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RACE AND RISK: THE INFLUENCE OF RACIAL STRES ON INTERNALIZING SYMPTOMS AND HEALTH BEHAVIORS AMONG COLLEGE-AGED BLACK WOMEN (147 pp.)

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For racial and ethnic minorities, encounters with racism are inevitable, frequent, and present from birth until death. Black women frequently report intense racism experiences in recreational, educational, professional, and medical settings that, for some, are violent and life-threatening. Such experiences often invoke racial stress, which is emotional distress brought on by racial discrimination or racially focused encounters. Research documents that racism and related racial stress are physically and psychologically impairing. Specific associations noted in the literature include anxiety, depression, heart-related conditions, and disease activity. Recent methodological trends have shifted the focus from examining racism to racial stress, given the high frequency of racism experiences. In the existent racial stress literature, few studies investigate its influence on health behaviors. Therefore, our study aims to quantitatively investigate racial stress and its influence on internalizing symptoms and health behaviors in a sample of college-age Black women. Additionally, we aim to explore the intervening influence of racial factors, including racial and ethnic identity, skin tone, and hair texture. Our findings emphasize that racism, along with racial stress, is prevalent among college-aged Black women. We also highlight connections between racial stress and internalizing symptoms, limited physical activity, and marijuana use. Additionally, effects of moderation of skin tone on internalizing symptoms and hair texture on the number of sexual partners were revealed. Clinical implications discussed the larger impact of

our findings and highlighted the need to incorporate racial stress assessments in clinical diagnostic evaluations. Directions for future research studies are noted.

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Introduction

The construct of racial stress has garnered significant media attention and literature recognition in recent decades (Anderson & Stevenson, 2019; Hope et al., 2020). The term describes emotional distress experienced by racial and ethnic minorities following racial discrimination or racially focused encounters (Harrell, 2000; Anderson et al., 2019). For minorities, these encounters are unavoidable, recurrent, and present from birth until death (Beatty Moody et al., 2019; Ong et al., 2009). Black women frequently report intense racism experiences in recreational, educational, professional, and medical settings that for some are violent and life-threatening (Hassen et al., 2021; Johnson et al., 2022; Martz et al., 2019). Racial stress following such experiences may be marked by immediate physiological symptoms, including increased heart rate, breath, perspiration, muscle tension, and blood pressure (Berger & Sarnyai, 2015; Brody et al. 2008; Hargons et al., 2021). Prolonged experiences of racial stress have been associated with more severe outcomes, including cardiovascular disease, stroke, diabetes, hypertension, and feelings of hopelessness, despair, worthlessness, anhedonia, and anxiety (Walker et a 2014; Chao & Green, 2011; Coleman & Stevenson, 2013; Davis et al., 2005; Din-Dzietham et al., 2004, Lee et al., 2016; Johnson-Jennings et al., 2014). Consequently, the literature categorizes racial stress as a physically and psychologically impairing chronic stressor (Franklin, 2016; Kirkinis et al., 2021; Saleem et al., 2021). Furthermore, nascent research suggests that racial stress may be a better predictor of health than the occurrence of racism experiences due to the latter's high prevalence (Anderson et al., 2019; Franklin-Jackson,

& Carter, 2007; DeLapp & DeLapp, 2021; Griffin & Armstead, 2020). Additional study is warranted.

Race & Racism

To fully understand racial stress and its impact, one must first understand race and racism. Race is a social construct that categorizes people based on phenotypes (i.e., identifiable physical characteristics), such as nose length and width, eye shape, lip size, skin tone, hair texture, and physique (Johnson et al., 2013; Johnson, et al., 2012). Racial classifications first emerged in the 16th century (Billinger, 2007). Later, they were utilized in the 18th century to assert that specific racial groups represented specific qualities, such as, cognitive, academic, and emotional intelligence, as well as physical strength, and endurance (Zakharov, 2015). Ultimately, this created a hierarchical ranking of racial groups, creating bias and prejudices and promoting racism (Duggan et al., 2020). Racism is "a system of structuring opportunity and assigning value… based on race" that favors White individuals over racial and ethnic minorities (Jones, 2018, p231).

Levels of Racism

Four levels of racism consistently appear in the current literature and explain its wide range of influence on systems and individuals (Jones, 2018; Jones, 2000). The first level is structural racism, rooted in the foundation of modern multi-ethnic societies, given their colonial beginnings. Structural racism describes racial discrimination across multiple institutions and industries such as government, policy, laws, finance, education, religion, health care, and media (Gee & Ford, 2011). As designed, its interconnecting systems restrict power and opportunities to

White individuals and limit access to people of color. This restriction hampers racial and ethnic minorities from advancing in society, minimizing their influence (Lawrence, & Keleher, 2004).

The second level is institutional racism. This characterizes racial discrimination embedded within the design of institutions and industries, for example, schools, universities, banks, and corporations (Elias & Paradies, 2021). Institutional racism contributes to racial minorities' difficulties in becoming aware of and capitalizing on opportunities to advance their socioeconomic status, such as through obtaining employment positions, board or committee positions, and promotions. This further limits their power by reducing their opportunity for wealth (Miller & Garran, 2007; Patel, 2021; Griffith et al., 2007).

The third level is personally mediated or interpersonal racism. This describes discriminatory racism experiences perpetuated by one individual to another (Jones, 2018). This is commonly displayed via macroaggressions (e.g., racial slurs) or microaggressions (e.g., racially-centered nonverbal or negative verbal messages) (Compton-Lilly, 2020; To et al., 2020). This level of racism often harms or complicates professional, familial, romantic, and platonic relationships (Lott & Maluso, 1995; Kornienko et al., 2022).

The fourth and final level is internalized or individual racism. This describes minorities disliking or hating attributes associated with their own racial or ethnic identity due to socialization – the societal shaping of values and attitudes (Bynum et al., 2007; Jones, 2018). The frustration experienced from encountering structural, institutional, and interpersonal racism ultimately gets directed inward and can manifest as self-hatred (Speight, 2007; Sosoo et al., 2020). Minorities who exhibit internalized or individual racism will often display negative self-talk, harshly criticizing stereotypical racially identifying features, including skin tone, hair texture, physique, language, or social position (Hipolito-Delgado, 2010, Volpe et al., 2021). This

is often reflected in their low self-esteem and lack of confidence in their racial or ethnic identity (Cénat et al., 2022; Roberson & Pieterse, 2021). These minorities are also more likely to engage in harmful conversations with others of the same race, participating in interpersonal racism. All four levels of racism mentioned above permeate modern-day multi-ethnic societies, making encounters with racism a common experience for racial and ethnic minorities (Poteat, & Spanierman, 2012; Morrison & Kiss, 2017; Yearby et al., 2022).

Racism Experiences

Racism experiences occur directly or vicariously (Daniels et al., 2020; Heard-Garris et al., 2018). The former describes firsthand experiences of racism. The latter explains second-hand experiences, in which an individual witnesses or learns about others' encounters with racial discrimination (Harrell, 2000; Heard-Garris et al., 2018; Martz et al., 2017). Evidence shows that minorities are vicariously experiencing more racism than in previous decades due to technological advancements (Mason et al., 2017; Volpe et al., 2021). With the accessibility of social media and streaming services, violent racist experiences are widely broadcasted for viewers' discretion. For example, the unjust and racially charged killings of Breonna Taylor and George Flyod circulated on prime-time news and social media platforms such as TikTok, Facebook, Instagram, and Twitter (Hoofnagle et al., 2020; Kwaning, 2020). The accessible and sometimes unavoidable nature of these encounters of vicarious racism likely has a tumultuous impact on racial and ethnic minorities (De Choudhury et al., 2016; Laurencin & Walker, 2020; Williams et al., 2022).

Prevalence of Racism

Among Black Individuals

Of all minorities, Black individuals report the most frequent and greater lifetime experiences of racism (Charles, 2011; Iyengar et al., 2011; Krogstad & Lopez, 2018; Mathews & Johnson, 2015). A recent study found that on average Black teens reported having five encounters of racial discrimination daily (English et al., 2020). Evidence suggests that similar frequencies with racism occur among young and middle-age Black adults (Lloyd, C. 2020). A possible explanation for the high frequency of racial discrimination among Black individuals is that anti-Black racism is connected to biases and prejudices that accompanied colonization and slavery (Cote-Meek, 2020). Additionally, although slavery was abolished, racial prejudices that persisted during that era still exist in the present-day (Feagin, 2004). For example, Black individuals report experiencing of anti-Black prejudices from racial and ethnic majority and minority groups (Curtis, 2021).

Black Women

Furthermore, Black individuals who are part of other marginalized groups (e.g., gender, sexual orientation, or ability) also experience racism (Ghabrial, 2017; Sutter & Perrin, 2016; Van Den Bergh & Crisp, 2004). For example, Black minorities who identify as female often experience two forms of discrimination simultaneously due to intersectionality (Fattoracci, Revels-Macalinao, & Huynh, 2020; Leachman, 2016). Their intersecting identities, being Black and female, often intensifies their discriminatory experiences. One researcher referred to the discrimination experienced by Black women as a "double burden" (St Jean & Feagin, 2015). Similarly, multiple studies describe Black women's discriminatory experiences as complex, stressful, and traumatic (Johnson et al., 2022; Jones et al., 2021; Lewis et al., 2017). Research also suggests that intersectionality makes it difficult to isolate discriminatory experiences. For example, studies suggest that Black women do not identify their discriminatory experience being

due to solely racism or sexism often. Instead, they consistently report that their discriminatory experiences are due to their unique identity as "Black women" (Lewis et al., 2017; Moradi & Subich, 2003; Thomas et al., 2008).

For this paper, the literature review will examine studies that directly investigated racism and racial stress as opposed to other discriminatory experiences of Black women. Given previous research, its recognized that studies noted in the review also likely capture aspects of sexism and related stress, in addition to racism- as they are undeniably part of Black women's experiences.

Black Women Experience Racism Across their Lifetime

Racism occurs at all stages of life for Black women (Brondolo et al., 2009; Hilmert et al., 2014). For example, research indicates that both Black newborns and their mothers endure racism, as they are more likely to receive care from lower-quality and under-resourced hospitals that have high patient-to-nurse ratios. They are also more likely to be offered limited breastfeeding education and support during pregnancy, postpartum, and recovery in their communities (Gaskin et al., 2011; Glazer et al., 2021, Sigurdson et al., 2019). Similar racial disparities in care occur across pediatric, cancer, and cardiovascular health care settings at all ages (Chabner, 2020; Lewey & Choudhry, 2014, Trent et al., 2019).

Past infancy, racism also exists in preschools. Preschool teachers discipline Black and Latino youth more harshly and use substantially different educational methods and approaches (Gordon et al., 2000; Farkas, 2003). This can be attributed to racial bias as evidence suggests that there is likely no significant difference in the behavior of toddlers of different races (Davis et al., 2021; Morgan et al., 2013). Black school-aged children also endure harsher discipline than White children throughout their primary and secondary education. For example, Black adolescent girls are more likely than their White counterparts to face school suspension, expulsion, and school-

based arrests (Gordon et al., 2000). Another study that utilized a sample of Black middle school-aged girls found that racially stereotyped images of Black women negatively influence their appraisals of Black women (Jean et al., 2022).

College-aged Black students report frequent experiences of racism on college campuses from peers and professors (Harper, 2015; Pérez Huber, 2010; Lopez, 2005). Some Black students deliberately choose to attend minority-serving institutions (MSI) or Historically Black-Colleges and Universities (HBCUs) as opposed to predominantly White Institutions (PWIS) (Cooper & Dougherty, 2015; Palmer et al., 2010) to reduce their experiences with racism. Others join Black sororities, seeking social support and solace on predominately White campuses (Bartman, 2015; Espinosa et al., 2017).

In adulthood, workplace racial discrimination is widespread for Black women. One study found that Black women, who work in predominately White settings, reported that they experience the most racism at work (Hughes & Dodge, 1997). Black women also experience racism that affects their dating, travel, and leisure behavioral patterns (Chae et al., 2015; League et al., 2020; Raley et al., 2015). Additionally, racism influences Black women's ability to accrue wealth. Studies indicate that many Black women struggle financially with significant student loan debt and wage gaps that exist between their White and male counterparts (Douglas-Gabriel & Harden, 2021; Pettit, & Ewert, 2009).

Furthermore, research indicates that Black homeowners receive lower home value appraisals, limiting their equity (An et al., 2019; Myers, 2004). When parenting, Black mothers endure racist interactions with teachers, coaches, and nurses (Chapman & Bhopal, 2013). It also shapes their parenting practices with their children (Bécares et al., 2015; Pachter & Coll, 2009) and what they allow their children to do and not do. For example, one study found that Black

mothers expressed concerns about their children's attire and them playing outside in fear of receiving racial mistreatment (Somerville et al., 2021). The same study found that other Black mothers noted that racism and poverty-related issues make them question having children (Somerville et al., 2021). Racism also affects people's inability to access health care in old age. Evidence shows that minority seniors work more and retire later in life than White individuals (Bleich et al., 2019).

Consequences of Racism for Black Women

Stereotypes

One consequence of racism is the emergence of harmful stereotypes of Black women (Abrams & Maxwell, 2019). This paper briefly explains four commonly known stereotypes. The first, Strong Black Women (SBW) stereotype, posits that Black Women possess a heroic-like strength to manage and survive their life as a double minority. This stereotype attempts to recognize the historical resiliency of Black women. However, the stereotypical SBW frequently and dangerously overexerts her energy and resources by modern standards (Godbolt & Amutah-Onukagha, 2022). Specific behaviors that categorize SBW include working long hours or multiple jobs, juggling heavy courseloads, managing microaggressions in the workplace, and being a single mother (Abrams & Maxwell, 2019).

The following three stereotypes, often clustered together, are various images of Black women that were portrayed in the media during and after slavery; however, they still exist today. The Mammy stereotype depicts an image of a Black woman as an overweight maternalistic caregiver. The Mammy devotes her life to serving others (e.g., her master and others' children) (Rosenthal & Lobel, 2016). The Jezebel stereotype is characterized as a promiscuous young

Black woman who has no morals, flaunts her sexuality, and entices men. Historically, this stereotype served as a scapegoat to place blame on young Black girls when they became impregnated by White adult men (Thorpe, et al., 2022). Lastly, the Sapphire stereotype depicts an angry, loud, and opinionated Black woman. This stereotype sharply contrasts with Western ideals of White femininity that are synonymous with softness and gracefulness. Given this, vocal Black women who discussed their harsh reality and verbalized related emotions are socially viewed as being undesirable, unladylike, and problematic (Jerald et al., 2017). Altogether, these stereotypes serve as racist instruments to defame and oppress Black women.

Physical Health

Cumulative experiences with racism naturally take a physical and psychological toll on Black women. Physical consequences of racism vary in severity from acute to fatal. More frequent experiences of racism were linked to poorer overall physical health (Kwate et al., 2003) and increased sick days and doctor visits (Larson et al., 2007). Regarding labor and delivery, racism was associated with low birth weight, preterm birth and stillbirth, and other poor birth outcomes like preeclampsia for Black women (Beck et al., 2020; Hilmert et al., 2014; Mendez et al., 2014; Vilda et al., 2021). Racism experiences were also related to high bronchodilators (BDR), indicative of respiratory inflammation, for Black youth with asthma. Adult-onset asthma was associated with cumulative life experiences of job, housing, and police-related racism for Black women (Coogan et al., 2014). Another study found that racism experienced at work was linked to high blood pressure and hypertension risk for Black women (Cozier et al., 2006). Similar associations were found among Black students who endured more frequent racism at their colleges and universities (Clark, 2004; Jankowski, 2022).

Multiple study findings revealed relationships between discriminatory racial encounters and heart-related problems, cardiovascular disease, and respiratory and pain conditions among various racial minorities (Jackson et al., 2013; Djuric et al., 2010; Geronimus, 2010; Dolezsar, et al., 2014). Furthermore, studies assert that racism significantly contributes to racial health disparities in mortality for Black infants, children, and women (Howell, 2008; Nelson, 2016). In addition to general mortality, studies suggest that racism is a major contributor to racial disparities in the death rates of Black women with heart diseases, stroke, cancer, asthma, influenza, pneumonia, diabetes, HIV/AIDS, and individuals who die by homicide (Harris et al., 2012; Martin et al., 2021; Robinson et al., 2022; Lillie-Blanton et al., 1996; Zavala et al., 2021).

Racism is also linked to engagement in poor and risky health behaviors. For example, racial discrimination was associated with not having up-to-date health screenings or appointments, poor adherence to medication plans, difficulties sleeping, and being overweight smoking, and binge drinking (Cozier et al., 2009; Garcini et al., 2018; Vines et al., 2007). These identified behaviors likely increased the risk for the conditions and disease activity noted above. Furthermore, the literature also underscores that racism limits access to health education and financial resources related to health care (Tan et al., 2022).

Mental Health

Racism's psychological toll on Black women is also well-documented. Studies highlight that Black women, who experience racist encounters, frequently endorse subsequent unpleasant emotions, including anger, embarrassment, hopelessness, and sadness (Johnson et al., 2022; Quist et al., 2022). Other studies underscore racism's associations with internalizing and externalizing symptoms. For example, studies found that there were associations between racism experiences with distress (Pieterse et al., 2012) and poorer well-being among Black and Hispanic

youth (Kwate & Goodman, 2015) and Black Americans (Jackson et al., 1996). Among Black youth, racial discrimination was associated with depressive symptoms. Furthermore, multi-ethnic studies report that minorities who experienced racism later endorsed post-traumatic symptoms, including anxiety, guilt or shame, and hypervigilance (Kirkinis et al., 2021).

Among Black youth who had experiences with juvenile incarnation, more frequent encounters of racial discrimination were associated with more post-traumatic stress and delinquent behaviors (Kang & Burton, 2014). A multi-ethnic youth study of White, Latinx, Biracial/Multiracial, Black, Native American, Pacific Islander/Native Hawaiian, and Asian participants reported associations between racism and posttraumatic-stress symptoms when controlling for other trauma exposures (Mendez et al., 2020). A separate multi-ethnic study of Black, Latinx, Asian, American Indian, and Biracial participants yielded similar results. They found that direct racism experiences were linked to the endorsement of trauma symptoms, for example, anxiety, guilt or shame, and hypervigilance (Kirkinis et al., 2021).

In summary, racism and racial discrimination are inevitable facets of the Black experience. These adverse experiences are linked to a plethora of health consequences, threatening Black women's mental and physical well-being. In recent decades, racism researchers have gone beyond explorations of the endorsement of racism experiences and investigated perceived racial stress following such experiences (Curtis et al., 2023; Li & Lin, 2022). The extant racial stress literature is developing and promising. The review of racial stress studies noted below includes some co-ed samples of Black adults and samples of multi-ethnic studies that include Black females, as studies that utilized only Black female samples are limited.

Racial Stress Review

Construct

Racial stress can be viewed as an immediate or distal emotional consequence of racism. Harell's Multidimensional Conceptualization of Racial Stress Model (Harrell, 2000) explores the various opportunities to receive damage from experiencing racism: the event itself, the victim's emotional response, and others' perception of the event. For example, if witnesses respond poorly, such as invalidating a victim's experience via ignoring the event or blaming the victim, this magnifies the potential harm. Consequently, this creates additive stressful experiences distinctively separate from the racist event.

According to Harrell's model, two key factors contribute to one's racial stress experience, specifically personal factors (e.g., race, ethnicity, gender, age, language, physical attributes) and socio-environmental factors (e.g., current socio-political context, regional or geographic location, SES, and racial composition contexts). Furthermore, related coping mechanisms are shaped by an individual's familial and socialization influences. Collectively, these factors contribute to the presence and severity of an individual's racial stress (Harrell, 2000). Harrell's model also discusses natural consequences that naturally emerge from experiencing racial stress, including poor physical, psychological, social, functional, and spiritual outcomes.

Other studies investigating racial stress rely heavily on the popular Transactional Model of Stress and Coping by Lazarus & Folkman (1987). This model incorporates two forms of appraisal: an individual's threats and coping efforts. However, a significant limitation of this model is that it does not directly consider any cultural components.

Prevalence of Racial Stress among Black Women

The racial stress literature is steadily growing. As of 2021, more than 66 empirical quantitative studies have investigated the construct racial stress. Most of those studies were published in the last two decades. More than half were published within the last eight years.

(Somerville, 2021). Additionally, an overwhelming majority of studies utilized cross-sectional designs, while some employed longitudinal, combined cross-sectional, and longitudinal or experimental designs. Most racial stress studies were conducted in the United States. Regarding geographical regions, most racial stress studies were conducted in the South, followed by the North.

Most published racial stress studies utilized samples of Black adults, consistent with the high prevalence of racial discrimination among Black individuals (Feagin & Sikes, 1994; Udah, 2017). Furthermore, most racial stress studies on Black individuals were conducted on Black women. Black women endorsed experiencing racial stress at their job (Hall et al., 2012) and felt uncomfortable using a sick day when needed (Merecz & Andysz, 2014; Muhammad, 2011). College Black women experienced racial stress from using social media and navigating racist stereotypes on their campuses (Anderson, 2018). Furthermore, evidence shows that racial stress decreases career aspiration among Black college students (Tovar et al., 2012). Coleman & Stevenson (2013) reported that Black and other racial minority professors at predominately White institutions (PWIs) also experienced racial stress. Similar findings were present in childhood and adolescence documenting reported racial stress experienced by students in kindergarten from twelfth-grade educators (Tinsley, 2018).

Consequences of Racial Stress among Black Women

Physical Health

Racial stress, like racism, follows a similar health paradigm. A multi-ethnic sample of adults found a relationship between high levels of racial stress and sympathetic nervous system (SNS) arousal, an indicator of physiological stress activity (Geronimus et al., 2013). Other

studies highlighted relationships between endorsed racial stress and minor ailments (e.g., headaches) and chronic health conditions (migraine, asthma, allergies, high blood pressure) among Black adults (Brody et al. 2008). High levels of racial stress were associated with diastolic blood pressure in a co-ed sample of Black adults (Lee et al., 2016). Among Black female adults, associations between experiences of racial stress and Lupus disease activity were found (Williams et al., 2018).

Some studies showcased the relation between endorsed racial stress and several health behaviors, including emotional eating (Pittman et al., 2017), alcohol use, coping-motivated drinking (Pittman et al., 2019), and the number of sexual partners (Stevens-Watkins et al., 2011), and treatment interference (Greer, 2016) in co-ed Black samples. However, other studies found conflicting findings. For example, no associations were found between endorsed racial stress and adherence to hypertension treatment (Greer et al., 2014), binge drinking (Metzger et al., 2019), or perceived health (Carter & Walker, 2014) among Black adults. In Black female samples, relationships were present with high levels of racial stress and alcohol use (Pittman & Kaur, 2018) and poor eating habits (Salami et al., 2019).

Mental Health

Multiple studies document relationships between racial stress, externalizing and internalizing symptoms, and overall mental health functioning in multi-ethnic studies. Endorsements of racial stress were associated with violent behaviors (Estrada-Martínez et al., 2012), somatization, and compulsions (Greer et al., 2009). Associations with emotional symptoms and diagnoses include interpersonal sensitivity (Greer et al., 2009), negative school belonging (Coleman & Stevenson, 2013), depression, and anxiety. Similarly, study findings

highlight the relationship between low levels of racial stress and positive school belonging (Coleman & Stevenson, 2013) and good general health (Anderson & Finch, 2017).

Several co-ed studies on Black Americans revealed similar connections. High levels of racial stress were associated with positive and negative affect (Coleman et al., 2013), suicidal thoughts (Chao & Green, 2011; Walker et al., 2014), and depression (Brody et al., 2008; Bowen-Reid & Harrell, 2002; Chao & Green, 2011; Estrada-Martínez et al., 2012; Walker et al., 2014). Other studies revealed conflicting findings between racial stress and depression. Carter & Reynolds (2011) found a relationship between low levels of racial stress and depression, while Lee et al., 2016) reported no association between the variables.

Multiple studies reported relationships between endorsed racial stress and anxiety (Bowen-Reid & Harrell, 2002; Carter & Walker, 2014; Chao & Green, 2011; Utsey & Giesbrecht, 2008), distress (Franklin-Jackson & Carter, 2007; Neville et al., 2004; Szymanski & Obiri, 2011), perceived stress (Longmire-Avital & McQueen, 2019, Pittman et al., 2017), academic stress (Neville, Heppner & Wang, 1997; (Neville et al., 2004), and acculturative stress (Pittman et al., 2019). Evidence of associations with experiences of racial stress and overall psychological health, somatization (Bowen-Reid & Harrell, 2002; Utsey & Giesbrecht, 2008), obsessive-compulsive behaviors, hostility, paranoid ideation, and psychoticism (Bowen-Reid & Harrell, 2002) were also present.

Some studies investigated specific types of racial stress. A relationship was found between endorsed institutional racial stress and cognitive anxiety symptoms in Black adults Lee et al. (2015). Experiences of individual and institutional racial stress were associated with depressive symptoms (Seaton, 2009; Seaton & Yip, 2009). Furthermore, endorsed individual and cultural racial stress were related to cognitive ability (Utsey et al., 2006).

Studies that examined high levels of racial stress found associations with low self-esteem (Seaton & Yip, 2009), poor life satisfaction (Driscoll et al., 2015), poor quality of life (Utsey et al., 2006), poor well-being (Chao & Green, 2011; McClain et al., 2016), lower cognitive ability (Utsey et al., 2006) and depression, anger, confusion, tension, and fatigue vigor (Carter, & Reynolds, 2011).

Several studies, however, did not report associations. There were no associations between racial stress and psychological well-being (Franklin-Jackson & Carter, 2007; Utsey et al., 2002), life satisfaction and self-esteem (Utsey et al., 2000), perceived stress, parenting stress, neighborhood stress and financial stress (Estrada-Martínez et al., 2012), hopelessness (Odafe et al., 2017), and depression or anxiety (Lee et al., 2016).

Among Black women specifically, endorsements of racial stress were associated with perceived stress (Davis, Levant, & Pryor et al., 2018; Fernander & Schumacher, 2008; Pittman & Kaur, 2018), distress, gender stress and appraisal (Woods-Giscombé & Lobel, 2008), paranoid ideation, phobic anxiety (Greer & Spalding, 2017), anxiety sensitivity (Greer, 2011), depression (Greer, 2011; Jones, Ross et al., 2007; Salami et al., 2019), somatization, obsessive-compulsive, and interpersonal sensitivity (Greer, 2011).

Explored Moderators in the Racial Stress Literature

Some racial stress studies explored moderation effects. Among multi-ethnic co-ed studies, gender moderated the effect of racial stress on anxiety and obsessive-compulsive symptomatology. For example, minority males with higher levels of individual race-related stress had more severe anxiety and obsessive-compulsive symptoms than females (Greer et al., (2009). Gender also moderated the relationship between racial stress and sexual partners, so Black male adolescents with high levels of racial stress reported more sexual partners (Stevens-

Watkins et al., 2011) than females. Age was also identified as a moderator. Older patients endorsed racial stress had poorer treatment interference (Greer, 2016).

For Black adults, racial identity moderated the effect of racial stress on depression. Racial stress was associated with higher levels of depressive symptoms for alienated teens but not for buffering/defensive or idealized ones (Seaton, 2009). Carter et al. (2017) also found evidence of moderation for racial identity. More mature racial identity statuses were associated with decreased psychological distress and traumatic stress symptoms. In multi-ethnic studies, ethnic group membership moderated the frequency of racial stress. Black participants reported more racial stress than Asian and Latinx Americans (Utsey et al., 2002).

In summary, our review of the racial stress literature revealed associations with various psychopathology, including anxiety, obsessions, compulsions, depression, suicide ideation, and somatic and trauma symptoms for Black individuals, particularly, Black women. Associations with physical health outcomes with varying severity, from minor concerns to disease activity, were also identified. Importantly, these findings suggest that the mental and physical health effects of racial stress impact daily lifestyles and possibly even shorten the lifespan of Black women. Furthermore, personal and social-environmental factors were identified as moderators: gender, age, and racial identity. Additionally, our review of the literature supports shifting the focus of the racism literature to assessing emotional responses to racism, such as racial stress, instead of racist events. Studies document that the former is a predictor of poor health and is more likely to identify clinically-relevant populations, given the wide prevalence of racism experiences among Black women.

Racial Factors That May Influence Racial Stress among Black Women

Racial and Ethnic Affiliation

Given that the racial stress literature is growing, additional factors, specifically racial factors, are likely to affect one's experience with racial stress. One factor that may influence racial stress experiences is racial and ethnic identity. Cross' Racial Identity Model illustrates there is substantial variation in racial identity development among minorities, which encompasses their understanding of race, their racial experiences, and the salience of their racial identity (Ross et al., 2017).

Research indicates that one's affiliation with their racial and ethnic identity can serve as a risk and protective factor for various mental health outcomes, including stress, anxiety, and depression (Utsey et al., 2002). For example, Black women with developing or weak racial and ethnic identities are more likely to report feelings of rejection, alienation, and isolation in settings with other minorities or majority group members (Williams et al., 2012). Similarly, these minorities may try to avoid race-centered conversations, as they likely bring mixed feelings about their identity. Additionally, these individuals are more likely to be unequipped with the knowledge or resources to cope with racial stress they encounter (Rogers Woods & Petrie, 2010). Research also underscores that minorities with strong racial identities are more likely to report feelings of belonging and a sense of group identity (Brook et al., 1998). These minorities value and invest their efforts in being in diverse and welcoming spaces. Furthermore, when these individuals find themselves in racially discriminatory and biased environments, they likely report feelings of unhappiness, anger, and frustration. Minorities with a strong sense of racial and ethnic identity are likely to be bothered and made uncomfortable by racial stress, possibly affecting their mental and physical health (Ross et al., 2017).

Skin Tone

Other racial factors of possible influence are less dynamic. For example, skin tone is a frequent topic of discussion in Black communities, as it's associated with pain and privilege (Slaughter-Acey et al., 2019). Some races such Black and Asian contain individuals with skin-tones of various distinct shades (Harris & Barlett, 2009; Wen et al., 2022). Additionally, during colonization, slave owners often raped their enslaved people. Consequently, creating generations of mixed-race offspring, who typically have fairer skin than people with only African ancestry. The fair-skinned offspring of slave-owners were frequently given less laborious duties compared to darker-skinned enslaved people (Warren, 2016).

In the present day, the United States' population of individuals identifying as biracial or multiracial grows exponentially due to normalized interracial dating practices (Yancey & Yancey, 1998). Biracial, multiracial and Black individuals have varying skin tones, from fair to dark. Fair skin and light brown skin tones, compared to dark brown, more closely resembled the skin tones of White individuals. Thus, these skin tones, by many in the US and globally who adhere to Eurocentric beauty standards, are more desirable and acceptable. Individuals with darker skin tones face discrimination, known widely as colorism (Blake et al., 2017).

Research indicates that experiences of colorism are common amongst Black adolescent girls and women and frequently arise in conversations and interactions with Black peers and family members (Breland et al.,2002). Evidence shows that light-skinned Black women are more likely to receive jobs, date, and marry than their darker skin counterparts (Hunter, 2002; Hunter, 1998). Dark-skinned Black women also report more frequent experiences receiving derogatory comments and harsher punishment from teachers and police (Hannon et al., 2013). To reduce their experiences with discrimination and appear desirable to those who idolize Western beauty, some dark-skin women use dangerous methods to bleach and whiten their skin (Swinton-

Jackson, 2021). Furthermore, frequent experiences of colorism were associated with negative outcomes contributing to stress and depression (Laidley et al., 2019; Louie, 2020) for Black girls and women.

In summary, colorism undoubtedly affects the well-being of darker-skinned individuals, specifically brown and dark skin Black females. Such adverse experiences can be viewed as a racial related stressor with adverse mental and physical consequences.

Hair Texture

Similar to skin tone, hair texture is a racial feature that affects the lives of many Black women (Shepherd, 2018). Black hair textures vary on a spectrum from silky straight to tightly-coiled (Robinson, 2011). Additionally, some use chemicals such as relaxers, keratin treatments, or excessive heat, permanently straightening or altering their natural hair pattern. Black women with looser S-shaped curl patterns more closely resemble the hair textures of White women and, as a result, are often deemed more acceptable by Western standards (Johnson & Bankhead, 2014; Grill, 2015). Black women with coily, kinky, zig-zag patterned, or afro-textured hair report the most frequent discrimination. Discrimination based on hair texture is known as texturism (Joseph-Salisbury & Connelly, 2018; Randle, 2015; Tate, 2017). Black women with afro-textured hair are more likely to be viewed as unattractive and unkept and receive harsh comments from employers. Others have been forced to cut or manipulate their hair so that some will perceive their natural hair as more professional (Donahoo & Smith, 2019). Additionally, Black girls have been suspended and expelled from school for wearing their hair as it naturally grows from their scalp (Joseph-Salisbury & Connelly, 2018; Randle, 2015; Tate, 2017).

Research reports that experiences of texturism were associated with feelings of sadness, anger, confusion, and anxiety (Powell, 2018; Wilson et al., 2018). To reduce the negative impact

of texturism, some states, including California, New Jersey, Virginia, Maryland, Colorado, and Washington, enacted the Crown Act (Create a Respectful and Open Workplace for Natural Hair), prohibiting discrimination against textured natural hairstyles (Donahoo & Smith, 2022; Hamilton, 2021; Lee & Nambudiri, 2021). Therefore, the scientific community and state governments recognized hair texture as a racial-related stressor that negatively affects Black women, particularly those with kinky and coily hair textures.

Present Study

The current racial stress literature is developing. It highlights the connection between racial stress and poor mental and physical health consequences. Most racial stress studies explored this construct in samples of Black adult women (Somerville, 2021). However, few studies investigated the impact of racial stress on health behaviors in a sample of college-aged Black women. Evidence also documents that health behaviors directly impact mental and physical health outcomes. Patterns of poor and risky health behaviors are clinically relevant as they signal the likely subsequent decline of one's health and, in some cases, functioning (Cawley & Ruhm, 2011). Furthermore, this racial stress review identified that some studies documented evidence of moderation (Somerville, 2021). Future research should investigate additional factors that may disrupt the influence of racial stress on health. As discussed above, Harrell's conceptualization model of racial stress posits that personal and socio-environmental factors influence one's experience with racial stress, ultimately affecting its impact on the individual.

Given the documented evidence of racial stress, its impact on health, and the current gaps in the literature, this study aims to quantitatively investigate racial stress and its influence on internalizing symptoms, and health behaviors in a sample of college-aged Black women. We also aim to explore the intervening influence of personal racial factors. We hypothesize the following:

H_1: Racial stress will predict internalizing symptoms such that participants with higher racial stress levels will be more likely to have higher levels of internalizing symptoms.

H_2: Racial stress will predict poor weight management behaviors (e.g., diet and physical activity), such that participants with higher racial stress levels will be more likely to have an unhealthy diet and be inactive.

H_3: Racial stress will predict risky health behaviors (e.g., alcohol use, marijuana use, other substance use, and the number of sexual partners), such that participants with higher racial stress levels will be more likely to drink alcohol, smoke marijuana, use other substances, and have a higher number of sexual partners.

H_4: Racial and ethnic identity will moderate the relationships between racial stress and internalizing symptoms, diet, physical activity, alcohol use, marijuana use, other substance use, and number of sexual partners such that there will be an positive relationship between racial stress and the identified outcomes above with the effect being greater for participants with weak racial and ethnic identities.

H_5: Skin tone will moderate the relationships between racial stress and internalizing symptoms, diet, physical activity, alcohol use, marijuana use, other substance use, and number of sexual partners such that there will be an positive relationship between racial stress and the identified outcomes above with the effect being greater for participants with darker skin tones.

H_6: Hair texture will moderate the relationships between racial stress and internalizing symptoms, diet, physical activity, alcohol use, marijuana use, other substance use, and number of sexual partners such that there will be an positive relationship between racial stress and the identified outcomes above with the effect being greater for participants with kinkier hair textures.

Method

Participants

This study is part of a larger study that explored the experiences and behaviors of college-aged Black women (*N*=200) (Jean, 2022). The previous study's inclusion criteria included self-identifying as Black and female, being between the ages of 18 and 26, and attended primary and secondary school in the United States. See Data Cleaning methods in the Results section, which resulted in a final sample size of 199 self-identified Black women with a mean age of 21.15 (*SD* = 2.14, Range = 8). All participants were also students enrolled at Kent State University, a large midwestern public university. See Table 1 for the full list of demographic information.

Procedures

Kent State University Institutional Review Board (IRB) approved all study procedures. Study recruitment included obtaining the email addresses of Black female undergraduate and graduate students from the University Registrar and sending an email announcement of the study. Prospective participants clicked a link in their email that directed them to an informed consent form. Next, participants navigated to an anonymous online survey via *Qualtrics*. The survey required participants to provide demographic information to confirm study eligibility prior to responding to study measures of racial stress, internalizing symptoms, weight management behaviors, risky health behaviors, racial and ethnic identity, and physical features**.** After survey completion, participants entered their email address to receive a $10 Amazon eGift

card as compensation. Study data collection commenced in April 2021 and concluded in June 2021. It is noteworthy that study data collection occurred during the Covid-19 pandemic.

Measures

Demographic survey. A 11-item self-report demographic survey was administered to collect information on participants' self-identified race, ethnicity, gender, age, school type, education level, parents' education levels, family household income, household structure, and frequency of suspensions and expulsions. This information was used to confirm study inclusion criteria, describe the sample, and gather information for potential covariates. The socioeconomic status and behavior-related information, specifically, was collected to assess potential covariation, given their established association with mental health outcomes and health behaviors (Ravens-Sieberer et al., 2022; Meyer et al., 2014).

Racial stress. The Index of Race-Related Stress Brief Version (IRRS-B) is a 22-item self-report assessment designed to identify experiences of racism and assess the intensity of related racial stress (Chapman-Hilliard et al., 2020; Utsey, 1999). The IRRS-B was constructed based on popularized theories of racism (Jones, 1972; Essed, 1990) and stress (Lazarus & Folkman, 1984). It is the most widely used assessment of racial stress and contains a total global score of racial stress and three subscales: institutional, cultural, and individual (Greer et al., 2009). The institutional subscale measures experiences with discrimination across policies, practices, and procedures in institutions (e.g., schools, banks, government, and stores). The cultural subscale measures experiences encountering discrimination about racially specific values, beliefs, customs, or arts. The individual subscale measures experiences with racial discrimination received from one or more individuals (Chapman-Hilliard et al., 2020; Utsey, 1999). Participants

rate IRRS-B items utilizing a 5-point Likert scale from 0 – *this never happened to me to* 4- *this event happened, and I was extremely upset*. Item responses are summed to yield total scores. Higher scores indicate participants endorsed greater intensity of racial stress. Previous research suggests that the IRRS-B exhibits good psychometric properties, including good internal consistency and reliability among items and validation (α = .8) for IRRS-B factor structure and use with Black populations (Chapman-Hilliard et al., 2020). The current study only utilized the total racial stress score, given that the relationships between racial stress and the study's proposed moderators and outcomes has not yet been investigated. The total racial score demonstrated reliable internal consistency (α = .87).

Internalizing symptoms. The Depression Anxiety Stress Scale (DASS-21) is a 21-item assessment that measures symptoms of anxiety, depression, and stress (Ali et al., 2021; Henry & Crawford, 2005). Each has a subscale containing 7 question items. Sample items read, "I experienced breathing difficulty," "I felt that I had nothing to look forward to," and "I found it hard to wind down." Participants rate items using a 4-point Likert scale from 0 - *Did not apply to me at all* to 3 *Applied to me very much or most of the time*. Each subscale's items are summed to yield subscale total scores. The summation of subscales score creates a DASS-21 Total score. Total scores can be interpreted clinically as follows: scores between 0-9 are indicative of typical symptoms; 10-13 are indicative of mild symptoms; 14-20 are indicative of moderate symptoms; 21-27 are indicative of severe symptoms; 28 and higher are indicative of extremely severe. Previous studies evidenced the DASS-21's strong reliability and validity (α = .9) among samples of Black college students (Norton, 2007; West et al., 2010). The current study only utilized the DASS-21 Total Score given the significant overlap among internalizing symptoms (Conway et al., 2019). The DASS-21 Total Score demonstrated excellent reliability (α = .94).

Weight Management Behaviors.

Diet. Starting the Conversation (STC) is an 8-item self-report assessment that measures the frequency of dietary behaviors over the past few months. This STC assessment was initially developed by the Center for Health Promotion and Disease Prevention, the University of North Carolina at Chapel Hill, to guide health promotion recommendations. Sample STC question items read, "how many times a week did you eat fast food meals or snacks," "how many servings of fruit did you eat each day," and "how much margarine, butter, or meat fat do you use to season vegetables or put on potatoes, bread or corn"? Each question item has three response choices corresponding to the most healthful dietary practices, less healthy practices, and the least. Response options for frequency varies based on the question (e.g., less than 1 time, 1-3 times, 4 or more times; 5 or more times, 3-4 times, 2 or less; very little, some, and a lot). Response items are scored so that the most healthful dietary practices receive a score of 0; less healthy practices receive a score of 1; least healthy practices receive a score of 2. The eight STC item scores are summed to generate a total score. STC total scores range from 0-16, with higher scores being indicative of poorer dietary behaviors. Multiple studies indicate The STC has is a valid assessment of diet for Black individuals (McGarity-Palmer, 2019; Paxton et al., 2011; Schrubbe et al., 2016). In the current sample internal consistency was poor ($\alpha = .42$). This is consistent with the expectations of the STC creators and previous studies, which indicate the STC captures different elements of dietary behavior (McGarity-Palmer, 2019; Paxton et al., 2011).

Physical activity. The Stanford Brief Activity Survey (SBAS) is a 2-item self-report assessment that measures occupational and leisure-related physical activities in the past year (Taylor-Piliae et al., 2007). The SBAS questions direct participants to indicate a statement that best describes, "the kinds of physical activity you usually performed while on the job this last

year" and "the way you spent your leisure time during most of the last year." Each question has 5 response options with increasing activity frequency and intensity levels from 1-5, (e.g., unemployment, stationary job, some manual labor, hard physical labor, light chores and watching television, walking, slow jogging, running, and active fitness routine). The two SBAS item scores are averaged to generate an overall physical activity score. Scores can be interpreted as follows: 1 - inactive, 2 - light, 3 - moderate, 4 - hard, and 5- very hard. Previous studies demonstrate The SBAS is a valid assessment of physical activity for Black women (Robinson, 2009; Robinson & Wicks, 2012). Given that SBAS only contains 2 items, measurements of internal consistency such as Cronbach's alpha likely underestimate the scale's reliability c As recommended by Eisinga et al., 2013) the Spearman-Brown coefficient was calculated and demonstrated poor sample reliability (r_s = .058). The scale's poor internal consistency can be attributed to the SBAS assessing activity in two different settings (Taylor-Piliae et al., 2007).

Risky health behaviors. Four questions utilized by the National Longitudinal Study of Adolescent Health were used to assess participants' use of alcohol, marijuana, and other substances (e.g., cocaine, heroin, crystal meth, and mushrooms) and their number of sexual partners in the past year (Bernard, 2010; Willoughby and Dworkin, 2009). Sample questions read, "During the 12 months, on how many days did you use marijuana" and "... on how many days did you drink five or more drinks in a row?". Participants rate their frequency of engagement in such risky behaviors using a 6-point Likert scale from 0-never to 5-everyday or almost every day.

Racial Factors.

Racial & ethnic identity affiliation. The Multigroup Ethnic Identity Measure- Revised (MEIM-R; Phinney & Ong, 2007) is a 7-item self-report assessment that measures aspects of

ethnic identity. The first question is open-ended and asks participants to indicate their ethnicity. The remaining six questions examine participant ethnic identity exploration and commitment. Examples of question items include, "I have spent time trying to find out more about my ethnic group, such as its history, traditions, and customs," and "I feel a strong attachment towards my own ethnic group." Participants rate items using a 5-point Likert scale with 1 being "Strongly Disagree" to 5 "Strongly Agree."). MEIM items are summed, creating a total racial identity score. Responses to the exploration and commitment items are also summed to create two subscale scores. Previous literature has demonstrated good reliability of this measure among Black young adults (Brown et al., 2014; Chakawa et al., 2015). The current study utilized the total racial identity score, given the limited evidence of relationships between racial stress and the study's proposed moderators and outcomes. The total racial identity score demonstrated adequate reliability (α = .83).

Skin tone. The Massey and Martin Skin Color Scale (Hersch, 2011; Massey et al., 2003; Perry et al., 2013) is a palette of ten different skin tone complexion visuals. Skin tones range from fair (1) to very dark (10). Participants were asked to use the palette to self-report which color best resembles their facial skin tone. Higher scores reflect darker skin complexions. See Appendix A for visual representations of skin tones classified by the Massey and Martin Skin Color Scale.

Hair texture. The Andre Walker Hair Typing System is a 10-point alpha-numeric classification that describes hair textures with visuals. Hair textures range from silky-1a to 4c-kinky (Walker & Wiltz, 1997). Participants were asked to use the typing system to self-report which classification best resembles their hair. Higher scores reflect kinkier hair textures. See

Appendix B for visual representations of hair textures classified by the Andre Walker Hair Typing System.

Data analysis plan

Power Analysis

We conducted power analyses to determine an appropriate sample size for our study. According to G*Power, approximately 77 study participants were required to detect an effect for our study given our specific hypotheses (Erdfelder et al., 1996). Specifically, an a priori power analysis for linear regression with one tested predictor, with an alpha of 0.05, a power of 0.80, and a medium effect size (f 2= .15) (Faul et al., 2013), indicated that a sample size of 55 was needed. When an additional predictor variable and interaction terms were added to the model to account for the moderation analyses, a sample size of 150 was needed.

Preliminary Analyses

Study data were collected online via Qualtrics, exported to SPSS (Version 27), and cleaned in preparation for analysis. Prior to conducting the study's primary analyses, preliminary descriptive analyses were conducted to evaluate the data appropriateness for the intended study analyses. As Tabachnick and Fidell (2007) recommended, all study variables were assessed for the assumption of normality. Skewness and kurtosis values were evaluated according to Kline's (2006) recommendation, which defines skewness absolute values of 3 and kurtosis absolute values 10 as acceptable. Additionally, the linearity and multicollinearity among all study variables was evaluated by conducting Pearson product-moment correlations. Correlations above .8 were indicative of multicollinearity (Kline, 2006). Correlations among the following potential

covariates age, education level, parents' education levels, family household income, and frequency of suspensions and expulsions and study variables were evaluated.

Primary and Secondary Analyses

Three regression analyses were conducted to determine if high levels of racial stress are more likely to predicts high levels of internalizing symptoms, engagement in poor weight management behaviors (e.g., diet and physical activity), and risky health behaviors (e.g., alcohol use, marijuana use, other substance use, and the number of sexual partners).

Separate analyses were conducted with the Hayes PROCESS (Haynes, 2017) to examine whether skin tone, hair texture, or racial and ethnic identity affiliation, moderate the relation between racial stress and internalizing symptoms, weight management behaviors, or risky health behaviors. Further, if an interaction was found to be significant, simple slope analyses were examined. The present study intentionally did not mean center study variables prior to conducting moderation analyses. This decision was made to ease interpretability of the main and moderations effect and retain the meaning of the variable scales and associated zero values (Hayes, 2013; Iacobucci et al., 2017). Bootstrapping were completed with 5,000 random samples generated from the observed covariance matrix to estimate the standard errors of parameter estimates and the bias-corrected confidence intervals of the indirect effects.

Results

Data Cleaning

Study data were taken from a larger study, in which extensive data cleaning procedures where previously performed (*N*=200). Three validation checks (i.e., Please select Neither agree nor disagree, Please select "3" for this question, and Please select "Rarely" for this question) were included in survey administration to assess the accuracy and integrity of data by funneling out random responding, inconsistent responding, and content-specific responding. As a result, six participants were removed from the sample for not responding appropriately to the validation Data cleaning also included removal of univariate outliers. Scores greater than 3.29 standard deviations were considered outliers and excluded from affected analyses. For the present study, one participant was removed from the sample as they identified as intersex (*N*=199).

Normality

Descriptive analyses revealed that the following variables: racial identity, physical activity, marijuana use, and alcohol use were positively skewed. The variables illicit drug use and the number of sexual partners were negatively skewed. To reduce skew, positively skewed variables were square-root transformed and negatively skewed variables were inverse transformed. The remaining study variables were normally distributed (Kline, 2006).

Sample Characteristics, Experiences & Health Behaviors

Physically, the average participant endorsed having a medium brown skin complexion (*M*=4.32, *SD*=1.85) and a kinky-curly hair texture (*M*=7.97, *SD*=1.56). Participants also reported a strong affiliation to their racial and ethnic identity on average (*M*=27.05, *SD*=4.75) . Our results indicate that our participants experienced racism and related racial stress with the average,

participant scoring 50.71 (*SD*=15.60) out of 100 on the IRRS-B. Additionally, participants endorsed clinically severe internalizing symptoms (*M*=23.18, *SD*=14.78). Participants also reported having some poor dietary behaviors, with the average STC score being 10.10 (*SD* = 2.36) out total 16, with higher scores being indicative of poorer diets. Participants endorsed engagement in light physical activity (*M*=2.38. *SD*=.97). Overall, participants endorsed minimal drug use, with the average number of days of marijuana use and other drugs use (cocaine, heroin, crystal meth, and mushrooms) reported during the past year being less than two days, (*M*=1.11, *SD*=.42) and (*M*=1.1, *SD*=1.76) respectively. Similarly, participants reported minimal alcohol consumption (i.e., 5 drinks or more drinks in a row) (*M*=1.31, *SD*=1.76). Participants also noted on average having 2.73 (*SD*=3.98) sexual partners. See Table 1 for complete participant demographic and Table 2 for descriptive information.

Direct Relationships

The bivariate correlations revealed significant positive relationships between racial stress and internalizing symptoms (r (199) = .20, p<.001) and marijuana use (r (199) =.20, p<.001) and a significant negative relationship between physical activity (r (196) = -.18, p<.05). The associations between racial stress and poor diet (r (199) = -.02, p=.768), alcohol use (r (199) =.14, p=.056), drug use (r (199) =.11, p=.131), and number of sex partners stress (r (199) =.06, p=.407) were non-significant. The variables age, income, and participant education revealed significant correlations with study outcomes variables, and thus were included as covariates in the model. Correlational analyses revealed a negative relationship between age and diet (r (199) = -15, p<.05) and positive relationships among age and physical activity (r (199) = .28, p<.001), drug use (r (199) = .18, p<.001), and number of sexual partners, (r (199) = .17, p<.05). Our results indicated a negative relationship (r (199) = -15, p<.05) between income and internalizing

symptoms. Additionally, our findings highlighted a positive relationship between education and physical activity ($r(199) = .15$, $p<.05$) and alcohol use (r (199) = .16, $p<.05$) and a negative relationship between education and diet (r (199) = -.17, $p<.05$). See Table 2 for all correlations. Other demographic variables including participant's mother's education, father's education, and the number of suspension and expulsions were not correlated with any of the outcome variables. Therefore, they were not included in the model as covariates.

Assessing the Moderating Racial Factors on Racial Stress and Internalizing Symptoms

Skin Tone

A moderation test was conducted to examine the interaction of racial stress and skin tone on internalizing symptoms after controlling for age, family income, and education level. In the analysis, racial stress was entered as the predictor variable (X), skin tone as the moderator variable (W), and internalizing symptoms as the outcome variable (Y). The regression model indicated that approximately 16% of the variance in internalizing symptoms could be accounted for by the model $R^2 = .16$, $F(6, 190) = 6.09$, $p < .001$. There was a not significant main effect of racial stress on internalizing symptoms ($B = -.02$, $p = .89$). However, the main effect of skin tone ($B = -4.27$, $p = .02$) and the interaction between racial stress and skin tone ($B = .08$, $p = .03$) on internalizing symptoms were significant. See Tables 11.

To further investigate the effects of this interaction, we conducted a simple slopes analysis examining three different levels of skin tone: light brown, medium brown, and dark brown (Figure 1). Results revealed that for light brown skin tones ($B = .21$, $p < .01$), medium brown skin tones ($B = .29$, $p < .001$) and dark skin tones ($B = .45$, $p < .001$) the effect of racial

stress on internalizing symptoms was significant. Further, these results suggest that the impact of racial stress on internalizing symptoms increases as skin tone darkens. See Table 32.

Hair Texture

A moderation test was conducted to examine the interaction of racial stress and hair texture on internalizing symptoms after controlling for age, family income, and education level. In the analysis, racial stress was entered as the predictor variable (X), hair texture as the moderator variable (W), and internalizing symptoms as the outcome variable (Y). The regression model indicated that approximately 14% of the variance in internalizing symptoms could be accounted for by the model, $R^2 = .14$, $F(6, 190) = 5.09$, $p < .001$. There was a not significant main effect of racial stress on internalizing symptoms ($B = .28$, $p = .42$). The main effect of hair texture ($B = .28$, $p = .42$) and the Interaction between racial stress and hair texture ($B = .01$, $p = .90$) were not significant. See Table 12. These results indicate that hair texture did not moderate the relationship between racial stress and internalizing symptoms.

Racial and Ethnic Identity

A moderation test was conducted to examine the interaction of racial stress and racial and ethnic identity on internalizing symptoms after controlling for age, family income, and education level. In the analysis, racial stress was entered as the predictor variable (X), racial and ethnic identity as the moderator variable (W), and internalizing symptoms as the outcome variable (Y). The regression model indicated that approximately 15% of the variance in internalizing symptoms could be accounted for by the model, $R^2 = .15$, $F(6, 189) = 5.69$, $p < .001$. There was not a significant main effect of racial stress on internalizing symptoms ($B = .37$, $p = .16$). The main effect of racial and ethnic identity ($B = .37$, $p = .16$), and the interaction between racial

stress and racial and ethnic identity (B = -.00, p = .98) were not significant. See Table 13. These results indicate that racial and ethnic identity did not moderate the relationship between racial stress and internalizing symptoms.

Assessing the Moderating Racial Factors on Racial Stress and Weight Management

Skin Tone

Two separate moderation analyses were conducted to examine the interaction of racial stress and skin tone on weight management behaviors (diet and physical activity) after controlling for age, family income, and education level. In the first analysis, racial stress was entered as the predictor variable (X), skin tone was entered as the moderator variable (W), and diet was entered as the outcome variable (Y). Overall, the regression model was not significant R^2 = .03, F(6, 190) = 1.05, p > .05. There was not a significant main effect of racial stress on diet (B = -.02, p = .56). Additionally, the main effect of skin tone (B= -.23, p=.47) and the interaction between racial stress and skin tone (B=.00, p=.55) were not significant. See Table 14.

In the second analysis, racial stress was entered as the predictor variable (X), skin tone was entered as the moderator variable (W), and physical activity was entered as the outcome variable (Y). The regression model indicated that approximately 7% of the variance in physical activity could be accounted for by the model, R^2 = .07, F(6, 187) = 2.28, p < .05. There was not a significant main effect of racial stress on physical activity (B = .01, p = .26). Further, the main effect of skin tone (B = .08, p = .55) and the interaction between racial stress and skin tone (B = -.00, p = .79) were not significant. See Table 15. Collectively, these results indicate that skin tone did not moderate the relationship between racial stress and diet or physical activity.

Hair Texture

Two separate moderation analyses were conducted to examine the interaction of racial stress and hair texture on weight management behaviors (diet and physical activity) after controlling for age, family income, and education level. In the first analysis, racial stress was entered as the predictor variable (X), hair texture was entered as the moderator variable (W), and diet was entered as the outcome variable (Y). Overall, the regression model was not significant $R^2 = .04$, $F(6, 190) = 1.25$, $p > .05$. There was not a significant main effect of racial stress on diet ($B = .06$, $p = .32$). Additionally, the main effect of hair texture ($B = .45$, $p = .22$) and the interaction between racial stress and Hair Texture ($B = -.01$, $p = .30$) were not significant. See Table 16.

In the second analysis, racial stress was entered as the predictor variable (X), hair texture was entered as the moderator variable (W), and physical activity was entered as the outcome variable (Y). Overall, the regression model was not significant $R^2 = .03$, $F(3,192) = 2.22$, $p>.05$. There was not a significant main effect of racial stress on physical activity ($B = .00$, $p=.97$.). Additionally, the main effect of hair texture ($B= -.09$, $p=.57$) and the interaction between racial stress and hair texture ($B=.00$, $p=.67$) were not significant. See Table 17. Collectively, these results indicate that hair texture did not moderate the relationship between racial stress and diet or physical activity.

Racial and Ethnic Identity

Two separate moderation analyses were conducted to examine the interaction of racial stress and racial and ethnic identity on weight management behaviors (diet and physical activity) after controlling for age, family income, and education level. In the first analysis, racial stress

was entered as the predictor variable (X), racial and ethnic identity was entered as the moderator variable (W), and diet was entered as the outcome variable (Y). Overall, the regression model was not significant $R^2 = .03$, $F(6, 189) = 1.00$, $p > .05$. There was not a significant main effect of racial stress on diet ($B = .02$, $p = .72$). Additionally, the main effect of racial and ethnic identity ($B = .01$, $p = .93$) and the interaction between racial stress and hair texture ($B = -.00$, $p = .74$) were not significant. See Table 18.

In the second analysis, racial stress was entered as the predictor variable (X), hair texture was entered as the moderator variable (W), and physical activity was entered as the outcome variable (Y). Overall, the regression model was not significant $R^2 = .06$, $F(6, 187) = 2.13$, $p = .05$. There was not a significant main effect of racial stress on physical activity ($B = -.00$, $p = .89$). Additionally, the main effect of hair texture ($B = -.11$, $p = .46$) and the interaction between racial stress and hair texture ($B = .00$, $p = .55$) were not significant. See Table 19. Collectively, these results indicate that racial and ethnic identity did not moderate the relationship between racial stress and diet or physical activity.

Assessing the Moderating Racial Factors on Racial Stress and Risky Behaviors

Skin Tone

Four separate moderation analyses were conducted to examine the interaction of racial stress and skin tone on risky behaviors (alcohol, marijuana and other drug use and number of sexual partners) after controlling for age, family income, and education level. In the first analysis, Total Racial Stress was entered as the predictor variable (X), skin tone was entered as the moderator variable (W), and alcohol use was entered as the outcome variable (Y). The regression model indicated that approximately 12% of the variance in alcohol use could be

accounted for by the model $R^2 = .12$, $F(6, 190) = 4.35$, $p < .001$. There was not a significant main effect of racial stress on alcohol use ($B = -.01$, $p = .48$). Additionally, the main effect of skin tone ($B = -.31$, $p = .07$) and the interaction between racial stress and skin tone ($B = .01$, $p = .13$) were not significant. See Table 20.

In the second analysis, racial stress was entered as the predictor variable (X), skin tone was entered as the moderator variable (W), and marijuana use was entered as the outcome variable (Y). The regression model indicated that approximately 8% of the variance in marijuana use could be accounted for by the model, $R^2 = .08$, $F(6, 190) = 2.75$, $p < .05$. There was a significant main effect of racial stress on marijuana use ($B = .04$, $p = .05$). Additionally, the main effect of skin tone ($B = .11$, $p = .65$) and the interaction between racial stress and skin tone ($B = -.00$, $p = .32$) were not significant. See Table 21.

In the third analysis, racial stress was entered as the predictor variable (X), skin tone was entered as the moderator variable (W), and drug use was entered as the outcome variable (Y). Overall, the regression model was not significant $R^2 = .02$, $F(3,195) = 1.57$, $p > .05$. There was a main effect on racial stress on drug use ($B = .01$, $p = .06$) was not significant. The main effect of skin tone ($B = .08$, $p = .17$) and the interaction between racial stress and skin tone ($B = -.00$, $p = .13$) were also not significant. See Table 22.

In the final analysis, racial stress was entered as the predictor variable (X), skin tone was entered as the moderator variable (W), and number of sex partners were entered as the outcome variable (Y). Overall, the regression model was not significant $R^2 = .05$, $F(6, 188) = 1.78$, $p > .05$. There was not significant main effect on racial stress on number of sex partners ($B = .10$, $p = .05$), although it was approaching significance. Additionally, the main effect of skin tone ($B =$

.86, p = .11) and the interaction between racial stress and skin (B = -.02, p = .06) were not significant. See Table 23. Collectively, these results indicate that skin tone did not moderate the relationship between racial stress and risky behaviors (e.g., alcohol, marijuana and other drug use and number of sexual partners).

Hair Texture

Four separate moderation analyses were conducted to examine the interaction of racial stress and hair texture on risky behaviors (alcohol, marijuana and other drug use and number of sexual partners) after controlling for age, family income, and education. In the first analysis, racial stress was entered as the predictor variable (X), hair texture was entered as the moderator variable (W), and alcohol use was entered as the outcome variable (Y). The regression model indicated that approximately 13% of the variance in alcohol use could be accounted for by the model, R^2 = .13, F(6, 190) = 4.70, p < .001. There was not a significant main effect of racial stress on alcohol use (B = -.02, p = .54). Further, the main effect of hair texture (B = -.31, p = .11) and the interaction between racial stress and hair texture (B = .00, p = .31) were not significant. See Table 24.

In the second analysis, racial stress was entered as the predictor variable (X), hair texture was entered as the moderator variable (W), and marijuana use was entered as the outcome variable (Y). The regression model indicated that approximately 6% of the variance in marijuana use could be accounted for by the model, R^2 = .06, F(6, 190) = 2.04, p > .05. There was not a significant main effect of racial stress on marijuana use (B = .03, p = .49). Additionally, the main effect of hair texture (B= .06, p=.83) and the interaction between racial stress and hair texture (B= -.00, p=.87) were not significant. See Table 25.

In the third analysis, racial stress was entered as the predictor variable (X), hair texture was entered as the moderator variable (W), and drug use was entered as the outcome variable (Y). The regression model indicated that approximately 10% of the variance in drug use could be accounted for by the model, $R^2 = .10$, $F(6, 190) = 3.44$, $p < .01$. There was not a significant main effect of racial stress on other drug use ($B = .02$, $p = .10$). Additionally. the main effect of hair texture ($B = .09$, $p = .16$) and the interaction between racial stress and hair texture ($B = -.00$, $p = .17$) were not significant. See Table 26.

In the final analysis, racial stress was entered as the predictor variable (X), hair texture was entered as the moderator variable (W), and number of sex partners was entered as the outcome variable (Y). The regression model indicated that approximately 6% of the variance in the number of sex partners could be accounted for by the model, $R^2 = .06$, $F(6, 188) = 1.93$, $p > .05$. There was a significant main effect of racial stress on the number of sex partners ($B = .22$, $p = .03$). Additionally, the main effect of hair texture ($B = 1.17$, $p = .06$) was not significant. However, the interaction between racial stress and hair texture ($B = -.03$, $p < .05$) was also significant. See Table 27. Collectively, these results indicate that hair texture did not moderate the relationship between racial stress and alcohol, marijuana, and other drug use. However, hair texture did moderate the relationship between racial stress and number of sexual partners.

To further investigate the effects of this interaction, we conducted a simple slopes analysis examining three different levels of hair texture: curly, kinky or coily, and tightly coiled. (Figure 2). Results revealed that for looser curly hair textures, the effect of racial stress on number of sexual partners was significant ($B = .06$, $p < .05$). However, for kinky or coiled textures ($B = .01$ $p = .52$) and tightly coiled kinky/afro textures the effects were not significant (B

= -.04 p = .18). These results suggest that for women with curly hair textures an increase in racial stress is associated with an increase in their number of sexual partners. See Table 33.

Racial and Ethnic Identity

Four separate moderation analyses were conducted to examine the interaction of racial stress and racial and ethnic identity on risky behaviors (alcohol, marijuana and other drug use and number of sexual partners) after controlling for age, family income, and education level. In the first analysis, racial stress was entered as the predictor variable (X), hair texture was entered as the moderator variable (W), and alcohol use was entered as the outcome variable (Y). The regression model indicated that approximately 11% of the variance in alcohol use could be accounted for by the model, R^2 = .11, F(6, 189) = 3.99, p < .001. There was not a significant main effect of racial stress on alcohol use (B = -.01, p = .59). Additionally, the main effect of hair texture (B = -.07, p = .20) and the interaction between racial stress and hair texture (B = .00, p = .27) were not significant. See Table 28.

In the second analysis, racial stress was entered as the predictor variable (X), racial and ethnic identity was entered as the moderator variable (W), and marijuana use was entered as the outcome variable (Y). The regression model indicated that approximately 7% of the variance in the marijuana use could be accounted for by the model, R^2 = .07, F(6, 189) = 2.31, p < .05. There was not a significant main effect of racial stress on marijuana use (B = -.01, p = .67). Additionally, the main effect of racial and ethnic identity (B = -.09, p = .21) and the interaction between racial stress and racial and ethnic identity (B = .00, p = .23) were not significant. See Table 29.

In the third analysis, racial stress was entered as the predictor variable (X), racial and ethnic identity was entered as the moderator variable (W), and drug use was entered as the

outcome variable (Y). The regression model indicated that approximately 11% of the variance in the drug use could be accounted for by the model $R^2 = .11$, $F(6, 189) = 3.70$, $p < .01$. There was not a significant main effect of racial stress on other drug use ($B = -.01$, $p = .16$). Additionally, the main effect of racial and ethnic identity *(*$B = -.03$, $p = .11$) and the interaction between racial stress and racial and ethnic identity ($B = .00$, $p = .06$) were not significant; however, the latter is approaching significance. See Table 30.

In the final analysis, racial stress was entered as the predictor variable (X), racial and ethnic identity was entered as the moderator variable (W), and number of sex partners was entered as the outcome variable (Y). Overall, the regression model was not significant $R^2 = .04$, $F(6, 187) = 1.37$, $p > .05$. There was not a significant main effect of racial stress on the number of sex partners ($B = -.09$, $p = .24$). Additionally, the main effect of racial and ethnic identity ($B = -.23$, $p = .16$) and the interaction between racial stress and racial and ethnic identity ($B = .00$, $p = .17$) were not significant. See Table 31. Collectively, these results indicate that racial and ethnic identity did not moderate the relationship between racial stress and risky behaviors (e.g., alcohol, marijuana and other drug use and number of sexual partners).

Discussion

Black women experience stressful racist encounters throughout their lives that have psychological and physical repercussions. Using a sample of college-aged Black women, the present study: 1) investigates racial stress and its relationships with internalizing symptoms and poor and risky health behaviors, and 2) investigates the influence of various racial factors, including skin tone, hair texture, and racial identity, on these relationships.

The present study's findings support our hypothesis that participants with higher racial stress levels were more likely to exhibit increased internalizing symptoms. This aligns with established associations between racial stress and anxiety and depression in college-aged minority populations (Torres-Harding et al., 2020). Additionally, research highlights the link between racial stress and hopelessness (Odafe et al., 2017), a key clinical symptom of depression (American Psychiatric Association, 2022). These associations are expected, given the historical context of racial stressors**.** Racial stressors are pervasive and persistent, remnants of racism embedded in the US societal structure. They can negatively affect racial minorities' experiences with institutions, interpersonal relationships, and their sense of self (Curtis et al., 2023). Minorities experiencing racial stress may endure personal attacks related to their ability, performance, personality, identity, or appearance, yet they have limited to no control over eliminating these stressors.

Additionally, for young Black women, their loss of autonomy and hopelessness are likely compounded when hearing stories of similar racism experiences and related racial stress from their elders (Hankerson et al., 2022). To further complicate matters, despite their limited control

and power, Black women receive unhelpful cultural messages promoting unwavering strength and resiliency via the Strong Black Women (SBW) stereotype (Abrams & Maxwell, 2019; Godbolt & Amutah-Onukagha, 2022). These harsh experiences and unrealistic expectations collectively contribute to the presentation of internalizing symptoms.

This study partially supported our hypothesis that higher levels of racial stress would be associated with poorer weight management behaviors. Specifically, it revealed that participants with higher racial stress levels were less likely to engage in occupational or leisure-related physical activities. This corresponds with findings from other studies showing that high-stressed individuals often lead sedentary lives (Lines et al., 2021; Moore-Greene et al., 2012; Silva et al., 2020).

Black women, who frequently experience intense racial stress, may have limited cognitive resources to prioritize physical activity due to the significant mental burden of coping with these stressors. As previously mentioned, racial stressors are complex and burdensome experiences involving the processing of the actual event, one's emotional response, and others' reactions (Harrell, 2000). Alternatively, Black women may intentionally reduce their exposure to racial stressors by preferring to spend time in the comfort and safety of their homes as opposed to White-majority public spaces such as gyms, parks, and neighborhoods, which they may perceive as unwelcoming, unsafe, or anxiety-provoking (Moore-Greene et al., 2012). Ultimately, this preference may limit their engagement in daily physical activities.

The present study's results did not show evidence of a relationship between racial stress and diet behaviors. Certain aspects of diet behaviors, such as the serving size and frequency of consumption of fruits, vegetables, carbohydrates, meats, fast food, and sweets, as measured by this study, may remain relatively stable among college-age populations (Pelletier & Laska, 2013;

Gonzales et al., 2017) irrespective of racial stressors. For example, studies suggest that diet patterns among college students utilizing university pre-paid meal plans are typically consistent (Brown et al., 2005; Racine et al., 2022). Conversely, college students who do not use prepaid meal plans may face challenges such as limited financial resources, accessibility to grocery stores, and busy class and work schedules, which could discourage drastic changes in their diet regardless of racial stressors. Further, supportive data suggests that marginalized students such as college-aged Black women have less flexibility with their food options due to fewer economic resources (Loofbourrow & Scherr et al., 2023; Rafferty et al., 2023).

This study's results provide limited support for our hypotheses linking racial stress to risky health behaviors. Specifically, our data indicate that higher levels of racial stress are associated with more frequent marijuana use. This finding aligns with previous research identifying high stress as a risk factor for marijuana use (Cavalli & Cservenka, 2021; Weinberger et al., 2019). Additionally, data on Black females shows consistent patterns of marijuana use starting in their early adolescent years and sharply increasing in later adolescence and young adulthood (i.e., ages 18 – 26), the same age group as the present study's sampled population (Miech et al., 2019; Terry-McElrath et al., 2017).

These patterns of marijuana use are likely influenced by the presence of multiple racial stressors during this critical developmental period for college-aged Black women (Mennis & Stahler, 2020). Many young Black women face racial stress that simultaneously impacts their educational and career trajectories, wealth potential, social circles, and dating or marriage prospects (Sanders-Phillips et al., 2009). It's very likely that these racial stressors are anxiety-inducing, which would be consistent with the present study's findings about associations between racial stress and internalizing symptoms.

Furthermore, managing racial stress and internalizing symptoms are challenging, particularly considering the stereotypical boundaries and expectations of behavior for Black women. For example, for many Black women who publicly encounter racial stressors, they may be reluctant to display facial cues, tone, or language associated with anger due to the fear of being perceived as a "loud, angry Black woman" (West, 2018). Similarly, when emotionally struggling, many Black women do not seek support and others may be reluctant to offer support, operating on the belief that she can manage on her own and be resilient, as other Black women have done before her (Abrams et al., 2014). This cyclical pattern of racial experiences, emotional pain, and isolated processing possibly leads many college-aged Black women to resort to marijuana use as a means of coping with their overwhelming yet inescapable reality.

Supportive evidence shows that Black college students use marijuana to cope with distress related to racial discrimination (Martin et al., 2021; Lanaway & Burlew, 2021; Unger & Schwartz, 2021). Furthermore, data indicate that marijuana is the most commonly used illicit substance among all college students, including Black women. Additionally, research highlights that perceptions of marijuana use are more favorable and acceptable in Black communities and to the general public than other drug use (Palamar et al., 2021), which may contribute to the use patterns of college-aged Black women.

This study's findings did not reveal any relationships between racial stress and alcohol consumption (i.e., 5 or more drinks in a row) or hard drug use. Additionally, data also indicate that alcohol and drug use were uncommon behaviors among the sampled population. Therefore, the presence of racial stressors likely did not influence this infrequent behavior.

One explanation for the low alcohol and drug use among the sampled college-aged Black women may be their concern with societal perceptions. Research indicates that many Black individuals hold strong negative views about those who use hard drugs, such as crack cocaine, cocaine, and heroin, due to the negative historical impacts these drugs have had on Black individuals, families, and communities (Godkhindi et al., 2022; Golub et al., 2010). Another study highlights religiosity as a key factor in the disapproval and low use of hard drugs among Black women, suggesting that religious beliefs may serve as a protective factor (Palamar, 2014). Although the present study did not assess religious factors, well-documented evidence outlines the role of faith, predominantly Christian-based faiths, in helping Black women process and cope with racial injustices (Bryant-Davis, & Wong, 2013; Chatters et al., 2008). This is somewhat expected, given that the Christian faith directs one's attention to salvation and eternal life versus towards worldly wrongdoings, which provides psychological advantages (Lewis-Coles, & Constantine, 2006). It's possible that some college-aged Black women rely on their faith rather than external and temporary sources of relief such as drugs.

Additionally, many college-aged Black women may abstain or limit their use of hard drugs due to their educational and career aspirations. Research suggests that Black women are more likely than Black men to pursue higher education and seek professional and advanced degrees (McDaniel et al., 2011). Black women likely pursue education as a pathway to obtain economic stability for themselves and future families (Collins, 2000; Hill, 2005). Therefore, this population may be reluctant to engage in drug use that could disrupt their academic responsibilities, potentially leading to expulsion or revoked scholarships

Lastly, other studies of college-aged Black women found that important sociocultural factors such as trauma exposure (Evans et al., 2018; Montgomery et al., 2020) and peer influence

(Boyd et al., 2019; Ford & Rigg, 2019) were associated with frequent hard drug use. For these Black women, other trauma exposures likely amplify feelings of hopelessness and loss of control that are also present when experiencing racial stressors. Alternatively, peer support can validate their experiences and buffer their risks. Conversely, peers with weakly developed racial identities and maladaptive coping strategies may create additional psychosocial challenges (Evans et al., 2018; Montgomery et al., 2020).

The present study revealed no relationship between racial stress and the number of sexual partners among our sampled population. One possible explanation for this finding is that the dating and sexual behavior patterns of Black women differ from those of other racial groups (Battle & Carty, 2022; Lanier et al., 2021). Evidence indicates that many Black women often engage in lower-risky sexual behaviors and initiate sexual activities at older ages than other racial and ethnic groups (Decker et al., 2022; Guttmacher Institute; 2022). This contrasts sharply with the societal oversexualization and fetishization of young Black women (Collins & Bilge, 2020; Santoniccolo et al., 2023), which aligns with media stereotypes portraying Black women as promiscuous "Jezebels" (Bryant-Davis & Tinsley-Jones, 2021). Additionally, other studies report that young Black women often face difficulties finding suitable partners who meet their expectations and share interests (Thomas & Hunter, 2023; Wilson & Whaley, 2023). These lived experiences of young Black women, contrasted with societal perceptions, present unique challenges that likely complicate dating and sexual experiences in college (Dogan et al., 2018; Hall & Tanner, 2009; Henry, 2013).

This study's findings supported our moderation hypothesis related to the influence of skin tone on the effects of racial stress. Specifically, our data suggest that the impact of racial stress on internalizing symptoms increases as skin tone darkens. Studies support that medium and dark

brown-skin Black women face significantly more frequent and intense racism compared to those with lighter skin tones (Godfrey & Taylor, 2022; Hannon et al., 2013; Hunter, 2002). Black women with light brown skin may more closely resemble Eurocentric beauty standards than their darker-skinned counterparts or be perceived as racially ambiguous or mixed-raced (Capodilupo & Kim, 2014; Bryant, 2013). Thus, others may assume that light brown skinned Black women do not fully belong to their racial group, ultimately decreasing the frequency of their prejudice encounters.

Similarly, research shows that medium brown skinned Black women face more discrimination than light brown skinned Black women (Hannon et al., 2013). However, they face less name-calling and ridiculing than dark-brown skinned women as they more relatively resemble whiteness **(**Godfrey & Taylor, 2022). In sum, light-skinned women followed by brown-skinned women have greater social acceptance, relative to darker-skinned Black women, which may reduce the impact of racism and racial stress encounters and serve as protective factor (Bryant, 2013). Skin tone, however, did not influence the relationships between racial stress and weight management or risky health behaviors. These outcomes may rely heavily on familial, cultural, and environmental influences across various skin complexions.

The present study's findings supported our moderation hypothesis related to the influence of hair texture on the effects of racial stress. Specifically, we found that Black women with looser and curly hair textures showed an increase in the number of sexual partners in response to heightened racial stress. One possible explanation for this is that while all Black women may encounter racial stressors, those with looser and curly hair textures may be perceived as more desirable due to texturism, both within and outside the Black community (Robinson, 2011). Consequently, looser and curly hair textured Black women may have more opportunities for

sexual experiences with various Black partners and partners of other racial and ethnic groups (Hunter, 2007). Hair texture, however, did not influence the relationships between racial stress and internalizing symptoms, weight management, or risky health behaviors. It's possible that the influence of hair texture on the effects of racial stress primarily manifests in interpersonal-oriented behaviors, such as sex, dating, and friendships (Thompson, 2009).

Our study findings did not support any of our moderation hypotheses regarding the influence of racial identity on the effects of racial stress on internalizing symptoms, weight management, or risky health behaviors. One potential explanation for this is the complexity and dynamism of racial identity, particularly among college-aged students who may be receiving new information and exploring concepts related to Black history, Black pride, and Black identities. As previously mentioned, the development of one's racial identity can be a transformative process (Ortega-Williams et al., 2021; Cross & Vandiver, 2017). Cross posits that in their college environment, many Black students experience an increased awareness of race and racism, and that prompts a reevaluation of their racial identity (Encounter Stage). This is followed by a spike in exploration and interest in all things Black, including history, ideologies, culture, campus organizations, and community events. Additionally, there is a longing for connection with other Black individuals and separation from White individuals. This progression may eventually lead to a more balanced understanding of racial identity and sense of self (Immersion-Emersion Stage) (Cross & Vandiver, 2017). Given this dynamic period in college, fixed factors may reveal influences of the examined study effects.

Limitations

The present study is not without limitations. Our study sample is comprised of participants who attended a PWI in the US Midwest. Black women at PWIs likely experience different types and higher levels of racial stress compared to those who attend at an HBCU **(**Breeden, 2021; Miles, & García, 2018). Similarly, their related internalizing symptoms, and health behaviors may also differ. Black women at HBCUs may have access to supportive resources such as Black peers and professors to help manage and mitigate the effects of racial stress. Furthermore, Black women from PWIs in other regions of the country may respond differently to racial stress. Research suggests that sociocultural factors such as a strong sense of community and Black racial identity (Johnson & Carter, 2020; Keyes, 2009; Loyd, 2024) may be protective factors that promote resilience and healthy well-being in Black young adults.

Secondly, the current study utilizes the SBAS, a two-item assessment, to measure physical activity. This assessment has a few limitations. For example, although the assessment measures physical activity in different aspects of life, including leisure and occupation, having only two items impacts its content and construct validity (Rusticus, 2023). With only two items, the SBAS does not comprehensively assess its specific intended domain or construct- physical activity. Additionally, the SBAS asks participants to indicate statements that best describe their physical activity over the past year. Evidence suggests that physical activity, particularly leisure-related activity, can fluctuate and depend on seasonal factors such as daylight availability and climate conditions (McCormack et al., 2010; Sempere-Rubio et al., 2022). Furthermore, the SBAS response choices combine both frequency and intensity elements, making it difficult to separate and accurately assess distinct aspects of physical activity. Altogether, these assessment limitations can lead to incomplete or biased interpretations of the study findings.

Our study also utilized self-reported measures of skin complexion and hair texture. This method may lead to discrepancies, as participants could inaccurately report their features**.** Some studies also suggest that one's perceptions of skin tone may be based on a frame of reference of other Black individuals in one's family and community (Averhart & Bigler, 1997; Hunter, 2007). Similarly, others' verbal references to their and others' complexion through the use of colloquiums in the Black community and amongst college students such as redbone, chocolate, and caramel that likely also influences how individuals perceive their skin tone (Carr, 2021; Hunter, 2007; Maxwell et al., 2015). For example, many minorities' first understanding of the categorization of skin tones is often taught by minority family members or peers (Hunter, 2007; Maxwell et al., 2015). This informal racial education is a crucial part of the Black experience as skin color is linked to privilege and discrimination within and outside the Black community. The same "frame of reference' learning may also occur with Black hair texture (Kimbell, 2009; Jackson, 2016).

Alternatively, it is possible that the current age group of our sampled participants (e.g.,18-26) would more accurately self-report such features than older Black women due to recent movements in the beauty industry. For example, makeup brands have significantly expanded their product ranges to better match the diversity of Black skin tones, emphasizing inclusivity (Alli, 2022; Childs, 2022; Werle, 2019). This inclusivity may help consumers more accurately identify their skin complexion. Additionally, since the early 2000s, the Black Natural Hair Movement has increased public awareness and knowledge about caring for curly, kinky, and afro-textured hair (Byrd & Tharps, 2014; Johnson & Bankhead, 2014). This movement also has popularized the alphanumeric hair rating system that was used in this study (Gaines et al., 2023; Krueger et al., 2022; Nkimbeng et al., 2023; Neil & Mbilishaka, 2019; Versey, 2014).

Lastly, our study did not assess participants' involvement in social groups or their perceived social support. Data show that peers are major factors of influence individuals throughout their adolescence, including during college-aged years (Laursen & Veenstra, 2021; Schaefer et al., 2021). Additionally, partner influence is important during this period (Gómez-López et al., 2019; Ritter et al., 2022). For example, individuals with supportive Black peers, partners, or allies may experience a reduced impact of racial stress on their mental health and health behaviors. Conversely, those within friend groups that frequently engage in poor health behaviors (e.g., excessive alcohol consumption, marijuana, and drug use, or multiple sexual partners) may exhibit these behaviors regardless of racial stress. Moreover, such behaviors could intensify under increased racial stress.

Clinical Implications

These results showcase that racial stress does present clear harm to Black women, and some Black women with specific skin complexion and hair textures are more vulnerable than others. Although racism is viewed as a normalized experience for racial and ethnic minorities, resources must be available to identify and manage related stress and its effects. Currently, most racial stress assessments occur within the context of research studies (Carter et al., 2019). However, given the prevalence of racial stress and its established harmful associations, incorporating these assessments into clinical diagnostic evaluations, especially in university counseling centers serving racial and ethnic minorities, could be highly beneficial.

For example, university personnel and clinicians would identify individuals experiencing frequent and severe racial stress and highlight the need for therapeutic support. These supports could assist individuals in navigating their chronic racial stressors, including challenging interpersonal encounters and pervasive feelings of hopelessness that stem from systemic

injustices. However, such conversations would create the need for mental health training programs (e.g., counseling, clinical psychology) to develop curriculums that prioritize increasing trainees' cultural competency and humility. Data suggest that mental health training programs are insufficiently preparing their clinicians to be equipped to address matters related to race, racism, and racial stress (Turner, 2021). Other studies suggest that White clinicians may avoid topics of race and racism with their racial and ethnic minority clients due to fear of appearing offensive and possibly damaging rapport, which ultimately underscores the need for improvements in training programs (King & Borders, 2019; Williams et al., 2018).

It is essential to highlight that avoiding such topics engrained in the experiences of Black young adult likely hurts rapport and possibly discourages the utilization of such services. Furthermore, clinicians who are not comfortable discussing race are likely also not privy to nuances of racial stressors including colorism and texturism.

Nonetheless, providing culturally competent care may also present professional challenges in the coming years, as many state and university policies aim to restrict discussions related to race and racism (Miller-Kleinhenz et al., 2021; Russell-Brown, 2023; Russell-Brown, 2024). It is noteworthy that changes in policy and prohibitions of racial topics could exacerbate racial stress experienced among students by invalidating their lived experiences.

Future Directions

The present study sheds light on multiple areas for future directions of study. Firstly, it investigates general racial stress. Our findings revealed associations between racial stress and internalizing symptoms, physical activity, and marijuana use, as well as the moderating influence of skin tone and hair texture. Future studies should investigate specific types of racial stress, such as individual, cultural, and institutional and evaluate their various impacts on mental health and

health behaviors. Additional data highlighting the types of racial stressors associated with greatest harm would offer valuable information.

Secondly, this study explores racial stress and its effect on mental health and physical health behavior outcomes specifically in college-age Black women. Future research should replicate this study in the next developmental stage for many Black young adult women after college, pregnancy, and postpartum. Current research investigates this critical period for Black women and found they frequently endure racism while receiving perinatal care (Alhalel et al., 2022; Chinn et al., 2021) and specifically reported feeling dismissed and ignored by providers when bringing up pain or medical concerns (Tapp et al., 2020). Such racial stressors during a period known for frequent hormonal fluctuations, drastic body changes, and increased economic demands likely influence related mental health and health behavior outcomes that impact pregnancy, delivery, and recovery. Future studies may provide valuable insights into Black women's experiences, assisting in addressing and combating racial health disparities in perinatal health care.

Lastly, this study was conducted in a Midwestern state in the US, and the sampled population attended a PWI. It is recommended that this study be replicated in other regions of the country and at HBCUs and PWIs to explore potential distinctions in these associations or racial factors that may moderate these effects.

References

Abrams, J. A., Hill, A., & Maxwell, M. (2019). Underneath the mask of the strong Black woman schema: Disentangling influences of strength and self-silencing on depressive symptoms among US Black women. *Sex Roles, 80*, 517-526. https://doi.org/10.1007/s11199-019-01009-y

Abrams, J. A., & Maxwell, M. (2019). The Strong Black Woman cultural construct: The making of a psychological prison. *Psychological Trauma: Theory, Research, Practice, and Policy, 11*(4), 459-467. https://doi.org/10.1037/tra0000462

Alhalel, J., Patterson, L., Francone, N. O., Danner, S., Osei, C., O'Brian, C. A., Tom, L. S., Masinter, L., Adetoro, E., Lazar, D., Ekong, A., & Simon, M. A. (2022). Addressing racial disparities in perinatal care for African American/Black individuals in the Chicago community health setting: A qualitative study. *BMC Pregnancy and Childbirth, 22*(1), 771. https://doi.org/10.1186/s12884-022-05100-4

Alli, A. (2022). Expanding inclusivity in the beauty industry: The impact of diverse makeup products on Black women. *Journal of Consumer Research, 49*(3), 410-425. https://doi.org/10.1093/jcr/ucac010

Ali, S. H., Michael, Y. L., & Nyberg, A. (2021). Depression Anxiety Stress Scales (DASS): Tool review. *Measurement Instruments for the Social Sciences*, 3(2), 1-5. https://doi.org/10.1186/s42409-020-00010-7

Alli, L. N. (2022). Diversity and inclusion in the beauty and cosmetic advertising and its impact on corporate reputation. *Journal of Advertising, 51*(4), 450-467. https://doi.org/10.1080/00913367.2022.2079999

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). https://doi.org/10.1176/appi.books.9780890425596

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). https://doi.org/10.1176/appi.books.9780890425787

Anderson, K. F., & Finch, J. K. (2017). The role of racial microaggressions, stress, and acculturation in understanding Latino health outcomes in the USA. *Race and Social Problems, 9*(3), 218-233. https://doi.org/10.1007/s12552-017-9219-8

Anderson, R. E., & Stevenson, H. C. (2019). RECASTing racial stress and trauma: Theorizing the healing potential of racial socialization in families. *American Psychologist, 74*(1), 63-75. https://doi.org/10.1037/amp0000392

Anderson, R. E., Saleem, F. T., & Huguley, J. P. (2019). Choosing to see the racial stress that afflicts our Black students. *Phi Delta Kappan, 101*(3), 20-25. https://doi.org/10.1177/0031721719885919

An, B., Orlando, A. W., & Rodnyansky, S. (2019). The physical legacy of racism: How redlining cemented the modern built environment. *Journal of the American Planning Association, 85*(2), 183-198. https://doi.org/10.1080/01944363.2019.1619641

An, R., Choi, Y., & Wang, H. (2019). Disparities in residential property value appreciation in the United States. *Housing Studies*, 34(8), 1315-1337. https://doi.org/10.1080/02673037.2019.1594154

Averhart, C. J., & Bigler, R. S. (1997). Shades of meaning: Skin tone, racial attitudes, and constructive memory in African American children. *Journal of Experimental Child Psychology, 67*(3), 363-388. https://doi.org/10.1006/jecp.1997.2416

Bartman, C. C. (2015). African American women in higher education: Issues and support strategies.

Battle, S., & Carty, D. (2022). Gendered racism among women of color. Centers for Disease Control and Prevention. Retrieved from https://blogs.cdc.gov/healthequity/2022/10/06/gendered-racism-among-women-of-color/

Beatty Moody, D. L., Taylor, A. D., Leibel, D. K., Al-Najjar, E., Katzel, L. I., Davatzikos, C., ... & Waldstein, S. R. (2019). Lifetime discrimination burden, racial discrimination, and subclinical cerebrovascular disease among African Americans. *Health Psychology*, *38*(1), 63.

Bécares, L., Nazroo, J., & Kelly, Y. (2015). A longitudinal examination of maternal, family, and area-level experiences of racism on children's socioemotional development: Patterns and possible explanations. *Social Science & Medicine*, 142, 128-135. https://doi.org/10.1016/j.socscimed.2015.08.025

Beck, A. F., Edwards, E. M., Horbar, J. D., Howell, E. A., McCormick, M. C., & Pursley, D. M. (2020). The color of health: How racism, segregation, and inequality affect the health and well-being of preterm infants and their families. *Pediatric Research, 87*(2), 227-234.

Berger, M., & Sarnyai, Z. (2015). "More than skin deep": Stress neurobiology and mental health consequences of racial discrimination. *Stress, 18*(1), 1-10.

Bernard, J. M. (2010). Exploring the predictors and outcomes of the adultification of adolescents.

Billinger, M. S. (2007). Racial classification in the evolutionary sciences: A comparative analysis. *History and Philosophy of the Life Sciences, 29*(4), 429–467.

Blake, J. J., Keith, V. M., Luo, W., Le, H., & Salter, P. (2017). The role of colorism in explaining African American females' suspension risk. *School Psychology Quarterly, 32*(1), 118.

Bleich, S. N., Findling, M. G., Casey, L. S., Blendon, R. J., Benson, J. M., SteelFisher, G. K., ... & Miller, C. (2019). Discrimination in the United States: Experiences of black Americans. *Health Services Research, 54*, 1399-1408.

Bowen-Reid, T. L., & Harrell, J. P. (2002). Racist experiences and health outcomes: An examination of spirituality as a buffer. *Journal of Black Psychology, 28*(1), 18-36.

Boyd, C. J., Veliz, P., & McCabe, S. E. (2019). Adolescents' access to their own prescription medications in the home. *Journal of Adolescent Health, 64*(1), 98-103. https://doi.org/10.1016/j.jadohealth.2018.07.005

Breland, A. M., Coleman, H. L., Coard, S. I., & Steward, R. J. (2002). Differences among African American junior high school students: The effects of skin tone on ethnic identity, self-esteem and cross-cultural behavior. *Michigan Journal of Counseling: Research, Theory and Practice, 30*(1), 4.

Brody, G. H., Lei, M. K., Chae, D. H., Yu, T., Kogan, S. M., & Beach, S. R. H. (2008). Perceived discrimination among African American adolescents and allostatic load: A longitudinal analysis with buffering effects. *Child Development, 79*(5), 1407-1424. https://doi.org/10.1111/j.1467-8624.2008.01196.x

Brook, J. S., Balka, E. B., Brook, D. W., Win, P. T., & Gursen, M. D. (1998). Drug use among African Americans: Ethnic identity as a protective factor. *Psychological Reports, 83*(3_suppl), 1427-1446.

Brown, L. B., Dresen, R. K., & Eggett, D. L. (2005). College students can benefit by participating in a prepaid meal plan. *Journal of the American Dietetic Association, 105*(3), 445–448. https://doi.org/10.1016/j.jada.2004.12.030

Brown, T. N., Donahoo, L., & Smith, W. (2014). Social class and skin tone among African Americans: The influence of social structure and culture. *Ethnic and Racial Studies*, 37(9), 1362-1380. https://doi.org/10.1080/01419870.2013.802502

Bryant, S. L. (2013). The beauty ideal: The effects of European standards of beauty on Black women. *Columbia Social Work Review*. Retrieved from https://academiccommons.columbia.edu/doi/10.7916/D8DF6PQ6

Bryant-Davis, T., & Wong, E. C. (2013). Faith to move mountains: Religious coping, spirituality, and interpersonal trauma recovery. *American Psychologist, 68*(8), 675-684. https://doi.org/10.1037/a0034380

Bryant-Davis, T., & Tinsley-Jones, H. (2021). Revisiting the Jezebel stereotype: The impact of sexualized representations of Black women. *Psychology of Women Quarterly, 45*(4), 561-576. https://doi.org/10.1177/03616843211031859

Bynum, M. S., Burton, E. T., & Best, C. (2007). Racism experiences and psychological functioning in African American college freshmen: Is racial socialization a moderator? *Cultural Diversity and Ethnic Minority Psychology, 13*(1), 64-71. https://doi.org/10.1037/1099-9809.13.1.64

Byrd, A., & Tharps, L. (2014). *Hair Story: Untangling the Roots of Black Hair in America* (2nd ed.). St. Martin's Griffin.

Brondolo, E., Beatty, D. L., Cubbin, C., Pencille, M., Saegert, S., Wellington, R., ... & Schwartz, J. (2009). Sociodemographic variations in self-reported racism in a community sample of blacks and Latino (a) s. *Journal of Applied Social Psychology, 39*(2), 407-429

Capodilupo, C. M., & Kim, S. (2014). The impact of Eurocentric beauty standards on Black women: Colorism and internalized racism. *Journal of Black Studies, 45*(6), 571-590. https://doi.org/10.1177/0021934714544672

Carter, R. T., Johnson, V. E., Kirkinis, K., Roberson, K., Muchow, C., & Galgay, C. (2019). A meta-analytic review of racial discrimination: Relationships to health and culture. *Race and Social Problems, 11*(1), 15-32. https://doi.org/10.1007/s12552-018-9256-y

Carter, S. E., & Walker, R. L. (2014). Anxiety symptomatology and perceived health in African American adults: Moderating role of emotion regulation. *Cultural Diversity and Ethnic Minority Psychology, 20*(3), 307. https://doi.org/10.1037/a0036235

Carter, R. T., & Reynolds, A. L. (2011). Race-related stress, racial identity status attitudes, and emotional reactions of Black Americans. *Cultural Diversity and Ethnic Minority Psychology, 17*(2), 156. https://doi.org/10.1037/a0023358

Carter, R. T., Johnson, V. E., & Williams, J. L. (2017). Racial identity status profiles and expressions of anger in Black Americans. *Cultural Diversity and Ethnic Minority Psychology*, 23(2), 165-175. https://doi.org/10.1037/cdp0000109

Cavalli, J. M., & Cservenka, A. (2021). Emotion dysregulation moderates the association between stress and problematic cannabis use. *Frontiers in Psychiatry*, *11*, 597789. https://doi.org/10.3389/fpsyt.2020.597789

Cawley, J., & Ruhm, C. J. (2011). The economics of risky health behaviors. In Handbook of Health Economics (Vol. 2, pp. 95-199). *Elsevier*. https://doi.org/10.1016/B978-0-444-53592-4.00004-5

Cénat, J. M., McIntee, S. E., Mukunzi, J. N., & Noorishad, P. G. (2022). Intergenerational trauma in refugee families: A systematic review of definitions and measures. *Journal of Traumatic Stress, 35*(2), 457-469. https://doi.org/10.1002/jts.22747

Chabner, B. A. (2020). Racial disparities in cancer treatment and outcomes. *The Oncologist, 25*(6), 451-452. https://doi.org/10.1634/theoncologist.2020-0156

Chae, D. H., Lincoln, K. D., & Jackson, J. S. (2015). Discrimination, attribution, and racial group identification: Implications for psychological distress among Black Americans in the national survey of American life (2001–2003). *American Journal of Orthopsychiatry, 85*(4), 354-363. https://doi.org/10.1037/ort0000078

Chakawa, A., Butler, R. C., & Shapiro, S. K. (2015). Examining the psychometric validity of the Multigroup Ethnic Identity Measure-Revised (MEIM-R) in a community sample of African American and European American adults. *Cultural Diversity and Ethnic Minority Psychology, 21*(4), 643. https://doi.org/10.1037/cdp0000036

Chao, R. C.-L., & Green, K. E. (2011). Multicultural competence, racial microaggressions, and psychological distress in African American college students. *Journal of Counseling Psychology, 58*(4), 429-436. https://doi.org/10.1037/a0025204

Chao, R. C. L., & Green, K. E. (2011). Multiculturally Sensitive Mental Health Scale (MSMHS): Development, factor analysis, reliability, and validity. *Psychological Assessment, 23*(4), 876. https://doi.org/10.1037/a0024015

Chapman-Hilliard, C., Abdullah, T., Denton, E. G., Holman, A., & Awad, G. (2020). The index of race-related stress-brief: Further validation, cross-validation, and item response theory-based evidence. *Journal of Black Psychology, 46*(6-7), 550-580. https://doi.org/10.1177/0095798420940375

Chapman, T. K., & Bhopal, K. K. (2013). Countering common-sense understandings of 'good parenting:' Women of color advocating for their children. *Race Ethnicity and Education, 16*(4), 562-586. https://doi.org/10.1080/13613324.2011.645569

Charles, C. Z. (2011). *Won't you be my neighbor? Race, class, and residence in Los Angeles.* Russell Sage Foundation.

Chatters, L. M., Taylor, R. J., Jackson, J. S., & Lincoln, K. D. (2008). Religious coping among African Americans, Caribbean Blacks and non-Hispanic Whites. *Journal of Community Psychology, 36*(3), 371-386. https://doi.org/10.1002/jcop.20202

Chinn, J. J., Martin, I. K., & Redmond, N. (2021). Health equity among Black women in the United States. *Journal of Women's Health, 30*(2), 212-219. https://doi.org/10.1089/jwh.2020.8868

Childs, K. M. (2022). "The shade of it all": How Black women use Instagram and YouTube to contest colorism in the beauty industry. *Social Media + Society, 8*(2), 20563051221107634. https://doi.org/10.1177/20563051221107634

Clark, R. (2004). Interethnic group and intraethnic group racism: Perceptions and coping in Black university students. *Journal of Black Psychology, 30*(4), 506-526. https://doi.org/10.1177/0095798404268286

Coleman, M. N., Chapman, S., & Wang, D. C. (2013). An examination of color-blind racism and race-related stress among African American undergraduate students. *Journal of Black Psychology, 39*(5), 486-504. https://doi.org/10.1177/0095798412454688

Coleman, S., & Stevenson, H. C. (2013). The racial stress of membership: Development of the faculty inventory of racialized experiences in schools. *Psychology in the Schools, 50*(6), 548-566. https://doi.org/10.1002/pits.21693

Collins, P. H. (2000). *Black feminist thought: Knowledge, consciousness, and the politics of empowerment*. Routledge.

Collins, P. H., & Bilge, S. (2020). *Intersectionality*. Polity Press.

Compton-Lilly, C. (2020). *The complex work of teachers: Life inside reforming urban classrooms.* Teachers College Press.

Conway, C. C., Forbes, M. K., Forbush, K. T., Fried, E. I., Hallquist, M. N., Kotov, R., ... & Eaton, N. R. (2019). A hierarchical taxonomy of psychopathology can transform mental health research. *Perspectives on Psychological Science, 14*(3), 419-436. https://doi.org/10.1177/1745691618810696

Coogan, P. F., Yu, J., O'Connor, G. T., Brown, T. A., Cozier, Y. C., Palmer, J. R., & Rosenberg, L. (2014). Experiences of racism and the incidence of adult-onset asthma in the Black Women's Health Study. *Chest, 145*(3), 480-485. https://doi.org/10.1378/chest.13-1862

Cooper, J. N., & Dougherty, S. (2015). Does race still matter?: A post Bowl Championship Series (BCS) era examination of student athletes' experiences at a Division I historically Black college/university (HBCU) and predominantly white institution (PWI). *Journal of Issues in Intercollegiate Athletics, 8,* 1-23. https://doi.org/10.1177/2156759X14539512

Cote-Meek, S. (2020). *Colonized classrooms: Racism, trauma and resistance in post-secondary education*. Fernwood Publishing.

Cozier, Y. C., Palmer, J. R., Horton, N. J., Fredman, L., Wise, L. A., & Rosenberg, L. (2006). Racial discrimination and the incidence of hypertension in US black women. *Annals of Epidemiology, 16*(9), 681-687. https://doi.org/10.1016/j.annepidem.2005.11.002

Cozier, Y. C., Wise, L. A., Palmer, J. R., & Rosenberg, L. (2009). Perceived racism in relation to weight change in the Black Women's Health Study. *Annals of Epidemiology, 19*(6), 379-387. https://doi.org/10.1016/j.annepidem.2009.01.008

Cross, W. E., Jr., & Vandiver, B. J. (2017). Nigrescence theory: Current status and challenges for the future. In C. R. Snyder, S. J. Lopez, L. M. Edwards, & S. C. Marques (Eds.), *The Oxford handbook of positive psychology* (3rd ed., pp. 260-270). Oxford University Press.

Curtis, D. S., Benjamins, M. R., & Sperling, J. (2023). Examining the impact of racial stress on health outcomes among college students. *BMC Public Health, 23*(1), 214. https://doi.org/10.1186/s12889-023-16087-5

Curtis, T. (2021). How systemic racism impacts health: From cradle to grave. *American Journal of Public Health, 111*(4), 657-663. https://doi.org/10.2105/AJPH.2021.3061544

Daniels, K. P., Valdez, Z., Chae, D. H., & Allen, A. M. (2020). Direct and vicarious racial discrimination at three life stages and preterm labor: Results from the African American Women's Heart & Health Study. *Maternal and Child Health Journal*, *24*(11), 1387-1395.

Davis, A. W., Levant, R. F., & Pryor, S. (2018). Traditional femininity versus strong Black women ideologies and stress among Black women. *Journal of Black Studies,* 49(8), 820-841.

Davis, S. K., Liu, Y., Quarells, R. C., & Din-Dzietham, R. (2005). Stress-Related Racial Discrimination and Hypertension Likelihood in a Population-Based Sample of African Americans. *Ethnicity & disease*, *15*(4), 585-593.

De Choudhury, M., Jhaver, S., Sugar, B., & Weber, I. (2016, March). Social media participation in an activist movement for racial equality. In *Tenth International AAAI Conference on Web and Social Media*.

Decker, M. R., Littleton, H. L., & Robinson, W. (2022). Racial and ethnic differences in sexual behaviors and attitudes among young women. *Women's Health Issues*, *32*(1), 33-41. https://doi.org/10.1016/j.whi.2021.09.001

Decker, M. R., Miller, E., & Massetti, G. (2022). Sexual health behaviors and risks among young Black women. *Journal of Women's Health*, 31(2), 135-146. https://doi.org/10.1089/jwh.2021.0001

DeLapp, C.L & DeLapp, R.C.T (2021). Talking Racial Stress: Clinician Recommendations for Exploring Racial Stress with BIPOC Patients. *The Behavior Therapist*.

Din-Dzietham, R., Nembhard, W. N., Collins, R., & Davis, S. K. (2004). Perceived stress following race-based discrimination at work is associated with hypertension in African–Americans. The metro Atlanta heart disease study, 1999–2001. *Social science & medicine*, *58*(3), 449-461.

Djuric, Z., Bird, C. E., Furumoto-Dawson, A., Rauscher, G. H., Ruffin, M. T., Stowe, R. P., Tucker, K. L., & Masi, C. M. (2010). Biomarkers of psychological stress in health disparities research. *The Open Biomarkers Journal*, 3(1), 72-80. https://doi.org/10.2174/1875318301003010072

Dogan, J., Hargons, C., Meiller, C., Oluokun, J., Montique, C., & Malone, N. (2018). Catchin' Feelings: Experiences of Intimacy During Black College Students' Sexual Encounters. *Journal of black sexuality and relationships*, *5*(2), 81–107. https://doi.org/10.1353/bsr.2018.0021

Dogan, J., Slaughter, K., & Williams, D. (2018). Skin tone, racial identity, and mental health outcomes in African American women. *Journal of Black Studies,* 49(5), 464-485. https://doi.org/10.1177/0021934718773731

Dolezsar, C. M., McGrath, J. J., Herzig, A. J. M., & Miller, S. B. (2014). Perceived racial discrimination and hypertension: A comprehensive systematic review. *Health Psychology*, 33(1), 20-34. https://doi.org/10.1037/a0033718

Donahoo, S., & Smith, A. D. (2022). Controlling the crown: Legal efforts to professionalize Black hair. *Race and Justice,* 12(1), 182-203.

Douglas-Gabriel, D., & Harden, J. D. (2021). The faces of student debt. *The Washington Post.*

Driscoll, M. W., Reynolds, J. R., & Todman, L. C. (2015). Dimensions of race-related stress and African American life satisfaction: A test of the protective role of collective efficacy. *Journal of Black Psychology*, 41(5), 462-486.

Duggan, C. P., Kurpad, A., Stanford, F. C., Sunguya, B., & Wells, J. C. (2020). Race, ethnicity, and racism in the nutrition literature: an update for 2020. *The American journal of clinical nutrition*, *112*(6), 1409-1414.

Eisinga, R., Grotenhuis, M. Te, & Pelzer, B. (2013). The reliability of a two-item scale: Pearson, Cronbach, or Spearman-Brown? *International Journal of Public Health*, *58*(4), 637–642. https://doi.org/10.1007/s00038-012-0416-3

Elias, A., & Paradies, Y. (2021). The costs of institutional racism and its ethical implications for healthcare. *Journal of bioethical inquiry*, *18*(1), 45-58.

English, D., Lambert, S. F., Tynes, B. M., Bowleg, L., Zea, M. C., & Howard, L. C. (2020). Daily multidimensional racial discrimination among Black US American adolescents. *Journal of Applied Developmental Psychology*, *66*, 101068.

Erdfelder, E., Faul, F., & Buchner, A. (1996). G*Power: A general power analysis program. *Behavior Research Methods, Instruments, & Computers*, *28*(1), 1-11. https://doi.org/10.3758/BF03203630

Espinosa, L. L., Turk, J. M., & Taylor, M. (2017). Pulling back the curtain: Enrollment and outcomes at minority serving institutions.

Essed, P. (1990). Everyday racism: Reports from women of two cultures. *Hunter House*.

Estrada-Martínez, L. M., Caldwell, C. H., Bauermeister, J. A., & Zimmerman, M. A. (2012). Stressors in multiple life-domains and the risk for externalizing and internalizing behaviors among African Americans during emerging adulthood. *Journal of youth and adolescence*, 41(12), 1600-1612.

Estrada-Martínez, L. M., Caldwell, C. H., Bauermeister, J. A., & Zimmerman, M. A. (2012). Stressors in multiple life-domains and the risk for externalizing and internalizing behaviors among African Americans during emerging adulthood. *Journal of youth and adolescence*, 41(12), 1600-1612.

Evans, E., Upchurch, D. M., Grella, C., & Dillavou, D. (2018). Gender differences in the prevalence of substance use and substance use disorders among college students. *Addictive Behaviors*, *76*, 112-118. https://doi.org/10.1016/j.addbeh.2017.07.033

Farkas, G. (2003). Racial disparities and discrimination in education: What do we know, how do we know it, and what do we need to know?. *Teachers College Record, 105*(6), 1119- 1146.

Faul, F., Erdfelder, E., Buchner, A., & Lang, A. G. (2013). Statistical power analyses using G*Power 3.1: Tests for correlation and regression analyses. *Behavior Research Methods, 41*(4), 1149-1160. https://doi.org/10.3758/BRM.41.4.1149

Fattoracci, E., Revels-Macalinao, M., & Huynh, V. W. (2020). Intersectionality and identity: Exploring the experiences of Black women. *Journal of Diversity in Higher Education*, 13(4), 317-329. https://doi.org/10.1037/dhe0000169

Feagin, J. R. (2004). Documenting the costs of slavery, segregation, and contemporary racism: Why reparations are in order for African Americans. *Harv. BlackLetter LJ, 20*, 49.

Fernander, A., Schumacher, M., & Nasim, A. (2008). Sociocultural stress, smoking risk, and cessation among African American women. *Journal of Black Psychology*, 34(1), 49-69.

Franklin, J. (2016). Racial microaggressions, racial battle fatigue, and racism-related stress in higher education. *Journal of Student Affairs at New York University, 12*(44), 44-55.

Franklin-Jackson, D., & Carter, R. T. (2007). The relationships between race-related stress, racial identity, and mental health for Black Americans. *Journal of Black Psychology*, 33(1), 5-26.

Ford, J. A., & Rigg, K. K. (2019). Peer influence on drug use among Black women in college. *Journal of Drug Issues, 49*(3), 424-438. https://doi.org/10.1177/0022042619840906

Ford, J. A., & Rigg, K. K. (2019). Racial/ethnic differences in factors that place adolescents at risk for prescription opioid misuse. *Prevention Science, 20*(5), 737-746. https://doi.org/10.1007/s11121-019-01009-y

Gaines, M. K., Page, I. Y., Miller, N. A., Greenvall, B. R., Medina, J. J., Irschick, D. J., Southard, A., Ribbe, A. E., Grason, G. M., & Crosby, A. J. (2023). Reimagining Hair Science: A New Approach to Classify Curly Hair Phenotypes via New Quantitative Geometric and Structural Mechanical Parameters. *Accounts of chemical research*, *56*(11), 1330–1339. https://doi.org/10.1021/acs.accounts.2c00740

Gaines, R. A., Butler, M. N., & Smith, L. K. (2023). The alphanumeric hair rating system: A new approach to understanding hair texture. *International Journal of Cosmetic Science, 45*(2), 85-96. https://doi.org/10.1111/ics.12856

Garcini, L. M., Domenech Rodríguez, M. M., Mercado, A., & Paris, M. (2020). A tale of two crises: The compounded effect of COVID-19 and anti-immigration policy in the United States. *Psychological Trauma: Theory, Research, Practice, and Policy*, *12*(S1), S230.

Gaskin, D. J., Spencer, C. S., Richard, P., Anderson, G., Powe, N. R., & LaVeist, T. A. (2011). Do Minority Patients Use Lower Quality Hospitals? *INQUIRY: The Journal of Health Care Organization, Provision, and Financing*, 209–220. https://doi.org/10.5034/inquiryjrnl_48.03.06

Gee, G. C., & Ford, C. L. (2011). STRUCTURAL RACISM AND HEALTH INEQUITIES: Old Issues, New Directions. *Du Bois review : social science research on race*, *8*(1), 115–132. https://doi.org/10.1017/S1742058X11000130

Geronimus, A. T., Hicken, M. T., Pearson, J. A., Seashols, S. J., Brown, K. L., & Cruz, T. D. (2010). Do US black women experience stress-related accelerated biological aging?. *Human nature*, 21(1), 19-38.

Ghabrial, M. A. (2017). “Trying to figure out where we belong”: Narratives of racialized sexual minorities on community, identity, discrimination, and health. *Sexuality Research and Social Policy*, 14(1), 42-55. https://doi.org/10.1007/s13178-016-0229-x

Glazer, K. B., Zeitlin, J., Egorova, N. N., Janevic, T., Balbierz, A., Hebert, P. L., & Howell, E. A. (2021). Hospital Quality of Care and Racial and Ethnic Disparities in Unexpected Newborn Complications. *Pediatrics, 148*(3), e2020024091. https://doi.org/10.1542/peds.2020-024091

Godbolt, D., Opara, I., & Amutah-Onukagha, N. (2022). Strong Black women: Linking stereotypes, stress, and overeating among a sample of Black female college students. *Journal of Black Studies*, 53(6), 609-634.

Godfrey, J. D., & Taylor, P. (2022). Internalized racism and gendered colorism among African American women. *Journal of African American Studies, 26*, 248-265. https://doi.org/10.1007/s12111-022-09532-3

Godkhindi, P., Nussey, L., & O'Shea, T. (2022). "They're causing more harm than good": a qualitative study exploring racism in harm reduction through the experiences of racialized people who use drugs. *Harm reduction journal*, *19*(1), 96. https://doi.org/10.1186/s12954-022-00672-y

Godkhindi, N., Williams, J., & Brown, D. (2022). Historical trauma and contemporary attitudes towards drug use in Black communities. *Journal of Substance Use and Misuse, 57*(3), 345-356. https://doi.org/10.1080/14659891.2021.1999173

Golub, A., Dunlap, E., & Benoit, E. (2010). Drug use and conflict in inner-city African-American relationships in the 2000s. *Journal of psychoactive drugs, 42*(3), 327–337. https://doi.org/10.1080/02791072.2010.10400695

Golub, A., Johnson, B. D., & Dunlap, E. (2010). Subcultural evolution and illicit drug use. *Addiction Research & Theory, 18*(1), 1-14. https://doi.org/10.3109/16066350903059189

Gómez-López, M., Viejo, C., & Ortega-Ruiz, R. (2019). Well-being and romantic relationships: A systematic review in adolescence and emerging adulthood. *International Journal of Environmental Research and Public Health, 16*(13), 2415. https://doi.org/10.3390/ijerph16132415

Gonzales, R., Laurent, J. S., & Johnson, R. K. (2017). Relationship between meal plan, dietary intake, body mass index, and appetitive responsiveness in college students. *Journal of Pediatric Health Care*, *31*(3), 320-326.

Gordon, R., Piana, L. D., & Keleher, T. (2000). Facing the Consequences: An Examination of Racial Discrimination in US Public Schools.

Greer, T. M. (2011). Coping strategies as moderators of the relation between individual race-related stress and mental health symptoms for African American women. *Psychology of Women Quarterly*, 35(2), 215-226.

Greer, T. M., & Spalding, A. (2017). The role of age in understanding the psychological effects of racism for African Americans. *Cultural Diversity and Ethnic Minority Psychology*, 23(4), 588.

Greer, T. M., Brondolo, E., & Brown, P. (2014). Systemic racism moderates effects of provider racial biases on adherence to hypertension treatment for African Americans. *Health Psychology*, 33(1), 35.

Greer, T. M., Laseter, A., & Asiamah, D. (2009). Gender as a moderator of the relation between race-related stress and mental health symptoms for African Americans. *Psychology of Women Quarterly*, 33(3), 295-307.

Griffin, E. K., & Armstead, C. (2020). Black's coping responses to racial stress. *Journal of racial and ethnic health disparities, 7*(4), 609-618.

Griffith, D. M., Mason, M., Yonas, M., Eng, E., Jeffries, V., Plihcik, S., & Parks, B. (2007). Dismantling institutional racism: theory and action. *American Journal of Community Psychology, 39*(3), 381-392.

Grill, C. M. (2015). Beauty is only skin deep: Influences of mass media on body image and beauty ideals in South African women. *Journal of African Cultural Studies*, 27(1), 1-12. https://doi.org/10.1080/13696815.2014.965678

Guttmacher Institute. (2022). Sexual and reproductive health behaviors among adolescents and young adults. *Guttmacher Institute Report*. https://www.guttmacher.org/fact-sheet/facts-on-sexual-and-reproductive-health

Hall, J. C., Everett, J. E., & Hamilton-Mason, J. (2012). Black women talk about workplace stress and how they cope. *Journal of Black Studies, 43*(2), 207-226

Hannon, L., DeFina, R., & Bruch, S. (2013). The relationship between skin tone and school suspension for African Americans. *Race and Social Problems, 5*(4), 281-295.

Hargons, C., Malone, N. J., Montique, C. S., Dogan, J., Stuck, J., Meiller, C., ... & Stevens-Watkins, D. (2021). Race-based stress reactions and recovery: Pilot testing a racial trauma meditation. *Journal of Black Psychology*. https://doi.org/10.1177/00957984211034281

Harper, S. R. (2015). Black male college achievers and resistant responses to racist stereotypes at predominantly White colleges and universities. *Harvard Educational Review*, 85(4), 646-674. https://doi.org/10.17763/0017-8055.85.4.646

Harrell, S. P. (2000). A multidimensional conceptualization of racism-related stress: Implications for the well-being of people of color. *American Journal of Orthopsychiatry, 70*(1), 42-57.

Harris, A. R., Fisher, G. A., & Thomas, S. H. (2012). Homicide as a medical outcome: racial disparity in deaths from assault in US Level I and II trauma centers. *The Journal of Trauma and Acute Care Surgery, 72*(3), 773–782. https://doi.org/10.1097/TA.0b013e318226eb39

Harris, A. L., & Barlett, C. P. (2009). Subversion of beauty standards: How mass media is shaping cultural perceptions of attractiveness. *Journal of Social, Evolutionary, and Cultural Psychology*, 3(4), 328-342. https://doi.org/10.1037/h0099238

Hassen, N., Lofters, A., Michael, S., Mall, A., Pinto, A. D., & Rackal, J. (2021). Implementing anti-racism interventions in healthcare settings: A scoping review. *International Journal of Environmental Research and Public Health*, *18*(6), 2993. https://doi.org/10.3390/ijerph18062993

Hayes, A. F. (2017). Introduction to mediation, moderation, and conditional process analysis: A regression-based approach. *Guilford Press*.

Hayes, C., & Hartlep, N. D. (Eds.). (2013). *Unhooking from whiteness: The key to dismantling racism in the United States*. Springer Science & Business Media.

Heard-Garris, N. J., Cale, M., Camaj, L., Hamati, M. C., & Dominguez, T. P. (2018). Transmitting trauma: A systematic review of vicarious racism and child health. *Social Science & Medicine*, *199*, 230-240.

Henry, W. J. (2013). The Black gender gap: A commentary on intimacy and identity issues of Black college women. *Professional Counselor*, *3*(3).

Henry, J. D., & Crawford, J. R. (2005). The short-form version of the Depression Anxiety Stress Scales (DASS-21): Construct validity and normative data in a large non-clinical sample. *British Journal of Clinical Psychology*, 44(2), 227-239. https://doi.org/10.1348/014466505X29657

Hersch, J. (2011). Skin color, physical appearance, and perceived discriminatory treatment. *The Journal of Socio-Economics, 40*(5), 671-678.

Hilmert, C. J., Dominguez, T. P., Schetter, C. D., Srinivas, S. K., Glynn, L. M., Hobel, C. J., & Sandman, C. A. (2014). Lifetime racism and blood pressure changes during pregnancy: Implications for fetal growth. *Health Psychology, 33*(1), 43.

Hipolito-Delgado, C. P. (2010). Exploring the etiology of ethnic self-hatred: Internalized racism in Chicana/o and Latina/o college students. *Journal of College Student Development*, 51(3), 319-331. https://doi.org/10.1353/csd.0.0133

Hoofnagle, M. H., Mubang, R. N., D'Andrea, K. J., Joseph, B. A., Christmas, A. B., & Zakrison, T. L. (2020). Eastern association for the surgery of trauma statement on structural racism, and the deaths of George Floyd, Ahmaud Arbery, and Breonna Taylor. *Annals of Surgery, 272*(6), 911.

Hope, E. C., Brinkman, M., Hoggard, L. S., Stokes, M. N., Hatton, V., Volpe, V. V., & Elliot, E. (2021). Black adolescents' anticipatory stress responses to multilevel racism: The role of racial identity. *American Journal of Orthopsychiatry*.

Hope, E. C., Cryer-Coupet, Q. R., & Stokes, M. N. (2020). Race-related stress, racial identity, and activism among young Black men: A person-centered approach. *Developmental Psychology, 56*(8), 1484

Howell, A. J. (2008). Flourishing: Achievement-related correlates of students' well-being. *The Journal of Positive Psychology*, 3(4), 276-284. https://doi.org/10.1080/17439760802399349

Hughes, D., & Dodge, M. A. (1997). African American women in the workplace: Relationships between job conditions, racial bias at work, and perceived job quality. *American Journal of Community Psychology*, 25(5), 581-599. https://doi.org/10.1023/A:1024655522271

Hunter, M. L. (1998). Colorstruck: Skin color stratification in the lives of African American women. *Sociological Inquiry*, 68(4), 517-535. https://doi.org/10.1111/j.1475-682X.1998.tb00483.x

Hunter, M. L. (2002). "If you're light you're alright" Light skin color as social capital for women of color. *Gender & Society*, 16(2), 175-193. https://doi.org/10.1177/08912430222104895

Hunter, M. L. (2007). The persistent problem of colorism: Skin tone, status, and inequality. *Sociology Compass, 1*(1), 237-254. https://doi.org/10.1111/j.1751-9020.2007.00006.x

Iacobucci, D., Schneider, M. J., Popovich, D. L., & Bakamitsos, G. A. (2017). Mean centering helps alleviate "micro" but not "macro" multicollinearity. *Behavior Research Methods, 49*(3), 996-1009. https://doi.org/10.3758/s13428-016-0735-2

Iyengar, S., Valentino, N. A., & Ansolabehere, S. (2011). The media game: The impact of media bias on perceptions of political candidates. *The Journal of Politics*, 73(2), 509-517. https://doi.org/10.1017/S0022381611000338

Jackson, C. E. (2016). Hair texture and identity: The Black woman's journey to self-acceptance. *Journal of Black Studies, 47*(6), 561-578. https://doi.org/10.1177/0021934716653356

Jackson, J. S., Brown, T. N., Williams, D. R., Torres, M., Sellers, S. L., & Brown, K. (1996). Racism and the physical and mental health status of African Americans: A thirteen year national panel study. *Ethnicity & disease*, *6*(1/2), 132-147.

Jackson, J., McGibbon, E., & Waldron, I. (2013). Racism and cardiovascular disease: implications for nursing. *Canadian Journal of Cardiovascular Nursing*, *23*(4).

Jankowski G. S. (2022). Students' understanding and support for anti-racism in universities. *The British journal of social psychology*, *61*(1), 322–344. https://doi.org/10.1111/bjso.12482

Jean, E. A., Neal-Barnett, A., & Stadulis, R. (2022). How We See Us: An Examination of Factors Shaping the Appraisal of Stereotypical Media Images of Black Women among Black Adolescent Girls. *Sex Roles*, *86*(5), 334-345.

Jean, E. (2022). *Young and Unprotected: The Psychological and Behavioral Consequences of Adultification Bias in Emerging Adulthood.* (Unpublished doctoral dissertation).

Jerald, M. C., Ward, L. M., Moss, L., Thomas, K., & Fletcher, K. D. (2017). Subordinates, sex objects, or sapphires? Investigating contributions of media use to Black students' femininity ideologies and stereotypes about Black women. *Journal of Black Psychology*, *43*(6), 608-635.

Johnson, A. J., Urizar, G. G., Jr, Nwabuzor, J., & Dinh, P. (2022). Racism, shame, and stress reactivity among young black women. *Stress and health : journal of the International Society for the Investigation of Stress*, 10.1002/smi.3152. Advance online publication. https://doi.org/10.1002/smi.3152

Johnson, J. D., Ashburn-Nardo, L., & Lecci, L. (2013). Individual Differences in Discrimination Expectations Moderate the Impact of Target Stereotypically Black Physical Features on

Racism-Related Responses in Blacks. *Journal of Black Psychology*, *39*(6), 560–584. https://doi.org/10.1177/0095798412469229

Johnson, K. L., Freeman, J. B., & Pauker, K. (2012). Race is gendered: how covarying phenotypes and stereotypes bias sex categorization. *Journal of personality and social psychology*, *102*(1), 116.

Johnson, T. A., & Bankhead, T. (2014). Hair it is: Examining the experiences of Black women with natural hair.

Johnson-Jennings, M. D., Belcourt, A., Town, M., Walls, M. L., & Walters, K. L. (2014). Racial discrimination's influence on smoking rates among American Indian Alaska Native two-spirit individuals: does pain play a role?. *Journal of health care for the poor and underserved*, *25*(4), 1667-1678.

Johnson, V. E., & Carter, R. T. (2020). Black cultural strengths and psychosocial well-being: An empirical analysis with Black American adults. *Journal of Black Psychology*, *46*(1), 55-89.

Johnson, C., & Bankhead, T. (2014). Hair it is: Examining the experiences of Black women with natural hair. *Open Journal of Social Sciences*, *2*, 86-100. https://doi.org/10.4236/jss.2014.28014

Johnson, L. M., & Carter, R. T. (2020). The protective role of racial identity and social support for Black students at HBCUs. *Journal of Black Psychology*, *46*(2), 122-145. https://doi.org/10.1177/0095798420908832

Jones C. P. (2000). Levels of racism: a theoretic framework and a gardener's tale. *American journal of public health*, *90*(8), 1212–1215. https://doi.org/10.2105/ajph.90.8.1212

Jones, H. L., Cross Jr, W. E., & DeFour, D. C. (2007). Race-related stress, racial identity attitudes, and mental health among Black women. Journal of Black Psychology, 33(2), 208-231.

Jones, M. S., Womack, V., Jérémie-Brink, G., & Dickens, D. D. (2021). Gendered racism and mental health among young adult US Black women: The moderating roles of gendered racial identity centrality and identity shifting. *Sex Roles, 85*(3), 221-231.

Jones, R. R. (1972). James L. Kemper and the Virginia Redeemers Face the Race Question: A Reconsideration. The Journal of Southern History, 38(3), 393-414.

Joseph-Salisbury, R., & Connelly, L. (2018). 'If your hair is relaxed, white people are relaxed. If your hair is nappy, they're not happy': Black hair as a site of 'post-racial'social control in English schools. *Social Sciences*, 7(11), 219.

Kang, M. J., & Burton, M. J. (2014). Social support and physical activity among college students: The mediating roles of behavioral and cognitive processes. Health Education Research, 29(5), 828-839. https://doi.org/10.1093/her/cyu043

Keyes, C. L. (2009). The Black–White paradox in health: Flourishing in the face of social inequality and discrimination. *Journal of personality*, *77*(6), 1677-1706.

Kimbell, K. (2009). Texturism in the Black community: An exploration of hair texture discrimination. *Journal of Black Studies, 40*(5), 625-644. https://doi.org/10.1177/0021934708317734

Kirkinis, K., Pieterse, A. L., Martin, C., Agiliga, A., & Brownell, A. (2021). Racism, racial discrimination, and trauma: A systematic review of the social science literature. *Ethnicity & Health*, *26*(3), 392-412.

Kline, R. B. (2006). Principles and practice of structural equation modeling (2nd ed.). Guilford Press.

Kornienko, O., Clemans, K. H., Out, D., & Granger, D. A. (2022). Salivary alpha-amylase, social network position, and gender in early adolescence: A social neuroscience perspective. Developmental Psychobiology, 64(1), e22284. https://doi.org/10.1002/dev.22284

Krogstad, J. M., & Lopez, M. H. (2018). Race and ethnicity in the United States: 2010 Census and projections to 2060. Pew Research Center.

Krueger, J. S., Rodgers, C. T., & Evans, A. J. (2022). The natural hair movement and its impact on identity and self-esteem among Black women. *Journal of Ethnic and Cultural Studies, 9*(1), 45-59. https://doi.org/10.29333/ejecs/819

Kwaning, C. (2020). Understanding the impact of social media on mental health in racial and ethnic minorities. *Journal of Social Media Studies*, 5(1), 45-60.

Kwate, N. O. A., & Goodman, M. S. (2015). Cross-sectional and longitudinal effects of racism on mental health among residents of Black neighborhoods in New York City. *American journal of public health, 105*(4), 711-718.

Kwate, N. O. A., Valdimarsdottir, H. B., Guevarra, J. S., & Bovbjerg, D. H. (2003). Experiences of racist events are associated with negative health consequences for African American women. *Journal of the National Medical Association,* 95(6), 450.

Laidley, T., Domingue, B., Sinsub, P., Harris, K. M., & Conley, D. (2019). New evidence of skin color bias and health outcomes using sibling difference models: a research note. *Demography,* 56(2), 753-762.

Lanaway, J., & Burlew, A. K. (2021). Marijuana use as a coping mechanism for racial discrimination among Black college students. *Journal of Ethnicity in Substance Abuse, 20*(4), 279-296. https://doi.org/10.1080/15332640.2020.1740819

Lanier, Y., Santella, A. J., & Dilworth, S. (2021). Understanding the unique sexual health needs and challenges of African American women. *Journal of Racial and Ethnic Health Disparities, 8*(2), 307-315. https://doi.org/10.1007/s40615-020-00810-1

Lanier, Y., Robinson, W. T., & Norwood, C. (2021). Sexual behavior patterns among African American women. *Sexuality Research and Social Policy, 18*(1), 84-96. https://doi.org/10.1007/s13178-020-00450-w

Larson, A., Gillies, M., Howard, P. J., & Coffin, J. (2007). It's enough to make you sick: the impact of racism on the health of Aboriginal Australians. *Australian and New Zealand journal of public health,* 31(4), 322-329.

Larson, A., Gillies, M., Howard, P. J., & Coffin, J. (2007). It's enough to make you sick: the impact of racism on the health of Aboriginal Australians. *Australian and New Zealand journal of public health*, 31(4), 322-329.

Laurencin, C. T., & Walker, J. M. (2020). A pandemic on a pandemic: Racism and COVID-19 in Blacks. *Cell systems, 11*(1), 9-10.

Laursen, B., & Veenstra, R. (2021). Toward understanding the functions of peer influence: A summary and synthesis of recent empirical research. *Journal of research on adolescence : the official journal of the Society for Research on Adolescence*, *31*(4), 889–907. https://doi.org/10.1111/jora.12606

Lawrence, K., & Keleher, T. (2004, November). Structural racism. In *Race and public policy conference*.

Lazarus, R. S., & Folkman, S. (1984). Stress, appraisal, and coping. Springer publishing company.

Lazarus, R. S., & Folkman, S. (1987). Transactional theory and research on emotions and coping. *European Journal of personality*, *1*(3), 141-169.

Li, C., & Lin, J. (2022). Racial stress and mental well-being: A longitudinal study of college students during the COVID-19 pandemic. *Frontiers in Psychology, 13*,1172. https://doi.org/10.3389/fpsyg.2022.1078460. This research examines the impact of racial stress on mental well-being among college students, especially during the disruptions caused by the COVID-19 pandemic.

Leachman, G. (2016). The double burden of intersectionality: Black women's experiences with discrimination. *Journal of Black Studies*, 47(4), 345-358. https://doi.org/10.1177/0021934716631805

League, C. U. (2020). An eipdemic of inequities: Structural racism and covid-19 in the Black communitiy.

Lee, H., Turney, K., & Hook, J. (2016). Co-occurring forms of discrimination and health among U.S. adults. *Social Science & Medicine, 166*, 11-19. https://doi.org/10.1016/j.socscimed.2016.07.003

Lee, A. K., Corneille, M. A., Hall, N. M., Yancu, C. N., & Myers, M. (2016). The stressors of being young and Black: Cardiovascular health and Black young adults. *Psychology & health*, 31(5), 578-591.

Lee, A. K., Corneille, M. A., Hall, N. M., Yancu, C. N., & Myers, M. (2016). The stressors of being young and Black: Cardiovascular health and Black young adults. *Psychology & health*, 31(5), 578-591.

Lee, M. S., & Nambudiri, V. E. (2021). The CROWN act and dermatology: Taking a stand against race-based hair discrimination. *Journal of the American Academy of Dermatology*, 84(4), 1181-1182.

Lewey, J., & Choudhry, N. K. (2014). The current state of ethnic and racial disparities in cardiovascular care: lessons from the past and opportunities for the future. *Current cardiology reports*, *16*(10), 1-11.

Lewey, J., & Choudhry, N. K. (2014). The impact of race on cardiovascular care and outcomes in the United States. *Journal of the American College of Cardiology*, 64(5), 466-474. https://doi.org/10.1016/j.jacc.2014.05.045

Lewis, J. A., Williams, M. G., Peppers, E. J., & Gadson, C. A. (2017). Applying intersectionality to explore the relations between gendered racism and health among Black women. *Journal of counseling psychology*, *64*(5), 475.

Lewis-Coles, M. E., & Constantine, M. G. (2006). Racism-related stress, Africultural coping, and religious problem-solving among African Americans. *Cultural Diversity and Ethnic Minority Psychology*, *12*(3), 433-443. https://doi.org/10.1037/1099-9809.12.3.433

Li, C., & Lin, J. (2022). Racial stress and mental well-being: A longitudinal study of college students during the COVID-19 pandemic. *Frontiers in Psychology*, *13*, 1172. https://doi.org/10.3389/fpsyg.2022.1078460

Lillie-Blanton, M., Parsons, P. E., Gayle, H., & Dievler, A. (1996). Racial differences in health: not just black and white, but shades of gray. *Annual review of public health*, *17*, 411–448. https://doi.org/10.1146/annurev.pu.17.050196.002211

Lines, R. L., Ducker, K. J., Ntoumanis, N., Thøgersen-Ntoumani, C., Fletcher, D., & Gucciardi, D. F. (2021). Stress, physical activity, sedentary behavior, and resilience—The effects of

naturalistic periods of elevated stress: A measurement-burst study. *Psychophysiology*, *58*(8), e13846.

Lloyd, C. (2020). Black adults disproportionately experience microaggressions. *Gallup. https://news. gallup. com/poll/315695/black-adults-disproportionately-experience-microaggressions. Aspx*.

Lott, B., & Maluso, D. (1995). The social psychology of interpersonal discrimination. Guilford Press.

Loyd, A. B. (2024). The resilience of Black women: The role of community and identity. *Journal of Community Psychology*, *52*(1), 25-41. https://doi.org/10.1002/jcop.22898

Longmire-Avital, B., & McQueen, C. (2019). Exploring a relationship between race-related stress and emotional eating for collegiate Black American women. *Women & health*, 59(3), 240-251.

Lopez, J. D. (2005). Race-Related Stress and Sociocultural Orientation Among Latino Students During Their Transition Into a Predominately White, Highly Selective Institution. *Journal of Hispanic Higher Education*, *4*(4), 354–365. https://doi-org.proxy.library.kent.edu/10.1177/1538192705279594

Lorenzo-Seva, U., & Ferrando, P. J. (2012). Polychoric versus Pearson correlations in exploratory and confirmatory factor analysis of ordinal variables. *Behavior Research Methods, 44*(1), 133-150. https://doi.org/10.3758/s13428-011-0151-y

Louie, P. (2020). Revisiting the cost of skin color: Discrimination, mastery, and mental health among Black adolescents. *Society and mental health*, 10(1), 1-19.

Loyd, A. B., Humphries, M. L., Moore, C., Owens, C. L., Smith, A. M., & Williams, N. (2024). Identifying Risk and Protective Factors in Research on Mental Health and Black

American Adolescents: 1990 Through 2022. *Journal of Black Psychology*, 00957984241249360.

Martin, J. K., Williams, C. L., & Thompson, D. L. (2021). Coping with discrimination: Marijuana use among Black college students. *Substance Use & Misuse, 56*(5), 678-690. https://doi.org/10.1080/10826084.2020.1854123

Martin, E. G., Ansari, B., Hart-Malloy, R., Smith, D. K., Delaney, K. P., Gift, T. L., Berruti, A. A., Trigg, M., & Rosenberg, E. S. (2021). Racial and ethnic disparities in HIV diagnoses among heterosexually active persons in the United States nationally and by state, 2018. *PloS one*, *16*(9), e0257583. https://doi.org/10.1371/journal.pone.0257583

Martz, C. D., Allen, A. M., Fuller-Rowell, T. E., Spears, E. C., Lim, S. S., Drenkard, C., Chung, K., Hunter, E. A., & Chae, D. H. (2019). Vicarious Racism Stress and Disease Activity: the Black Women's Experiences Living with Lupus (BeWELL) Study. *Journal of racial and ethnic health disparities*, *6*(5), 1044–1051. https://doi.org/10.1007/s40615-019-00606-8

Mason, G., & Czapski, N. (2017). Regulating cyber-racism. *Melbourne University Law Review*, *41*(1), 284-340.

Mason, T. B., Maduro, R. S., Derlega, V. J., Hacker, D. S., Winstead, B. A., & Haywood, J. E. (2017). Individual differences in the impact of vicarious racism: African American students react to the George Zimmerman trial. *Cultural Diversity and Ethnic Minority Psychology*, *23*(2), 174.

Mathews, T. J., & Johnson, G. S. (2015). Skin complexion in the twenty-first century: The impact of colorism on African American women. *Race, Gender & Class*, 22(1-2), 248-274.

Maxwell, S., Breland-Noble, A. M., & Burrell, L. (2015). Exploring the impact of skin color on the mental health of African American college women. *Journal of Black Psychology, 41*(4), 385-405. https://doi.org/10.1177/0095798414542113

McCormack, G. R., Friedenreich, C., Shiell, A., Giles-Corti, B., & Doyle-Baker, P. K. (2010). Sex- and age-specific seasonal variations in physical activity among adults. *Journal of Epidemiology & Community Health,* 64(11), 1010-1016. https://doi.org/10.1136/jech.2009.092841

McDaniel, A., DiPrete, T. A., Buchmann, C., & Shwed, U. (2011). The black gender gap in educational attainment: Historical trends and racial comparisons. *Demography, 48*(3), 889-914.

McGarity-Palmer, R. (2019). Hope and Focus on Future as Protective Health Factors? A Moderation Analysis with Race and Income.

Miech, R. A., Johnston, L. D., O'Malley, P. M., Bachman, J. G., Schulenberg, J. E., & Patrick, M. E. (2019). Monitoring the Future national survey results on drug use, 1975-2018: Volume I, Secondary school students. *Institute for Social Research, University of Michigan*. https://doi.org/10.3998/2027.42/150622

Miles, J. T., & García, M. A. (2018). Experiences of racial stress among Black students at predominantly White institutions. *Journal of College Student Development, 59*(6), 720-735. https://doi.org/10.1353/csd.2018.0066

Miller-Kleinhenz, S., Davis, B., & Kelly, M. (2021). State and university policies on race-related discussions: Implications for mental health practice. *Journal of Counseling Psychology, 68*(3), 375-385. https://doi.org/10.1037/cou0000467

Mendez, D. D., Hogan, V. K., & Culhane, J. F. (2014). Institutional racism, neighborhood factors, stress, and preterm birth. *Ethnicity & health*, 19(5), 479-499.

Mendez, L., Mozley, M. M., & Kerig, P. K. (2020). Associations among trauma exposure, callous-unemotionality, race or ethnicity, and gang involvement in justice-involved youth. *Criminal Justice and Behavior*, *47*(4), 457-469.

Mennis, J., & Stahler, G. J. (2020). Racial and ethnic disparities in outpatient substance use disorder treatment episode completion for different substances. *Journal of Substance Abuse Treatment*, *117*, 108089. https://doi.org/10.1016/j.jsat.2020.108089

Merecz, D., & Andysz, A. (2014). Exposure to workplace bullying and post-traumatic stress disorder symptoms: The role of subjective evaluation of negative acts. *European Journal of Work and Organizational Psychology*, 23(2), 177-193. https://doi.org/10.1080/1359432X.2012.762571

Meyer, O. L., Castro-Schilo, L., & Aguilar-Gaxiola, S. (2014). Determinants of mental health and self-rated health: a model of socioeconomic status, neighborhood safety, and physical activity. *American journal of public health*, *104*(9), 1734-1741.

Miller, J., & Garran, A. M. (2007). The web of institutional racism. *Smith College Studies in Social Work*, *77*(1), 33-67.

Miller, J., & Garran, A. M. (2007). Racism in the United States: Implications for the helping professions. Brooks/Cole.

Miller-Kleinhenz, J. M., Kuzmishin Nagy, A. B., Majewska, A. A., Adebayo Michael, A. O., Najmi, S. M., Nguyen, K. H., Van Sciver, R. E., & Fonkoue, I. T. (2021). Let's talk about race: changing the conversations around race in academia. *Communications biology*, *4*(1), 902. https://doi.org/10.1038/s42003-021-02409-2

Moore-Greene, G. M., Gross, S. M., Silver, K. D., & Perrino, C. S. (2012). Chronic stress and decreased physical exercise: impact on weight for African American women. *Ethnicity & disease*, *22*(2), 185–191.

Moradi, B., & Subich, L. M. (2003). A concomitant examination of the relations of perceived racist and sexist events to psychological distress for African American women. *The Counseling Psychologist*, *31*(4), 451-469.

Morrison, K. R., & Kiss, E. (2017). Navigating intersectionality: Understanding the impact of identity work on the experiences of visible minority women in leadership. *Journal of Leadership & Organizational Studies*, 24(4), 494-510. https://doi.org/10.1177/1548051817725388

Morgan, P. L., Staff, J., Hillemeier, M. M., Farkas, G., & Maczuga, S. (2013). Racial and ethnic disparities in ADHD diagnosis from kindergarten to eighth grade. *Pediatrics*, *132*(1), 85-93.

Montgomery, L., Burlew, K., & Korte, J. (2020). Trauma and substance use among Black young adults: Examining the moderating role of perceived social support. *Journal of Substance Abuse Treatment, 110*, 71-77. https://doi.org/10.1016/j.jsat.2019.12.006

Muhammad, M. (2011). Racial bias and health disparities: Evidence and needed research. *Ethnicity & Disease*, 21(3), 287-293.

Myers, S. L. (2004). Discrimination and racial disparities in labor markets. *Journal of Economic Perspectives*, 18(2), 33-50. https://doi.org/10.1257/0895330041371250

Myers, C. K. (2004). Discrimination and neighborhood effects: Understanding racial differentials in US housing prices. *Journal of urban economics*, 56(2), 279-302.

Neil, L., & Mbilishaka, A. (2019). “Hey curlfriends!”: Hair care and self-care messaging on YouTube by Black women natural hair vloggers. *Journal of black studies*, *50*(2), 156-177.

Neil, T., & Mbilishaka, A. M. (2019). The psychological significance of hair care for Black women: A review. *Journal of Black Studies*, *50*(7), 609-625. https://doi.org/10.1177/0021934719854369

Nelson S. (2016). Race, Racism, and Health Disparities: What Can I Do About It?. *Creative nursing*, *22*(3), 161–165. https://doi.org/10.1891/1078-4535.22.3.161

Neville, H. A., Heppner, P. P., & Wang, L. F. (1997). Relations among racial identity attitudes, perceived stressors, and coping styles in African American college students. *Journal of Counseling & Development*, 75(4), 303-311.

Neville, H. A., Heppner, P. P., Ji, P., & Thye, R. (2004). The relations among general and race-related stressors and psychoeducational adjustment in Black students attending predominantly White institutions. *Journal of Black Studies*, 34(4), 599-618.

Nkimbeng, M., Thomas, D., & Smith, J. (2023). Natural hair and cultural identity: The role of the Black natural hair movement. *Journal of Black Studies*, *54*(2), 125-141. https://doi.org/10.1177/00219347221114324

Nkimbeng, M., Malaika Rumala, B. B., Richardson, C. M., Stewart-Isaacs, S. E., & Taylor, J. L. (2023). The Person Beneath the Hair: Hair Discrimination, Health, and Well-Being. *Health equity*, *7*(1), 406–410. https://doi.org/10.1089/heq.2022.0118

Norton, P. J. (2007). Depression Anxiety and Stress Scales (DASS-21): Psychometric analysis across four racial groups. *Anxiety, stress, and coping*, 20(3), 253-265.

Odafe, M. O., Salami, T. K., & Walker, R. L. (2017). Race-related stress and hopelessness in community-based African American adults: Moderating role of social support. *Cultural Diversity and Ethnic Minority Psychology*, 23(4), 561.

Ong, A. D., Fuller-Rowell, T., & Burrow, A. L. (2009). Racial discrimination and the stress process. *Journal of personality and social psychology*, *96*(6), 1259.

Ortega-Williams, A., Valerio, H., & Dennison, M. (2021). The evolving nature of Black racial identity among college students: Exploring the impact of racial socialization and education. *Journal of Black Studies, 52*(4), 386-404. https://doi.org/10.1177/0021934721994674

Pachter, L. M., & Coll, C. G. (2009). Racism and child health: A review of the literature and future directions. *Journal of developmental and behavioral pediatrics: JDBP*, *30*(3), 255.

Palamar, J. J. (2014). An examination of religiosity and the disapproval and low use of hard drugs among Black women. *Journal of Substance Use & Misuse, 49*(6), 777-784. https://doi.org/10.3109/10826084.2014.880724

Palamar, J. J., Ompad, D. C., & Petkova, E. (2021). Perceptions of marijuana use among Black communities and the general public. *Drug and Alcohol Dependence, 218*, 108416. https://doi.org/10.1016/j.drugalcdep.2020.108416

Palamar J. J. (2014). Predictors of disapproval toward "hard drug" use among high school seniors in the US. *Prevention science : the official journal of the Society for Prevention Research*, *15*(5), 725–735. https://doi.org/10.1007/s11121-013-0436-0

Palmer, R. T., Davis, R. J., & Maramba, D. C. (2010). Role of an HBCU in supporting academic success for underprepared black males. *Negro Educational Review, 61*.

Patel, N. (2021). Structural racism and its impact on community health. *Health Equity*, 5(1), 173-182. https://doi.org/10.1089/heq.2020.0079

Paxton, A., & Wade, P. (2011). Binational Americans: In their own words. *Global Public Health*, 6(3), 320-333.

Pelletier, J. E., & Laska, M. N. (2013). Campus food and beverage purchases are associated with indicators of diet quality in college students living off campus. *American journal of health promotion : AJHP*, *28*(2), 80–87. https://doi.org/10.4278/ajhp.120705-QUAN-326

Pérez Huber, L. (2010). Using Latina/o Critical Race Theory (LatCrit) and Racist Nativism to Explore Intersectionality in the Educational Experiences of Undocumented Chicana College Students. *Educational Foundations, 24*, 77-96.

Perry, B. L., Stevens-Watkins, D., & Oser, C. B. (2013). The moderating effects of skin color and ethnic identity affirmation on suicide risk among low-SES African American women. *Race and Social Problems*, 5(1), 1-14.

Pettit, B., & Ewert, S. (2009). Employment gains and wage declines: the erosion of black women's relative wages since 1980. *Demography*, *46*(3), 469–492. https://doi.org/10.1353/dem.0.0061

Phinney, J. S., & Ong, A. D. (2007). Conceptualization and measurement of ethnic identity: Current status and future directions. *Journal of counseling Psychology*, 54(3), 271.

Pieterse, A. L., Todd, N. R., Neville, H. A., & Carter, R. T. (2012). Perceived racism and mental health among Black American adults: a meta-analytic review. *Journal of Counseling Psychology*, *59*(1), 1.

Pittman, D. M., & Kaur, P. (2018). Examining the role of racism in the risky alcohol use behaviors of black female college students. *Journal of American college health*, 66(4), 310-316.

Pittman, D. M., Brooks, J. J., Kaur, P., & Obasi, E. M. (2019). The cost of minority stress: Risky alcohol use and coping-motivated drinking behavior in African American college students. *Journal of ethnicity in substance abuse*, 18(2), 257-278.

Pittman, D. M., Cho Kim, S., Hunter, C. D., & Obasi, E. M. (2017). The role of minority stress in second-generation Black emerging adult college students' high-risk drinking behaviors. *Cultural diversity and ethnic minority psychology*, 23(3), 445.

Poteat, V. P., & Spanierman, L. B. (2012). Modern racism attitudes among white students: The role of dominance and authoritarianism and mediation effects on reported contact and experience with diversity. *Ethnic and Racial Studies*, 35(3), 450-472. https://doi.org/10.1080/01419870.2011.581074

Powell, W. (2018). Hair discrimination and Black identity: Implications for workplace practices and policies. *Journal of African American Studies*, 22(3), 293-312. https://doi.org/10.1007/s12111-018-9398-0

Quist, A., Han, X., Baird, D. D., Wise, L. A., Wegienka, G., Woods-Giscombe, C. L., & Vines, A. I. (2022). Life Course Racism and Depressive Symptoms among Young Black Women. *Journal of urban health : bulletin of the New York Academy of Medicine*, *99*(1), 55–66. https://doi.org/10.1007/s11524-021-00574-7

Racine, E. F., Schorno, R., Gholizadeh, S., Bably, M. B., Hatami, F., Stephens, C., Zadrozny, W., Schulkind, L., & Paul, R. (2022). A College Fast-Food Environment and Student Food and Beverage Choices: Developing an Integrated Database to Examine Food and

Beverage Purchasing Choices among College Students. *Nutrients*, *14*(4), 900. https://doi.org/10.3390/nu14040900

Rafferty, J., Smith, K., Johnson, L., & Brown, M. (2023). The impact of economic resources on dietary choices in marginalized student populations. *Nutrition and Health*, *29*(1), 45-58. https://doi.org/10.1177/02601060221039472

Raley, R. K., Sweeney, M. M., & Wondra, D. (2015). The Growing Racial and Ethnic Divide in U.S. Marriage Patterns. *The Future of children*, *25*(2), 89–109. https://doi.org/10.1353/foc.2015.0014

Randle, B. A. (2015). I am not my hair: African American women and their struggles with embracing natural hair!. *Race, Gender & Class*, 22(1-2), 114-121.

Ravens-Sieberer, U., Kaman, A., Erhart, M., Devine, J., Schlack, R., & Otto, C. (2022). Socioeconomic status, stressful life situations, and mental health problems in children and adolescents: Results of the German BELLA cohort study. *PLOS ONE*, *17*(6), e0271235. https://doi.org/10.1371/journal.pone.0271235

Ravens-Sieberer, U., Kaman, A., Erhart, M., Devine, J., Schlack, R., & Otto, C. (2022). Impact of the COVID-19 pandemic on quality of life and mental health in children and adolescents in Germany. *European Child & Adolescent Psychiatry*, *31*(6), 879-889. https://doi.org/10.1007/s00787-021-01726-5

Ritter, L. J., Hilliard, T., & Knox, D. (2022). "Lovesick": Mental Health and Romantic Relationships among College Students. *International journal of environmental research and public health*, *20*(1), 641. https://doi.org/10.3390/ijerph20010641

Ritter, T., Llamas, J. D., & Curtis, A. (2022). Partner influence on health behaviors among young adults. *Journal of Health Psychology, 27*(6), 818-829. https://doi.org/10.1177/1359105320979982

Roberson, K., & Pieterse, A. L. (2021). Internalized racism and self-esteem: Do depressive symptoms matter?. *Cultural diversity & ethnic minority psychology*, *27*(3), 531–536. https://doi.org/10.1037/cdp0000453

Robinson, C. (2011). Hair matters: African American women's hair as a matter of identity and empowerment. *Women's Studies Quarterly, 39*(1-2), 69-82. https://doi.org/10.1353/wsq.2011.0005

Robinson, B. K., & Wicks, M. N. (2012). Religiosity, self-efficacy for exercise, and African American women. *Journal of Religion and Health*, 51(3), 854-864.

Robinson, C. L. (2011). Hair as race: Why "good hair" may be bad for Black females. Howard *Journal of Communications*, 22(4), 358-376.

Robinson, D. J., Stanton, R., Sucharew, H., Alwell, K., Haverbusch, M., De Los Rios La Rosa, F., Ferioli, S., Coleman, E., Jasne, A., Mackey, J., Star, M., Mistry, E. A., Demel, S., Slavin, S., Walsh, K., Woo, D., Kissela, B., & Kleindorfer, D. O. (2022). Racial Disparities in Stroke Recurrence: A Population-Based Study. *Neurology*, 10.1212

Robinson, K. J. (2009). The constitutional future of race-neutral efforts to achieve diversity and avoid racial isolation in elementary and secondary schools. *BCL Rev*., 50, 277.

Rogers, S., Woods, L., & Petrie, T. (2010). Microaggressions and mental health: Counseling implications. *Journal of Counseling Psychology*, 57(2), 183-189. https://doi.org/10.1037/a0018860

Rogers Wood, N. A., & Petrie, T. A. (2010). Body dissatisfaction, ethnic identity, and disordered eating among African American women. *Journal of counseling psychology*, 57(2), 141.

Rosenthal, L., & Lobel, M. (2016). Explaining racial disparities in adverse birth outcomes: Unique sources of stress for Black American women. *Social Science & Medicine*, 153, 163-169. https://doi.org/10.1016/j.socscimed.2016.02.014

Ross, R. A., Foster, S. L., & Ionescu, D. F. (2017). The Role of Chronic Stress in Anxious Depression. *Chronic stress (Thousand Oaks, Calif.)*, *1*, 2470547016689472. https://doi.org/10.1177/2470547016689472

Russell-Brown, K. (2023). The impact of restrictive race-related policies on university students' mental health. *Law and Human Behavior, 47*(2), 122-135. https://doi.org/10.1037/lhb0000500

Russell-Brown, K. (2023). "The Stop WOKE Act": HB 7, race, and Florida's 21st century anti-literacy campaign. *NYU Review of Law & Social Change*, *47*, 338.

Russell-Brown, K. (2024). Navigating race and racism in academic settings: Challenges and strategies for students and faculty. *Journal of Diversity in Higher Education, 17*(1), 54-69. https://doi.org/10.1037/dhe0000337

Russell-Brown, K. (2024). The multitudinous racial harms caused by Florida's Stop WOKE and anti-DEI legislation. *Fordham Urban Law Journal.*

Rusticus, S. (2023). Content Validity. In F. Maggino (Ed.), *Encyclopedia of Quality of Life and Well-Being Research*. Springer, Cham. https://doi.org/10.1007/978-3-031-17299-1_553

Salami, T. K., Carter, S. E., Cordova, B., Flowers, K. C., & Walker, R. L. (2019). The Influence of Race-Related Stress on Eating Pathology: The Mediating Role of Depression and

Moderating Role of Cultural Worldview Among Black American Women. Journal of Black Psychology, 45(6-7), 571-598.

Salami, T. K., Carter, S. E., Cordova, B., Flowers, K. C., & Walker, R. L. (2019). The Influence of Race-Related Stress on Eating Pathology: The Mediating Role of Depression and Moderating Role of Cultural Worldview Among Black American Women. *Journal of Black Psychology*, 45(6-7), 571-598.

Saleem, F. T., Howard, T. C., & Langley, A. K. (2021). Understanding and addressing racial stress and trauma in schools: A pathway toward resistance and healing. *Psychology in the Schools*.

Sanders-Phillips, K., Settles-Reaves, B., Walker, D., & Brownlow, J. (2009). Social inequality and racial discrimination: Risk factors for health disparities in children of color. *Pediatrics, 124*(Suppl 3), S176-S186. https://doi.org/10.1542/peds.2009-1100E

Santoniccolo, F., Trombetta, T., Paradiso, M. N., & Rollè, L. (2023). Gender and media representations: A review of the literature on gender stereotypes, objectification, and sexualization. *International Journal of Environmental Research and Public Health, 20*(10), 5770. https://doi.org/10.3390/ijerph20105770

Schaefer, D. R., Van Woerden, I., Hruschka, D., & Bruening, M. (2021). Finding and Keeping Friends in College and Their Influence on Alcohol Use: A Network Analysis. *Journal of studies on alcohol and drugs*, *82*(1), 121–131. https://doi.org/10.15288/jsad.2021.82.121

Schaefer, D. R., Kornienko, O., & Fox, A. M. (2021). Peer influence on adolescent risk-taking behaviors: A network approach. *Developmental Psychology, 57*(2), 190-203. https://doi.org/10.1037/dev0001134

Schrubbe, L. A., Ravyts, S. G., Benas, B. C., Campbell, L. C., Cené, C. W., Coffman, C. J., ... & Allen, K. D. (2016). Pain coping skills training for African Americans with osteoarthritis (STAART): study protocol of a randomized controlled trial. *BMC musculoskeletal disorders*, 17(1), 1-12.

Seaton, E. K., Yip, T., & Sellers, R. M. (2009). A longitudinal examination of racial identity and racial discrimination among African American adolescents. *Child development*, 80(2), 406-417.

Sempere-Rubio, N., Molina-Prados, M. J., & Faubel, R. (2022). Impact of seasonality on physical activity: A systematic review. *International Journal of Environmental Research and Public Health, 19*(1), 2. https://doi.org/10.3390/ijerph19010002

Shepherd, J. M. (2018). Don't Touch My Crown: Texturism as an Extension of Colorism in the Natural Hair Community.

Sigurdson, K., Mitchell, B., Liu, J., Morton, C., Gould, J. B., Lee, H. C., Capdarest-Arest, N., & Profit, J. (2019). Racial/Ethnic Disparities in Neonatal Intensive Care: A Systematic Review. *Pediatrics*, *144*(2), e20183114. https://doi.org/10.1542/peds.2018-3114

Silva, L. R. B., Seguro, C. S., de Oliveira, C. G. A., Santos, P. O. S., de Oliveira, J. C. M., de Souza Filho, L. F. M., de Paula Júnior, C. A., Gentil, P., & Rebelo, A. C. S. (2020). Physical Inactivity Is Associated With Increased Levels of Anxiety, Depression, and Stress in Brazilians During the COVID-19 Pandemic: A Cross-Sectional Study. *Frontiers in psychiatry*, *11*, 565291. https://doi.org/10.3389/fpsyt.2020.565291

Slaughter-Acey, J. C., Sneed, D., Parker, L., Keith, V. M., Lee, N. L., & Misra, D. P. (2019). Skin tone matters: Racial microaggressions and delayed prenatal care. *American journal of preventive medicine*, 57(3), 321-329.

Speight, S. L. (2007). Internalized racism: One more piece of the puzzle. The Counseling Psychologist, 35(1), 126-134. https://doi.org/10.1177/0011000006295119

Somerville, K., Neal-Barnett, A., Stadulis, R., Manns-James, L., & Stevens-Robinson, D. (2021). Hair cortisol concentration and perceived chronic stress in low-income urban pregnant and postpartum black women. *Journal of Racial and Ethnic Health Disparities*, *8*(2), 519-531.

Somerville, K. (2021). *A Systematic Review on Racial Stress and Racial Traumatic Stress and Health Outcomes.* (Unpublished doctoral candidacy).

Sosoo, E. E., Bernard, D. L., & Neblett, E. W. (2020). Considering the cycle of race-related stressors: Race-related trauma, racial discrimination, and racial identity. *Current Directions in Psychological Science*, 29(5), 501-507. https://doi.org/10.1177/0963721420949504

St Jean, Y., & Feagin, J. R. (2015). *Double burden: black women and everyday racism: black women and everyday racism*. Routledge.

Stevens-Watkins, D., Brown-Wright, L., & Tyler, K. (2011). Brief report: The number of sexual partners and race-related stress in African American adolescents: Preliminary findings. *Journal of Adolescence,* 34(1), 191-194.

Sutter, M., & Perrin, P. B. (2016). Discrimination, mental health, and suicidal ideation among LGBTQ people of color. *Journal of Counseling Psychology*, 63(1), 98-105. https://doi.org/10.1037/cou0000126

Swinton-Jackson, C. E. (2021). African American Women with Dark Skin Tones: A Case Study (Doctoral dissertation, Capella University).

Szymanski, D. M., & Obiri, O. (2011). Do religious coping styles moderate or mediate the external and internalized racism-distress links?. *The Counseling Psychologist*, 39(3), 438-462.

Tabachnick, B. G., & Fidell, L. S. (2007). *Using multivariate statistics* (5th ed.). Allyn & Bacon/Pearson Education.

Tapp, S., Warren, N., & Williams, C. (2020). Racism and health disparities in perinatal care for Black women. *Health Affairs, 39*(3), 455-462. https://doi.org/10.1377/hlthaff.2019.01394

Tan, J. M., Tan, J., Wang, Z., & Jin, S. (2022). Ethnic diversity in Asia: Perspectives from international business research. *Asian Business & Management*, 21(1), 1-22. https://doi.org/10.1057/s41291-021-00145-1

Tan, S. B., DeSouza, P., & Raifman, M. (2022). Structural racism and COVID-19 in the USA: a county-level empirical analysis. *Journal of racial and ethnic health disparities*, 9(1), 236-246.

Tan, S. B., DeSouza, P., & Raifman, M. (2022). Structural racism and COVID-19 in the USA: a county-level empirical analysis. *Journal of racial and ethnic health disparities*, 9(1), 236-246.

Tate, S. A. (2017). Libidinal economies of Black hair: subverting the governance of strands, subjectivities and politics. *Image & Text: a Journal for Design*, 29(1), 95-111.

Taylor-Piliae, R. E., Norton, L. C., Haskell, W. L., Mahbouda, M. H., Fair, J. M., Iribarren, C., & Farquhar, J. W. (2007). Validation of a new brief physical activity survey among men and women aged 60-69 years. *American Journal of Epidemiology*, 165(6), 662-669. https://doi.org/10.1093/aje/kwk046

Terry-McElrath, Y. M., O'Malley, P. M., & Johnston, L. D. (2017). Accessibility and perceived harm of drugs: The influence of the social context. *Substance Use & Misuse, 52*(10), 1353-1367. https://doi.org/10.1080/10826084.2017.1285765

Thomas, A. J., Witherspoon, K. M., & Speight, S. L. (2008). Gendered racism, psychological distress, and coping styles of African American women. *Cultural diversity & ethnic minority psychology, 14*(4), 307–314. https://doi.org/10.1037/1099-9809.14.4.307

Thomas, A. J., & Hunter, C. D. (2023). Partner selection and relationship dynamics among young Black women. *Journal of Marriage and Family, 85*(2), 387-404. https://doi.org/10.1111/jomf.12833

Thomas, K. J. A., & Hunter, C. D. (2023). The intersection of race and gender in romantic relationship outcomes for African American women. *Sex Roles, 88*(1-2), 112-126. https://doi.org/10.1007/s11199-022-01214-5

Thorpe, R. J., Kohn, R., & Bowie, J. V. (2022). Racism as a determinant of health: A systematic review and meta-analysis. *American Journal of Public Health*, 112(6), 874-884. https://doi.org/10.2105/AJPH.2022.306758

Tinsley, B. (2018). Racial Socialization, Stress, Climate And Coping: An Examination Of Educator Perceptions Of Classroom Management And Motivation Of Students And Colleagues.

Torres-Harding, S. R., Andrade, A. L., Romero Diaz, C. E., & Romero, A. J. (2020). Racial microaggressions and mental health in students of color: The protective role of social support. *Journal of Counseling Psychology, 67*(4), 488-497. https://doi.org/10.1037/cou0000429

Tovar-Murray, D., Jenifer, E. S., Andrusyk, J., D'Angelo, R., & King, T. (2012). Racism-related stress and ethnic identity as determinants of African American college students' career aspirations. *The Career Development Quarterly*, 60(3), 254-262.

Trent, M., Dooley, D. G., Dougé, J., SECTION ON ADOLESCENT HEALTH, COUNCIL ON COMMUNITY PEDIATRICS, & COMMITTEE ON ADOLESCENCE (2019). The Impact of Racism on Child and Adolescent Health. *Pediatrics, 144*(2), e20191765. https://doi.org/10.1542/peds.2019-1765

Turner, C. V. (2021). Training clinicians to address racial stress: A review of current practices and recommendations. *Professional Psychology: Research and Practice, 52*(1), 15-26. https://doi.org/10.1037/pro0000340

Udah, H. (2017). Social determinants of health and well-being among African immigrants in Australia: An overview. African Journal of Economic and Management Studies, 8(2), 176-188. https://doi.org/10.1108/AJEMS-11-2016-0157

Unger, J. B., & Schwartz, S. J. (2021). Racial discrimination, coping, and marijuana use among Black college students. *Cultural Diversity and Ethnic Minority Psychology, 27*(2), 314-324. https://doi.org/10.1037/cdp0000365

Utsey, S. O. (1999). Development and validation of a short form of the Index of Race-Related Stress (IRRS)—Brief Version. *Measurement and evaluation in Counseling and Development*, 32(3), 149-167.

Utsey, S. O., Chae, M. H., Brown, C. F., & Kelly, D. (2002). Effect of ethnic group membership on ethnic identity, race-related stress, and quality of life. *Cultural Diversity and Ethnic Minority Psychology*, 8(4), 366.

Utsey, S. O., Giesbrecht, N., Hook, J., & Stanard, P. M. (2008). Cultural, sociofamilial, and psychological resources that inhibit psychological distress in African Americans exposed to stressful life events and race-related stress. *Journal of Counseling Psychology*, 55(1), 49.

Utsey, S. O., Lanier, Y., Williams III, O., Bolden, M., & Lee, A. (2006). Moderator effects of cognitive ability and social support on the relation between race-related stress and quality of life in a community sample of black Americans. *Cultural diversity and ethnic minority psychology*, 12(2), 334.

Utsey, S. O., Payne, Y. A., Jackson, E. S., & Jones, A. M. (2002). Race-related stress, quality of life indicators, and life satisfaction among elderly African Americans. *Cultural diversity and ethnic minority psychology*, 8(3), 224.

Utsey, S. O., Ponterotto, J. G., Reynolds, A. L., & Cancelli, A. A. (2000). Racial discrimination, coping, life satisfaction, and self-esteem among African Americans. *Journal of Counseling & Development*, 78(1), 72-80.

Van Den Bergh, L., & Crisp, C. (2004). Psychological resilience among transgender individuals. *International Journal of Transgender Health*, 8(2-3), 59-72. https://doi.org/10.1080/15532739.2004.10856152

Vilda, D., Hardeman, R., Dyer, L., Theall, K. P., & Wallace, M. (2021). Structural racism, racial inequities and urban–rural differences in infant mortality in the US. *J Epidemiol Community Health*, 75(8), 788-793.

Vines, A. I., Baird, D. D., Stevens, J., Hertz-Picciotto, I., Light, K. C., & McNeilly, M. (2007). Associations of abdominal fat with perceived racism and passive emotional responses to racism in African American women. *American Journal of Public Health*, 97(3), 526-530.

Vines, A. I., Baird, D. D., Stevens, J., Hertz-Picciotto, I., Light, K. C., & McNeilly, M. (2007). Associations of abdominal fat with perceived racism and passive emotional responses to racism in African American women. *American Journal of Public Health*, 97(3), 526-530.

Versey, H. S. (2014). Hair matters: African American women and the natural hair aesthetic. *Race, Gender & Class, 21*(1-2), 120-133.

Volpe, V. V., Hoggard, L. S., Willis, H. A., & Tynes, B. M. (2021). Anti-Black structural racism goes online: a conceptual model for racial health disparities research. *Ethnicity & Disease, 31*(Suppl 1), 311.

Walker, R. L., Salami, T. K., Carter, S. E., & Flowers, K. (2014). Perceived racism and suicide ideation: Mediating role of depression but moderating role of religiosity among African American adults. *Suicide and Life-Threatening Behavior*, *44*(5), 548-559.

Walker, R. L., Salami, T. K., Carter, S. E., & Flowers, K. (2014). Perceived racism and suicide ideation: Mediating role of depression but moderating role of religiosity among African American adults. *Suicide and Life-Threatening Behavior*, 44(5), 548-559.

Warren, W. (2016). *New England bound: Slavery and colonization in early America*. WW Norton & Company.

Weinberger, A. H., Pacek, L. R., Sheffer, C. E., Budney, A. J., Lee, J., & Goodwin, R. D. (2019). Serious psychological distress and daily cannabis use, 2008 to 2016: Potential implications for mental health?. *Drug and alcohol dependence*, *197*, 134-140.

Wen, W., Hanley, C., & Wade, T. J. (2022). Media portrayals of racial/ethnic stereotypes and mental health outcomes: A review. *Media Psychology Review*, 15(2), 245-267. https://doi.org/10.1080/15213269.2021.1929172

Werle, A. (2019). Beyond Light, Medium, and Dark: Diversity and Inclusivity in the Makeup and Beauty Industries.

West, L. M., Donovan, R. A., & Roemer, L. (2010). Coping with racism: What works and doesn't work for Black women?. *Journal of Black Psychology*, 36(3), 331-349.

West, C. M. (2018). Mammy, Jezebel, Sapphire, and their homegirls: Developing an "oppositional gaze" toward the images of Black women. In J. C. Chrisler, C. Golden, & P. D. Rozee (Eds.), *Lectures on the psychology of women* (5th ed., pp. 286-299). McGraw-Hill.

Williams, M. T., Kanter, J. W., & Pennington, D. (2018). Addressing microaggressions in therapy: A framework for clinicians. *American Psychologist, 73*(6), 868-879. https://doi.org/10.1037/amp0000296

Williams, T. R., Walker, T. L., & Wyatt, W. N. (2022). Conceptualizing racism through a systemic trauma lens: Impacts on Black college students. *Journal of Psychotherapy Integration*, *32*(1), 49.

Williams, M. T., Chapman, L. K., Wong, J., & Turkheimer, E. (2012). The role of ethnic identity in symptoms of anxiety and depression in African Americans. *Psychiatry research*, 199(1), 31-36.

Williams, E. M., Tillery, R., Brown, C., Hardin, J., & Brown, R. (2018). Stressful life events, internalized sexism, and lupus disease activity in African American women. *Journal of Women's Health, 27*(7), 874-881. https://doi.org/10.1089/jwh.2017.6618

Willoughby, B. J., & Dworkin, J. (2009). The relationships between emerging adults' expressed desire to marry and frequency of participation in risk-taking behaviors. *Youth & Society*, *40*(3), 426-450.

Wilson, D. A., & Whaley, A. L. (2023). Racial disparities in dating and partner selection among Black women. *Journal of Ethnic and Cultural Diversity in Social Work, 32*(1), 45-61. https://doi.org/10.1080/15313204.2022.2085971

Wilson, M. N., & Whaley, A. L. (2023). Relationship expectations and dating challenges among African American women. *Journal of Social and Personal Relationships, 40*(4), 1062-1080.

Wilson, I. P., Mbilishaka, A. M., & Lewis, M. L. (2018). "White folks ain't got hair like us": African American mother–daughter hair stories and racial socialization. *Women, Gender, and Families of Color*, 6(2), 226-248.

Woods-Giscombé, C. L., & Lobel, M. (2008). Race and gender matter: a multidimensional approach to conceptualizing and measuring stress in African American women. Cultural *Diversity and Ethnic Minority Psychology*, 14(3), 173.

Versey H. S. (2014). Centering perspectives on Black women, hair politics, and physical activity. *American journal of public health, 104*(5), 810–815. https://doi.org/10.2105/AJPH.2013.301675

Yancey, G., & Yancey, S. (1998). Interracial dating: Evidence from personal advertisements. *Journal of Family Issues,* 19(3), 334-348.

Yearby, R., Clark, B., & Figueroa, J. F. (2022). Structural racism in historical and modern US health care policy. *Health Affairs*, 41(2), 187-194. https://doi.org/10.1377/hlthaff.2021.01466

Zakharov, N. (2015). Race, Racialization and Racism: A New Theoretical Framework. In *Race and Racism in Russia* (pp. 46-78). Palgrave Macmillan, London.

Zavala, V. A., Bracci, P. M., Carethers, J. M., Carvajal-Carmona, L., Coggins, N. B., Cruz-Correa, M. R., Davis, M., de Smith, A. J., Dutil, J., Figueiredo, J. C., Fox, R., Graves, K. D., Gomez, S. L., Llera, A., Neuhausen, S. L., Newman, L., Nguyen, T., Palmer, J. R., Palmer, N. R., Pérez-Stable, E. J., … Fejerman, L. (2021). Cancer health disparities in racial/ethnic minorities in the United States. *British journal of cancer*, *124*(2), 315–332.

Figure 1. *Simple Slopes Moderation of Skin Tone on Racial Stress and Internalizing Symptoms*

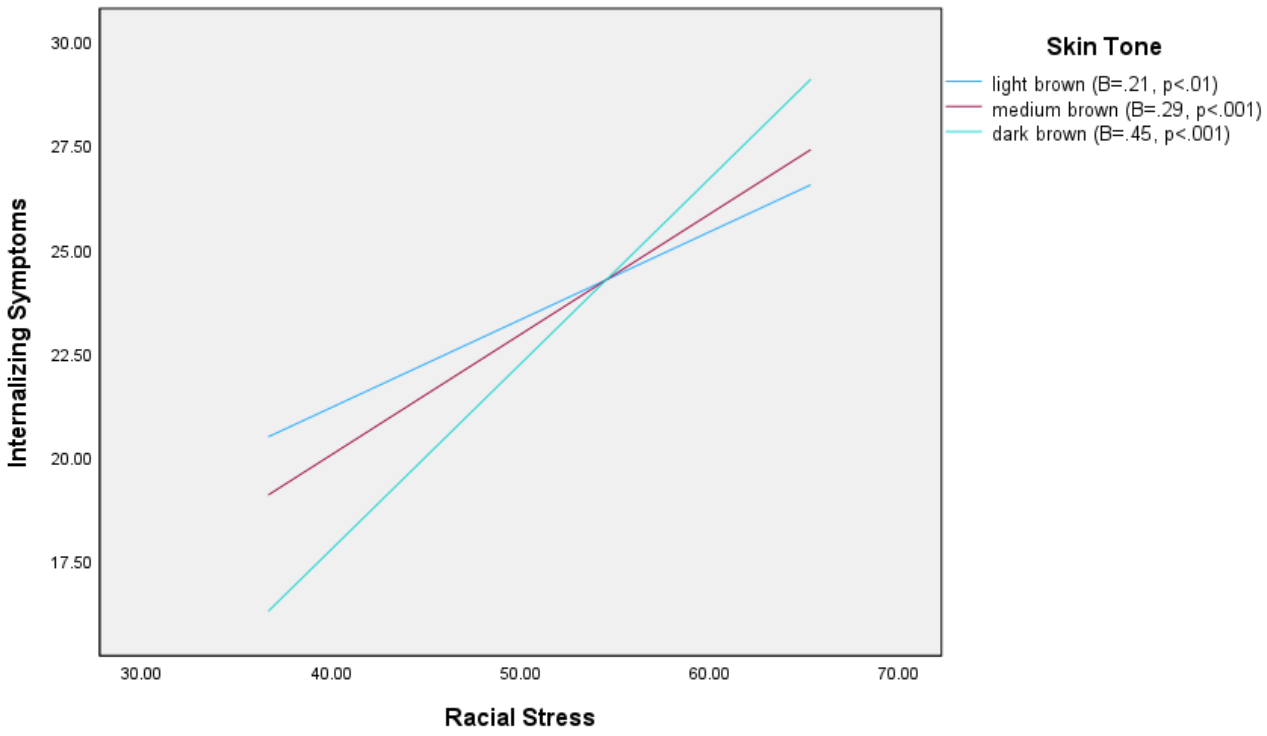

Figure 2. *Simple Slopes Moderation of Hair Texture on Racial Stress and Number of Sexual Partners*

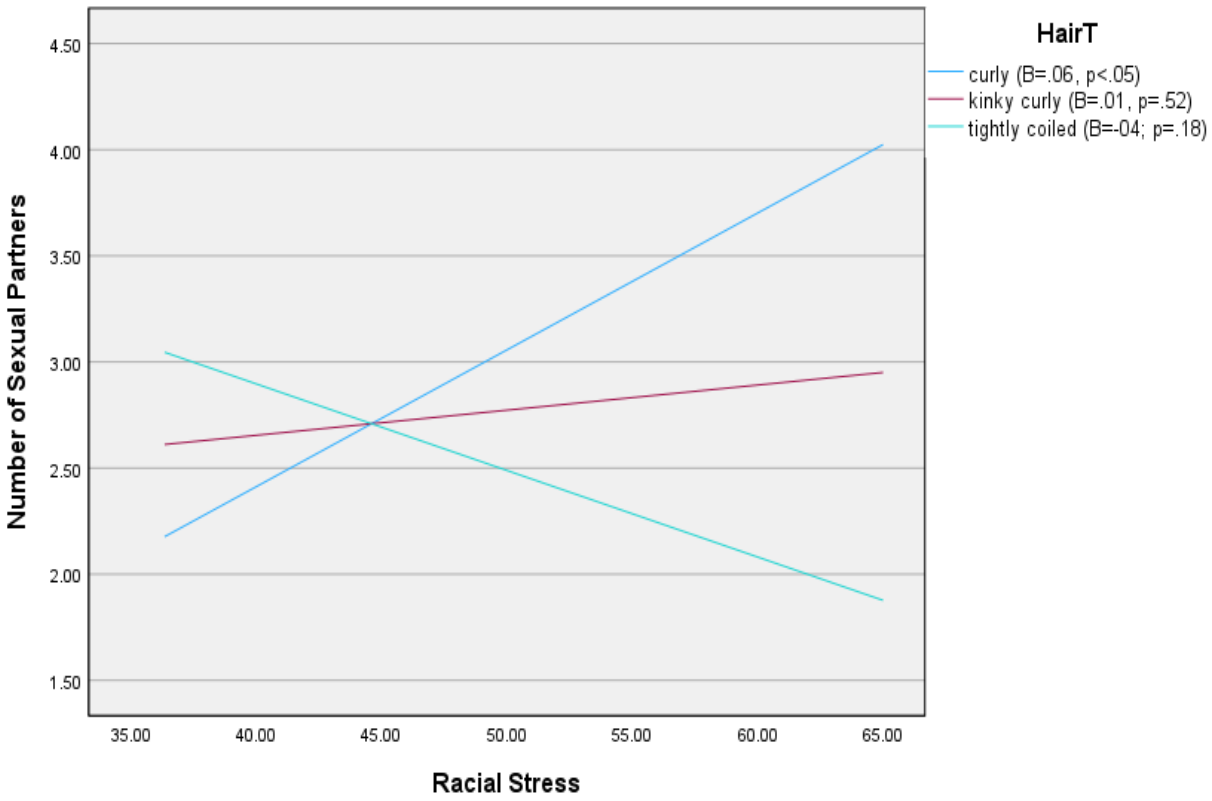

Table 1. *Participant Demographic Information*

Measure	Item	*N*	%
Gender	Woman	193	97
	Queer/Non-binary	4	2
	Self-identify	2	1
Race	Black	199	100*
	Biracial or Multiracial	53	26.6*
Ethnicity	Non-Hispanic	195	97.9
	Hispanic	4	2.0
Education	High School/GED	21	10.6
	1 Year College	26	13.1
	2 Year College	41	20.6
	3 Year College	55	27.6
	4 Year College	40	20.1
	Some Grad School	12	6.0
	Master's Degree	4	0
	Doctoral Degree	0	0
	Professional Degree (MD, JD)	0	0
Type of School	Public	168	84.4
	Private	15	7.5
	Other	9	4.5

Detention	0	71	35.7
	1	39	19.6
	2	21	10.6
	3	19	9.5
	4	9	4.5
	5	7	3.5
	6	3	1.5
	7	2	1.0
	10	3	1.5
	25	2	1.0
	30	1	.5
	40	1	.5
	300	1	.5
In-school Suspension	0	160	80.4
	1	13	6.5
	2	7	3.5
	3	5	2.5
	4	3	1.5
	5	1	.5
	15	1	.5
	30	1	.5
Out-of-school Suspension	0	165	82.9
	1	24	12.1

	2	4	2
	3	2	1
	4	1	.5
	5	1	.5
	6	1	.5
	18	1	.5
Expulsions	0	197	99
	1	2	1
Household Structure	Two-Parent	88	44.2
	Single-Parent	88	44.2
	Other	23	11.6
		4	2.0
Mother's Education	Less Than High School		
	High School/GED	44	22.1
	1 Year College	43	21.6
	2 Year College	29	14.6
	3 Year College	40	20.1
	4 Year College	32	16.1
	Some Graduate School	7	3.5
	Master's Degree	0	0
	Doctoral Degree	0	0
	Professional Degree (MD, JD)	0	0
Father's Education	Less Than High School	18	9.0

	High School/GED	72	36.2
	1 Year College	32	16.1
	2 Year College	17	8.5
	3 Year College	29	14.6
	4 Year College	20	10.1
	Some Grad School	3	1.5
	Master's Degree	7	3.5
	Doctoral Degree	0	0
	Professional Degree (MD, JD)	0	0
Family Household Income	Less than $10,000	13	6.5
	$10,000-29,999	31	15.6
	$30,000-49,999	45	22.6
	$50,000-69,999	42	21.1
	$70,000-99,999	34	17.1
	$100,000-149,999	19	9.5
	More than 150,000	13	6.5

**Note.* Percentage totals with asterisks may exceed 100% as race options are not mutually exclusive.

Table 2. *Descriptive Information and Bivariate Correlations Among Study Variables*

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1. IRRS-B Total	--																	
2. Internal Sym.	.34**	--																
3. Physical Act.	-.18*	-.09	--															
4. Diet	-.02	.21**	-.17*	--														
5. Alcohol Use	.14	.20**	-.00	.04	--													
6. Marijuana Use	.20**	.26**	.02	.14*	.27**	--												
7. Drug Use	.11	.14	.11	-.07	.33**	.22**	--											
8. Sex Partners	.06	.09	.06	.07	.28**	.30**	.24**	--										
9. Age	.07	-.03	.01	-.15*	.28**	-.02	.18**	.17*	--									
10. Income	-.05	-.15*	.07	-.04	.06	-.14	-.03	-.05	-.06	--								
11. Education	.13	-.04	.15*	-.17*	.16*	-.02	-.03	.13	.66**	.12	--							
12. Mother Edu.	.08	-.03	.11	-.01	.07	-.06	.13	-.03	.02	.54**	.15*	--						
13. Father Edu	.06	-.06	.07	-.12	.07	-.03	-.01	.02	-.02	.33**	.03	.30**	--					
14. I Suspension	.12	.06	-.03	.12	.01	.05	-.02	-.06	-.07	-.17*	-.08	-.10	-.09	--				
15. O Suspension	.13	.10	-.05	.08	-.05	.11	-.00	-.02	-.04	-.18	-.07	-.10	-.12	.89**	--			
16. Expulsion	-.08	.03	-.04	-.00	.12	.04	.10	.13	.09	-.05	.03	.01	-.08	.06	.01	--		
17. Skin Texture	.03	-.04	.10	-.05	-.07	-.09	-.02	-.03	.02	-.08	.02	-.06	.07	.08	.12	-.05	--	
18. Hair Texture	.06	-.00	-.03	.07	-.16*	.02	.01	-.06	-.08	.06	-.02	.1	.02	.03	.06	-.03	.41**	--
19. Race Identity	.35**	-.01	.11	-.04	-.02	.04	.02	-.01	-.06	.02	.07	.13	.00	.13	.08	-.10	.03	.12
M	50.71	23.18	2.38	1.01	1.31	1.11	2.73	21.13	3.82	4.60	3.91	3.37	.54	.36	.01	4.32	7.97	24.04
SD	15.60	14.78	.97	1.30	1.76	.42	3.98	2.12	1.61	1.47	1.56	1.82	2.54	1.48	.10	1.85	1.56	4.75
Range	79	60	4	5	5	4	21	8	6	6	6	7	30	18	1	9	6	21

Note. IRRS-B = *The Index of Race-Related Stress Brief Version (IRRS-B); Internal Sym.= Internal Symptoms; Physical Act.= Physical Activity; I Suspension= In-School Suspension; O Suspension= Out of School Suspension.* *p<.05 ,**p<.001

Table 3. *Descriptive information for The Index of Race-Related Stress Brief Version (IRRS-B)*

		Mean	SD
1.	You notice that crimes committed by White people tend to be romanticized, whereas the same crime committed by a Black person is portrayed as savagery, and the Black person who committed it, as an animal.	3.26	1.07
2.	Sales people/ clerks did not say thank you or show other forms of courtesy and respect (e.g., put your things in a bag) when you shopped at some White/non-Black owned businesses.	1.85	1.40
3.	You notice that when Black people are killed by the police, the media informs the public of the victims criminal record or negative information in their background, suggesting they got what they deserved.	3.60	.78
4.	You have been threatened with physical violence by an individual or group of White/non-Blacks	.91	1.54
5.	You have observed that White kids who commit violent crimes are portrayed as "boys being boys," while Black kids who commit similar crimes are wild animals.	3.38	1.00
6.	You seldom hear or read anything positive about Black people on radio, TV, in newspapers, or history books.	2.76	1.17
7.	While shopping at a store the sales clerk assumed that you couldn't afford certain items (e.g., you were directed toward the items on sale).	1.38	1.64
8.	You were the victim of a crime and the police treated you as if you should just accept it as part of being Black.	.51	1.24
9.	You were treated with less respect and courtesy than Whites and other non-Blacks while in a store, restaurant, or other business establishment	2.36	1.48
10.	You were passed over for an important project although you were more qualified and competent than the White/non-Black person given the task.	1.34	1.62
11.	Whites I non-Blacks have stared at you as if you didn't belong in the same place with them; whether it was a restaurant, theater, or other place of business.	2.53	1.30
12.	You have observed the police treat White/non-Blacks with more respect and dignity than they do Blacks.	4.29	1.12
13.	You have been subjected to racist jokes by Whites/non-Blacks in positions of authority and you did not protest for fear they might have held it against you.	2.10	1.74
14.	While shopping at a store, or when attempting to make a purchase, you were ignored as if you were not a serious customer or didn't have any money.	1.46	1.61
15.	You have observed situations where other Blacks were treated harshly or unfairly by Whites/non-Blacks due to their race.		

16. You have heard reports of White people/non-Blacks who have committed crimes, and in an effort to cover up their deeds falsely reported that a Blackman was responsible for the crime.	3.21	1.26
17. You notice that the media plays up those stories that cast Blacks in negative ways (child abusers, rapists, muggers, etc.), usually accompanied by a large picture of a Black person looking angry or disturbed	2.94	1.51
18. You have heard racist remarks or comments about Black people spoken with impunity by White public officials or other influential White people.	3.28	.99
19. You have been given more work, or the most undesirable jobs at your place of employment while the White/ non- Black of equal or less seniority and credentials is given less work, and more desirable tasks	3.03	1.32
20. You have heard or seen other Black people express a desire to be White or to have White physical characteristics because they disliked being Black or thought it was ugly	1.27	1.64
21. White people or other non-Blacks have treated you as if you were unintelligent and needed things explained to you slowly or numerous times.	2.70	1.37
22. You were refused an apartment or other housing; you suspect it was because you're Black.	2.27	1.67
Note. IRRS-B Item responses choices were 0 (*This never happened to me*), 1 (*This event happened, but did not bother me*) , 2 (*This event happened & I was slightly upset*), 3 (*This event happened & I was upset*) and 4 (*This event happened & I was extremely upset*).	.30	.93

Table 4. *Significant Linear Regression Model Predicting Internalizing Symptoms*

Variable	B	SE B	b	t	P
Total Racial Stress	.33	.06	.34	5.12	<.001

R2=.12

Table 5. *Nonsignificant Linear Regression Model Predicting Diet*

Variables	B	SE B	b	t	P
Total Racial Stress	-.00	.01	-.02	-.30	.77

R^2=.00

Table 6. *Significant Linear Regression Model Predicting Physical Activity*

Variable	B	SE B	b	t	P
Total Racial Stress	.01	.00	.18	2.50	<.05

R^2=.03

Table 7. *Nonsignificant Linear Regression Model Predicting Alcohol Use*

Variables	B	SE B	b	t	P
Total Racial Stress	.01	.01	.14	1.92	.056

R^2=.02

Table 8. *Significant Linear Regression Model Predicting Marijuana Use*

Variable	B	SE B	b	t	P
Total Racial Stress	.02	.01	.20	2.92	<.01

R^2=.04

Table 9. *Nonsignificant Linear Regression Model Predicting Other Substance Use*

Variable	B	SE B	b	t	P
Total Racial Stress	.00	.00	.11	1.52	.131

R^2=.01

Table 10. *Nonsignificant Linear Regression Model Predicting Number of Sexual Partners*

Variables	B	SE B	b	t	P
Total Racial Stress	.02	.02	.06	.83	.407

R^2=.00

Table 11. *Significant Moderation Analysis (Total Racial Stress x Skin Tone) Predicting Internalizing Symptoms*

Variable	β	B (SE)	*95% CI*
Total Racial Stress	-.02	.17	-.36 - 67.33
Skin Tone	-4.27*	1.85	-7.92 - .31
Total Racial Stress × Skin Tone	.08*	.04	.01 - -.62
Age	-.32	.62	-1.54 - .90
Income	-1.18	.62	-2.42 - 1.57
Education	-.24	.92	-2.05 - .05
R2	.16		
F	6.09**		

Note. B = unstandardized coefficient; *SE* = standard error.
*$p < .05$, **$p < .01$, ***$p < .001$

Table 12. *Nonsignificant Moderation Analysis (Total Racial Stress x Hair Texture) Predicting Internalizing Symptoms*

Variable	β	B (SE)	*95% CI*
Total Racial Stress	.28	.35	-.40 - .96
Skin Tone	-.51	2.16	-4.77 - 3.76
Total Racial Stress × Hair Texture	.01	.04	-.08 - .09
Age	-.17	.63	-1.41 - 1.07
Income	-1.19	.93	-2.44 - 1.37
Education	-.45	.63	-2.28 - .06
R2	.14		
F	5.09***		

Note. B = unstandardized coefficient; *SE* = standard error.
*$p < .05$, **$p < .01$, ***$p < .001$

Table 13. *Nonsignificant Moderation Analysis (Total Racial Stress x Racial and Ethnic Identity) Predicting Internalizing Symptoms*

Variable	β	B (SE)	*95% CI*
Total Racial Stress	.37	.26	-.15 - 61.90
Skin Tone	-.39	.57	-1.50 - .88
Total Racial Stress × Racial and Ethnic Identity	-.00	.01	-.02 - .73
Age	-.34	.63	-1.57 - .02
Income	-1.23	.63	-2.46 - .89
Education	-.20	.92	-2.02 - .01
R2	.15		
F	5.69***		

Note. B = unstandardized coefficient; *SE* = standard error.
*$p < .05$, **$p < .01$, ***$p < .001$

Table 14. *Nonsignificant Moderation Analysis (Total Racial Stress x Skin Tone) Predicting Diet*

Variable	β	B (SE)	*95% CI*
Total Racial Stress	-.02	2.57	-.08 - .04
Skin Tone	-.23	.03	-.86 - .40
Total Racial Stress × Skin Tone	.00	.32	-.01 - .02
Age	-.10	.01	-.31 - .11
Income	-.05	.11	-.27 - .16
Education	-.15	.11	-.46 - .17
R2	.03		
F	1.05		

Note. B = unstandardized coefficient; *SE* = standard error.
**p* < .05, ***p* < .01, ****p* < .001

Table 15. *Nonsignificant Moderation Analysis (Total Racial Stress x Skin Tone) Predicting Physical Activity*

Variable	β	B (SE)	*95% CI*
Total Racial Stress	.01	.01	-.01 - .04
Skin Tone	.08	.13	-.18 - .33
Total Racial Stress × Skin Tone	-.00	.00	-.01 - .00
Age	-.06	.04	-.14 - .03
Income	.04	.04	-.05 - .13
Education	.13	.06	-.00 - .25
R2	.07		
F	2.28*		

Note. B = unstandardized coefficient; *SE* = standard error.
*$p < .05$, **$p < .01$, ***$p < .001$

Table 16. *Nonsignificant Moderation Analysis (Total Racial Stress x Hair Texture) Predicting Diet*

Variable	β	B (SE)	*95% CI*
Total Racial Stress	.06	.06	-.06 - .17
Skin Tone	.45	.37	-.27 - 1.18
Total Racial Stress × Hair Texture	-.01	.01	-.02 - .01
Age	-.10	.11	-.31 - .11
Income	-.05	.11	-.26 - .16
Education	-.17	.16	-.48 - .14
R2	.04		
F	1.25		

Note. B = unstandardized coefficient; *SE* = standard error.
*$p < .05$, **$p < .01$, ***$p < .001$

Table 17. *Nonsignificant Moderation Analysis (Total Racial Stress x Hair Texture) Predicting Physical Activity*

Variable	β	B (SE)	*95% CI*
Total Racial Stress	-.00	.02	-.05 - 6.06
Skin Tone	-.11	.15	-.41 - .04
Total Racial Stress × Hair Texture	.00	.00	-.00 - .19
Age	-.06	.04	-.15
Income	.04	.04	-.05
Education	.13*	.06	.01
R2	.06		
F	2.13		

Note. B = unstandardized coefficient; *SE* = standard error.
*$p < .05$, **$p < .01$, ***$p < .001$

Table 18. *Nonsignificant Moderation Analysis (Total Racial Stress x Racial and Ethnic Identity) Predicting Diet*

Variable	β	B (SE)	*95% CI*
Total Racial Stress	.02	.05	-.07 - .10
Skin Tone	.01	.10	-.18
Total Racial Stress × Racial and Ethnic Identity	-.00	.00	-.00
Age	-.10	.11	-.31
Income	-.05	.11	-.27
Education	-.14	.16	-.46
R2	.03		
F	1.00		

Note. B = unstandardized coefficient; *SE* = standard error.
*$p < .05$, **$p < .01$, ***$p < .001$

Table 19. *Nonsignificant Moderation Analysis (Total Racial Stress x Racial/Ethnic Identity) Predicting Physical Activity*

Variable	β	B (SE)	*95% CI*
Total Racial Stress	.00	.02	-.03 - .04
Skin Tone	-.01	.04	-.09 - .07
Total Racial Stress × Racial and Ethnic Identity	.00	.00	-.00 - .00
Income	.04	.04	.01 - .24
Education	.12	.06	-.05 - .13
R2	.06		
F	2.02		

Note. B = unstandardized coefficient; *SE* = standard error.
**p* < .05, ***p* < .01, ****p* < .001

Table 20. *Nonsignificant Moderation Analysis (Total Racial Stress x Skin Tone) Predicting Alcohol Use*

Variable	β	B (SE)	*95% CI*
Total Racial Stress	-.01	.02	-.04 - .02
Skin Tone	-.31	.17	-.64 - .03
Total Racial Stress × Skin Tone	.01	.00	-.00 - .01
Age	.20***	.06	.09 - .31
Income	.08	.06	-.03 - .19
Education	-.08	.08	-.24 - .08
R2	.12		
F	4.35***		

Note. B = unstandardized coefficient; *SE* = standard error.
*$p < .05$, **$p < .01$, ***$p < .001$

Table 21. *Nonsignificant Moderation Analysis (Total Racial Stress x Skin Tone) Predicting Marijuana Use*

Variable	β	B (SE)	*95% CI*
Total Racial Stress	.04	.02	.00 - .09
Skin Tone	.11	.23	-.35 - .56
Total Racial Stress × Skin Tone	-.00	.00	-.01 - .00
Age	-.01	.08	-.16 - .14
Income	-.15	.08	-.31
Education	-.05	.12	-.28
R2	.08		
F	2.75*		

Note. B = unstandardized coefficient; *SE* = standard error.
*$p < .05$, **$p < .01$, ***$p < .001$

Table 22. *Nonsignificant Moderation Analysis (Total Racial Stress x Racial/Ethnic Identity) Predicting Physical Activity*

Variable	β	B (SE)	*95% CI*
Total Racial Stress	.01	.01	.00 - .02
Skin Tone	.08	.05	-.00 - .21
Total Racial Stress × Racial and Ethnic Identity	-.00	.00	-.00 - -.00
Age	.08*	.02	.04 - 1.11
Income	.01	.02	-.14 - -.04
Education	-.09*	.02	-.03 - .04
R2	.02		
F	1.57**		

Note. B = unstandardized coefficient; *SE* = standard error.
*$p < .05$, **$p < .01$, ***$p < .001$

Table 23. *Nonsignificant Moderation Analysis (Total Racial Stress x Skin Tone) Predicting Number of Sexual Partners*

Variable	β	B (SE)	*95% CI*
Total Racial Stress	.10	.05	.00 - .20
Skin Tone	.86	.54	-.19 - 1.92
Total Racial Stress × Skin Tone	-.02	.01	-.04 - .00
Age	.31	.18	-.05 - .66
Income	-.15	.18	-.51
Education	.03	.27	-.50
R2	.05		
F	1.78		

Note. B = unstandardized coefficient; *SE* = standard error.
**p* < .05, ***p* < .01, ****p* < .001

Table 24. *Nonsignificant Moderation Analysis (Total Racial Stress x Hair Texture) Predicting Alcohol Use*

Variable	β	B (SE)	*95% CI*
Total Racial Stress	-.02	.03	-.08 - .04
Skin Tone	-.31	.19	-.69 - .07
Total Racial Stress × Racial and Ethnic Identity	.00	.00	-.00 - .01
Age	.20***	.06	.09 - .31
Income	.08	.06	-.03
Education	-.08	.08	-.25
R2	.13		
F	4.70***		

Note. B = unstandardized coefficient; *SE* = standard error.
*$p < .05$, **$p < .01$, ***$p < .001$

Table 25. *Nonsignificant Moderation Analysis (Total Racial Stress x Hair Texture) Predicting Marijuana Use*

Variable	β	B (SE)	*95% CI*
Total Racial Stress	.03	.04	-.06 - .12
Skin Tone	.06	.27	-.48
Total Racial Stress × Hair Texture	-.00	.01	-.01
Age	-.02	.08	-.18
Income	-.14	.08	-.29
Education	-.04	.12	-.27
R2	.06		
F	2.04		

Note. B = unstandardized coefficient; *SE* = standard error.
**p* < .05, ***p* < .01, ****p* < .001

Table 26. *Nonsignificant Moderation Analysis (Total Racial Stress x Hair Texture) Predicting Drug Use*

Variable	β	B (SE)	*95% CI*
Total Racial Stress	.02	.01	-.00 - .04
Skin Tone	.09	.06	-.04 - .22
Total Racial Stress × Hair Texture	-.00	.00	-.00 - .00
Age	.07**	.02	.03 - .11
Income	.01	.02	-.03 - .05
Education	-.09**	.03	-.14 - -.03
R2	.10		
F	3.44**		

Note. B = unstandardized coefficient; *SE* = standard error.
*$p < .05$, **$p < .01$, ***$p < .001$

Table 27. *Nonsignificant Moderation Analysis (Total Racial Stress x Hair Texture) Predicting Number of Sexual Partners*

Variable	β	B (SE)	*95% CI*
Total Racial Stress	.22	.10	.03 - .42
Skin Tone	1.17	.63	-.06 - 2.41
Total Racial Stress × Hair Texture	-.03*	.01	-.05 - -.00
Age	.23	.18	-.13 - .58
Income	-.10	.18	-.46
Education	.04	.26	-.48
R2	.06		
F	1.93		

Note. B = unstandardized coefficient; *SE* = standard error.
*$p < .05$, **$p < .01$, ***$p < .001$

Table 28. *Nonsignificant Moderation Analysis (Total Racial Stress x Racial/Ethnic Identity) Predicting Alcohol Use*

Variable	β	B (SE)	*95% CI*
Total Racial Stress	-.01	.02	-.06 - .03
Skin Tone	-.07	.05	-.17 - .04
Total Racial Stress × Racial and Ethnic Identity	.00	.00	-.00 - .00
Age	.20***	.06	.09 - .31
Income	.08	.06	-.03 - .20
Education	-.10	.08	-.26 - .06
R2	.11		
F	3.99***		

Note. B = unstandardized coefficient; *SE* = standard error.
*$p < .05$, **$p < .01$, ***$p < .001$

Table 29. *Nonsignificant Moderation Analysis (Total Racial Stress x Racial/Ethnic Identity) Predicting Marijuana Use*

Variable	β	B (SE)	*95% CI*
Total Racial Stress	-.01	.03	-.08 - .05
Skin Tone	-.09	.07	-.23 - .05
Total Racial Stress × Racial and Ethnic Identity	.00	.00	-.00 - .00
Age	-.03	.08	-.19 - .13
Income	-.14	.08	-.30 - .01
Education	-.03	.12	-.26 - .20
R2	.07		
F	2.31*		

Note. B = unstandardized coefficient; *SE* = standard error.
**p* < .05, ***p* < .01, ****p* < .001

Table 30. *Nonsignificant Moderation Analysis (Total Racial Stress x Racial/Ethnic Identity) Predicting Drug Use*

Variable	β	B (SE)	*95% CI*
Total Racial Stress	-.01	.01	-.03 - .00
Skin Tone	-.03	.02	-.06 - .01
Total Racial Stress × Racial and Ethnic Identity	.00	.00	.00 - .00
Age	.07**	.02	.04 - .11
Income	.01	.02	-.03 - .04
Education	-.09**	.03	-.14 - -.03
R2	.11		
F	3.70**		

Note. B = unstandardized coefficient; *SE* = standard error.
*$p < .05$, **$p < .01$, ***$p < .001$

Table 31. *Nonsignificant Moderation Analysis (Total Racial Stress x Racial/Ethnic Identity) Predicting Number of Sexual Partners*

Variable	β	B (SE)	*95% CI*
Total Racial Stress	-.09	.08	-.25 - .06
Skin Tone	-.23	.17	-.56 - .09
Total Racial Stress × Racial and Ethnic Identity	.00	.00	-.00 - .01
Age	.26	.18	-.10 - .61
Income	-.12	.18	-.48 - .24
Education	.06	.27	-.47 - .59
R2	.04		
F	1.37		

Note. B = unstandardized coefficient; *SE* = standard error.
**p* < .05, ***p* < .01, ****p* < .001

Table 32. Total, Direct, and Conditional Effects of Racial Stress and Skin Tone on Internalizing Symptoms

	β	SE	*t*	*p*	*95% CI*
Total Effects	-.02	.02	-1.28	.21	-.05 - .01
Direct Effects	-.02	.14	-.14	.89	-.29 - .25
Conditional Effects					
Light Brown Skin Tone	.21	.08	2.63	01	.05 - .37
Medium Brown Skin Tone	.29	.08	3.87	.00	.14 - .44
Dark Brown Skin Tone	.45	.08	5.63	.00	.29 - .61

Note. B = unstandardized coefficient; *SE* = standard error.

Table 33. Total, Direct, and Conditional Effects of Racial Stress and Hair Texture on Number of Sexual Partners

Variable	β	SE	*t*	*p*	*95% CI*
Total Effects	.22	.10	2.20	.03	.02 - .41
Direct Effects	.28	.13	2.22	.03	.04 - . 53
Conditional Effects					
Curly Hair Texture	.06	.03	2.14	.03	.00 - .12
Kinky-Curly Hair Texture	.01	.03	.36	.72	-.04 - .06
Tightly-Coiled Hair Texture	-.04	.03	-1.43	.16	-.10 - .02

Note. B = unstandardized coefficient; *SE* = standard error.

Appendix A. Skin Tone Measurement

Appendix B: Hair Texture Typing Measurement