



WELCOME!

Please introduce yourself in the **CHAT BOX** and share what you hope to get out of our time today.

THE IMPACT OF EVERYDAY RACISM ON MENTAL HEALTH

Joseph M. Williams, Ph.D.
Affirm Consulting LLC.
Associate Professor of Education
University of Virginia
jmw5dj@Virginia.edu

AGENDA

Presentation Objectives:

1. Establish a shared language and common understanding of concepts such as racism.
2. Identify the multiple ways in which racism adversely affects mental health.
3. Introduce advocacy-based strategies for addressing racism as behavioral healthcare professionals.

DISCLAIMER

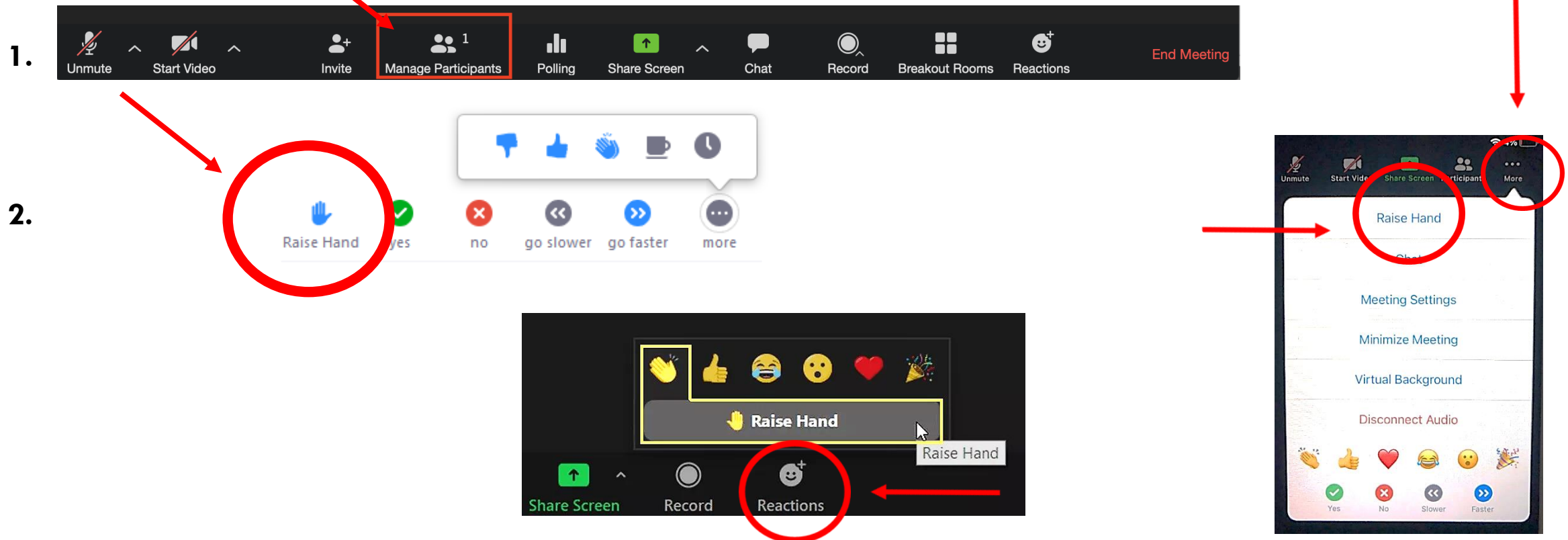
Primary objective of the session is to raise consciousness about the impact of racism on mental health and how participants play a role in either perpetuating or dismantling racism within the behavioral healthcare industry.

It is the hope that the session will inspire reflection that will lead to action at some level for each participant, although it is not a guarantee given the amount of self-work that is necessary to achieve this end.

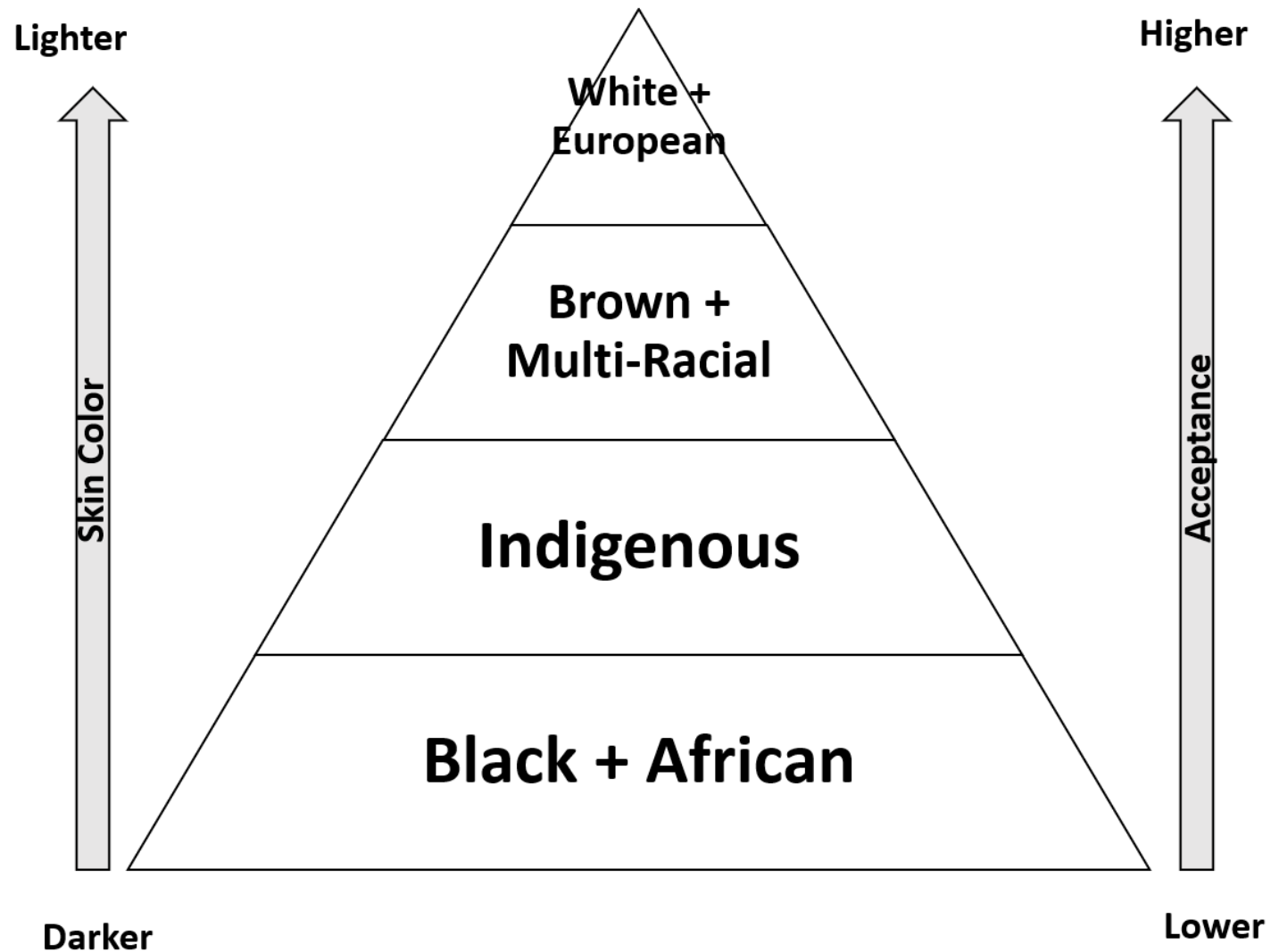
Transformation is a result of practice, after thought, after exposure to information, which this workshop will do. Your evolution is your work.

RAISE HAND FEATURE

We encourage you to ask questions throughout the session. Please use the **Raise Your Hand** option if you want to engage directly with the presenter.



RACIAL HIERARCHY





RACISM?

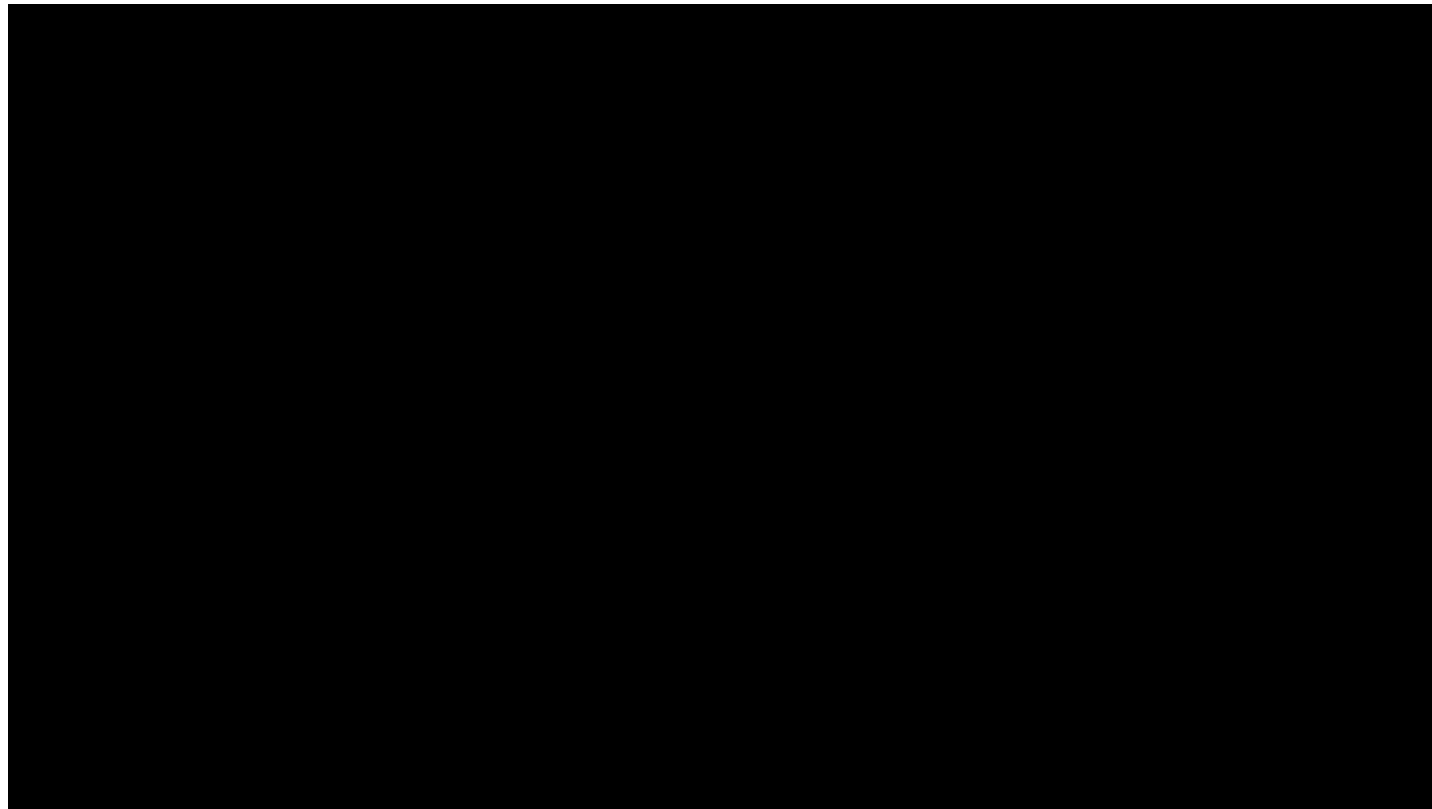
DEFINING RACISM



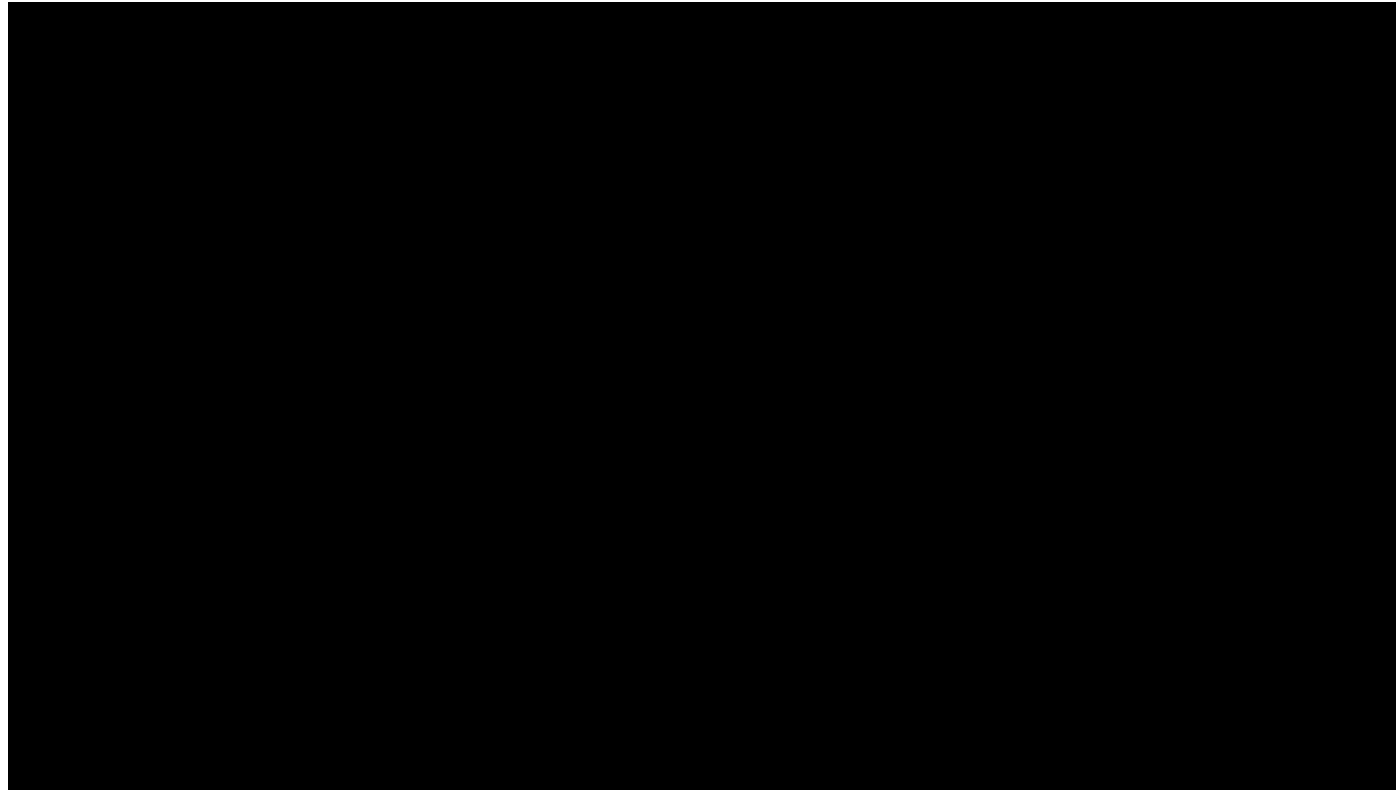
LIVE CHAT: REACTIONS/QUESTIONS



WHITE PRIVILEGE EXPLAINED



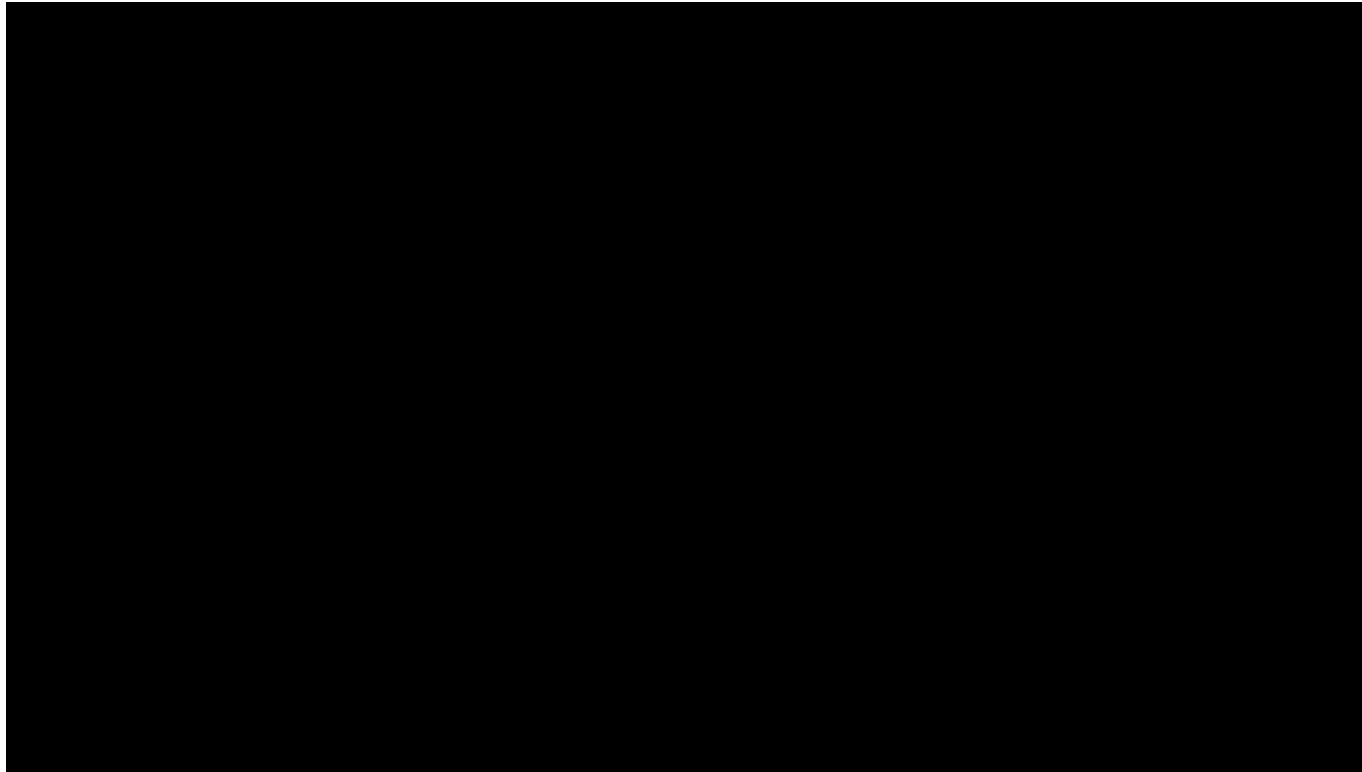
WHITENESS AND WHITE SUPREMACY



LIVE CHAT: REACTIONS/QUESTIONS



WHITE PRIVILEGE, RACISM, AND OPPRESSION



LIVE CHAT: REACTIONS/QUESTIONS





RACISM AND MENTAL HEALTH

Objective #2

Different ways racism can be experienced

RACISM-RELATED LIFE EVENTS

short and infrequent events that have short- and long-term effects on an individual's well-being

CHRONIC CONTEXTUAL STRESS

caused by institutional and sociopolitical inequalities that disadvantage minorities

VICARIOUS LIFE EXPERIENCES

such as hearing about a racially motivated attack on someone from the same background, can produce a wide range of stressful emotional responses

TRANS-GENERATIONAL TRANSMISSION

can be defined as "the way in which the historical context of one's racial group elucidates present day dynamics of racism-related stress"

DAILY RACISM MICRO-AGGRESSIONS

subtle comments on a daily basis that considerably debilitate over time

COLLECTIVE EXPERIENCES

shaped by cultural, political and social expressions of racism



Impact of Witnessing Anti-Black Police Violence on Mental Health



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from Noun Project

African Americans who live in states where the police have killed an unarmed black person in the previous 3 months report increased mental health challenges in the form of more poor mental health days. The largest effects on mental health occurred in the 1-2 months after exposure.

(e.g., Bor, et al., 2018; Buehler, 2017; Sinyangwe et al., 2016)



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Vicarious exposure to police killings, as well as viewing distressing news (e.g., television, radio, newspaper, social media) directed at members of one's own racial-ethnic group are related to poor mental health outcomes (e.g., acute stress, anxiety, fear, anger and outrage).

(e.g., Ford et al., 2013; Heard, Cale, Camaj, Hamati, & Dominguez, 2017; Dominguez et al., 2008, McEwen, 2005, Simons et al., 2002)



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Viral videos of police brutality and killings of unarmed citizens is one of the most pressing traumatic events facing adolescents of color. More frequent experiences of traumatic events online are associated with higher levels of PTSD symptoms and depressive symptoms.

(e.g., Heard, Cale, Camaj, Hamati, & Dominguez, 2017; Metzger, 2019; (Dominguez et al., 2008, McEwen, 2005, Simons et al., 2002)



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The permanence of online content allows for the voluntary or involuntary (e.g., videos that automatically play when scrolling) repeated exposure to traumatic events.

African American and Latinx youth may be at a heightened risk for the potential effects of these experiences.

(e.g., Pew Research, 2018)

Impact of Race-Based Stress on Children and Adolescents



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Children are particularly vulnerable to the detrimental effects of race-based traumatic stress, as research indicates that oftentimes they lack the coping strategies needed to overcome these experiences.

(e.g., Caldwell, Kohn-Wood, Schmeelk-Cone, Chavous, & Zimmerman, 2004; Fisher, Wallace, & Fenton, 2000; Prelow & Guarnaccia, 1997; Romero & Roberts, 2003; Rosenbloom & Way, 2004; Taylor & Turner, 2002)



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Among Black and Latino teens, these impacts manifest themselves in substance abuse, depression, low-self-esteem, risky sexual behavior, and increased aggression - Street gangs, domestic violence, defiant behavior, and appearing tough and impenetrable are ways of coping with danger by attempting to control our physical and social environment

(e.g., Caldwell, Kohn-Wood, Schmeelk-Cone, Chavous, & Zimmerman, 2004; Fisher, Wallace, & Fenton, 2000; Prelow & Guarnaccia, 1997; Romero & Roberts, 2003; Rosenbloom & Way, 2004; Taylor & Turner, 2002; Heard et al., 2017)



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Students of color report experiencing racial discrimination by teachers and administrators a couple times each year

Research indicates that discrimination experienced may lead to low self-esteem, difficulties with academic performance, and increased externalizing behaviors such as acting out, defiance, anger, mistrust, and internalizing behaviors such as depression or anxiety.

(e.g., Chavous, et al., 2008; Dotterer, McHale, & Crouter, 2009; Fisher et al., 2000; Kailin, 1999; Rosenbloom & Way, 2004; Wong, et al., 2003; Seaton, Caldwell, Sellers, & Jackson, 2008; Rosenbloom & Way, 2004;)



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African American and Hispanic youths report higher incidents of individual and institutional (in and out of school) racism in comparison to Asians and Whites.

Children can experience verbal attacks that can include teasing concerning distinct aspects of their identity such as physical appearance, beliefs, cultural aspects, accents, language barriers, and acculturation levels.

(e.g., Heard, Cale, Camaj, Hamati, & Dominguez, 2017; Rosenbloom & Way, 2004)



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Caregivers who are subjected to high levels of discrimination and general life stress had more symptoms of depression and anxiety, which was related to conflict and less effective parental relationships, harsher parenting practices and racial socialization.

Chronic racial discrimination amplifies the effects of other ongoing stressors in African American families"

(e.g., Pascoe & Richman, 2009; Riina & McHale, 2010). Anderson et al., 2015; Sanders-Phillips et al., 2009; Murry, et al., 2001;)

Impact of Race-Based Stress and Trauma on Adults



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Studies show that race-related stress is a significantly more powerful risk factor for poor mental health than stressful life events.

Symptoms of race-based stress and trauma, which are similar to symptoms of post-traumatic stress disorder (PTSD), include vigilance, depression, anger, intrusion, avoidance symptoms, and loss of appetite, emotional numbing, and apathy.

More likely to experience emotional and behavioral difficulties and suicidal thoughts;

(e.g., Carter, 2007; Clark et al., 2015; Utsey et al., 2008)



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Self-reported racism is significantly associated with:

- Cardiovascular disease,
 - Diabetes,
 - Hyper-tension,
 - Chronic stress,
- Decrease immune system
- Unhealthy dietary behaviors

Increase risks for:

- Depression and anxiety disorders
- Shift brains to limbic system dominance
- Increased systolic blood pressure,
 - Psychological distress;
 - Somatization,
 - Psychoticism.

(e.g., Pascoe & Richman, 2009; Zimmerman, 2014; Lee, Neblett, & Jackson, 2015; Soto, Dawson-Andoh, & BeLue, 2011; Harden & Cunningham, 2009)



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from Noun Project

Compared to those who experienced infrequent levels of racial discrimination, those who experienced frequent levels of discrimination were more likely to increase the use of drugs and alcohol, and other unhealthy behaviors such as cigarette smoking, improper nutrition and refusal to seek medical services, either directly to cope with stress, or indirectly because of reduced 'self-regulation

Less likely to participate in healthy activities like social sports and even sleep. More likely to hold unhealthy food beliefs and dietary behaviors.

(Clark, Anderson, Clark, & Williams, 1999; Carter, Forsyth, Mazzula, & Williams, 2005; Harrell, 2000; Pascoe & Richman, 2009)



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Greater reports of racial discrimination predicted higher clinical levels of depression both one and five years later.

Furthermore, depression did not predict reports of discrimination, suggesting that experiences of Racial discrimination temporally precede depression and not vice-versa.

(e.g., Paradies, et al., 2015; Williams & Mohammed, 2009)

The Role of Internalized Racism on Mental Health



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Higher internalized racism has been positively associated with increased

- Metabolic health risk
- Alcohol consumption
- Poor physical health
- Waist circumference,
- Diastolic blood pressure,
 - Fasting glucose,
- Cardiovascular disease,
- Psychological distress,
- Higher perceived stress, and Maladaptive coping styles among racial/ethnic minority samples.

(Chambers et al., 2004; Pascoe & Richman, 2009; Taylor & Jackson, 1990; Chae, Lincoln, Adler, & Syme, 2010; Tull, Cort, Gwebu, & Gwebu, 2007; Tull et al., 1999)



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Blacks who endorsed greater levels of internalized racism (i.e., internalization of negative stereotypes and preferences for straight hair) experience greater levels of anxiety and depressive symptom distress in the context of racial discrimination compared to those who endorsed lower levels of internalized racism.

(e.g., Sosoo, Bernard, & Neblett, 2019; Pyke, 2010; Szymanski & Gupta, 2009)



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Recent studies have found that internalized racism mediated the link between the past-year frequency of racist events and anxious arousal for Black Americans. These findings suggest that internalized racism may be an avenue through which clinicians can target the anxiety elicited by racist experiences.

(e.g., Graham, West, Martinez, & Roemer, 2016)



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Research suggest that the passive response of silence, self-blame, or looking for the positives in situations and the active response of John Henryism and passive responses of than passive coping responses such as keeping quiet, accepting or ignoring racism may both be detrimental in the context of chronic racism

(e.g., Graham, West, Martinez, & Roemer, 2016; Noh & Kaspar, 2003; Scott & House, 2005)

Protective Factors Against Racial Discrimination



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Research suggests that a strong sense of ethnic-racial identity is a significant buffer against these negative effects. Including children under 10

Previous research has shown that teens with a greater interest in their ethnic background, and a greater sense of belonging to their ethnic-racial group, demonstrate greater psychological well-being, and fewer negative behavioral impacts in the wake of discrimination experiences than their peers who are less well informed and connected to their ethnic-racial group.

(e.g., Mossakowski, 2003; Seller, Caldwell, Schmeelk-Cone, & Zimmerman, 2003; Seller & Shelton)



Created by Manthana Chalwong
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Participation in traditional activities, spirituality, religious support seeking/instrumental social support, and having personality traits such as hardiness attenuate the adverse effects of self-reported racism on:

Depressive symptoms, psychological distress, and self-assessed health status.

(e.g., Whitbeck et al., 2002; Bowen-Reid & Harrell, 2002; Finch & Vega, 2003; Mossakowski, 2003; Seller, Caldwell, Schmeelk-Cone, & Zimmerman, 2003)



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Other research suggests that racial socialization (i.e. explicit discussion of race/ racism) imparted by parents or caregivers, but not personal beliefs about racial socialization, may attenuate the detrimental effects of self-reported racism on mental health.

(Pascoe & Richman, 2009)



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Active/expressive responses to racism (including seeking social support, trying to change the chronic experience of racism itself), but not passive/internalizing responses (including keeping quiet, accepting or ignoring racism), have been found to attenuate the association of self-reported racism with depression.⁶¹

There is also evidence more generally of the beneficial effect of active rather than passive coping on health outcomes.

(e.g., Krieger & Sidney, 1996; Krieger, 1990; Din-Dzietham et al., 2004; Stancil et al., 2000; Caughy et al., 2004; Dole et al., 2004)

(Youth) Protective Factors against Racism, Prejudice, and Discrimination



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Critical mindedness helps protect against experiences of discrimination and facilitates a critique of existing social conditions.

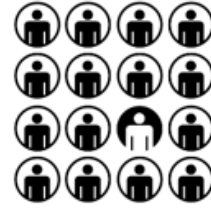
(Kugelmass, 2016; Nakash & Saayy, 2015; Snowden, 2003; Hall, et al., 2015; Zane & Young, 1994; Young et al., 2001; Wang et al., 2002; Djala et al., 2000; Morris & Bloom, 2005)



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Active engagement includes agentic behavior in school, at home, and with peers, such that children and adolescents proactively and positively impact their environment. Impact on settings, however, must be executed effectively, and flexibility becomes essential.

(Snowden, 2003; Hall, et al., 2015; Zane & Young, 1994; Young et al., 2001; Wang et al., 2002; Djala et al., 2000; Morris & Bloom, 2005; Nakash & Saayy, 2015; Dovidio & Fiske, 2012; Johnson et al., 2004; Copper et al., 2003; Hausmann et al., 2008; Kugelmass, 2016; National Healthcare Disparities Report, 2018; Smedley et al., 2003; Blair et al., 2013)



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Flexibility promotes adaptation to cognitive, emotional, social, and physical situational demands and can include bicultural competence or fluency across multiple cultural contexts that youth must traverse.

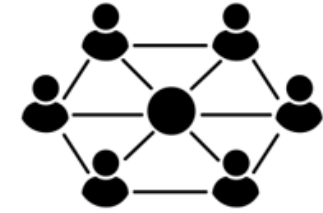
(Snowden, 2003; Hall, et al., 2015; Zane & Young, 1994; Young et al., 2001; Wang et al., 2002; Djala et al., 2000; Morris & Bloom, 2005)



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Communalism includes the importance of social bonds and social duties, reflects a fundamental sense of interdependence and primacy of collective well-being, and offers the drive for connection and promotion within and across diverse groups.

(Snowden, 2003; Hall, et al., 2015; Zane & Young, 1994; Young et al., 2001; Wang et al., 2002; Djala et al., 2000; Morris & Bloom, 2005; Nakash & Saayy, 2015; Dovidio & Fiske, 2012)



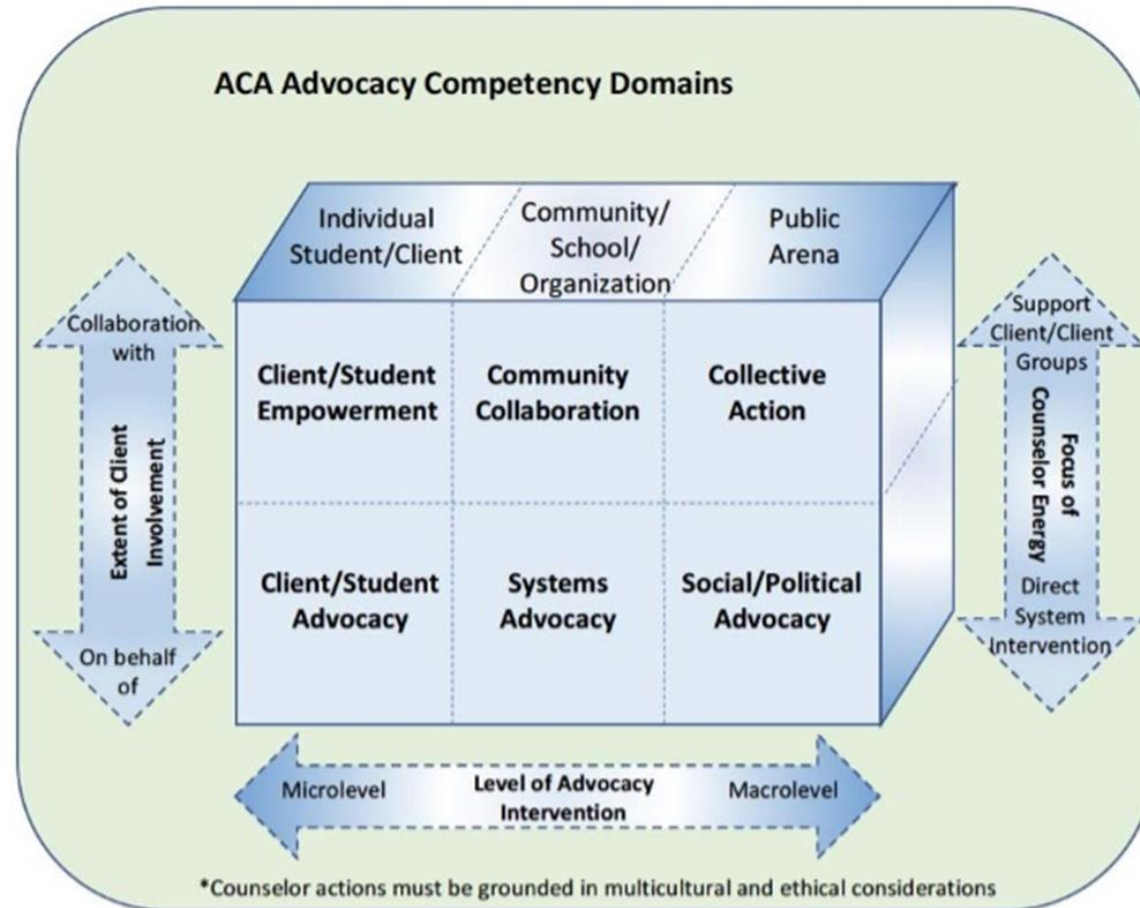
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Peer Social Capital Peer group connections that encourage "academic effort engagement, academic success, and educational attainment" (Stanton-Salazar, 2004, p. 28). Peer relationships provide access to multiple types of resources (Stanton-Salazar & Spina, 2005).
» Students of color provide important resources for each other: modeling pro-academic behaviors and norms and supporting ethnic identity development (Stanton-Salazar, 2004).

(Merino, et al., 2018; Burgess et al., 2004; Blair et al., 2011; Blair et al., 2013; Camenson et al., 2012; Govender et al., 2008; Shaver et al., 2006; Chapman et al., 2014; Fiscella et al., 2000; Hall, et al., 2015)



AMERICAN COUNSELING ASSOCIATION ADVOCACY COMPETENCIES



ACA Advocacy Competencies

Potential Action Steps/Strategies/Competencies

Client Empowerment- Efforts that facilitate the identification of systemic racial barriers and the development of self-advocacy skills, strategies & resources to address those barriers.

- Identify and mobilize client's strengths, resources, and coping strategies for dealing with racial prejudice, discrimination, and racism.
- Help clients unlearn internalized oppression and marginalization.
- Promote critical consciousness of clients
- Teach appropriate self-advocacy skills
- Identify the social, political, economic, and cultural factors that affect clients.
- Recognize the significance of MHP's own social identities, social group statuses, power, privilege, oppression, strengths, limitations, assumptions, attitudes, values, beliefs, and biases.
- Recognize signs indicating that an individual's behaviors and concerns reflect responses to systemic or internalized oppression.
- Help clients identify the external barriers that affect his, her or their mental health and overall well-being.
- Share resources and tools that are appropriate for the client/student's developmental level and issue.
- Help clients develop and carry out self-advocacy action plans.

ACA Advocacy Competencies

Client Advocacy- Assessing the need for direct intervention within the system on behalf of the client, identifying allies & carrying out a plan of action.

Potential Action Steps/Strategies/Competencies

- Identify racial barriers to the well-being of clients.
- Recognize the significance of MHP's own social identities, social group statuses, power, privilege, oppression, strengths, limitations, assumptions, attitudes, values, beliefs, and biases.
- Identify potential allies for confronting the racial barriers including those within the organization as well as those who have cultural expertise relevant to the client's issue.
- Develop an initial plan of action for confronting these racial barriers in consultation with client and ensuring plan is consistent with client's goals.
- Communicate plan with client including rationale, and possible outcomes of advocacy.
- Negotiate relevant services on behalf of clients.
- Help clients gain access and create a plan to sustain needed resources and supports.
- Carry out the plan of action and reflect/evaluate effectiveness of advocacy efforts.

ACA Advocacy Competencies

Community Collaboration- Supporting community efforts and helping them to examine the issue (e.g., systemic racial barriers or problems facing clients and client groups), determine courses of action, and reflect on that action. j

Potential Action Steps/Strategies/Competencies

- Identify environmental factors that impinge upon clients' development.
- Alert community or school groups with common concerns related to issues of race and racism.
- Develop alliances with groups working for change and explore what has already been done to address the issue.
- Use effective listening skills to gain understanding of the group's goals and help facilitate examination of causes and possible avenues for advocacy.
- Facilitate understanding of group dynamics, cultural and sociopolitical variations in group members, and how that may affect group decisions as well as variable repercussions for different group members.
- Identify the strengths and resources that the group members bring to the process of systemic change and communicate recognition of and respect for these strengths and resources.
- Identify and offer the skills that the MHP can bring to the collaboration as well as any ethical limitations they might have as a professional.
- Facilitate the group in considering possible outcomes of action, both favorable and unfavorable, and support them in preparing for possible resistance or other challenges.
- Assess the effectiveness of counselor's collaborative efforts with the community.

ACA Advocacy Competencies

Potential Action Steps/Strategies/Competencies

Systems Advocacy- Advocating on behalf of groups of clients or students within a school, organization or community.

- Identify environmental factors impinging on clients' development.
- Understand the cultural, political, developmental and environmental contexts of the clients or client groups.
- Understand the MHP's own cultural identity in relation to the group and the target of advocacy including privilege, oppression, communication, values, and intentions.
- Investigate the issue, population and possible allies and stakeholders.
- Provide and interpret data as well as share research and expertise to show the urgency for change.
- In collaboration with other stakeholders, develop a vision to guide change.
- Analyze the sources of political power and social influence within the system.
- Develop a step-by-step plan for implementing the change process, attending to possible ethical issues.
- Develop a plan for dealing with probable responses to change.
- Recognize and deal with resistance.
- Assess the effect of counselor's advocacy efforts on the system and constituents.

ACA Advocacy Competencies

Collective action- Advocacy in which the counselor collaborates with groups to address issues that exist on a broad scale or that can be remedied through changing public perception or policies.

Potential Action Steps/Strategies/Competencies

- Recognize the impact of oppression, other barriers, and environmental factors that interfere with healthy development.
- Identify factors that are protective of healthy development as well as various avenues for enhancing these protective factors through the public arena.
- Share research and professional expertise with partner client groups and community members in developmentally and culturally appropriate ways.
- Determine appropriate role within community initiative such as facilitator, researcher, negotiator, etc. aligned with professional and personal skill set.
- Understand MHP's own cultural identity including positionality related to power, privilege, and oppression and how that influences the ways, they work with the community and the targets of advocacy (e.g., decision makers).
- Participate with and/or facilitate community partners in identifying the source of problems, setting goals, developing an action plan, considering possible outcomes, and implementing the action plan.
- Prepare written and multimedia materials that provide clear explanations of the role of specific environmental factors in human development in consultation with engaged community or client groups.
- Communicate information in ways that are ethical and appropriate for the target population.
- Disseminate information through a variety of media appropriate for the target audience.
- Collaboratively prepare and present materials and information to influence decision makers, legislators, and policy makers, ensuring that the community's voice is central.
- Facilitate the community group in assessing the influence of their public information and advocacy strategies.

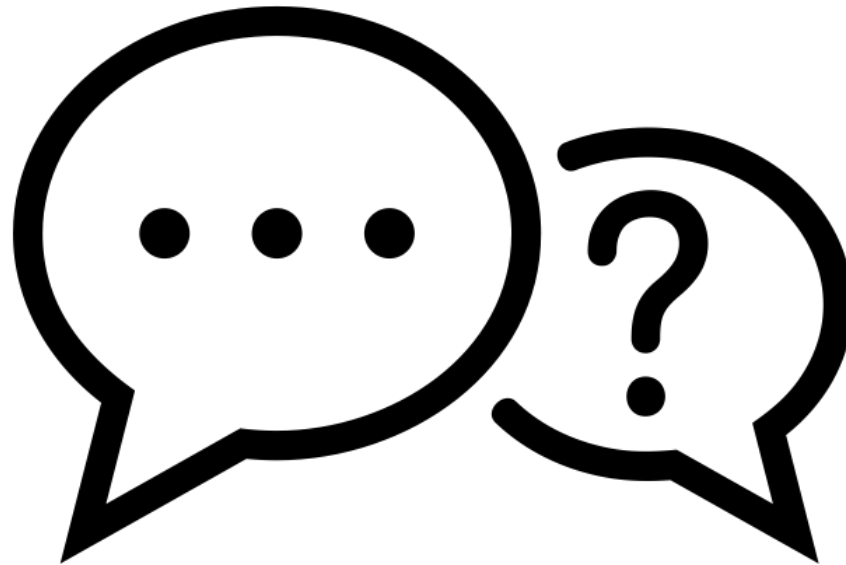
ACA Advocacy Competencies

Social/Political Advocacy- In influencing public awareness, legislation and policy in a large, public arena on behalf of client groups or communities,

Potential Action Steps/Strategies/Competencies

- Identify the communities affected by this issue including who makes up the community and whether the community is engaged in advocacy around the issue.
- Consult with communities affected by the issue to understand their views and experiences, with attention to economic, social and cultural perspectives.
- Distinguish those problems that can best be resolved through using the counselor's expertise and where the community may have limited access.
- Identify ways the community may have input into the advocacy process.
- Identify and collaborate with other professionals as well as other allies who are involved in disseminating public information and may be interested in or already engaging in policy advocacy.
- Identify appropriate mechanisms and avenues for addressing these problems and distinguish the role of public awareness, legislative, policy and judicial action.
- Understand counselor's own cultural identity including positionality related to power, privilege, and oppression and how that influences the ways they work with the community and the targets of advocacy (e.g., decision makers).
- Support existing alliances for change through providing information, support, and expertise.
- With allies, prepare convincing data and rationales for public awareness campaigns or to lobby legislators and other policy makers.
- Maintain open dialogue with communities and clients to ensure that the social/political advocacy is consistent with the initial goals.

QUESTION & ANSWER SEGMENT



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THANK YOU

Joseph M. Williams, Ph.D

Affirm Consulting, LLC.

Associate Professor of Education

University of Virginia

jmw5dj@Virginia.edu

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