my life is close to my ideal.* The SWLS has been used with African American adult samples and has shown high reliability within this population. Among their sample of 213 African American college students, Utsey and colleagues (2000) obtained a Cronbach's alpha of .82. The current study obtained a reliability coefficient of .81 which was similar to previous studies (e.g., Utsey et al., 2000).

Relationship Quality of Life. The quality of one's relationships was measured using the WHOQOL-BREF. The WHOQOL-BREF is based on the WHOQOL-100 (WHOQOL Group, 1994). The WHOQOL-BREF is a shorter version of the WHOQOL-100 and includes one item from each of the 24 facets of the WHOQOL-100 (Skevington, Lofty, & O'Connell, 2004). Specifically, the social relationships domain was used in the current study. Within the social relationships domain, the facets examined include personal relationships, social support, and sexual activity. The WHOQOL Group (1998) demonstrated that each of the four domains of the WHOQOL-BREF had fair to good internal consistencies. Overall, the various domains of the WHOQOL-BREF have been found have adequate reliability (e.g., Skevington et al., 2004). Lastly, the WHOQOL-BREF has demonstrated adequate reliability when used with African American samples (i.e., Utsey, Chae, Brown, & Kelly, 2002; Utsey & Constantine, 2008; Utsey, Lainer, Williams, Bolden, & Lee, 2006). The current study obtained a reliability coefficient of .78 for the social relationships domain of the WHOQOL-BREF which was similar to previous studies.

2.4.3   Racial Identity

Racial identity was measured using the Multidimensional Inventory of Black Identity (MIBI; Sellers et al., 1997). The MIBI was developed to measure the dimensions of the MMRI

(Multidimensional Model of Racial Identity; Sellers et al., 1998) in African American college students and adults. The entire MIBI has four overarching dimensions: centrality, ideology, salience, and regard. Given the extensive research suggesting the protective contributions of the centrality, public regard, and private regard dimensions of the MMRI (e.g., Seaton, 2009; Sellers et al., 2003; Sellers et al., 2006; Sellers & Shelton, 2003) against the negative influence of racism on well-being among African American adolescents, young adults, and adults, these dimensions were used in the current study. Racial centrality is how an individual normally defines his or herself in terms of race. The Centrality Scale consists of 8 items. Sample items include *I have a strong sense of belonging to Black people* and *In general, being Black is an important part of my self-image*. Racial regard is how positively or negatively a person feels about their race. Racial regard is composed of two different components: private and public regard. Private regard is how positively or negatively the individual feels about African Americans and about being African American (Sellers et al., 1998). Public regard is how positively or negatively the person thinks others view African Americans (Sellers et al., 1998). The Private Regard subscale consists of 6 items. Sample items include *I feel good about Black people* and *I am proud to be Black*. Lastly, the Public Regard subscale consists of 6 items. Sample items include *Overall, Blacks are considered good by others* and *In general, other groups view Blacks in a positive manner*. The MIBI uses a 7-point Likert-type response scale (1 = *strongly disagree* to 7 = *strongly agree*). The MIBI has previously been used with samples of African American women (e.g., Oney, Cole, & Sellers, 2011; Settles, Navarrete, Pagano, Abdou, & Sidanius, 2010; Yap, Settles, & Pratt-Hyatt, 2011). Settles and colleagues (2010) reported a .74 reliability coefficient for centrality among their sample of African American women. Similarly, Yap and colleagues (2011) and Oney and colleagues (2011) reported reliabilities of .82 and .84, respectively, for the centrality

subscale among African American women. For private regard, reliabilities of .73 to .79 have

been reported among samples of African American women (Oney, et al., 2011; Settles et al.,

2010; Yap et al., 2011). Lastly, researchers have reported Cronbach's alphas ranging from .78 to

.84 for public regard among samples of African American women (Oney, et al., 2011; Settles et

al., 2010; Yap et al., 2011).   The current study obtained reliability coefficients of .73 for the

centrality subscale, .84 for the private regard subscale, and .80 for the public regard subscale.

2.4.4   Social Desirability

Social Desirability. The Marlowe-Crowne Social Desirability Scale (Crowne & Marlowe,

1960) was used to assess social desirability. The scale consists of 33 true-false items. Sample

items for the Marlowe-Crowne Social Desirability Scale include *I never hesitate to go out of my*

way to help someone in trouble and *I sometimes feel resentful when I don't get my way*. A total

score was calculated by adding up the number of *true* responses. Higher scores indicate a

stronger tendency to portray oneself in a positive light. The Marlowe-Crowne Social

Desirability Scale has been used with African American populations (e.g., Carr, Gilroy, &

Sherman, 1996; Fernander, Durán, Saab, Llabre, & Schneiderman, 2003) and has shown

adequate reliability in these studies. The current study obtained a reliability coefficient of .79 for

the Marlowe-Crowne Social Desirability Scale for the current sample.

2.5   Data Analysis Plan

2.5.1   The Handling of Missing Data

According to missing data analyses that were conducted using SPSS Version 21, the

amount of missing data varied from less than 1% (e.g., for the life satisfaction measure and

anxiety subscale of the HSCL-58) to 11.2% (i.e., for the gendered racism measure). Given the

amount of missing data, multiple imputation using Mplus 6.0 was conducted. Multiple

imputation is highly recommended when dealing with data that it is missing at random.

Multiple imputation is an extension of single imputation in which a set of complete data sets is computed. These multiple data sets take out the random components of the missing data. For the current study, 100 imputed data sets were created. Additionally, the data were imputed from an unrestricted model (H1 model), specifically the variance covariance model, and the estimator used was full information maximum likelihood (FIML). Multiple imputation of participant data was used to address all of the study aims.

Aim 1. To establish the Content Validity of the Revised Schedule of Sexist Events (RSSE; Thomas et al., 2008).

To assess the Revised Schedule of Sexist Events' (RSSE)' <u>content validity</u>, the internal consistency (i.e., Cronbach's alpha) of the measure was assessed for the current study's sample. In accordance with previous research and recommendations for establishing the <u>convergent validity</u> of a measure, this aspect of the RSSE was assessed by examining the correlational relationship between it and similar measures. Specifically, the correlational relationship between the RSSE and a measure of racism (i.e., the Daily Life Experiences (DLE) subscale of the Racism and Life Experiences Scale; Harrell, 1997) and a measure of sexism (CARDIA Study; Krieger, 1990; Krieger & Sidney, 1996) was examined (See Table 1). It was hypothesized that the RSSE would be highly and significantly correlated with both the DLE (racism measure) and the sexism measure (See Table 1).

The <u>discriminant validity</u> of the RSSE was assessed by examining the correlational relationship between the RSSE and the Marlowe-Crowne Social Desirability Scale (Crowne & Marlow, 1960). It was hypothesized that the RSSE would be weakly and not significantly correlated with the Marlowe-Crowne Social Desirability Scale (See Table 1). The <u>criterion-related validity</u> of the RSSE was assessed by examining the correlational relationship between

the RSSE and a measure of psychological distress (i.e., the HSCL-58; Derogatis et al., 1974). It

was hypothesized that the RSSE would be significantly associated with higher psychological

distress (i.e., anxiety and depression) (See Table 1).

Examining the incremental validity of a measure may be warranted when researchers

hypothesize that the new measure will account for a higher proportion of variance in a criterion

measure (e.g., psychological distress) (Haynes & Lench, 2003).   Prior research has suggested

that measuring racism and sexism separately or simply examining the interaction of racism and

sexism (racism x sexism) does not adequately capture the experiences of African

American/Black women. As such, intersectionality theory suggests that gendered racism might

account for more variance in measures such as psychological distress than racism alone, sexism

alone, or the interaction of racism and sexism (e.g., Moradi & Subich, 2003; Szymanski &

Stewart, 2010).

Given the aforementioned premise regarding gendered racism, the RSSE was

hypothesized to account for more variance in psychological distress than racism alone, sexism

alone, and the interaction of racism and sexism (racism x sexism). Hunsley and Meyer (2003)

suggested that incremental validity is typically assessed using hierarchical multiple regression to

assess the incremental validity of their measure relative to other measures.   To examine the

incremental validity of a measure (e.g., measure B) in predicting a construct, the first measure

(e.g., measure A) is entered into the first step of the regression analysis, and then measure B is

entered into the second step (Hunsley & Meyer, 2003). Using this strategy, any shared variance

between measure A and B is based only on measure A (Hunsley & Meyer, 2003).

Based on the recommendations of Hunsley and Meyer (2003) and previous scholars'

methodologies, the incremental validity of the RSSE was assessed using four multiple regression

analyses (See Table 1). For the first two multiple regressions, the racism measure (i.e., the

Daily Life Experiences subscale of the Racism and Life Experiences Scale), the sexism measure

(i.e., the gender discrimination subscale from the CARDIA study), and the RSSE were entered as

predictors of (1) depression and (2) anxiety. The last two multiple regressions examined the

interaction between the racism measure and the sexism measure (i.e., racism x sexism) and the

RSSE as predictors of (3) depression and (4) anxiety. To demonstrate incremental validity, it

was expected that the RSSE would contribute significantly to predicting depression and anxiety

above and beyond what was accounted for by (a) racism and sexism (separately) and (b) by the

racism x sexism interaction.

Aim 2. To examine gendered racism, the covariates (age, marital status, and employment status),

and aspects of racial identity as predictors of well-being.
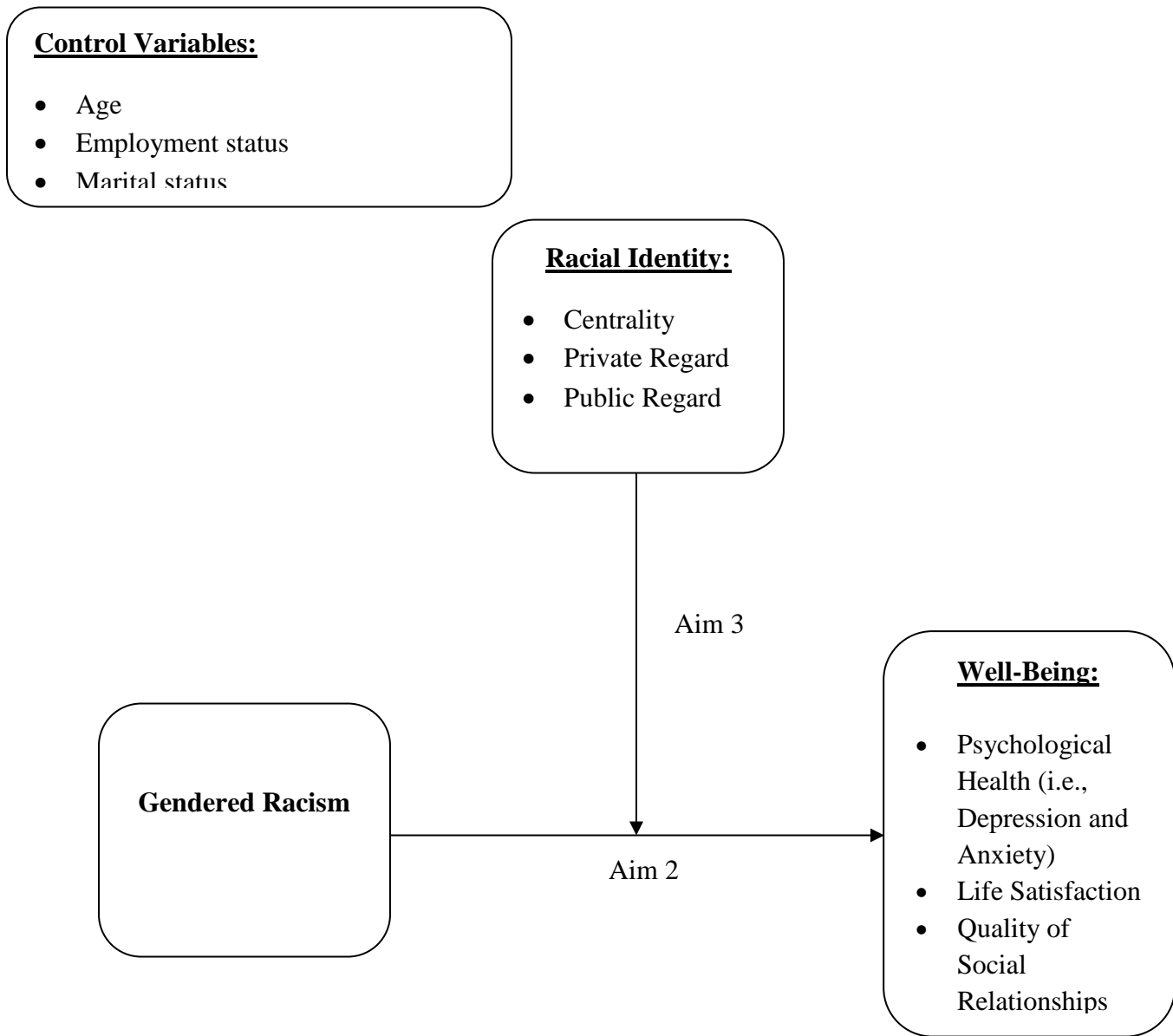
Statistical analyses were performed using Mplus Version 6. An initial data screening and

cleaning was performed prior to carrying out the planned analyses to ensure that the underlying

assumptions of normality, linearity, and homoscedascity of the variables are upheld.
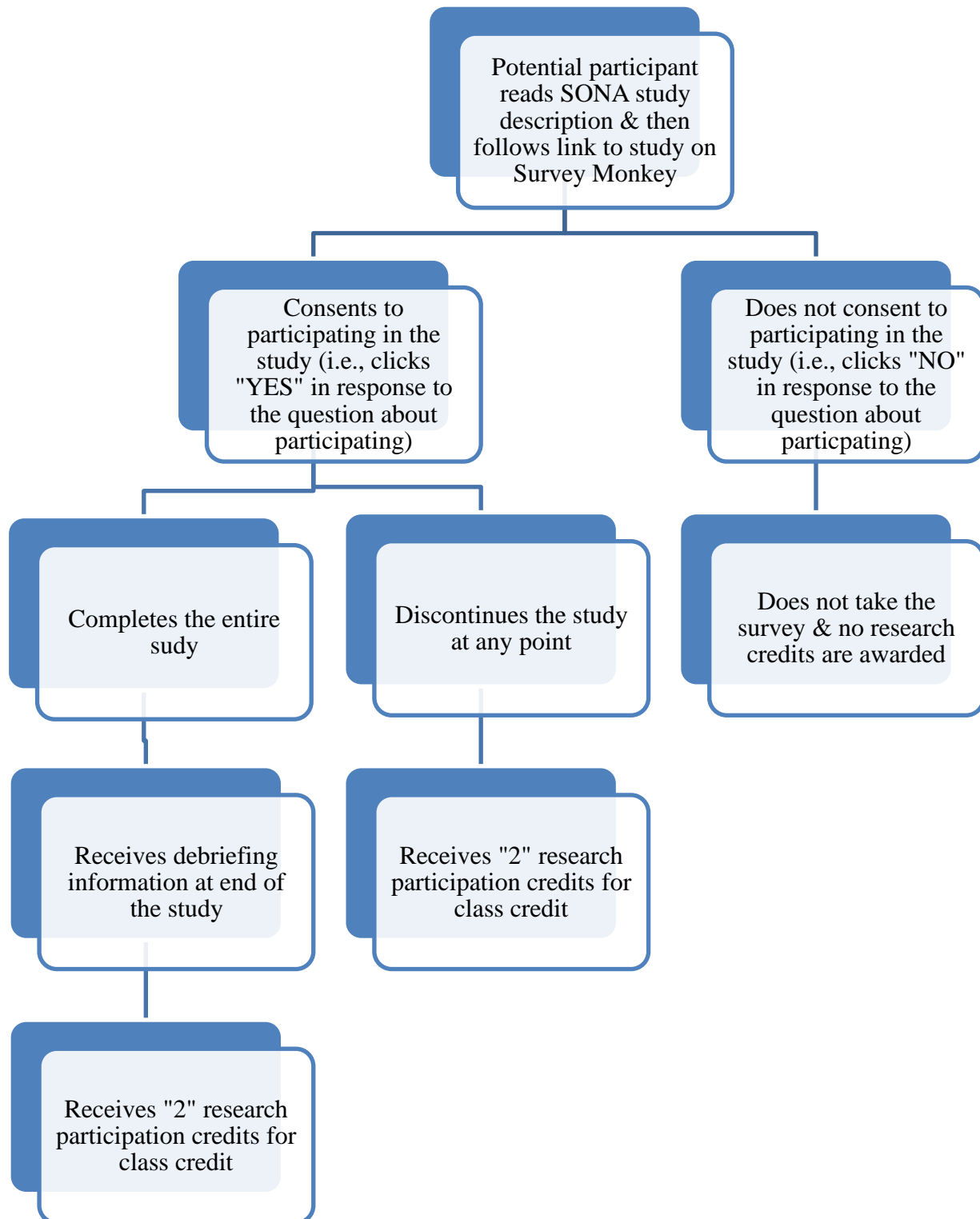
Bivariate correlation analyses were conducted to understand the relationship between

gendered racism and aspects of well-being (i.e., depression, anxiety, life satisfaction, and the

quality of one's social relationships). Additionally, after controlling for the covariates, separate

multiple regression analyses were conducted to examine the predictive ability (1) gendered

racism, (2) racial centrality, (3) racial private regard, and (4) racial public regard on (a)

depression, (b) anxiety, (c) life satisfaction, and (d) the quality of one's social relationships.

Significant predictors were flagged, and the adjusted R^2, F statistic and associated degrees of

freedom, and significance level of the analyses were reported. Lastly, tolerance statistics, testing

multicollinearity, and reliability analyses were conducted for each of the subscales and total scale scores.

Aim 3. To examine whether aspects of racial identity moderated the relationship between gendered racism and the outcome variables (i.e., depressive symptoms, anxiety symptoms, life satisfaction, and the quality of one's social relationships) (See Figure 1).

Aim 3 was analyzed using Mplus Version 6 to test whether centrality, private regard, and public regard moderated the link between gendered racism and well-being (i.e., depression, anxiety, life satisfaction, and quality of one's social relationships). Twelve separate moderation analyses were done to assess the moderating influence of racial centrality, public regard, and private regard. Prior to conducting the tests for moderation, mean scores for the predictors and moderator were centered to reduce multicollinearity between the main effect and interaction terms (Frazier, Tix, & Barron, 2004). In the moderation analyses, the covariates, predictors, and interaction terms were entered into the regression equation respectively (Tabacnick & Fidell, 2001). Based on the analyses being conducted the interaction terms were Gendered Racism x Centrality, Gendered Racism x Public Regard, and Gendered Racism x Private Regard. For all variables in the moderation analyses, standardized as well as unstandardized betas were presented to assess both the individual and relative contributions of each predictor variable in the models.

Figure 1. Study Model

Control Variables:

- Age
- Employment status
- Marital status

Racial Identity:

- Centrality
- Private Regard
- Public Regard

Aim 3

Well-Being:

- Psychological Health (i.e., Depression and Anxiety)
- Life Satisfaction
- Quality of Social Relationships

Gendered Racism

Aim 2

Figure 2. Model for Data Collection

3   RESULTS

3.1   Sample

Participants (*N* = 249) ranged in age from 18 to 57 with a mean of 20.96 years. All

participants self-identified as either African American or Black and as female. See Table 2 for

information regarding the race/ethnicity of participants' mothers and fathers. Additionally,

97.2% of participants indicated that they were born in the United States. The overwhelming

majority of participants identified as single, never married (90.4%). Furthermore, 5.6% of

participants indicated that they were single and living with another person, 1.6% identified as

being married, and 1.6% identified as being divorced or separated. Additionally, the majority of

participants (96.4%) indicated that they were born in the United States of America. A little more

than half of participants indicated that they were unemployed (51.8%), 40.6% of participants

indicated that they were employed part-time (39 hours or less per week), and 5.6% of

participants indicated that they were employed full-time (40+ hours per week).

3.2   Statistical Software

Mplus Version 6 was used to conduct the validation of the gendered racism measure (i.e.,

the Revised Schedule of Sexist Events), correlational analyses, regressions, and moderation

analyses. Mplus was chosen over other statistical packages (i.e., SPSS) because Mplus allowed

for multiple imputation of missing data.

3.3   Aim 1: Validation of the Revised Schedule of Sexist Events (RSSE)

Aim 1 sought to validate the Revised Schedule of Sexist Events (RSSE) using various

aspects of construct validity. The construct validity of the RSSE was examined using a sample

of 249 African American/Black college-attending women. Additionally, construct validity can

include the following aspects of validity: convergent, discriminant, criterion-related, and

incremental (Haynes, Richard, & Kubany, 1995). All of these forms of convergent validity were examined in the current study aim.

3.3.1 Reliability of the RSSE
An assessment of the RSSE's internal consistency yielded a coefficient alpha of .93.

3.3.2 Validity of the RSSE
To examine the convergent, discriminant, and criterion-related validity of the RSSE, correlational analyses were conducted (See Table 2). Additionally, the incremental validity of the RSSE was explored using four regression analyses which are presented in Table 3.

With regard to convergent validity, the RSSE was significantly and positively correlated to a measure of racism (i.e., the Daily Life Experiences (DLE) scale), $r(249) = .70$, $p < .001$, and a measure of sexism (i.e., a modified scale from the CARDIA Study), $r(249) = .61$, $p < .001$. Specifically, greater incidences of gendered racism were associated with greater self-reported experiences of racism and sexism. Discriminant validity was evaluated by examining the RSSE's relationship with a measure of social desirability (i.e., Marlowe-Crowne Social Desirability Scale). As expected, the RSSE was weakly and not significantly correlated to social, $r(249) = -.12$, $p = .06$ (see Table 2). Criterion-related validity was established by examining the relationship of the RSSE with a measure of psychological distress (i.e., the depression and anxiety subscale of the HSCL-58). As hypothesized, the RSSE was significantly and positively correlated to the depression, $r(249) = .31$, $p < .001$, and anxiety, $r(249) = .33$, $p < .001$, subscales of the HSCL-58 (see Table 2).   More specifically, greater incidences of gendered racism were associated with higher self-reported depressive and anxiety symptoms.

To assess the incremental validity of the RSSE, four separate hierarchical multiple regression analyses were conducted to explore whether gendered racism remained a statistically significant predictor of depressive and anxiety symptoms after taking into consideration (a) the

main effects of racism and sexism and (b) the interaction of racism and sexism (racism x sexism) (see Table 3). More specifically, the main effects of racism, sexism, and gendered racism were examined as predictors of (1) depression and then as predictors of (2) anxiety; and the interaction of racism and sexism and the main effect of gendered racism were examined as predictors of (3) depression and then as predictors of (4) anxiety.

The first regression analysis included the main effects of sexism, racism, and gendered racism as predictors of depressive symptoms (See Table 3). The entire model was significant, R^2 = 0.11, $p <$.05. Sexism, b = -.31, p =.14 and racism, b = .09, p =.20 were non-significant predictors of depression. However, gendered racism, b = .26, $p <$.01 significantly predicted depressive symptoms. The second regression analysis included the main effects of sexism, racism, and gendered racism as predictors of anxiety symptoms. The entire model was significant, R^2 = 0.13, $p <$.01. Again, sexism was a non-significant predictor of anxiety symptoms, b = -.09, p =.61. However, racism, b = .13, $p <$.05, and gendered racism, b = .15, $p <$.05, significantly predicted anxiety symptoms. After controlling for racism and sexism, greater self-reported incidents of gendered racism significantly predicted higher depressive and anxiety symptoms among African American college-attending women.

The final two analyses examined whether gendered racism (i.e., the RSSE) remained a statistically significant predictor of depressive and anxiety symptoms after taking into account the interaction of racism and sexism (racism x sexism) (See Table 2). As such, the interaction variable (DLE x sexism measure) was entered first into the regression analysis and the RSSE was entered second. The overall model that examined the (a) interaction of racism and sexism and (b) gendered racism as predictors of depressive symptoms was significant, R^2 = 0.10, $p <$ .05. The interaction between sexism and racism (sexism x racism, b = -.02, p = .91) was a non-

significant predictor of depressive symptoms. Yet, gendered racism was a significant predictor of depressive symptoms, $b = .27$, $p < .001$, after accounting for the interaction between sexism and racism. The overall model that examined the (a) interaction of racism and sexism and (b) gendered racism as predictors of anxiety symptoms was significant, $R^2 = 0.11$, $p < .05$. The interaction between sexism and racism (sexism x racism, $b = .09$, $p = .57$) was not a significant predictor of symptoms. However, gendered racism significantly predicted anxiety symptoms after controlling for the interaction between racism and sexism, $b = .23$, $p < .001$. More specifically, greater self-reported incidences of gendered racism were associated with more depressive and anxiety symptoms, after accounting for the interaction between sexism and racism.

Overall, these findings provided support for the validity of the RSSE. More specifically, the convergent, discriminant, and criterion-related validity of the Revised Schedule of Sexist Events (RSSE) were confirmed. Furthermore, the incremental validity of the RSSE was also confirmed as the RSSE remained a significant predictor of depressive and anxiety symptoms when the singular effect of (i.e., main effect of) racism and sexism and the interactionist impact of racism and sexism (racism x sexism interaction) were taken into account when predicting mental health symptoms.

3.4   Aim 2

Aim 2 assessed the associations between gendered racism's, psychological distress (i.e., depressive and anxiety symptoms), life satisfaction, and the quality of participants' social relationships. Furthermore, Aim 2 examined the predictive abilities of the covariates, gendered racism, and racial identity on psychological distress, life satisfaction, and the quality of participants' social relationships.

3.4.1 Associations Between Gendered Racism and Well-Being

Correlational analyses were used to explore the relationships between gendered racism and the study outcomes (See Tables 2 and 4). Preliminary analyses were performed using SPSS Version 21 to ensure no violations of the assumptions of normality, linearity, and homoscedasticity. Age of participants was non-normally distributed as evidenced by the skewness (i.e., 3.76) and kurtosis (i.e., 19.15) values for the variable.

Gendered racism was negatively correlated with the quality of participants' social relationships, $r(249) = -.29$, $p < .001$, and with life satisfaction, $r(249) = -15$, $p < .05$. As such, greater incidences of gendered racism were associated with poorer social relationships and lower self-reported life satisfaction. Gendered racism was positively correlated with anxiety, $r(249) = .33$, $p < .001$, and with depressive symptoms, $r(249) = .31$, $p < .001$. This suggested that greater incidences of gendered racism were associated with higher reports of anxiety and depressive symptoms.

3.4.2 Variables of Interest As Predictors of Aspects of Well-Being

To examine whether gendered racism, the covariates (i.e., age, marital status, and employment status), and dimensions of racial identity independently predicted well-being, four separate multiple regression analyses were conducted. More specifically, the four multiple regression analyses examined the independent predictive ability of the covariates, gendered racism, and racial identity on (1) anxiety, (2) depression, (3) life satisfaction, and (4) the quality of participants' social relationships.

The first regression examined predictors of ***anxiety symptoms*** (See Table 5). The overall model was significant, $R^2 = 0.19$, $p < .001$. Age, $b = -.02$, $p < .01$; gendered racism, $b = .27$, $p < .001$; and private regard, $b = -.09$, $p < .05$, were significant predictors of anxiety symptoms. With regards to ***depressive symptoms***, age, $b = -.03$, $p < .01$; gendered racism, $b = .25$, $p < .001$; and

public regard, $b = -.09$, $p <.05$, were significant predictors of symptomatology. The entire model explained a significant proportion of variance in depressive symptoms, $R^2 = 0.19$, $p <.001$ (See Table 3). Thirdly, the control variables, gendered racism, and dimensions of racial identity were examined as predictors of *life satisfaction*. The overall model significantly predicted participants' life satisfaction, $R^2 = 0.15$, $p <.01$. In this model, only private regard, $b = .29$, $p <.01$, and public regard, $b = .18$, $p <.05$, significantly predicted participants' life satisfaction (See Table 3). Lastly, gendered racism, $b = -.33$, $p <.001$; racial centrality, $b = .14$, $p <.05$; and public regard, $b = .17$, $p <.05$, significantly predicted the *quality of participants' social relationships*. Additionally, marital status was a significant predictor at the trend level, $b = -.28$, $p =.05$. The overall model significantly predicted the quality of participants social relationships, $R^2 = 0.20$, $p <.001$ (See Table 3).

Overall, gendered racism was associated with poorer well-being among African American college-attending women. Women who reported more incidences of gendered racism also reported experiencing more depressive and anxiety symptoms, less optimal social relationships, and poorer life satisfaction. Additionally, younger women, more incidences of gendered racism, and lower private regard were predictive of greater anxiety symptoms. With regards to depressive symptoms, younger age, more incidences of gendered racism, and lower public regard were predictive of greater depressive symptoms. Only higher private regard and higher public regard were predictive of higher self-reported life satisfaction. Lastly, fewer incidences of gendered racism, higher racial centrality, and higher public regard were predictive of better quality social relationships among African American women.

3.5 Aim 3

Moderated regression analyses were conducted to assess the predictive ability of gendered racism and the moderating influence of racial identity (i.e., racial centrality, racial private regard, and racial public regard) on African American/Black women's well-being (i.e., anxiety symptoms, depressive symptoms, life satisfaction, and the quality of their social relationships). These regressions were conducted while controlling for the influence of African American women's age, employment status, and marital status. Preliminary analyses were conducted using SPSS Version 21 to ensure no violation of the assumptions of normality, linearity, multicollinearity, homoscedasticity, and independence of residuals. Because of the number of separate regressions (i.e., the twelve multiple regression analyses) that were conducted to examine the protective (i.e., moderating) abilities of racial identity on well-being, the Bonferroni corrective procedure was used to control for inflated alphas due to experiment-wise error. Consequently, the alpha level was set at $p < .004$ for results to reach significance.

For each component of well-being (i.e., anxiety, depression, life satisfaction, and the quality of participants social relationships), three regression analyses were conducted. Each regression analysis included the control variables, gendered racism, a dimension of racial identity (i.e., either centrality, public regard, or private regard), and the interaction between gendered racism and a dimension of racial identity (i.e., either gendered racism x racial centrality, gendered racism x racial private regard, or gendered racism x public regard) as predictors of well-being (See Tables 6-17).

3.5.1 Anxiety
The first component of well-being that was examined was anxiety. The first regression included centrality and the interaction between gendered racism and centrality (i.e., gendered racism x centrality) (See Table 6). This model was significant, $F = 8.26$, $p < .004$, and it

explained 17% of the variance in anxiety symptoms. In this model, only gendered racism experiences, $b = .30$, $p < .004$, significantly predicted anxiety symptoms. More specifically, the more gendered racism women experienced the more anxiety symptoms they reported. The moderator, gendered racism x centrality, did not significantly attenuate the impact of gendered racism on participants' anxiety symptoms.

The second regression included private regard and the interaction between gendered racism and private regard (i.e., gendered racism x private regard) (See Table 7), and was significant, $F = 9.09$, $p < .004$. The model explained 18% of the variance in anxiety symptoms. Additionally, gendered racism, $b = .26$, $p < .004$, and private regard, $b = .04$, $p < .004$, significantly predicted anxiety symptoms. Specifically, greater self-reported gendered racism experiences and higher private regard predicted greater endorsement of anxiety symptoms. Again, the moderator, gendered racism x private regard, did not significantly attenuate the effect of gendered racism on participants' anxiety symptoms.

The third and final regression included public regard and the interaction between gendered racism and public regard (i.e., gendered racism x public regard) (See Table 8). The model was significant, $F = 7.12$, $p < .004$, and explained 15% of the variance in anxiety symptoms. In this model, only age, $b = -.02$, $p < .004$, and gendered racism, $b = .26$, $p < .004$, were predictors of anxiety symptoms; and the moderator was non-significant. Younger African American women and greater incidents of gendered racism experiences were predictive of more anxiety symptoms.

3.5.2 Depression

The second component of well-being that was examined was depressive symptoms. The first regression analysis included control variables, centrality and the interaction between gendered racism and centrality (i.e., gendered racism x centrality) (See Table 9). The overall

model was significant, $F = 7.40$, $p < .004$, and explained 16% of the variance in depressive symptoms. In this model, younger age, $b = -.03$, $p < .01$, and greater incidences of gendered racism, $b = .32$, $p < .001$, significantly predicted more depressive symptoms. More specifically, younger age and greater self-reported gendered racism experiences predicted more depressive symptoms. Additionally, the moderator, gendered racism x centrality, did not significantly attenuate the impact of gendered racism on participants' depressive symptoms.

The second regression analysis included control variables, private regard and the interaction between gendered racism and private regard (i.e., gendered racism x private regard) (See Table 10). This model was significant, $F = 8.26$, $p < .004$, and explained 17% of the variance in depressive symptoms. Additionally, age, $b = -.03$, $p < .004$; gendered racism, $b = .29$, $p < .004$; and private regard, $b = -.14$, $p < .004$, significantly predicted depressive symptoms. More specifically, greater endorsement of depressive symptoms was predicted by younger age, higher gendered racism experiences, and lower private regard. Again, the moderator, gendered racism x private regard, did not significantly attenuate the influence of gendered racism on participants' depressive symptoms.

The third and final regression analysis included control variables, public regard and the interaction between gendered racism and public regard (i.e., gendered racism x public regard) (See Table 11). The overall model was significant, $F = 8.26$, $p < .004$, and explained 17% of the variance in depressive symptoms. In this regression, only gendered racism experiences, $b = .25$, $p < .004$, predicted depressive symptoms. More specifically, the more gendered racism women experienced the more depressive symptoms they reported.

3.5.3 Life Satisfaction
The third component of well-being that was examined was participants' self-reported life satisfaction. The first regression included centrality and the interaction between gendered racism

and centrality (i.e., gendered racism x centrality) (See Table 12). The model was not a

significant predictor of life satisfaction, $F = 4.04$, $p = .01$ (the model explained 9% of the

variance in life satisfaction). The second regression analysis included private regard and the

interaction between gendered racism and private regard (i.e., gendered racism x private regard)

(See Table 13). The overall regression model was significant, $F = 5.92$, $p < .004$, and explained

13% of the variance in life satisfaction. Additionally, only higher private regard, $b = .39$, p

$<.001$, significantly predicted higher life satisfaction. More specifically, women with higher

private regard reported greater life satisfaction. The third and final regression analysis included

public regard and the interaction between gendered racism and public regard (i.e., gendered

racism x public regard) (See Table 14). The model was not a significant predictor of life

satisfaction, $F = 4.04$, $p = .01$ (the model explained 9% of the variance in life satisfaction).

3.5.4   Quality of Participants' Social Relationships
The fourth and last component of well-being that was examined was the quality of

participants' social relationships (i.e., social relationship quality of life). The first regression

analysis included centrality and the interaction between gendered racism and centrality (i.e.,

gendered racism x centrality) (See Table 15). The overall model was significant, $F = 7.85$, p

$<.004$, and it explained 16% of the variance in the quality of participants' social relationships.

Additionally, gendered racism, $b = -.45$, $p < .004$, and centrality, $b = .22$, $p < .004$, significantly

predicted the quality of participants' social relationships. Specifically, lower incidences of

gendered racism and higher racial centrality predicted higher quality social relationships among

women. Also, the moderator, gendered racism x centrality, did not significantly attenuate the

impact of gendered racism on participants' social relationships.

The second regression analysis included private regard and the interaction between

gendered racism and private regard (i.e., gendered racism x private regard) (See Table 16). This

overall model was also significant, $F = 8.09$, $p <.004$, and the model explained 17% of the variance. Additionally, gendered racism experiences, $b = -.38$, $p <.004$, and private regard, $b = .24$, $p <.004$, significantly predicted higher quality social relationships. More specifically, the less gendered racism women experienced the greater the quality of their social relationships. Additionally, women with higher private regard also reported higher quality social relationships. Furthermore, the moderator, gendered racism x private regard, did not significantly attenuate the impact of gendered racism on the quality of participants' social relationships.

The third and final regression analysis included public regard and the interaction between gendered racism and public regard (i.e., gendered racism x public regard) (See Table 17), and was significant, $F = 7.40$, $p <.004$, and explained 16% of the variance in the quality of participants' social relationships. In this model, gendered racism, $b = -.28$, $p <.01$, and public regard, $b = .19$, $p <.01$, significantly predicted the quality of participants' social relationships; and the moderator was non-significant. Specifically, fewer gendered racism experiences and higher levels of public regard predicted higher quality social relationships among women.

Overall, gendered racism significantly predicted every aspect of well-being except for life satisfaction. More specifically, greater incidences of gendered racism were associated with more depressive and anxiety symptoms and lower quality of one's social relationships. Furthermore, the different dimensions of racial identity (i.e., racial centrality, public regard, and private regard) were predictive of well-being. Specifically, higher racial centrality (i.e., race was more central to the person's self-concept) and higher public regard (i.e., greater belief that other's view Blacks in a positive light) was associated with higher quality social relationships. Higher private regard (i.e., positive beliefs about African Americans and about being African American) was predictive of greater anxiety symptoms and life satisfaction. Lower private regard predicted

greater depressive symptoms among African American women. Lastly, none of the dimensions of racial identity moderated the relationship between gendered racism experiences and African American women's well-being.

Table 2. Race/Ethnicity of Study Participants' Mothers and Fathers by Percentage

Race/Ethnicity	Mothers	Fathers
African American/Black	73.50	74.30
Caribbean/Afro-Caribbean	9.20	9.60
African	5.60	7.20
Native-American	.40	---
Latino(a)/Latino(a) American	.40	.80
White/European American	.80	---
Middle Eastern/Middle Eastern American	.40	.40
Chinese/Chinese American	---	.40
Pacific Islander/Pacific Islander American	---	.40
Bi-racial	2.80	2.40
Multi-racial	6.80	4.40

Table 3. Descriptive Statistics & Correlations for the Validation of the Revised Schedule of Sexist Events (i.e., RSSE)

	1	2	3	4	5	6
1. Gendered Racism	-----					
2. Racism	.70***	-----				
3. Sexism	.61***	.56**	-----			
4. Social Desirability	-.12	-.14*	.51***	-----		
5. Depressive Symptoms	.31***	.26***	.20	-.32***	-----	
6. Anxiety Symptoms	.33***	.33***	.25	-.26***	.75***	-----
M	2.09	1.35	.25	.55	1.70	1.44
SD	.78	.90	.25	.17	.67	.58
α	.93	.93	.67	.79	.90	.83
Range	1.00-5.55	.00-4.55	.00-1.00	.21-.97	1.00-3.73	1.00-3.67

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

Table 4. Regression Analysis for Validation of the Revised Schedule of Sexist Events (RSSE) (N = 249)

Variable	Depression			Anxiety		
	B	*SE B*	*β*	*B*	*SE B*	*β*
Model 1						
Sexism	-.31	.21	-.12	-.09	.18	-.04
Racism	.09	.07	.11	.13	.06	.21*
Gendered Racism	.26	.08	.30**	.15	.07	.21*
R²		.11*			.13**	
Model 2						
Sexism x Racism	-.02	.18	-.01	.09	.16	.04
Gendered Racism	.27	.06	.32***	.23	.05	.32***
R²		.10*			.11*	

Note: Sexism and racism were centered at their means prior to creating the interaction term.

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

Table 5. Descriptive Statistics & Correlations for Covariates, Gendered Racism, Dimensions of Racial Identity, and Well-Being Among African American/Black Women

	1	2	3	4	5	6	7	8	9	10	11	12	13
1. Age	-----												
2. Marital Status	-.03	-----											
3. Employ Status	-.31***	-.02	-----										
4. Gendered Racism	.12	.02	.06	-----									
5. Centrality	-.06	-.06	-.04	.25***	-----								
6. Private Regard	.03	-.02	-.04	.01	.48***	-----							
7. Public Regard	-.11	-.05	.04	-.46***	-.10	.18*	-----						
8. Depressive Symptoms	-.14*	.04	.07	.31***	-.04***	-.19**	-.28***	-----					
9. Anxiety Symptoms	-.14*	.00	.09	.33***	-.06***	-.20**	-.19*	.74	-----				
10. Life Satisfaction	-.10	-.12	-.01	-.15*	.17*	.28***	.24***	-.31	-.22**	-----			
11. Quality of Soc. Rel.	.03	-.16*	-.03	-.29***	.13†	.23***	.31***	-.49	-.27***	.41***	-----		
12. Born in U.S.	.00	.03	-.01	-.14	.01	.07	.07	-.26	-.28	.08	.11	-----	
13. Raised in the U.S.	.04	-.08	-.03	-.05	.00	.03	.01	-.20	-.25	.02	.04	.61***	-----
M	20.96	-----	-----	2.09	4.58	6.20	3.53	1.70	1.44	4.64	3.58	----	----

	1	2	3	4	5	6	7	8	9	10	11	12	13
SD	4.74	-----	-----	.78	1.05	.92	1.13	.67	.58	1.28	1.00	------	------
α	-----	-----	-----	.93	.73	.84	.80	.90	.83	.81	.78	------	------
Range	18-57	-----	-----	1.00-5.55	1.63-7.00	2.00-7.00	1.00-6.33	1.00-3.73	1.00-3.67	1.00-7.00	1.00-5.00		

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

Table 6. Multiple Regression Analyses for Anxiety, Depression, Life Satisfaction, and the Quality of Social Relationships

Variable	Anxiety			Depression			Life Satisfaction			Quality of Social Relationships		
	B	*SE B*	*β*	*B*	*SE B*	*β*	*B*	*SE B*	*β*	*B*	*SE B*	*β*
Age	-.02	.01	-.19**	-.03	.01	-.20**	-.02	.02	-.08	.02	.01	.09
Marital Status	-.03	.08	-.02	.01	.10	.01	-.29	.19	-.10	-.28	.14	-.13[†]
Employ Status	-.01	.06	-.01	-.02	.07	-.02	-.04	.13	-.02	.03	.10	.02
Gendered Racism	.27	.05	.37***	.25	.06	.29***	-.15	.12	-.09	-.33	.09	-.26***
Centrality	-.05	.04	-.10	-.05	.05	-.09	.12	.09	.10	.14	.07	.15*
Private Regard	-.09	.05	-.15*	-.09	.05	-.12	.29	.10	.21**	.13	.08	.12
Public Regard	-.01	.04	-.02	-.09	.04	-.15*	.18	.08	.16*	.17	.06	.19*
R^2		.19***			.19***			.15**			.20***	

Note: Employ Status = Employment Status.

[†]$p = .05$, *$p < .05$, **$p < .01$, ***$p < .001$

Table 7. Centrality as a Moderator of the Relationship Between Gendered Racism and Anxiety Symptoms

Variable	*B*	*SE B*	*β*
Age	-.02	.01	-.20*
Marital Status	-.02	.08	-.02
Employment Status	-.01	.06	-.01
Gendered Racism	.30	.05	.40*
Racial Centrality	-.09	.04	-.17
Gendered Racism x Centrality	-.02	.04	-.03
R²		.17*	

Note: Gendered racism and racial centrality were centered at their means prior to creating the

interaction term.

*p < .004

Table 8. Private Regard as a Moderator of the Relationship Between Gendered Racism and Anxiety Symptoms

Variable	B	$SE\ B$	β
Age	-.02	.01	-.17
Marital Status	-.02	.08	-.02
Employment Status	.00	.06	.00
Gendered Racism	.26	.05	.36*
Racial Private Regard	-.13	.04	-.20*
Gendered Racism x Private Regard	-.01	.06	-.01
R^2		.18*	

Note: Gendered racism and racial private regard were centered at their means prior to creating the interaction term.

*p < .004

Table 9. Public Regard as a Moderator of the Relationship Between Gendered Racism and Anxiety Symptoms

Variable	B	$SE\ B$	β
Age	-.02	.01	-.17
Marital Status	-.02	.08	-.01
Employment Status	.02	.06	.02
Gendered Racism	.26	.06	.35*
Racial Public Regard	-.03	.04	-.06
Gendered Racism x Public Regard	.04	.04	.07
R^2		.15*	

Note: Gendered racism and racial public regard were centered at their means prior to creating the interaction term.

*p < .004

Table 10. Centrality as a Moderator of the Relationship Between Gendered Racism and Depressive Symptoms

Variable	B	$SE\ B$	β
Age	-.03	.01	-.21*
Marital Status	.02	.10	.02
Employment Status	-.03	.07	-.03
Gendered Racism	.32	.06	.38*
Racial Centrality	-.09	.04	-.14
Gendered Racism x Centrality	-.01	.04	-.02
R^2		.16*	

Note: Gendered racism and racial centrality were centered at their means prior to creating the

interaction term.

*p < .004

Table 11. Private Regard as a Moderator of the Relationship Between Gendered Racism and Depressive Symptoms

Variable	B	$SE\ B$	β
Age	-.03	.01	-.19[†]
Marital Status	.03	.10	.02
Employment Status	-.02	.07	-.02
Gendered Racism	.29	.05	.34*
Racial Private Regard	-.14	.05	-.19*
Gendered Racism x Private Regard	-.01	.06	-.01
R^2		.17*	

Note: Gendered racism and racial private regard were centered at their means prior to creating the interaction term.

[†] $p = .004$, *$p < .004$

Table 12. Public Regard as a Moderator of the Relationship Between Gendered Racism and Depressive Symptoms

Variable	B	SE B	β
Age	-.03	.01	-.18
Marital Status	.03	.10	.02
Employment Status	.00	.07	.00
Gendered Racism	.25	.06	.29*
Racial Public Regard	-.11	.04	-.18
Gendered Racism x Public Regard	.07	.04	.10
R^2		.17*	

Note: Gendered racism and racial public regard were centered at their means prior to creating the interaction term.

*p < .004

Table 13. Centrality as a Moderator of the Relationship Between Gendered Racism and Life Satisfaction

Variable	B	$SE\ B$	β
Age	-.02	.02	-.08
Marital Status	-.31	.20	-.11
Employment Status	-.02	.14	-.01
Gendered Racism	-.33	.11	-.20*
Racial Centrality	.25	.08	.20*
Gendered Racism x Centrality	.07	.08	.05
R^2		.09	

Note: Gendered racism and racial centrality were centered at their means prior to creating the interaction term.

p < .004

Table 14. Private Regard as a Moderator of the Relationship Between Gendered Racism and Life Satisfaction

Variable	B	$SE\ B$	β
Age	-.03	.02	-.10
Marital Status	-.32	.19	-.12
Employment Status	-.04	.14	-.02
Gendered Racism	-.23	.10	-.14
Racial Private Regard	.39	.09	.28*
Gendered Racism x Private Regard	-.01	.12	-.01
R^2		.13*	

Note: Gendered racism and racial private regard were centered at their means prior to creating

the interaction term.

*p < .004

Table 15. Public Regard as a Moderator of the Relationship Between Gendered Racism and Life Satisfaction

Variable	B	SE B	β
Age	-.03	.02	-.10
Marital Status	-.31	.20	-.11
Employment Status	-.10	.14	-.04
Gendered Racism	-.12	.12	-.07
Racial Public Regard	.24	.08	.21[†]
Gendered Racism x Public Regard	-.13	.09	-.10
R^2		.09	

Note: Gendered racism and racial public regard were centered at their means prior to creating the interaction term.

[†] $p = .004$, * $p < .004$

Table 16. Centrality as a Moderator of the Relationship Between Gendered Racism and the Quality of Participants' Social Relationships

Variable	B	SE B	β
Age	.02	.01	.10
Marital Status	-.27	.14	-.13
Employment Status	.05	.11	.03
Gendered Racism	-.45	.08	-.35*
Racial Centrality	.22	.06	.23*
Gendered Racism x Centrality	-.08	.06	-.08
R^2		.16*	

Note: Gendered racism and racial centrality were centered at their means prior to creating the interaction term.

*p < .004

Table 17. Private Regard as a Moderator of the Relationship Between Gendered Racism and the Quality of Participants' Social Relationships

Variable	*B*	*SE B*	*β*
Age	.01	.01	.06
Marital Status	-.32	.14	-.15
Employment Status	.03	.11	.02
Gendered Racism	-.38	.08	-.30*
Racial Private Regard	.24	.07	.22*
Gendered Racism x Private Regard	-.06	.09	-.04
R²		.17*	

Note: Gendered racism and racial private regard were centered at their means prior to creating the interaction term.

*p < .004

Table 18. Public Regard as a Moderator of the Relationship Between Gendered Racism and the Quality of Participants' Social Relationships

Variable	B	$SE\ B$	β
Age	.01	.01	.06
Marital Status	-.31	.15	-.14
Employment Status	-.01	.11	-.01
Gendered Racism	-.28	.09	-.22*
Racial Public Regard	.19	.06	.22*
Gendered Racism x Public Regard	-.07	.07	-.07
R^2		.16*	

Note: Gendered racism and racial public regard were centered at their means prior to creating the interaction term.

*$p < .004$

4 DISCUSSION

For African American women, theorists and scholars have proposed that examining racism and sexism experiences separately from one another does not accurately capture the oppression that these women may face in the United States. Intersectionality theory and the concept of gendered racism suggests that African American women may perceive discrimination based on their identity as African American women and not based on these two separate identities (Settles, 2006; Thomas, Witherspoon, & Speight, 2008). Although there is a growing body of literature on the negative effect that racism and sexism have on African American women's well-being, there is a lack of research on gendered racism and its influence on this population (e.g., Perry, Pullen, & Oser, 2012; Thomas et al., 2008). As such, the current study sought to address this gap in the literature by examining gendered racism's impact on African

American women's well-being specifically, depressive symptoms, anxiety symptoms, life satisfaction, and the quality of their social relationships. Additionally, the potentially protective (buffering) influence of racial identity on the relationship between gendered racism and well-being was examined. Various aspects of racial identity as measured by the Multidimensional Inventory of Black Identity (i.e., racial centrality, racial private regard, and racial public regard; Sellers et al., 1998) have been found to be protective against the negative effects of racism on African American's well-being (e.g., Sellers, Copeland-Linder, Martin, & Lewis, 2006; Sellers & Shelton, 2003). Since gendered racism is based on racist-constructions of gender-based stereotypes, it was hypothesized that aspects of racial identity would be protective against the effect of gendered racism on African American women's well-being.

4.1   The Validity of the Revised Schedule of Sexist Events (RSSE)

Prior to examining gendered racism's influence on African American women's well-being and the protective role of racial identity on this relationship, the validity of the measure chosen to assess participants' gendered racism experiences was examined. The measure of gendered racism (i.e., the Revised Schedule of Sexist Events; RSSE) was developed in 2008 by Thomas, Witherspoon, and Speight. Although the RSSE was a new and important addition to the field of intersectionality research, the measure's validity had yet to be empirically examined. As such, the first aim of this study was to assess the validity of the RSSE for the population used in the current study.

Overall, the RSSE was a valid and reliable measure for use with the current study population. Initial evidence for the convergent validity of the RSSE was established through its relationships with standardized measures of racism-related stress for African Americans (i.e., the Daily Life Experiences Scale; DLE; Harrell, 1997) and sexism (i.e., the CARDIA study's gender

discrimination scale; Krieger, 1990; Krieger & Sidney, 1996). As hypothesized, African American college-age women who reported more experiences of gendered racism reported higher levels of racism-related stress and sexism on both scales. Discriminant validity was established given the weak and non-significant relationship between the RSSE and a measure of social desirability (i.e., the Marlowe-Crowne Social Desirability Scale; Crowne & Marlowe, 1960). Criterion-related validity was also examined by looking at the RSSE's relationship with a measure of psychological distress (i.e., the depression and anxiety subscales of the Hopkins Symptom Check List-58 (HSCL-58; Derogatis et al., 1974)). As expected, African American college-attending women who scored higher on the measure of gendered racism stress also scored higher on the depression and anxiety subscales of the HSCL-58.

Based on intersectionality theory, the race- and sex-based discrimination experiences of African American women cannot be parsed out. As such, the RSSE has been theorized to be a better predictor of African American women's discrimination experiences than singular measures of racism and sexism. To explore this assertion, it was hypothesized that the RSSE would significantly predict psychological distress above and beyond what singular measures of racism and sexism were able to predict, and also what the interaction of racism and sexism (the interactionist approach) would predict. As hypothesized, the current study found evidence for the incremental validity of the RSSE. More specifically, the RSSE remained significantly and positively related to depression and anxiety above and beyond what was accounted for by measures of racism-related stress and sexism and the interaction of racism and sexism (or the interactionist approach). Findings from the current study support the intersectionality perspective as applied to African American women. The gendered racism experiences of college-attending African American women appear to be distinct from experiences of racism-

related stress, sexism, or the interaction between racism-related stress and sexism. Lastly, the reliability of the RSSE for the current study was .93. As such, the RSSE appears to be a valid and reliable measure of African American women's gendered racism experiences. Additionally, the aforementioned validation analyses support the fact that the RSSE is as valid and reliable as most widely used discrimination measures such the Schedule of Sexist Events (SSE; Klonoff & Landrine, 1995), Schedule of Racist Events (SRE; Landrine & Klonoff, 1996), and Daily Life Experiences Scale (DLE; Harrell, 1997).

4.2   Gendered Racism and African American Women's Well-Being

In addition to examining the validity of the gendered racism measure, the current study explored the associations between gendered racism and well-being among college-attending self-identified African American/Black women. As predicted, gendered racism experiences were associated with higher psychological distress (i.e., depressive and anxiety symptoms), less satisfaction with one's life, and poorer quality of women's social relationships. The relationship between gendered racism experiences and higher psychological distress is consistent with previous research (i.e., Perry, Harp, & Oser, 2013; Thomas et al., 2008). The associations between gendered racism and life satisfaction and the quality of African American women's social relationships bolster existing research on the negative impact of discrimination on these outcomes (e.g., Chao, Mallinckrodt, & Wei, 2012; Yap et al., 2011).

4.3   Gendered Racism and Dimensions of Racial Identity as Predictors of African American Women's Well-Being

The second aim of the study examined whether gendered racism and dimensions of racial identity predicted well-being among African American women. It was hypothesized that gendered racism would be predictive of poorer well-being (i.e., greater depressive and anxiety

symptoms and poorer life satisfaction and the quality of social relationships), after controlling for women's age, marital status, and employment status. This hypothesis was partially supported in that greater experiences of gendered racism predicted more anxiety and depressive symptoms. Previous research has found similar findings. More specifically, Thomas and colleagues (2008) found that gendered racism experiences predicted African American women's global psychological distress; and Perry, Harp, and Oser (2013) found that gendered racism predicted reports of severe anxiety among Black women.

Contrary to our initial hypothesis, gendered racism did not significantly predict life satisfaction; however, gendered racism was significantly associated with poorer life satisfaction in correlational analyses. When life satisfaction has been examined with other stressors, in particular, racism, scholars have found similar non-significant relationships. For example, Utsey, Payne, Jackson, and Jones (2002) found that racism-related stress did not significantly predict life satisfaction among their sample of elderly (mean age = 71.62 years) African American men and women. Similarly, Utsey, Ponterotto, Reynolds, and Cancelli (2000) found that racism did not predict life satisfaction among a sample of African American college-attending women and men. Conversely, other scholars have found that racism is a significant predictor of life satisfaction; however, these studies (e.g., Broman, 1997) used singular indicators of participants' life satisfaction. A potential reason for these discrepant findings regarding the relationship between life satisfaction and racism is that the measures differed from those used in previous studies. Additionally, Bradley and Corwyn (2004) proposed that life satisfaction consists of various component parts and that no one part is a highly significant predictor of a person's satisfaction with their life. Other factors that may also need to be examined when exploring predictors of life satisfaction include psychological functioning, perceived control, and

relationship-oriented indicators. For example, Tangri, Thomas, Mednick, and Lee (2003) suggested that in addition to environmental factors or stressors, women's psychological functioning (e.g., mental health) can have an effect on their life satisfaction. Additionally, the degree to which women perceive that they have control over their lives may also be more salient to their self-reported life satisfaction (e.g., Tangri et al., 2003). Lastly, Yap and colleagues (2011) found that a sense of belonging to their families, community, and racial group was more impactful on African American women's life satisfaction than for African American men. This suggests that interpersonal relationships are particularly important for women's life satisfaction. As such, other factors instead of, or in addition to, gendered racism may influence African American women's life satisfaction. For example, gendered racism may indirectly effect African American women's life satisfaction through its impact on interpersonal relationships, psychological functioning, and other factors that more directly influence this outcome. However, gendered racism, similarly to racism and sexism, appears to have a direct influence on psychological health. As such, gendered racism appears to be more detrimental to African American women's mental health than to their satisfaction with their lives.

Lastly, greater reports of gendered racism experiences were predictive of lower quality of African American women's social relationships. A similar relationship has been found between racism and its impact on African Americans' interpersonal interactions. For example, Murry, Harrell, Brody, Chen, Simons, Black, Cutrona, and Gibbons (2008) found that racism was associated with lower relationship satisfaction among African American mothers. Also, Chao and colleagues (2012) found that for African American college students, perceived racism was associated with problematic peer and romantic relationships. Furthermore, previous research has suggested that social relationships, when categorized as social support, can attenuate the negative

effect racism and sexism has on well-being for this population (e.g., Perry, Pullen, & Oser, 2012; Shorter-Gooden, 2004). If gendered racism experiences negatively influence the quality of social relationships, African American women may not have adequate support to effectively cope with these noxious events.

4.4   Racial Identity as a Predictor of African American Women's Well-Being

The current study anticipated that private regard, public regard, and racial centrality would significantly predict lower psychological distress, higher life satisfaction, and higher quality social relationships among African American women. The proposed relationships between dimensions of racial identity and well-being were partially supported. In particular, African American women's own favorable views about African Americans/Blacks and being Black (i.e., higher private regard) predicted higher life satisfaction and lower anxiety symptoms. Existing research has found similar relationships between private regard and well-being. For example, Yap and colleagues (2011) found that higher private regard was related to higher self-reported life satisfaction among African American women. Additionally, among their sample of Asian Pacific Islander American college students, French, Tran, and Chávez (2013) found that higher levels of private regard were associated with lower anxiety symptoms.   Although the current study and French and colleagues (2013) found that private regard was associated with lower anxiety symptoms, other scholars' research has not supported this finding. More specifically, Burrow and Ong (2010) and Caldwell, Zimmerman, Bernat, Sellers, and Notaro (2002) did not find a correlational or multivariate relationship between private regard and anxiety symptoms in their respective studies. However, the aforementioned studies used differing samples from the current study which may account for the discrepant findings.   In particular, the current study was exclusively comprised of African American female

undergraduate students. Furthermore, Burrow and Ong (2010)'s sample consisted of a combined sample of African American male and female doctoral students and graduates; and Caldwell and colleagues (2002)'s sample consisted of African American high schoolers (mean age = 17.48 years). It is plausible that the impact racial private regard has on anxiety symptoms may vary according to the person's age and gender; however, additional research is needed to examine these relationships.

With regard to private regard's relationship to depressive symptoms, previous scholars have found that private regard does not directly affect African American's depressive symptoms (e.g., Caldwell et al., 2002) and this is congruent with the current study's findings. However, Sellers, Copeland-Linder, Martin, and Lewis (2006) found that among a sample of middle and high school African American adolescents, private regard directly effected depressive symptoms. Similarly, Hurd, Sellers, Cogburn, Butler-Barnes, and Zimmerman (2013) found that higher levels of private regard were associated with fewer symptoms of depression over time among their sample of African American high school students. Potential reasons for the discrepant findings between the current study and prior research are the differing measurements of depression and the ages of the participants in the aforementioned studies. More specifically, the current study used the HSCL-58 while other scholars used the CES-D (Center for Epidemiologic Studies Depression Scale). Additionally, an emerging adult sample was used in the current study while Sellers and colleagues (2006) and Hurd and colleagues (2013) used adolescent and/or emerging adults in their studies.

Furthermore, African American women's beliefs that others viewed African Americans/Blacks favorably (i.e., higher public regard) predicted lower depressive symptoms, higher life satisfaction, and higher quality social relationships. Previous work has found similar

outcomes when public regard is examined as a predictor of psychological well-being. For example, Settles, Navarrete, Pagano, Abdou, and Sidanius (2010) found that women with higher public regard reported less depressive symptoms. The relationships between public regard and the quality of women's social relationships and between public regard and life satisfaction are new findings and contribute to the existing racial identity literature. Women who believe that others have more positive views of African Americans may not be burdened with thinking about the negative beliefs that other racial groups hold about their racial group and can instead focus on building cross-racial friends and connections or engaging in behaviors that contribute to more enjoyable lives.

In the current study, greater endorsement that being African American/Black was central to one's identity (i.e., higher racial centrality) predicted higher quality social relationships. African American women who feel that being African American is central to their sense of self may have better quality social relationships. For example, Tran and Lee (2010) found that higher ethnic identity was related to higher social competence (which included positive social interactions, a positive assessment of one's social abilities, and the quality of one's social relationships) among their sample of 17-23 year old Asian American participants. Contrary to previous research, racial centrality did not predict any other component of well-being (i.e., depressive symptoms, anxiety symptoms, or the quality of women's social relationships). Several scholars have found that higher racial centrality is associated with less psychological distress. For example, Sellers, Caldwell, Schmeelk-Cone, and Zimmerman (2003) and Sellers and Shelton (2003) found that African American young adults who indicated that race was more central to their identity were more likely to report lower levels of psychological distress. Additionally, centrality has been found to be positively correlated with life satisfaction (Yap,

Settles, & Pratt-Hyatt, 2011) and depressive symptoms (Yip, Seaton, & Sellers, 2006). One

reason for the lack of a direct effect of racial centrality on psychological distress among African

American college-attending women is that racial centrality may not tap into the affective

components of racial identity like racial private and public regard. Specifically, racial public and

private regard assess Black people's feelings about their racial group and how others feel about

Black people. Furthermore, the theory behind and the questions that comprise the public and

private regard dimensions were highly influenced by the literature on collective self-esteem

(Rowley et al., 1998). As such, these affective dimensions (i.e., private and public regard) may

be better predictors of mental health symptoms given their affective nature instead of the

importance of race to one's identity (i.e., racial centrality). Instead, racial centrality may

enhance the benefits of positive feelings about one's racial group or experiences' impact on

women's psychological health (e.g., Settles et al., 2010). More specifically, racial centrality has

been found to moderate the relationship between racial private regard on psychological well-

being. For example, Settles, Navarrete, Pagano, Abdou, and Sidanius (2010) found that for

African American women who reported that race was central to their sense of self (i.e., higher

racial centrality), higher levels of private regard were helpful in mitigating the negative impact of

depressive symptoms. This finding suggests that racial centrality as a moderator between private

regard and psychological health may tell us more about racial identity's influence on

psychological distress than examining racial centrality alone.

In summary, dimensions of racial identity have been theorized to be associated with

various aspects of psychological health. In particular, Mandara, Gaylord-Harden, Richards, and

Ragsdale (2009) suggested that racial identity can promote psychological health by protecting

African Americans from experiencing negative consequences of the social situations that they

navigate on a daily basis. Additionally, racial public and private regard are conceptualized as the ways in which African Americans *feel* and think about their race. As such, they are the dimensions of racial identity that may best be associated with African American's psychological health (Mandara et al., 2009). Furthermore, private and public regard may tap into the affective components of depression (Mandara et al., 2009) and anxiety. More specifically, when African American women focus on the positive characteristics of African Americans they may be able to shore up their psychological well-being (Settles et al., 2010). In the current study, private regard was influential in effecting anxiety symptoms and public regard was influential in impacting depressive symptoms. Furthermore, racial identity can potentially act as a buffer against the negative outcomes associated with psychological symptoms such as anxiety and depression by promoting support from others, positive sense of self, and engagement in religious practices (Hunter & Schmidt, 2010). The positive influence that racial centrality, racial public regard, and racial private regard had on the quality of African American college-attending women's social relationships provides some evidence for the positive contribution that racial identity has on promoting social support.

4.5 Racial Identity as a Protective Mechanism Against Gendered Racism's Impact on African American Women's Well-Being

Given the lack of research on potential protective factors against gendered racism's deleterious effect on women's well-being, the final aim of the study sought to investigate the protective roles of racial centrality, public regard, and private regard against this negative relationship. Dimensions of racial identity were chosen as protective factors for several reasons. First, when compared to gender identity, race may be more salient than gender among African Americans (e.g., Settles, 2006). Secondly, racial centrality, private regard, and public regard have been found to mitigate the damage that racism can have on African American's

psychological health (e.g., Sellers et al., 2006; Sellers & Shelton, 2003). Lastly, there is a dearth of identity measures that assess multiple aspects of identity (e.g., measures that assess what it means to be both a particular race AND a member of a particular gender) as such, the current study was unable to examine the influence of intersectional identities and their influence on the relationship between gendered racism and well-being.

Contrary to what was hypothesized, racial centrality, public regard, and private regard did not mitigate the negative effect of gendered racism on well-being for this sample. Identities or worldviews that are aligned with intersectionality theory may be more applicable as protective factors against the impact of gendered racism on African American women's well-being. One such worldview is womanism, and one such identity is gendered racial identity. Brown (1989) defined womanism as a worldview that integrates multiple dimensions of influence (e.g., race, culture, gender, societial views, etc.). Womanism champions that race and gender issues are inextricably linked and that one cannot separate the two when discussing women of color and oppression in the United States (Brown, 1989). Womanism may provide women of color with a framework in which they can first identify and then contextualize gendered racism experiences. When endorsed by women of color, this framework could facilitate the externalization of and lessen the influence of gendered racism experiences. Given these aspects of womanism, this worldview may be protective against gendered racism. In their seminal study, DeBlaere and Bertsch (2013) found that womanism moderated the relationship between African American women's perceived lifetime sexism experiences and psychological health. Although DeBlaere and Bertsch (2013) found that womanism was protective against sexism's effect on African American women's psychological distress, it has not been examined as a moderator between African American women's racism *or* gendered racism experiences.

Another potential protective factor that might mitigate the impact of gendered racism experiences on well-being and health is gendered racial identity. Gendered racial identity is the intersection of racial and gender identity among women of color (Thomas et al., 2011). As such, gendered racial identity inherently embodies intersectionality theory. Focusing on a singular aspect of identity, whether that be racial, feminist, or gender/womanist identity (i.e., womanist identity details women's progression through the development of their womanhood; Moradi, 2005) does not take into account the intersection of multiple identities (Thomas et al., 2011). More importantly, none of the previously stated identities would accurately capture the salience of gender AND race for African American women and how these two salient identities intertwine to create African American women's unique construction(s) of their sense of selves. As such gendered racial identity may more accurately reflect the identity of African American women. Specifically, the more central an African American woman's racial gender identity is to their sense of self, the more positive an African American woman's views are about being a Black woman, and the higher the belief that others view African American women in a less than favorable light may mitigate the likelihood that gendered racism experiences would exert a negative influence on their well-being. Although gendered racial identity is theorized to play a protective role for the gendered racism and health relationship, to date no measures of gendered racial identity exist, so the relationship has not been tested.

4.6 Study Limitations

Although the current study adds to the growing literature on the influence of gendered racism experiences on African American women's well-being, there are several limitations that should be noted. First, the original dataset contained data that was missing at random. Instead of using listwise deletion to create a dataset with no missing data, multiple imputation was used.

Although this approach to handling missing data is preferred over traditional approaches such as listwise, pairwise, and mean substitution (e.g., Acock, 2005) and provides relatively more accurate estimates of parameters and unbiased estimates of standard errors (Acock, 2005; Choi, Golder, Gillmore, & Morrison, 2005), the method can produce datasets with different imputed values every time the imputation syntax is used (Acock, 2005). Therefore, if another researcher were to obtain the unimputed dataset (i.e., the original dataset) and then use the multiple imputation strategy using a different statistical software or even the original imputation syntax, that researcher may get different results than were observed in the current study. Additionally, the reliability of the sexism measure (i.e., $\alpha = .68$) that was used to validate the Revised Schedule of Sexist Events (RSSE; Thomas et al., 2008), was lower than traditionally accepted convention ($\geq .70 -.80$; Field, 2013). As scholars continue to validate the Revised Schedule of Sexist Events (RSSE), they should consider using more reliable sexism measures to examine the convergent validity of the measure. However, the sexism measure was not used to answer the primary research questions regarding (1) the impact of gendered racism on African American women's well-being and (2) the protective influence of racial identity on this relationship.

Lastly, it is possible that the lack of age and regional variability among the African American women and exclusive recruitment of college students for the study may limit the generalizability of the current findings. African American women in different regions of the country, of varying ages, and of different educational backgrounds may also have varying experiences of gendered racism. Therefore, one should be cautioned from generalizing these results to other African American women from other regions, who are in middle or late adulthood, or that have educational levels that differ from the women in the current sample. Although the sample had a specific age range, the findings are congruent with research that has

examined the negative effect of gendered racism on well-being among a sample of well-educated African American young adult and middle-aged women from the Midwest (e.g., Thomas et al., 2008). Furthermore, the current study adds to the limited literature on gendered racism among African American women.

4.7   Future Directions and Implications

Future research should continue to explore the frequency of gendered racism experiences among African American women and the impact of these experiences on different aspects of well-being. Given the fact that gendered racism did not significantly predict African American women's life satisfaction in the current study, other outcomes (instead of life satisfaction) may be more salient to explore among college-attending African American women. For example, racism and sexism have been found to be associated with engagement in risky health behaviors among college students (e.g., Grekin, 2012; Zucker & Landry, 2007). Additionally, among African American high school students, racism has been shown to contribute to lower engagement in education (e.g., Chavous, Rivas-Drake, Smalls, Griffin, & Cogburn, 2008). Furthermore, proponents of positive psychology suggest that psychology's conceptualization of well-being as the absence of distress greatly limits our understanding of people's health (e.g., Ryff, 1989). As such, future research should examine the effect of gendered racism on other aspects of psychological well-being such as self-acceptance and self-esteem. Additionally, more research needs to be done to elucidate moderating variables such as self-esteem, perceived social support, and coping strategies that may attenuate the impact of gendered racism on various outcomes. Given that some scholars have found that aspects of racial identity may act as mediators or work though other variables to influence racisms' effect on well-being, racial centrality, private regard, and public regard should be examined as mediators between the

gendered racism and health relationship. Additionally, when examining the impact that

dimensions of racial identity has psychological health, racial centrality could be examined as a

moderator between both public and private regard' influence on depressive and anxiety

symptoms.   Furthermore, racial centrality should be investigated within a moderated mediation

analysis of racial identity dimensions as buffers against gendered racism.   An important

consideration for future studies is the influence of Black women's ecology, in particular their

families of origin, in their perceptions of gendered racism experiences. For example, parental

concerns about how race and gender may impact their children during their adolescence and

young adulthood may impact the race- or gender-based conversations that parents have with their

daughters (e.g., Varner & Mandara, 2013). Additionally, parents' own experiences of racism or

sexism may lead them to engage in gender or racial/ethnic socialization practices such as

providing their daughters with messages about the potential for differential treatment based on

their gender or race (e.g., Hagelskamp & Hughes, 2014).   Lastly, parents' race/ethnic

background can have an impact on their lived experiences and these lived experiences can

influence whether they engage in race- or gender-based discussions with their daughters.

Specifically, the sociopolitical history for each ethnic group in the U.S. may impact how

members of these ethnic groups perceive or react to discrimination (Chou, Asnaani, & Hofmann,

2012). Consequently, the differing experiences and histories of ethnic groups should be

considered when studying the frequency of discrimination experiences (Chou et al., 2012). For

example, adults who recently immigrated to the U.S. tend to talk are more likely to talk to their

children about discrimination (e.g., Hughes, Rodriguez, Smith, Johnson, Stevenson, & Spicer,

2006). An illustration of this differential experience based on nationality is that Asian

Americans who are not born in the United States tend to experience more racist experiences than

those Asian Americans who are born in the U.S. (e.g., Cheng, Lin, & Cha, 2015). First-generation offspring of foreign-born Asian American parents may be provided with more messages about the potential for gender or race-based discrimination than children of U.S. born Asian American parents (e.g., Hughes, Rodriguez, Smith, Johnson, Stevenson, & Spicer, 2006). Women who have had more discussions about discrimination with their parents may be more likely to perceive or report discriminatory experiences during adulthood.

Furthermore, Thomas and colleagues (2008) called for the continued exploration of different coping strategies that African American women may use to handle these racist gendered experiences. The aforementioned call for scholarly inquiry continues to have merit as the gendered racism literature grows and expands. Potential coping strategies that should be explored are culturally-relevant strategies or processes such as gendered racial socialization (e.g., Smalls & Cooper, 2012; Thomas & King, 2007), gendered racial identity (e.g., Thomas et al., 2011) and womanism (e.g., DeBlaere & Bertsch, 2013). Although a womanism measure exists (i.e., the Women of Color subscale of the Feminist Perspective Scale; Henley, Meng, O'Brien, McCarthy, & Sockloskie, 1998), future scholars need to develop and validate measures for gendered racial identity and gendered racial socialization so that these factors can be examined as potential protective processes against the gendered racism and well-being relationship.

4.8   Potential Applications of the Current Study's Findings

The current study contributes to the growing literature on the deleterious effect that gendered racism has on African American women's psychological health and relationship quality. Additionally, the validity of the Revised Schedule of Sexist Events (RSSE; Thomas and colleagues, 2008) was established which supports its continued use as a measure of gendered racism experiences among Black women. Furthermore, counselors may be able to use the RSSE

to explore African American women's discrimination experiences that contribute to their psychological distress and poorer interpersonal relationships. Lastly, given that African American women report gendered racism, African American mothers and caregivers may consider discussing the prevalence of and ways of coping with these experiences with their African American daughters.

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APPENDICES

Appendix A

Validation of the Revised Schedule of Sexist Events (RSSE)

<u>Gendered Racism</u>

The intersectionality perspective has been put forth to explain how gender and race dually inflluence and act upon African American women (e.g., Settles, 2006; Thomas, Witherspoon, & Speight, 2008). This theory suggests that gender and race are experienced simultaneously and are unable to be parsed out (Settles, 2006). As such, African American women experience a unique form of identity based on their combined experiences as African Americans and as women. Essed (1991) developed the term *gendered racism* to describe the fusion (i.e., intersection) of race and gender in African American women's lived experiences. The concept of gendered racism suggests that African American women may perceive discrimination based on their identity as African American woman and not based on these two separately (Settles, 2006; Thomas, Witherspoon, & Speight, 2008). This premise served as a springboard for Thomas and colleagues (2008) measure, the Revised Schedule of Sexist Events (RSSE), which examines gendered racism experiences among African American women. Although this measure is a new and important addition to the field of intersectionality research, it has not been validated. As such, the first aim of this study is to examine the validity of the RSSE.

A Review of Aspects of Validity for Psychosocial Measures

Scholars suggest assessing various areas of construct validity when developing a new measure or when trying to establish the validity a newly developed measure (e.g., Foster & Cone, 1995; Haynes, Richard, & Kubany, 1995). Construct validity refers to how well a

measure correlates with the theoretical concept that it is designed to assess (Burton & Mazerolle, 2011, p. 28). Construct validity can include the following aspects of validity: content, convergent, discriminant, criterion-related, and incremental (Haynes et al., 1995). Content validity is how well a measure is associated with and representative of the construct in which it is intended to assess (Haynes et al., 1995). Convergent validity is the degree to which the measure is similar to other measures that it theoretically should be similar to (Burton & Mazerolle, 2011). Discriminant validity is the degree to which the measure is not similar to other measures that it is theoretically dissimilar to (Burton & Mazerolle, 2011). Additionally, criterion-related validity is the extent to which a respondent's score on a measure (e.g., an IQ test) is correlated with other variables or outcomes that are representative of the construct (e.g., a measure of academic performance). Lastly, incremental validity is the extent to which a measure (e.g., gendered racism) predicts or explains a concept (e.g., depression), above and beyond other measures (e.g., racism) that are theorized to be associated with the concept (e.g., Burton & Mazerolle, 2011; Foster & Cone, 1995; Haynes et al., 1995).

Various intersectionality-based measures and the procedures used to validate them will be reviewed to establish a precedent for validating the Revised Schedule of Sexists Events (RSSE). The measures that will be discussed include the LGBT People of Color Microaggressions Scale (LGBT PCMS; Balsam, Molina, Beadnell, Simoni, & Walters, 2011), the African American Men's Gendered Racism Stress Inventory (AMGRaSI; Schwing, Wong, & Fann, 2013), and a measure of gendered heterosexism (Friedman & Leaper, 2010). In accordance with the practices of the creators of the aforementioned intersectionality measures and existing literature, a plan for establishing the construct validity of the Revised Schedule of Sexist Events (RSSE) will be outlined (See Table 1).

Content Validity and the Revised Schedule of Sexist Events (RSSE)

As previously mentioned, content validity is how well a measure is associated with, and representative of, the construct in which it is intended to assess (Haynes et al., 1995). Haynes and colleagues (1995) suggest that content validity can differ across populations and that the validity of a measure should be established for the population that is being sampled. To assess the RSSE's content validity, the internal consistency (i.e., Cronbach's alpha) of the measures will be assessed for the current study's sample. A second approach will be to conduct a confirmatory factor analysis (CFA) to validate the one-factor structure of the measure. Cokley and Helm (2001) suggested that CFA permits the researcher to test theories. Additionally, using CFA allows the researcher to impose a particular model on the data in an effort to see how well the model fits the data (Cokley & Helm, 2001).

Convergent Validity and the Revised Schedule of Sexist Events (RSSE)

Convergent validity measures how closely related a new measure is to similar measures (or constructs) (Burton & Mazerolle, 2011). To demonstrate convergent validity, a new measure should be significantly and strongly correlated with similar measures (Burton & Mazerolle, 2011). Foster and Cone (1995) indicate that establishing the convergent validity of a new measure when same or similar constructs do not yet exist pose potential difficulties for researchers. Researchers' solution to this problem has involved relating their new measure to measures that reasonably should be similar to their new measure (Foster & Cone, 1995). More specifically, these researchers use various measures that may approximate their new measure with the understanding that the correlations/relationships among the measures may only be acceptably strong (Foster & Cone, 1995).

For example, Schwing and colleagues (2013) developed measures of gendered racism stress for African American men and micoaggressions for LBGT people of color, respectively. To assess the convergent validity of these new measures for which similar measures did not exist, they correlated their new measure with measures that the scholars theorized to be conceptually similar to them. Schwing and colleagues (2013) correlated their measure with measures of racism and masculine gender role stress. Schwing and colleagues (2013) found that their measure and its subscales were significantly and positively correlated with the racism measure. Additionally, the total score of their measure and one of the measure's subscales was significantly and positively correlated with masculine gender role stress (Schwing et al., 2013).

In accordance with previous research and recommendations for establishing the convergent validity of a measure, this aspect of the RSSE will be assessed by examining the correlational relationship between it and similar measures. Specifically, the correlational relationship between the RSSE and a measure of racism (i.e., the Daily Life Experiences (DLE) subscale of the Racism and Life Experiences Scale; Harrell, 1997) and a measure of sexism (CARDIA Study; Krieger, 1990; Krieger & Sidney, 1996) will be examined (See Table 1). It is hypothesized that the RSSE will be highly and significantly correlated with both the DLE (racism measure) and the sexism measure (See Table 1). The Daily Life Experiences (DLE) subscale of the Racism and Life Experiences Scale (Harrell, 1997) assesses racial microagressions in the past year, and was chosen due to its high reliability among African American samples. For example, Harrell (1997) found that the measure was highly reliable among a sample of African American college students ($\alpha = .90$); and Seaton, Yip, and Sellers (2009) found that the DLE was also highly reliable among their sample of high school-aged African American adolescents ($\alpha = .92$ and $\alpha = .93$). Additionally, the gender discrimination

scale from the CARDIA study (Krieger, 1990; Krieger & Sidney, 1996) was chosen due to the

fact that it was (1) different from the Schedule of Sexist Events (the Schedule of Sexist Events

was the same measure used to create the RSSE (current investigation); Landrine & Klonoff,

1995) and (2) the fact that it has been previously used by other researchers to examine the impact

of sexism on African American women's outcomes (e.g., Canady, Bullen, Holzman, Broman, &

Tian, 2008; Dole, Savitz, Siega-Riz, Hertz-Picciotto, McMahon, & Buekens, 2004).

Discriminant Validity and the Revised Schedule of Sexist Events (RSSE)

Discriminant validity seeks to demonstrate that the measure does not relate to other

measures that it should not be related to conceptually (Burton & Mazerolle, 2011; Foster &

Cone, 1995). For example, a measure of intelligence should not be related to a measure of

anxiety because they are different conceptually. To demonstrate discriminant validity,

researchers seek to demonstrate that their new measure is not related to social desirability

measures (Foster & Cone, 1995). Foster and Cone (1995) recommend that the correlation

between the new measure and the social desirability measure should not exceed correlations

between the new measure and other tests that are assessing the same construct. One of the most

popular measures of social desirability is the Marlowe-Crowne Social Desirability Scale (Foster

& Cone, 1995). Several researchers have investigated the correlational relationship between

their measure and the Marlow-Crowne Social Desirability Scale expecting that their measure

would be negatively and non-statistically significant with the social desirability measure (e.g.,

Reeb, 2006; Schwing, Wong, & Fann, 2013). For example, Schwing and colleagues (2013)

expected a weak association between their measure of gendered racism stress for African

American men and the Marlowe-Crowne Social Desirability Scale. This hypothesis was

supported as the measure was not significantly correlated with the social desirability scale.

Based on the work of previous researchers, the discriminant validity of the RSSE will be assessed by examining the correlational relationship between the RSSE and the Marlowe-Crowne Social Desirability Scale (Crowne & Marlow, 1960). It is hypothesized that the RSSE will be weakly and not significantly correlated with the Marlowe-Crowne Social Desirability Scale (See Table 1).

Criterion-Related Validity and the Revised Schedule of Sexist Events (RSSE)

Criterion-related validity is the extent to which the scores on a new measure correlate with scores on already established measures of the behavior or construct of interest (Foster & Cone, 1995). Previous scholars have demonstrated that perceived racism and sexism are significantly and negatively correlated with psychological distress (e.g., depression and anxiety) among African American women and girls (e.g., Greer, 2011b; Landrine and Klonoff, 1996). Additionally, Schwing and colleagues (2013) assessed the criterion-related validity of their gendered racism stress scale for African American men by examining the scale's correlation to a measure of psychological distress. The authors hypothesized that the measure would be positively correlated with psychological distress, and the hypothesis was supported. As such, the criterion-related validity of the RSSE will be assessed by examining the correlational relationship between the RSSE and a measure of psychological distress (i.e., the HSCL-58; Derogatis et al., 1974). It is hypothesized that the RSSE will be significantly associated with higher psychological distress (i.e., anxiety and depression) (See Table 1).

Incremental Validity and the Revised Schedule of Sexist Events (RSSE)

Incremental validity is how much a measure can explain or predict a construct relative to other measures (Haynes & Lench, 2003; Hunsley & Meyer, 2003). Examining the incremental validity of a measure may be warranted when it is hypothesized that the new measure will

account for a higher proportion of variance in a criterion measure (e.g., psychological distress) (Haynes & Lench, 2003).   Prior research has suggested that measuring racism and sexism separately or simply examining the interaction of racism and sexism (racism x sexism) does not adequately capture the experiences of African American/Black women. As such, intersectionality theory suggests that gendered racism might account for more variance in measures such as psychological distress than racism alone, sexism alone, or the interaction of racism and sexism (e.g., Moradi & Subich, 2003; Szymanski & Stewart, 2010).

Given the aforementioned premise regarding gendered racism, the RSSE is hypothesized to account for more variance in psychological distress than racism alone, sexism alone, and the interaction of racism and sexism (racism x sexism). For example, Schwing and colleagues (2013) investigated the incremental validity of their gendered racism stress scale for African American men by demonstrating that it contributed significantly to predicting psychological distress above and beyond what was accounted for by the measures of racism-related and masculine gender role stress (Schwing et al., 2013). Additionally, Friedman and Leaper (2010) examined the incremental validity of their gendered heterosexism measure. In their study, the researchers conducting hierarchical regression analyses to demonstrate that their measure would predict social identities and collective action better than sexism alone, heterosexism alone, or the interaction of sexism and heterosexism (i.e., sexism x heterosexism) (Friedman & Leaper, 2010). More specifically, the researchers conducted hierarchical regression analyses for each outcome and entered the variables in this order: Step 1 – other indicators of interest; Step 2 – sexism experiences and heterosexism experiences; Step 3 – the interaction between sexism and heterosexism; and Step 4 – gendered heterosexism. Gendered heterosexism was found to be a significant predictor of two out of the four outcomes in the study (i.e., sexual-orientation identity

and feminist collective action) after accounting for the other previously mentioned variables

(Friedman & Leaper, 2010).   Additionally, Hunsley and Meyer (2003) suggested that

incremental validity is typically assessed using hierarchical multiple regression to assess the

incremental validity of their measure relative to other measures. To examine the incremental

validity of a measure (e.g., measure B) in predicting a construct, the first measure (e.g., measure

A) is entered into the first step of the regression analysis, and then measure B is entered into the

second step (Hunsley & Meyer, 2003).   Using this strategy, any shared variance between test A

and B is based only on test A (Hunsley & Meyer, 2003).

Based on the recommendations of Hunsley and Meyer (2003) and previous scholars'

methodologies, the incremental validity of the RSSE will be assessed using two multiple

regression analyses (See Table 1). The first multiple regression will examine the RSSE in

relation to a measure of racism and a measure of sexism: the racism measure (i.e., the Daily Life

Experiences subscale of the Racism and Life Experiences Scale) will be entered first, the sexism

measure (i.e., the gender discrimination subscale from the CARDIA study) will be entered

second, and the RSSE will be entered last into the regression. The second multiple regression

will examine the RSSE in relation to the interaction of the racism measure and the sexism

measure: the interaction variable (racism x sexism) will be entered first into the regression and

the RSSE will be entered last into the analysis. The outcome variables for both of these

regression analyses will be the depression and anxiety subscales of the psychological distress

measure (i.e., the HSCL-58). The HSCL-58 (Hopkins Symptom Checklist-58) has demonstrated

adequate reliability and validity with non-clinical samples and American college students (e.g.,

Kenny & Perez, 1996). To prove incremental validity, it is expected that the RSSE will

contribute significantly to predicting depression and anxiety above and beyond what is accounted

for by (1) racism and sexism (separately) and (2) by the racism x sexism interaction.

Appendix B: Study Measures

<div align="center">

African American Women's Well-Being Survey

</div>

<u>Background Questions</u>

1. How old are you? _____

2. What is your gender? (please check one)
   _____ Female
   _____ Transgender

3. What is your sexual orientation?
   _____ Heterosexual
   _____ Gay
   _____ Lesbian
   _____ Bisexual
   _____ Transgender
   _____ Questioning
   _____ Intersex
   _____ Queer

4. What is YOUR ethnicity?
   _____ African American/Black
   _____ Caribbean/Afro-Caribbean
   _____ African
   _____ Bi-racial (please specify _____)
   _____ Multi-racial (please specify _____)
   _____ Other (please specify) _____

5. What is your MOTHER's ethnicity?
   _____ African American/Black
   _____ Caribbean/Afro-Caribbean
   _____ African
   _____ Native American
   _____ Hwai'ian or Alaskan Native/Alaskan Native American
   _____ Latino(a)/Latino(a) American
   _____ Japanese/Japanese American
   _____ Korean/Korean American
   _____ Chinese/Chinese American
   _____ Indian/Indian American
   _____ Pacific Islander/Pacific Islander American

_____ Arab/Arab American
_____ White/European American
_____ Middle Eastern/Middle Eastern American
_____ Bi-racial (please specify _____)
_____ Multi-racial (please specify _____)
_____ Other (please specify) _____

6. What is your FATHER's ethnicity?
    _____ African American/Black
    _____ Caribbean/Afro-Caribbean
    _____ African
    _____ Native American
    _____ Hwai'ian or Alaskan Native/Alaskan Native American
    _____ Latino(a)/Latino(a) American
    _____ Japanese/Japanese American
    _____ Korean/Korean American
    _____ Chinese/Chinese American
    _____ Indian/Indian American
    _____ Pacific Islander/Pacific Islander American
    _____ Arab/Arab American
    _____ White/European American
    _____ Middle Eastern/Middle Eastern American
    _____ Bi-racial (please specify _____)
    _____ Multi-racial (please specify _____)
    _____ Other (please specify) _____

7. What is the highest level of education you have completed?
    _____ Grammar school
    _____ High school or GED
    _____ Vocational/technical school (2 year)
    _____ Community college (2 year)
    _____ Some college (4 year; no college degree)
    _____ Bachelor's (B.A. or B.S.) degree
    _____ Master's degree
    _____ Doctoral degree
    _____ Professional degree (M.D., J.D., etc

8. What is your current marital status?
    _____ Married
    _____ Divorced

_____ Single (never married)
_____ Single and living with another (co-habitating)
_____ Separated
_____ Divorced

9. Were you born in the United States?
   _____ Yes
   _____ No

   If you were NOT born in the United States, how many years have you lived in the U.S.?
   _____

10. Did you grow in the United States?
    _____ Yes
    _____ No

11. How would you describe your current employment status?
    _____ Employed full-time (40+ hrs. per week)
    _____ Employed part-time (39 hrs. or less per week)
    _____ Unemployed
    _____ Other (please specify) _____

12. What is your current classification at GSU?
    _____ Freshman
    _____ Sophomore
    _____ Junior
    _____ Senior
    _____ Non-degree seeking student
    _____ Graduate or Professional Student (e.g., Law student)

13. What is your current grade point average (GPA) at GSU? _____

14. What is your current household income in U.S. dollars (this includes income from you
    and other people in your household?)
    _____ Under $10,000
    _____ $10,000 - $19,999
    _____ $20,000 - $ 29,999
    _____ $30,000 - $39,999
    _____ $ 40,000 - $49,999

_____ $50,000 - $74,999

_____ $75,000 - $99,999

_____ Over $100,000

15. How often do you attend church or other religious meetings?

_____ More than once a week

_____ Once a week

_____ A few times a month

_____ A few times a year

_____ Once a year or less

_____ Never

16. How often do you spend in private religious activities, such as prayer, mediation, or Bible study?

_____ More than once a day

_____ Daily

_____ Two or more times a week

_____ Once a week

_____ A few times a month

_____ Rarely or never

(**Life satisfaction measure**) Below are five statements that you may agree or disagree with. Using the 1 - 7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding.

		1 = Strongly Disagree	2 = Disagree	3 = Slightly Disagree	4 = Neither agree nor disagree	5 = Slightly Agree	6 = Agree	7 = Strongly Disagree
1.	In most ways my life is close to my ideal.	1	2	3	4	5	6	7
2.	The conditions of my life are excellent.	1	2	3	4	5	6	7
3.	I am satisfied with my life.	1	2	3	4	5	6	7
4.	So far I have gotten the important things I want in life.	1	2	3	4	5	6	7
5.	If I could live my life over, I would change almost nothing.	1	2	3	4	5	6	7

(**Gendered Racism Measure**) Please think carefully about your life as you answer the questions below. Circle the number that best describes events in YOUR ENTIRE LIFE (from when you were a child to now), using these rules:

1 = If this have NEVER happened to you
2 = If this has happened ONCE IN A WHILE (less than 10% of the time)
3 = If this has happened SOMETIMES (10% - 25% of the time)
4 = If this has happened A LOT (26% - 49% of the time)
5 = If this has happened MOST OF THE TIME (50% - 70% of the time)
6 = If this has happened ALMOST ALL OF THE TIME (more than 70% of the time)

1. How many times have you been treated unfairly by teachers or professors because you are a Black woman?

   How many times IN YOUR ENTIRE LIFE? 1   2   3   4   5   6

2. How many times have you been treated unfairly by your employer, boss or supervisors because you are a Black woman?

    How many times IN YOUR ENTIRE LIFE? 1   2   3   4   5   6

3. How many times have you been treated unfairly by your co-workers, fellow students or colleagues because you are a Black woman?

    How many times IN YOUR ENTIRE LIFE? 1   2   3   4   5   6

4. How many times have been treated unfairly by people in service jobs (by store clerks, waiters, bartenders, waitresses, bank tellers, mechanics and others) because you are a Black woman?

    How many times IN YOUR ENTIRE LIFE? 1   2   3   4   5   6

5. How many times have you been treated unfairly by strangers because you are a Black woman?

    How many times IN YOUR ENTIRE LIFE? 1   2   3   4   5   6

6. How many times have you been treated unfairly by people in helping jobs (by doctors, nurses, psychiatrists, case workers, dentists, school counselors, therapists, pediatricians, school principles, gynecologists, and others) because you are a Black woman?

    How many times IN YOUR ENTIRE LIFE? 1   2   3   4   5   6

7. How many times have you been treated unfairly by neighbors because you are a Black woman?

    How many times IN YOUR ENTIRE LIFE? 1   2   3   4   5   6

8. How many times have you been treated unfairly by your boyfriend, husband, or other important man in your life because you are a Black woman?

    How many times IN YOUR ENTIRE LIFE? 1   2   3   4   5   6

9. How many times were you denied a raise, a promotion, tenure, a good assignment, a job, or other such thing at work that you deserved because you are a Black woman?

    How many times IN YOUR ENTIRE LIFE? 1   2   3   4   5   6

10. How many times have you been treated unfairly by your family because you are a Black woman?

How many times IN YOUR ENTIRE LIFE? 1   2   3   4   5   6

11. How many times have people made inappropriate or unwanted sexual advances to you because you are a Black woman?

How many times IN YOUR ENTIRE LIFE? 1   2   3   4   5   6

12. How many times have people failed to show you the respect that you deserve because you are a Black woman?

How many times IN YOUR ENTIRE LIFE? 1   2   3   4   5   6

13. How many times have you wanted to tell someone off for oppressing you as a Black woman?

How many times IN YOUR ENTIRE LIFE? 1   2   3   4   5   6

14. How many times have you been really angry about something oppressive that was done to you because you are a Black woman?
How many times IN YOUR ENTIRE LIFE? 1   2   3   4   5   6

15. How many times were you forced to take drastic steps (such as filing a grievance, filing a lawsuit, quitting your job, moving away, and other actions) to deal with some oppressive thing that was done to you as a Black woman?

How many times IN YOUR ENTIRE LIFE? 1   2   3   4   5   6

16. How many times have you been called a name like bitch or slur because you are a Black woman?

How many times IN YOUR ENTIRE LIFE? 1   2   3   4   5   6

17. How many times have you gotten into an argument or a fight about something oppressive that was done or said to you as a Black woman or other Black women?

How many times IN YOUR ENTIRE LIFE? 1   2   3   4   5   6

18. How many times have you been made fun of, picked on, pushed, shoved, hit, or threatened with harm because you are a Black woman?

How many times IN YOUR ENTIRE LIFE? 1   2   3   4   5   6

19. How many times have you heard people making inappropriate or degrading jokes about Black women?

How many times IN YOUR ENTIRE LIFE? 1   2   3   4   5   6

20. How different would your life be now if you HAD NOT BEEN treated in an unfair way as a Black woman?

THROUGHOUT YOUR ENTIRE LIFE:

The Same as it is now	A little different	Different in a few ways	Different in a lot of ways	Different in most ways	Totally different
1	2	3	4	5	6

(Racial Socialization Measure) How often has your parent(s),,,,

1.	Told you that Blacks and Whites should try to understand each other so they can get along	O (Never)	1 (Once or Twice)	2 (More than Twice)
2.	Told you that because of opportunities today, hardworking Blacks have the same chance to succeed as anyone else.	O (Never)	1 (Once or Twice)	2 (More than Twice)
3.	Told you that you should try to have friends from all different races.	O (Never)	1 (Once or Twice)	2 (More than Twice)
4.	Told you that you can learn things from people of different races.	O (Never)	1 (Once or Twice)	2 (More than Twice)
5.	Told you learning about black history is not that important	O (Never)	1 (Once or Twice)	2 (More than Twice)
6.	Told you it is best to act like whites.	O (Never)	1 (Once or Twice)	2 (More than Twice)
7.	Told you that being Black is nothing to be proud of.	O (Never)	1 (Once or Twice)	2 (More than Twice)
8.	Told you white businesses are more reliable than Black businesses.	O (Never)	1 (Once or Twice)	2 (More than Twice)
9.	Told you that Blacks are not as smart as other races.	O (Never)	1 (Once or Twice)	2 (More than Twice)
10.	Told you that some people think they are better than you because of their race.	O (Never)	1 (Once or Twice)	2 (More than Twice)
11.	Told you that Blacks have to work twice as hard as Whites to get ahead.	O (Never)	1 (Once or Twice)	2 (More than Twice)
12.	Told you that some people may dislike you because of the color of your skin.	O (Never)	1 (Once or Twice)	2 (More than Twice)
13.	Told you that some people tried to	O	1	2

		O (Never)	1 (Once or Twice)	2 (More than Twice)
	keep Black people from being successful.	(Never)	(Once or Twice)	(More than Twice)
14.	Been involved in activities that focus on things important to Black people.	O (Never)	1 (Once or Twice)	2 (More than Twice)
15.	Talked with you about Black history.	O (Never)	1 (Once or Twice)	2 (More than Twice)
16.	Told you that you should be proud to be Black.	O (Never)	1 (Once or Twice)	2 (More than Twice)
17.	Told you never to be ashamed of your black features (hair texture, lip shape, skin color, etc.)	O (Never)	1 (Once or Twice)	2 (More than Twice)
18.	Gone with you to Black cultural events (plays, movies, concerts, museums)	O (Never)	1 (Once or Twice)	2 (More than Twice)
19.	Gone with you to cultural events involving other races and cultures (plays, movies, and concerts)	O (Never)	1 (Once or Twice)	2 (More than Twice)
20.	Went with you to organization meetings that dealt with Black issues	O (Never)	1 (Once or Twice)	2 (More than Twice)
21.	Bought you books about Black people	O (Never)	1 (Once or Twice)	2 (More than Twice)
22.	Bought you Black toys or games	O (Never)	1 (Once or Twice)	2 (More than Twice)
23.	Told you that you are somebody special, no matter what anybody says	O (Never)	1 (Once or Twice)	2 (More than Twice)
24.	Told you to be proud of who you are	O (Never)	1 (Once or Twice)	2 (More than Twice)
25.	Told you that skin color does not define who you are	O (Never)	1 (Once or Twice)	2 (More than Twice)
26.	Told you that you can be whatever you want to be	O (Never)	1 (Once or Twice)	2 (More than Twice)

(Psychological Health; HSCL-58) Below is a list of problems and complaints that people sometimes have. Please read each one carefully. After you have done so, please choose the statement that best describes **how much that problem has bothered you during the last week (7 days), including today**.

	HOW MUCH WERE/ARE YOU BOTHERED BY:	**1** Not At All	**2** A Little Bit	**3** Quite A Bit	**4** Extremely
1.	Headaches	1	2	3	4
2.	Nervousness or shakiness inside	1	2	3	4

3.	Faintness or dizziness	1	2	3	4
4.	Loss of sexual interest or pleasure	1	2	3	4
5.	Pains in the heart or chest	1	2	3	4
6.	Feeling low in energy or slowed down	1	2	3	4
7.	Thoughts of ending your life	1	2	3	4
8.	Trembling	1	2	3	4
9.	Poor appetite	1	2	3	4
10.	Crying easily	1	2	3	4
11.	A feeling of being trapped or caught	1	2	3	4
12.	Suddenly scared for no reason	1	2	3	4
13.	Blaming yourself for things	1	2	3	4
14.	Pains in the lower part of your back	1	2	3	4
15.	Feeling lonely	1	2	3	4
16.	Feeling blue	1	2	3	4
17.	Worrying too much about things	1	2	3	4
18.	Feeling no interest in things	1	2	3	4
19.	Feeling fearful	1	2	3	4
20.	Heart pound or racing	1	2	3	4
21.	Soreness of your muscles	1	2	3	4
22.	Trouble getting (catching) your breath	1	2	3	4
23.	Hot or cold spells	1	2	3	4
24.	Having to avoid certain places, (things) or activities because they frighten you	1	2	3	4
25.	Numbness or tingling in parts of your body	1	2	3	4
26.	A lump in your throat	1	2	3	4
27.	Feeling hopeless about the future	1	2	3	4
28.	Weakness in parts of your body	1	2	3	4
29.	Heavy feelings in your arms or legs	1	2	3	4

(**Racial Identity Measure**) Please respond to the following questions regarding your thoughts and beliefs.

		Strongly Disagree 1	2	3	Neutral 4	5	6	Strongly Agree 7
1.	Overall, being Black has very little to do with how I feel about	1	2	3	4	5	6	7

	myself.						
2.	I feel good about Black people.	1	2	3	4	5	6	7
3.	Overall, Blacks are considered good by others.	1	2	3	4	5	6	7
4.	In general, being Black is an important part of my self-image.	1	2	3	4	5	6	7
5.	I am happy that I am Black.	1	2	3	4	5	6	7
6.	I feel that Blacks have made major accomplishments and advancements.	1	2	3	4	5	6	7
7.	My destiny is tied to the destiny of other Black people.	1	2	3	4	5	6	7
8.	Being Black is unimportant to my sense of what kind of person I am.	1	2	3	4	5	6	7
9.	In general, others respect Black people.	1	2	3	4	5	6	7
10.	Most people consider Blacks, on the average, to be more ineffective than other racial groups.	1	2	3	4	5	6	7
11.	I have a strong sense of belonging to Black people.	1	2	3	4	5	6	7
12.	I often regret that I am Black.	1	2	3	4	5	6	7
13.	I have a strong attachment to other Black people.	1	2	3	4	5	6	7
14.	Being Black is an important reflection of who I	1	2	3	4	5	6	7

	am.							
15.	Being Black is not a major factor in my social relationships.	1	2	3	4	5	6	7
16.	Blacks are not respected by the broader society.	1	2	3	4	5	6	7
17.	In general, other groups view Blacks in a positive manner.	1	2	3	4	5	6	7
18.	I am proud to be Black.	1	2	3	4	5	6	7
19.	I feel that the Black community has made valuable contributions to this society.	1	2	3	4	5	6	7
20.	Society views Black people as an asset.	1	2	3	4	5	6	7

(Perceived Stress Measure) The questions in this scale ask you about your feelings and thoughts during THE LAST MONTH.   In each case, please indicate your response by placing an "X" over the circle representing HOW OFTEN you felt or thought a certain way.

		Never 0	Almost Never 1	Sometimes 2	Fairly Often 3	Very Often 4
1.	In the last month, how often have you been upset because of something that happened unexpectedly?	0	1	2	3	4
2.	In the last month, how often have you felt that you were unable to control the important things in your life?	0	1	2	3	4
3.	In the last month, how often have you felt nervous and "stressed"?	0	1	2	3	4
4.	In the last month, how often have you felt confident about your ability to handle your personal problems?	0	1	2	3	4

5.	In the last month, how often have you felt that things were going your way?	0	1	2	3	4
6.	In the last month, how often have you found that you could not cope with all the things that you had to do?	0	1	2	3	4
7.	In the last month, how often have you been able to control irritations in your life?	0	1	2	3	4
8.	In the last month, how often have you felt that you were on top of things?	0	1	2	3	4
9.	In the last month, how often have you been angered because of things that were outside your control?	0	1	2	3	4
10.	In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	0	1	2	3	4

(**Gender Identity Measure**) Please respond to the following questions regarding your thoughts and beliefs.

		Strongly Disagree 1	2	3	Neutral 4	5	6	Strongly Agree 7
1.	Overall, being a woman has very little to do with how I feel about myself.	1	2	3	4	5	6	7
2.	In general, being a woman is an important part of my self-image.	1	2	3	4	5	6	7
3.	My destiny is tied to the destiny of other women.	1	2	3	4	5	6	7
4.	Being a woman is unimportant to my sense of what kind of person I am.	1	2	3	4	5	6	7
5.	I have a strong sense of belonging to other women.	1	2	3	4	5	6	7
6.	I have a strong attachment to other women.	1	2	3	4	5	6	7
7.	Being a woman is an	1	2	3	4	5	6	7

	important reflection of who I am.							
8.	Being a woman is not a major factor in my social relationships.	1	2	3	4	5	6	7

(Racism Measure) These questions ask you to think about experiences that some people have as they go about their daily lives. Please **first** determine how often you have each experience because of your race or racism. Use the scale in the first column and write the appropriate number on the first blank line. **Next**, use the scale in the second column to indicate how much it bothers you when the experience happens. Write the appropriate number on the blank line.

	How often because of race?	How much does it bother you?
	0=never	**0=has never happened to me**
	1=less than once a year	**1=doesn't bother me at all**
	2=a few times a year	**2=bothers me a little**
	3=about once a month	**3=bothers me somewhat**
	4=a few times a month	**4=bothers me a lot**
	5=once a week or more	**5=bothers me extremely**

Being ignored, overlooked, or not given service (in a restaurant, store, etc.)		
Being treated rudely or disrespectfully		
Being accused of something or treated suspiciously		
Others reacting to you as if they were afraid or intimidated		
Being observed or followed while in public places		
Being treated as if you were "stupid", being "talked down to"		
Your ideas or opinions being minimized, ignored, or devalued		

Overhearing or being told an offensive joke or comment		
Being insulted, called a name, or harassed		
Others expecting your work to be inferior		
Not being taken seriously		
Being left out of conversations or activities		
Being treated in an "overly" friendly or superficial way		
Being avoided, others moving away from you physically		
Being mistaken for someone who serves others (i.e., janitor, bellboy, maid)		
Being stared at by strangers		
Being laughed at, made fun of, or taunted		
Being mistaken for someone else of your same race (who may not look like you at all)		
Being asked to speak for or represent your entire racial/ethnic group (e.g., "What do _____ people think"?)		
Being considered fascinating or exotic by others		

(Sexism Measure) We are going to ask you a number of questions related to discrimination. Please read each statement and check the *No* or *Yes* box. If you check *Yes*, please indicate how often you have experienced this (*Rarely*, *Sometimes*, or *Often*).

Have you ever experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following 7 situations because of your **gender**?

		No	Yes	If Yes, how often?		
				Rarely	Sometimes	Often
1.	At school	N	Y	R	S	O
2.	Getting a job	N	Y	R	S	O
3.	Getting housing	N	Y	R	S	O
4.	At work	N	Y	R	S	O
5.	At home	N	Y	R	S	O
6.	Getting medical care	N	Y	R	S	O
7.	On the street or in a public setting	N	Y	R	S	O

(Social Desirability Measure) Listed below are a number of statements concerning personal attitudes and traits. Read each item and decide whether the statement is *true* or *false* as it pertains to you personally.

1.	Before voting I thoroughly investigate the qualifications of all the candidates	True	False
2.	I never hesitate to go out of my way to help someone in trouble.	True	False
3.	It is sometimes hard for me to go on with my work if I am not encouraged.	True	False
4.	I have never intensely disliked anyone.	True	False
5.	On occasion I have had doubts about my ability to succeed in life.	True	False
6.	I sometimes feel resentful when I don't get my way.	True	False
7.	I am always careful about my manner of dress.	True	False
8.	My table manners at home are as good as when I eat out in a restaurant.	True	False
9.	If I could get into a movie without paying and be sure I was not seen I would probably do it.	True	False
10.	On a few occasions, I have given up doing something because I thought too little of my ability.	True	False
11.	I like to gossip at times.	True	False
12.	There have been times when I felt like rebelling against people in authority even though I knew they were right.	True	False
13.	No matter who I'm talking to, I'm always a good listener.	True	False
14.	I can remember "playing sick" to get out of something.	True	False
15.	There have been occasions when I took advantage of someone.	True	False
16.	I'm always willing to admit it when I make a mistake.	True	False
17.	I always try to practice what I preach.	True	False
18.	I don't find it particularly difficult to get along with loud mouthed, obnoxious people.	True	False
19.	I sometimes try to get even rather than forgive	True	False

	and forget.		
20.	When I don't know something I don't at all mind admitting it.	True	False
21.	I am always courteous, even to people who are disagreeable.	True	False
22.	At times I have really insisted on having things my own way.	True	False
23.	There have been occasions when I felt like smashing things.	True	False
24.	I would never think of letting someone else be punished for my wrong-doings.	True	False
25.	I never resent being asked to return a favor.	True	False
26.	I have never been irked when people expressed ideas very different from my own.	True	False
27.	I never make a long trip without checking the safety of my car.	True	False
28.	There have been times when I was quite jealous of the good fortune of others.	True	False
29.	I have almost never felt the urge to tell someone off.	True	False
30.	I am sometimes irritated by people who ask favors of me.	True	False
31.	I have never felt that I was punished without cause.	True	False
32.	I sometimes think when people have a misfortune they only got what they deserved.	True	False
33.	I have never deliberately said something that hurt someone's feelings.	True	False

(DASS-21) Please read each statement and circle a number 0, 1, 2 or 3 that indicates how much the statement applied to you *over the past week*. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

0 Did not apply to me at all
1 Applied to me to some degree, or some of the time
2 Applied to me to a considerable degree, or a good part of time
3 Applied to me very much, or most of the time

1	I found it hard to wind down	0	1	2	3
2	I was aware of dryness of my mouth	0	1	2	3
3	I couldn't seem to experience any positive feeling at all	0	1	2	3
4	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5	I found it difficult to work up the initiative to do things	0	1	2	3
6	I tended to over-react to situations	0	1	2	3
7	I experienced trembling (eg, in the hands)	0	1	2	3
8	I felt that I was using a lot of nervous energy	0	1	2	3
9	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
10	I felt that I had nothing to look forward to	0	1	2	3
11	I found myself getting agitated	0	1	2	3
12	I found it difficult to relax	0	1	2	3
13	I felt down-hearted and blue	0	1	2	3
14	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
15	I felt I was close to panic	0	1	2	3
16	I was unable to become enthusiastic about anything	0	1	2	3
17	I felt I wasn't worth much as a person	0	1	2	3
18	I felt that I was rather touchy	0	1	2	3
19	I was aware of the action of my heart in the absence of physical exertion (e.g, sense of heart rate increase, heart missing a beat)	0	1	2	3

| 20 | I felt scared without any good reason | 0 | 1 | 2 | 3 |
| 21 | I felt that life was meaningless | 0 | 1 | 2 | 3 |

(Identity Questions) How important are each of the following characteristics to your identity and self-definition?

4 = EXTREMELY important	
3 = VERY MUCH important	
2 = SOMEWHAT important	
1 = A LITTLE BIT important	
0 = NOT AT ALL important	
_____ 1.) Your gender	_____ 6.) Your religion
_____ 2.) Your race	_____ 7.) Your physical appearance
_____ 3.) Your ethnicity/culture	_____ 8.) Your sexual orientation
_____ 4.) Your economic status/social class	_____ 9.) Your physical disability
_____ 5.) Your talents, skills, intelligence	_____ 10.) Your personality

A. Overall, how much do you think that experiences that you have had throughout your life have been influenced by each of the following things about you?

4 = EXTREMELY influenced by this	
3 = VERY MUCH influenced by this	
2 = SOMEWHAT influenced by this	
1 = A LITTLE BIT influenced by this	
0 = NOT AT ALL influenced by this	
_____ 1.) Your gender	_____ 6.) Your religion
_____ 2.) Your race	_____ 7.) Your physical appearance
_____ 3.) Your ethnicity/culture	_____ 8.) Your sexual orientation
_____ 4.) Your economic status/social class	_____ 9.) Your physical disability
_____ 5.) Your talents, skills, intelligence	_____ 10.) Your personality

B. During your lifetime, how much have you experienced prejudice or discrimination based on each of these characteristics?

4 = AN EXTREME AMOUNT
3 = A LOT
2 = SOME
1 = A LITTLE BIT
0 = NOT AT ALL

_____ 1.) Your gender	_____ 6.) Your religion
_____ 2.) Your race	_____ 7.) Your physical appearance
_____ 3.) Your ethnicity/culture	_____ 8.) Your sexual orientation
_____ 4.) Your economic status/social class	_____ 9.) Your physical disability
_____ 5.) Your talents, skills, intelligence	_____ 10.) Your personality

C. During the past <u>1 year</u> how much have you experienced prejudice or discrimination based on each of these characteristics?

4 = AN EXTREME AMOUNT 3 = ALOT 2 = SOME 1 = A LITTLE BIT 0 = NOT AT ALL	
_____ 1.) Your gender	_____ 6.) Your religion
_____ 2.) Your race	_____ 7.) Your physical appearance
_____ 3.) Your ethnicity/culture	_____ 8.) Your sexual orientation
_____ 4.) Your economic status/social class	_____ 9.) Your physical disability
_____ 5.) Your talents, skills, intelligence	_____ 10.) Your personality

(Gendered Identity Measure) Please respond to the following questions regarding your thoughts and beliefs.

		Strongly Disagree 1	2	3	Neutral 4	5	6	Strongly Agree 7
1.	I feel good about women.	1	2	3	4	5	6	7
2.	I am happy that I am a woman.	1	2	3	4	5	6	7
3.	I feel that women have made major accomplishments and advancements.	1	2	3	4	5	6	7
4.	I often regret that I am a woman.	1	2	3	4	5	6	7
5.	I am proud to be a woman.	1	2	3	4	5	6	7
6.	I feel that women have made valuable contributions to this society.	1	2	3	4	5	6	7
7.	Overall, women are considered good by	1	2	3	4	5	6	7

	others.							
8.	In general, others respect women.	1	2	3	4	5	6	7
9.	Most people consider women, on the average, to be more ineffective than men.	1	2	3	4	5	6	7
10.	Women are not respected by the broader society.	1	2	3	4	5	6	7
11.	In general, other groups view women in a positive manner	1	2	3	4	5	6	7
12.	Society views women as an asset.	1	2	3	4	5	6	7

(Quality of Life Measure; WHOQL-BREF) The following questions ask how you feel about your quality of life, health, or other areas of your life. I will read out each question to you, along with the response options. **Please choose the answer that appears most appropriate.** If you are unsure about which response to give to a question, the first response you think of is often the best one.

Please keep in mind your standards, hopes, pleasures and concerns. We ask that you think about your life **in the last four weeks.**

		Very poor	Poor	Neither poor nor good	Good	Very good
1.	How would you rate your quality of life?	1	2	3	4	5

		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
2.	How satisfied are you with your health?	1	2	3	4	5

The following questions ask about **how much** you have experienced certain things in the last four weeks.

		Not at all	A little	A moderate amount	Very much	An extreme amount

3.	To what extent do you feel that physical pain prevents you from doing what you need to do?	5	4	3	2	1
4.	How much do you need any medical treatment to function in your daily life?	5	4	3	2	1
5.	How much do you enjoy life?	1	2	3	4	5
6.	To what extent do you feel your life to be meaningful?	1	2	3	4	5

		Not at all	A little	A moderate amount	Very much	Extremely
7.	How well are you able to concentrate?	1	2	3	4	5
8.	How safe do you feel in your daily life?	1	2	3	4	5
9.	How healthy is your physical environment?	1	2	3	4	5

The following questions ask about how completely you experience or were able to do certain things in the last four weeks.

		Not at all	A little	Moderately	Mostly	Completely
10.	Do you have enough energy for everyday life?	1	2	3	4	5
11.	Are you able to accept your bodily appearance?	1	2	3	4	5
12.	Have you enough money to meet your needs?	1	2	3	4	5

13.	How available to you is the information that you need in your day-to-day life?	1	2	3	4	5
14.	To what extent do you have the opportunity for leisure activities?	1	2	3	4	5

		Very poor	Poor	Neither poor nor good	Good	Very good
15.	How well are you able to get around?	1	2	3	4	5

		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
16.	How satisfied are you with your sleep?	1	2	3	4	5
17.	How satisfied are you with your ability to perform your daily living activities?	1	2	3	4	5
18.	How satisfied are you with your capacity for work?	1	2	3	4	5
19.	How satisfied are you with yourself?	1	2	3	4	5
20.	How satisfied are you with your personal relationships?	1	2	3	4	5
21.	How satisfied are you with your sex life?	1	2	3	4	5

22.	How satisfied are you with the support you get from your friends?	1	2	3	4	5
23.	How satisfied are you with the conditions of your living place?	1	2	3	4	5
24.	How satisfied are you with your access to health services?	1	2	3	4	5
25.	How satisfied are you with your transportation?	1	2	3	4	5

The following question refers to how often you have felt or experienced certain things in the last four weeks.

		Never	Seldom	Quite often	Very often	Always
26.	How often do you have negative feelings such as blue mood, despair, anxiety, depression?	5	4	3	2	1