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Effects of Cumulative Trauma, Discrimination, and Racial Trauma among African Americans

Brittany Renee Clayton

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Effects of Cumulative Trauma, Discrimination, and Racial Trauma among African Americans

by

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A Doctoral Research Project submitted to the
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in
Clinical Psychology

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We the undersigned committee
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"Effects of Cumulative Trauma, Discrimination, and Racial Trauma among African Americans"

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Abstract

Title: Effects of Cumulative Trauma, Discrimination, and Racial Trauma among African Americans

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In the current study, we examined the impact of cumulative trauma, racial trauma, and everyday discrimination experiences within the African American community on psychological outcomes. One hundred and nineteen participants completed a series of self-report measures that analyzed their experiences of lifetime stressors, racial trauma, frequency of everyday discrimination, current posttraumatic stress disorder, depressive symptoms, and experiential avoidance levels. It was hypothesized that increased exposure to lifetime stressors, racial trauma events or experiences, and everyday discrimination would be associated with increased psychological distress. Correlations were conducted to identify and examine these relationships. This hypothesis was supported for lifetime stressor exposure and events or experiences with racial trauma. Additionally, it was hypothesized that the cumulative impact of life stressors and racial trauma events or experiences will negatively impact psychological distress and posttraumatic stress disorder. Multiple regressions were conducted to examine this interaction. This hypothesis was supported for life stressors on psychological distress and for life stressors and racial trauma on posttraumatic stress disorder. Furthermore, the implications for the findings and the future directions for further research are discussed.

Keywords: cumulative trauma, racial trauma, discrimination, experiential avoidance

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Chapter 1: Introduction

Stress is a physical and mental reaction to experiences in life. This emotional response can be derived from any experience across the lifespan, including financial hardships, work demands, or relationships. Similarly, the American Psychological Association (2020) defines trauma as any disturbing experience resulting in feeling any distressing emotions that have lifelong adverse effects on one's functioning (American Psychological Association, 2020). It is estimated that nearly 82.7% of the United States population will experience a form of trauma across the lifespan (Benjet et al., 2016). Relatedly, Dana Becker, author of *One Nation Under Stress: The Trouble with Stress as an Idea* (2013), eloquently described the position United States is in with stress.

> "I've coined the word '*stressism*' to describe the current belief that the tensions of contemporary life are primarily individual lifestyle problems to be solved through managing stress, as opposed to the belief that these tensions are linked to social forces and need to be resolved primarily through social and political means. Analysis of '*stressism*' brings into sharp focus significant polarities in Western thought, principally the sharp divisions between mind and body, health and illness, public and private, social responsibility, and individual self-actualization. Examining stress brings to light many of our cherished cultural preoccupations and predispositions, exposing existing tensions and inequities related to class and gender; and our increasing dependence on stress to explain our lives has consequences for the way we see ourselves and the world, the way we act, and the world we create as a consequence of that vision and those actions." (Becker, pp. 18, 2013).

Instances of stress and trauma are compounding across the lifespan leading to the phenomenon of cumulative stress or cumulative trauma. Cumulative trauma encompasses the impact of traumas experienced across one's life. It is essential to examine the conceptual understanding of cumulative trauma on the African American community, given the various instances of historical trauma and everyday experiences. These everyday experiences include daily experiences of racism, discrimination, and marginalization with respect to the African American community. The research presented provides a conceptual understanding of the impact of historical trauma, racial discrimination, and microaggressions on the psychological well-being among African Americans.

Review of the Literature

Trauma

The African American community has endured many harrowing experiences, which have led to feelings of mistrust, betrayal, and helplessness within modern society. Many of these experiences are inherently traumatic and may prove exceedingly impactful to one's overall well-being. To begin, trauma, that is specific to the African American experience, historical and intergenerational trauma, is defined as:

> *An event, series of events, or circumstances are experienced by an individual as physically or emotionally harmful or threatening and have lasting adverse effects on the person's functioning and physical, social, emotional, and spiritual well-being* (Williams, Printz, & DeLapp, 2018, pp. 735).

While these events can be specific to the individual, many traumatic experiences in the African American community are experienced collectively. It is imperative to study individual stressors experienced and the additional stressors specific to the African American community. Throughout this review, various traumatic experiences in the African American community will be explored, including historical trauma (i.e., slavery, segregation and Jim Crow, and the civil rights movement) and current racial trauma (i.e., discrimination and microaggressions). Within the psychological community, mental health care professionals do not conceptualize instances of racism as traumatic. The *Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition* (DSM-5) defined a traumatic event or experiences as:

> *Exposure to actual or threatened death, serious injury, or sexual violence, through direct experiencing, witnessing, or learning the traumatic event. Additionally, experiencing*

> *repeated or extreme exposure to adverse details of the traumatic event* (American Psychiatric Association, 2013).

This definition of a traumatic event or experience is derived from criterion A for Posttraumatic Stress Disorder (PTSD), which is a psychiatric disorder that may occur following exposure to a traumatic event or experience. This diagnosis of PTSD as outlined in the *Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition* (DSM-5) requires that an individual must experience at least four symptom criteria which include intrusive symptoms, persistent avoidance, negative alterations in cognition and mood, and alterations in arousal and reactivity (American Psychiatric Association, 2013). Only a marginal number of individuals exposed to a traumatic event develop symptoms of PTSD; however, symptoms that may not meet full criteria for PTSD are common and may often be clinically significant (McLaughlin, et al., 2015). Individuals who present with these symptoms are classified as having sub-threshold PTSD, which is commonly defined as:

> *At least one symptom of each DSM-5 criterion; all required symptoms of re-experiencing and one other DSM-5 criterion; all required symptoms of re-experiencing and hyperarousal and at least one avoidance symptom; and all required symptoms of at least one DSM-5 criterion* (McLaughlin, et al., 2015).

As there are numerous definitions for this categorization of symptoms, sub-threshold PTSD may be under-diagnosed, leading to a wide variance in lifetime prevalence estimates of this diagnosis. With the inclusion of assessing for sub-threshold PTSD as an outcome of stress and trauma, this research will ensure that potential impacts of one's psychological well-being are considered. The literature reviewed will provide a conceptual understanding of racism as a form of trauma within the African American community and the subsequent impact of these racial stressors on trauma.

Historical Trauma

Racism is intertwined into the fabric of United States history and modern society. Historically, racism was conceptualized as a set of overt individual attitudes and behaviors about a racial group (Denis & Clair, 2015). African Americans have experienced marginalization for 400 years (Inikori, 1992; Stevenson, 1997).

The Transatlantic Slave Trade and Slavery. The institution of slavery has had a long-lasting impact on United States history and its citizens. Slavery is the condition in which one human being is owned by another. Slaves were considered as property and deprived of rights held by American citizens. In the early sixteenth century, the expansion of the transatlantic slave trade of Africans began, wherein Africans, designated as slave laborers, were transported from Africa to the Caribbean islands or North, Central, or South America (Inikori, 1992). Specifically, African slaves first arrived in the Caribbean in 1518, and in 1619, African slaves were brought to Jamestown, Virginia (Stevenson, 1997). Throughout the nearly 400 years of slavery, prior to the abolition of slavery, more than 12 million Africans were imported to the Western Hemisphere (Inikori, 1992).

Famous Ibo autobiographer Olaudah Equiano, an enslaved African, stressed that an Africans' "greatest anxiety derived from their fears – of their slavers, the slave ships, and their fate." The grueling journey from Africa to the slave's destination is known as the *Middle Passage*, often described as "horrifying," due to the closeness below deck where slaves were kept, the intensely hot and suffocating temperatures, smells, and limited ventilation (Inikori, 1992). Through this time period, it is estimated that at least one in three Africans died between removal of their homeland, transportation, and off-boarding (Stevenson, 1997, pp.25). Following the taxing journey through the *Middle Passage*, African slaves continued to experience

inhumane treatment from slaveholders. The treatment of African Slaves in the New World often consisted of slaveholders punishing slaves for behaviors considered insubordinate, such as not working hard enough, inciting rebellions, escaping, and much more (Stevenson, 1997). The punishment slaves often received included "lashing", in which the rope to beat them was laced with nails that sliced the flesh and tore the skin from their bodies (Stevenson, 1997, pp. 23). Additional punishments include wearing bells to prevent escape, muzzles, and brandings similar to that of cattle. Historians emphasized that African slaves "undoubtedly suffered great emotional and physical distress" due to experiences of racism, sexism, food insecurity, epidemics, grueling labor expectations, and severe corporal punishment (Stevenson, 1997, pp.30). Furthermore, lynching's were public spectacles to witness in order to discourage African Americans from attempting to escape their bondage, where the image of burned bodies hanging from trees were to serve as deterrents and may constitute a vicariously traumatic event to witness (Ohl & Potter, 2013). Thus, legalized enslavement of Africans in the United States and constitutional laws that were enacted prohibited the mixing of races and the legalization of taking of an African American life, laid the foundation for racial discrimination and racial inequality for African Americans (Guffey, 2012). The disregard of the impact of this country's history on modern culture, employment, and politics continues to influence racial disparities among its citizens.

Segregation and Jim Crow. Africans were enslaved in the United States from 1619 to 1863. Following the conclusion of the American Civil War, the Emancipation Proclamation declared that all slaves within confederate states should be let free (The U.S. National Archives and Records Administration, 2019). However, due to the lack of implementation of the Emancipation Proclamation in confederate states, more than 250,000 enslaved Africans remained

in captivity until June 19, 1885 (National Museum of African American History and Culture, 2020). June 19, 1885 is known as "Juneteenth" to commemorate the date on which all enslaved Africans became freed citizens. This new era began with the implementation of legalized racial segregation as depicted in the *Jim Crow* laws. In part, racial segregation is the systemic separation of individuals into racial and ethnic groups. Authors Edwards & Thomson (2010) stressed that the legal system created an environment in which society was astoundingly segregated throughout the Jim Crow era. For instance, in 1913, Pendleton, South Carolina implemented ordinance laws, which created "Color Lines," legally defined racial boundaries with the community to set spatial boundaries separating African Americans from White Americans (Edwards & Thomson, 2010). Similarly, the new ordinances, which regulated residential areas, also extended to public spaces and privately-owned businesses. For example, in major cities, such as Atlanta, Georgia and Birmingham, Alabama, taxis were labeled by race, with laws stipulating that drivers and customers had to be of the same race (Guffey, 2012).

United States Supreme Court case, *Plessy v. Ferguson* (1896), aimed to challenge the Separate Car Act in Louisiana, which required separate railway cars for African Americans and White Americans. Plessy's lawyers argued that this act violated the Thirteenth Amendment, which abolished slavery, and Fourteenth Amendment, addressing equal protection of its citizens. The United States Supreme Court held that the state law was constitutional, which emphasized that segregation, in itself, did not constitute unlawful discrimination. This decision embraced the concept of "separate but equal" for African Americans and White Americans is constitutional under the Fourteenth Amendment (Kemp & Skelton, 2021). Additionally, residential segregation throughout the United States was radically different depending on the region. Grigoryeva & Ruef (2015) research examining racial residential segregation demonstrated that northern cities

implemented segregation through racialized neighborhoods and districts. Southern cities utilized overt, street-front segregation that replicated the racial inequality that existed during slavery. Grigoryeva & Ruef (2015) also stresses that the outcomes of segregation impact African American socioeconomic flexibility, race relations, and racial inequality in the modern United States. Specifically, researchers emphasized the importance of patterns in the geographic structure in United States communities which has overwhelming consequences for African American socioeconomic advancements. This implementation of systemic separation and marginalization demonstrates the impact of racial inequity on psychological stress.

The "separate, but equal" concept endorsed throughout segregation and "Jim Crow" laws further enhanced the disparity between two racial groups. The enactment of segregation and Jim Crow laws demonstrated the use of institutionalized racism. In part, institutionalized racism is defined as:

> *Particular and general instances of racial discrimination, inequality, exploitation, and domination in organizational or institutional contexts, such as the labor market or the nation-state…used to explain cases of disparate impact, where organizations or societies distribute more resources to one group than another without overtly racist intent.* (Denis & Clair, 2015, pp. 860).

Systemic Separation, Marginalization, Oppression, and Discrimination of African Americans leading to Stress and Trauma: Educational Systems

The implementation of institutionalized racism has impacted federal, state, local, and private institutions. Darling-Hammond (2016) stressed that the United States' educational system is one of the most unequal systems among industrialized nations. Specifically, outcomes of education in minority students are a function of inequalities in educational resources. Nickens &

Smedley (2001) emphasize that few resources are allocated to poor urban districts compared to suburban neighborhoods. Notably, wealthier school districts allocate almost ten times more funding than poorer districts (Nickens & Smedley, 2001, pp. 26). The inequity in resources include fewer and low-quality books, curriculum materials, laboratories, computers, significantly larger class sizes, and less qualified and experienced teachers.

Additionally, African American, Latinx, and Native American students in low-income families are more likely to be within poor urban school districts. Nickens and Smedley (2001) stress that tracking systems such as gifted and talented programs or advanced and honors courses, are less available to minority students. Furthermore, school districts that serve majority-minority students are less likely to receive the curriculum and teaching necessary to meet the updated states educational standards, which are designed to help students in attaining the necessary skills to enter the workforce (Nickens & Smedley, 2001). This demonstrates racial disparity and inequity in school systems that serve majority-minority populations and their inability to provide the necessary resources for students of color to succeed in educational attainment.

Systemic Separation, Marginalization, Oppression, and Discrimination of African Americans leading to Stress and Trauma: Geographic and Financial Resources

Similarly, banks and mortgage lenders utilized the practice of redlining, the process of outlining areas on a map with large African American populations in red ink to warn off lenders. Redlining effectively isolated African Americans to areas that suffered lower investment levels than White Americans (Perry & Harshbarger, 2019). During the 1930s, the Homeowner's Loan Corporation (HOLC) developed residential security maps that arguably led to redlining and disinvestment in predominantly African American cities, such as Philadelphia (Hillier, 2003).

Hillier (2003) also examined the impact of HOLC residential security maps on mortgage data from Philadelphia to determine whether lower grade neighborhoods had limited access to residential mortgage credits. Hillier also demonstrated differences in lending patterns with higher interest rates for redlined map areas. The findings of Hillier (2003) stress the impact of institutional racism of private institutions such as banks and mortgage lenders that provide disparate interest rates of mortgages to predominantly African American communities.

Systemic Separation, Marginalization, Oppression, and Discrimination of African Americans leading to Stress and Trauma: Medical and Health Care Systems

Furthermore, The American Academy of Family Physicians emphasized that the U.S. health care system has engaged in systematic segregation and discrimination of patients on the basis of race (American Academy of Family Physicians, 2019). For example, Hoffman, Trawalter, Axt, & Oliver (2016), examined the beliefs of White Americans and medical students and residents' racial bias in the pain management of African Americans. Hoffman et al. (2016) aimed to determine the false beliefs held by participants about biological differences between African Americans and White Americans and whether these beliefs predict racial bias in pain perception and accuracy of treatment recommendations. White medical students and residents who endorsed false beliefs about biological differences between racial groups rated African American patients' pain as lower and provided less accurate treatment recommendations (Hoffman et al., 2016). These findings demonstrated that individuals with some medical training who endorse false beliefs about biological differences between racial groups may contribute to racial disparities in pain assessment and medical treatment.

Civil Rights Movement. The culmination of racial discrimination and racial inequality led to the civil rights movement, which is the campaign by African Americans and allies to end

institutionalized discrimination and racial segregation. The spark of the Civil Rights Movement began with Thurgood Marshall and the National Association for The Advancement of Colored People (NAACP) legal defense and education funds challenged the courts' laws on school segregation (Administrative Office of the U.S. Courts, 2021). *Brown v. Board of Education of Topeka* (1954) consolidated cases of explicit segregation of public schools based on race in Kansas, South Carolina, Virginia, Delaware, and Washington D.C. In each case, African American students were denied attendance to specific public schools based on laws governing segregation by race in public education (Brown v. Board of Education of Topeka, 2021). The advocates argued that segregation on the basis of race in public education violated the Fourteenth Amendments Equal Protection Clause. The United States Supreme Court ruled that separate but equal educational facilities are inherently unequal. This Supreme Court ruling reversed the *Plessy v. Ferguson* (1896) decision, stressing that public education does not apply to the doctrine of "separate but equal" (Burson, 1986).

The decision handed down in *Brown v. Board of Education of Topeka* (1954) served as a catalyst for African Americans to work diligently for the right to vote and use of public facilities. Beginning in 1955, African Americans began protest demonstrations such as boycotting the segregated bus system in Montgomery Alabama (Burson, 1986). The Greensboro Four (1960) demonstration was a sit-in for lunch at a restaurant with an official policy to refuse service to anyone who was not a White American. The Freedom Riders (1961) demonstration was facilitated by individuals who rode interstate buses into segregated states to challenge the non-enforcement of United States Supreme Court decision governing the desegregation of public buses (History.com Editors, 2010). As the civil rights movement continued to bring national attention to the African American experience, the March on Washington (1963) and the

Bombing of Birmingham's 16th Street Baptist Church (1963), the United States federal government was forced to respond (National Parks Service, 2016). "The Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, religion, sex or national origin" (Office of the Assistant Secretary for Administration & Management, 2021). The *Plessy v. Ferguson* (1896) decision upheld by the Supreme Court, which made racial segregation constitutional was made unconstitutional through the Civil Rights Act of 1964. Likewise, the Voting Rights Act of 1965 prohibits the "denial or abridgment of the right to vote on the literacy tests" (The United States Department of Justice, 2017). Furthermore, with the addition of the 24th Amendment to the Constitution, which made poll taxes illegal, legal segregation and discrimination in the United States came to an end (Burson, 1986). The Civil Rights Movement was a grim and grueling era for African Americans, who continued to endure violence, segregation, and discrimination throughout their road to equality.

Holistically, this evolution of chronic and traumatic events and experiences the African American community has endured, is referred to as historical trauma. Researchers Williams-Washington & Mills (2018) defined historical trauma, specific to the African American community as:

> The collective spiritual, psychological, emotional, and cognitive distress perpetuated intergenerationally deriving from multiple denigrating experiences originating with slavery and continuing with pattern forms of racism and discrimination to the present day (Williams-Washington & Mills, 2018).

Research has demonstrated that subsequent generations with evidence of historical trauma are at an increased risk of developing mental health symptoms (Williams-Washington & Mills, 2018). Authors Danzer, Rieger, Schubmehl, & Cort (2016) stress that the theory of historical trauma

states that subsequent generations manifest symptoms and consequences of trauma similar to that of their familial and cultural ancestors. These symptoms and consequences of trauma are manifested as feelings of inferiority, powerlessness, problems with self-identity, and posttraumatic stress disorder (PTSD) (Williams-Washington & Mills, 2018; Danzer, Rieger, Schubmehl, & Cort, 2016). Similarly, individuals of historically traumatized populations are disproportionately susceptible to experiencing prolonged grief, loss of spirituality, paranoia, low self-worth, self-hatred, anger, aggression, as well as an increased risk for domestic violence, physical abuse, sexual abuse, substance abuse and dependence, and suicide (Danzer, Rieger, Schubmehl, & Cort, 2016). The aforementioned research demonstrates the impact on one's mental health as a member of historically traumatized populations.

Racial Trauma

This country's framework is based on the marginalization of racial and ethnic groups, particularly African Americans, that have significantly impacted individuals in this racial group. It is noted that more than 90% of African Americans have experienced overtly racist events at least once across their lifespan (Danzer, Rieger, Schubmehl, & Cort, 2016). Contemporary definitions of racism deem racism as the explicit attitudes and implicit biases and processes that are fabricated, maintained, and endorsed on micro-and macro-levels (Denis & Clair, 2015). Racism may be conceptualized as a form of trauma. Various researchers have conceptualized *racial trauma* as events of danger that relate to real or perceived experiences of racial discrimination, as well as a traumatic response to an accumulation of negative race-related experiences (Comas-Díaz, Hall, & Neville, 2019; Williams, Printz, & DeLapp, 2018). These experiences may include threats of harm and injury, humiliating and shaming events, and witnessing racial discrimination toward other people of color and indigenous individuals' (POCI)

(Comas-Díaz, Hall, & Neville, 2019). Predominantly, researchers stress that with the addition of vicarious trauma in the criteria of PTSD, this is applicable to ethnic minorities who have experienced, witnessed, or informed of generational and communal discrimination (Williams, Printz, & DeLapp, 2018). Additionally, Comas-Díaz, Hall, & Neville (2019) stress that racial trauma encompasses not only the ongoing individual and collective experiences due to exposure, but also the experiences of re-exposure to race-based stress (Comas-Díaz, Hall, & Neville, 2019). Furthermore, people of color and indigenous individuals' experiences with racism, discrimination, and microaggressions affect their mental and physical health (Comas-Díaz, Hall, & Neville, 2019).

Discrimination. Racial discrimination refers to the overt differential treatment of members of an ethnic or racial group due to negative attitudes or feelings about the minority group (Chou, Asnaani, & Hofmann, 2012). It is noted that African Americans are more likely to be exposed to experiences of racial discrimination than other ethno-racial groups; maintaining that intersectional oppression (i.e., racial, gender, sexual orientation, and xenophobic microaggressions) likely impacts the cumulative effects of racial trauma (Comas-Díaz, Hall, & Neville, 2019). Specifically, in a study examining the cumulative experiences of trauma and mental health in African Americans and the Latinx community, African American men and women reported higher levels of discrimination than their Latinx counterparts (Myers et al., 2015).

To examine the impact of racial discrimination on psychopathology, researchers Chou, Asnaani, & Hofmann (2012) assessed the relationship between the perception of racial discrimination and the lifetime prevalence rates of psychological disorders among Asian Americans, Hispanic Americans, and African Americans (Chou, Asnaani, & Hofmann, 2012).

The researchers hypothesized that perceived racial discrimination would be associated with an increased frequency of endorsing mental disorders among the three largest racial minority groups in the United States. The sample comprised 4,539 participants (Asian American = 793, Hispanic America = 951, African American = 2, 795), recruited from datasets that measured the potential protective and risk factors associated with developing psychopathology and service utilization. Researchers utilized a self-report subscale, the Frequency of Everyday Mistreatment from the Detroit Area Study Discrimination Questionnaire (DAS-DQ), to assess perceived racial discrimination. The Composite International Diagnostic Interview (CIDI) was used to assess psychiatric diagnoses based on the *Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition (DSM-IV)*.

Regarding perceived discrimination, Chou, Asnaani, & Hofmann (2012) results demonstrated that African Americans reported a significantly higher degree of perceived racial discrimination than Asian Americans and Hispanic Americans. Additionally, perceived racial discrimination was associated with increased frequency of endorsement of various types of psychological disorders across all racial groups. Specifically, the perception of racial discrimination was associated with endorsement of Major Depressive Disorder (MDD), Panic Disorder with Agoraphobia, Agoraphobia without history of Panic Disorder, Posttraumatic Stress Disorder (PTSD), and Substance Use Disorders (SUD) (Chou, Asnaani, & Hofmann, 2012). Regarding African Americans, African Americans were more likely to experience Panic Disorder, Panic Disorder with Agoraphobia, and PTSD when compared with their Asian American counterparts. Chou, Asnaani, & Hofmann (2012) research demonstrates the effect of perceived racial discrimination on an individual's overall psychological functioning. This study

supports that experiences of discrimination are significantly associated with psychological distress and dysfunction across the lifespan.

Microaggressions. As various forms of overt racism and discrimination have become increasingly socially unacceptable, individuals may often utilize covert forms of discrimination including racial biases, and engaging in unconscious racially motivated behaviors (Nadal, Griffin, Wong, Hamit, & Rasmus, 2014). This covert form of discrimination are racial microaggressions, which are defined as:

> *Brief and commonplace daily verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, negative racial slights and insults to the target person or group* (Nadal, Griffin, Wong, Hamit, & Rasmus, 2014, pp. 57).

Statistically, African Americans experience negative treatment, categorized as microaggressions, more than any other racial group (Lloyd, 2020). Specifically, young adult African Americans (ages 18 – 39) and middle-aged African Americans (ages 40 – 55) are more likely than older-adult African Americans to experience all types of microaggressions. Researchers stress that there are three forms of microaggressions, including microassaults, microinsults, and microinvalidations.

Microassualts are defined as, *the more overt forms of discrimination and can manifest in verbal or nonverbal attacks, as well as avoidant behaviors* (Nadal, Griffin, Wong, Hamit, & Rasmus, 2014). Lloyd (2020) research examining the African American experience with microaggression found that one in five African Americans report experiences of being treated with less courtesy (22%) and respect than others (20%), when compared to their Hispanic American counterparts (8%; 7%), Asian American counterparts (7%; 5%) and White American

counterparts (4%; 4%). Microinsults are defined as, *rude, or insensitive behavior or statements that degrade a person's racial heritage or identity* (Nadal, Griffin, Wong, Hamit, & Rasmus, 2014). Microinvalidations are defined as, *a person negates or denies the thoughts, feelings, or experiences of a person of color* (Nadal, Griffin, Wong, Hamit, & Rasmus, 2014).

To examine the relationship between racial microaggressions and mental health, Researchers Nadal et al. (2014) assessed the subtle and unintentional forms of racial discrimination on one's mental health. Nadal et al. (2014) hypothesized that higher rates of experiences of racial microaggressions would negatively predict and individual's mental health. The sample comprised of 506 participants, of which 375 were women (74.1%) and 131 were men (25.9%), while ages ranged from 18- to 66-years-old (M = 24.83, SD = 8.63). Regarding racial demographic, of the participants 157 were Asian American (31.0%), 131 were Latinx (25.9%), 80 were African American (15.8%), 63 were White American (12.5%), 48 were multiracial (9.5%), 25 identified as other (4.9%), and two participants did not indicate their race (0.4%). Researchers utilized the *Racial and Ethnic Microaggressions Scale,* a self-report measure that assesses the impact of various racial and ethnic microaggressions. The *Mental Health Inventory*, a self-report measure, was used to assess the positive and negative aspects of mental health status and well-being (Nadal, Griffin, Wong, Hamit, & Rasmus, 2014).

Regarding racial microaggressions, Nadal et al. (2014) results demonstrated that African Americans, Latinx American, Asian American, and multiracial participants may experience an increased rate of microaggressions, when compared to their White American counterparts (Nadal, Griffin, Wong, Hamit, & Rasmus, 2014). African American and Latinx American participants were more likely to experience inferiority-related microaggressions than their Asian American counterparts. Additionally, African American participates were more likely to

experience criminality-related microaggressions than their Latinx American and Asian American counterparts. Particularly, the criminality-related microaggressions refers to the Criminality/Assumption of Criminal Status, which occurs when someone of color is presumed deviant. An example of criminality-related microaggression would be when African Americans are followed around stores, employees may perceive them as thieves or shoplifters (Sue, et al., 2008). Additionally, regarding the impact of microaggressions on an individual's psychological functioning, Nadal et al. (2014) results demonstrate that individuals who perceive and experience racial microaggressions across the lifespan, are more likely to exhibit negative mental health symptoms, which include depression, anxiety, negative view of the world, and limited behavioral control (Nadal, Griffin, Wong, Hamit, & Rasmus, 2014). Nadal et al. (2014) findings suggest that experiences of microaggressions negatively impacts one's overall psychological functioning. These results provide evidence for the continual influence of experiences of racism and discrimination on African Americans' psychological well-being. The impact of racial trauma on an individual's overall psychological functioning is detrimental, leading to a wide array of symptoms that may occur, such as paranoia, avoidance of dominant group members, somatic complaints, and excessive worries about loved ones (Williams, Printz, & DeLapp, 2018).

Cumulative Trauma

Benjet et al. (2016) sought to determine the frequency of traumatic event exposure worldwide (Benjet et al., 2016). The study utilized general population surveys from 24 countries (N = 68,894) assessing the exposure of adult participants to 29 traumatic event types. The results of this study demonstrated that over 70% of participants reported exposure to a traumatic event. Likewise, approximately 30.5% of participants were exposed to four or more traumatic events. Additionally, the mean number for lifetime traumatic event exposures was 3.2 for the overall

sample. Furthermore, approximately 82.7% is the prevalence of exposure to any traumatic event in the United States (Benjet et al., 2016). The research findings derived from the Benjet et al. (2016) study demonstrated that the epidemiology of traumatic exposure is exceedingly high, especially for participants in the United States.

Regarding racial and ethnic minorities experiences with cumulative trauma, researchers Pieterse, Carter, Evans, & Walter (2010) stress the importance of understanding that traumatic experiences associated with racial and ethnic discrimination are cumulative in nature. Particularly, the researchers highlighted that a traumatic response might not be reflective of a single traumatic experience but may be aggregated with patterns of discrimination that are accumulative recurring, and intergenerational (Pieterse, Carter, Evans, & Walter, 2010). African Americans experience ongoing chronic adversities and traumas throughout adulthood, including the stress experienced by racism and discrimination. Specifically, William, Printz, & DeLapp (2018) demonstrated that ongoing racial discriminatory events can have a cumulative effect, leading to increased hypervigilance, avoidance, and may contribute to the development of PTSD diagnosis (Williams, Printz, & DeLapp, 2018). Additionally, Sibrava et al. (2019) determined that the frequency of racial discrimination was significantly correlated with social adjustment, quality of life, overall functioning, and comorbidity rates (Sibrava et al., 2019). These results indicate the considerable, cumulative impact incidents of discrimination have on one's overall psychological well-being.

Furthermore, researchers have emphasized that African Americans are often exposed to a higher degree of childhood adversities and traumas. Myers et al. (2015) sought to examine a community sample of 500 low socioeconomic status (SES) African American and Latinx men and women, determining the clinical utility of a lifetime cumulative adversities and trauma

model for predicting the risk and severity for mental health symptoms (Myers et al., 2015). The cumulative life adversities and traumas included experiences of discrimination, childhood adversities and traumas, chronic life stressors, and adult traumas. The mental health symptoms assessed included depression, anxiety, and PTSD. This review of the cumulative burden of adversities and trauma (CBAT) model provided a holistic and culturally competent assessment of cumulative life stressors experienced by countless marginalized groups. The results demonstrated that African American men and women reported higher levels of discrimination than their Latinx counterparts. Comparatively, both racial/ethnic groups had relatively modest degrees of PTSD and anxiety symptoms, while depressive symptoms were experienced at a higher degree. Myers et al. (2015) results demonstrate that experiences of discrimination and other chronic lifetime stressors significantly predict psychological distress and impairment.

Outcomes of Trauma

Overstreet, Berenz, Kendler, Dick, & Amstadter (2017) examined the relationship amongst Potentially Traumatic Events (PTE) and mental health outcomes, including trauma-related distress, alcohol use (i.e., amount and frequency), and depressive and anxiety symptoms (Overstreet et al., 2017). The researchers hypothesized that greater interpersonal PTE would be positively correlated to alcohol use, trauma-related distress, anxiety, and depression symptoms. From a large southeastern university, a large sample of first-year college students ($N = 6{,}120$) completed an online assessment battery measuring PTE, personality, parental and peer relationships, and mental health. The PTEs were assessed utilizing an abbreviated version of the Life Events Checklist, which examined the occurrence of five different stressful events (i.e., natural disasters, physical assaults, sexual assaults, other unwanted or uncomfortable sexual experiences, and transportation accidents). The results demonstrated that participants endorsed

experiencing more than one PTE category, while 8.7% of participants reported experiencing four or more PTE categories prior to undergraduate admission (Overstreet et al., 2017). Additionally, the results found that a history of and interpersonal PTE was related to increased alcohol use, amount and frequency, trauma related distress, depressive symptoms, and anxiety symptoms. Overall, the findings of Overstreet et al. (2017) demonstrated a high prevalence rate for potentially traumatic event exposure in young adults and numerous mental health outcomes derived from these experiences.

Researchers Ogle, Rubin, & Siegler (2013) conducted a study similar to that of Suliman et al. (2009) by examining the effects of cumulative trauma exposure in older adults. Specifically, the researchers examined the impact of cumulative trauma exposure on current PTSD symptom severity in older adults ages 60 and older (Ogle, Rubin, & Siegler, 2013). It was hypothesized that greater exposure to traumatic events across the lifespan would predict greater symptom severity in older adults. Additionally, the researchers hypothesized that cumulative trauma exposure would be a stronger predictor for PTSD symptoms than the participants' severity of the most distressing traumatic event. The data from this study is derived from a larger ongoing longitudinal study of students entering a south undergraduate university in 1964 – 1966. The researchers utilized the Traumatic Life Events Questionnaire (TLEQ), the PTSD Checklist-Stressor Specific Version (PCL-S), the NEO Personality Inventory (NEO), the Centrality to Event Scales (CES), and a social support measure to analyze trauma exposure, PTSD symptom severity, personality, event centrality, and social support. This study demonstrated that cumulative exposure predicted greater PTSD symptom severity, which is consistent with previous literature. The researchers also determined that cumulative exposure to childhood violence and adulthood physical assaults were significantly associated with PTSD symptom

severity (Ogle, Rubin, & Siegler, 2013). Ogle, Rubin, & Siegler (2013) research demonstrated that the cumulative effect of traumatic events exposure across the lifespan contributes to posttraumatic stress in older adulthood.

Comparatively, these research findings examining the effects of cumulative trauma on various mental health outcomes is alarming. The finding from these various studies showed the impact of cumulative trauma across the lifespan.

Experiential Avoidance

According to the *Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition* (DSM-5), the diagnosis of posttraumatic stress disorder (PTSD) may include the persistent avoidance of stimuli associated with the traumatic event or experience, which may include avoiding distressing memories, thoughts, feelings, and external reminders (American Psychiatric Association, 2013). A similar construct that many researchers posit influences the development and maintenance of psychopathology is known as experiential avoidance. Experiential avoidance is described as:

> The unwillingness to remain in contact with aversive private experiences (including bodily sensations, emotions, thoughts, memories, and behavioral predispositions), and action taken to alter the aversive experiences or the events that elicit them (Hayes, Wilson, Gifford, Follette, & Strosahl, 1996).

Specifically, the utilization of behavioral avoidance strategies in response to stressful or traumatic events and situations is associated with adverse psychological outcomes. It should be noted that the research for this association is mixed. For example, with regard to trauma and PTSD, Chawla & Ostafins' (2007) empirical review demonstrated an association, across various studies, between experiential avoidance and general psychological distress, PTSD symptom

severity, depression, anxiety, and somatization. One study demonstrated that experiential avoidance accounted for additional variance in depression, anxiety, and somatization. Comparatively, one study found that experiential avoidance predicted general psychological distress, PTSD symptom severity, and depression beyond the severity of the traumatic event or experience (Chawla & Ostafin, 2007). It should be noted that this difference demonstrated across the literature was attributed to how the researchers assessed for experiential avoidance.

Similarly, researchers Plumb, Orsillo, & Luterek (2004) conducted a study to examine the role of experiential avoidance in post-trauma functioning across three studies (Plumb, Orsillo, & Luterek, 2004). The first study hypothesized that experiential avoidance would predict psychological distress following the experience of a stressful event over and beyond pre-trauma psychological functioning. To assess for experiential avoidance, researchers utilized the Acceptance and Action Questionnaire (AAQ), while the Brief Symptom Inventory (BSI) and Life Experiences Survey (LES) were utilized to assess various psychological symptoms and potentially stressful events. The results demonstrated that experiential avoidance predicted distress over and above the initial distress. In the second study, it was hypothesized that experiential avoidance would predict psychological distress over and above the severity of the traumatic event. Participants completed the experiential avoidance and psychological symptoms measures employed in study one in addition to posttraumatic diagnostic scales and PTSD symptom severity. The findings of this study demonstrated that experiential avoidance predicted the total PTSD symptom severity over and above trauma severity. In the third and final study, Plumb, Orsillo, & Luterek (2004) examined the relationship between trauma severity, experiential avoidance, and depression among veterans presenting for inpatient PTSD treatment. To examine trauma history and symptom severity, researchers utilized the Clinician-

Administered PTSD Scale (CAPS), while the Combat Exposure Scale (CES) assessed the degree of combat experience, and the Beck Depression Inventory (BDI) assesses changes associated with depressive symptoms. The results of this study demonstrated that experiential avoidance was associated with PTSD symptom severity and depression. Additionally, the experiential avoidance scores predicted the total PTSD symptom severity over and above the combat exposure scores. Overall, Plumb, Orsillo, & Luterek (2004) research findings demonstrate that experiential avoidance is significantly correlated with psychological distress. This distress includes depression and PTSD symptom severity, over and above various measures of psychological functioning (Plumb, Orsillo, & Luterek, 2004).

Coping Strategies. Throughout this present study, the aforementioned literature has demonstrated that racial discrimination and other instances of racism are conceptualized as traumatic experiences or events. The subsequent literature highlights the association between various experiential avoidance strategies and instances of racism, perceived or experienced racism. To begin, researchers Barnes & Lightsey Jr. (2005) sought to examine whether specific coping strategies serve as moderators of discrimination-stress and the stress-life satisfaction relationships among African Americans. Specifically, it was hypothesized that problem-solving, social support, and avoidance coping strategies would moderate the relationship between perceived racial discrimination and perceived stress. With regards to avoidance, researchers hypothesized that avoidance coping would strengthen the relationship between perceived racial discrimination and stress. An additional hypothesis regarding avoidance include avoidance coping strategies strengthening the inverse relationship between perceived stress and life satisfaction (Barnes & Lightsey Jr. , 2005). A sample comprised of 114 African American college students completed self-report questionnaires. The self-report questionnaires include the

Schedule of Racist Events (SRE), which measures the frequency of African American experiences with various instances of perceived racial discrimination and the Satisfaction with Life Scale (SWLS), to assess overall satisfaction with life. Additionally, researchers utilized the Coping Strategies Indicator (CSI), to measure coping strategies utilized when one was a victim of racial discrimination, and the Perceived Stress Scale (PSS), to assess the degree to which one's life is perceived as stressful. The results demonstrated that none of the coping strategies assessed (problem-solving, social support, and avoidance coping strategies), moderated the association between perceived discrimination and stress or the association between stress and life satisfaction. Specifically, concerning avoidance, avoidance coping strategies accounted for significant variance in stress levels in racism-related situations. Additionally, stress and avoidance coping inversely predicted life satisfaction. As Barnes & Lightsey Jr. (2005) noted that the utilization of avoidance behaviors and coping fail to address stress, it is emphasized that the likely result is experiencing long-term distress. This association is further supported, providing additional evidence for the detrimental impact of utilizing avoidance coping to address racism-related situations (Barnes & Lightsey Jr. , 2005).

The aforementioned literature presented highlights the impact of racial trauma and discrimination in the United States historically. However, there are various instances in which racial disparities have become more apparent in modern society. Most notably is the murder of George Floyd (2020), an unarmed African American man who was murdered by police during an arrest. This use of excessive force by the police and the unfortunate death of George Floyd (2020) sparked worldwide protest to the mistreatment of African Americans by law enforcement. These worldwide protests demonstrated the continued impact racism has in the United States today.

Study Purpose and Hypotheses

The purpose of this study is to contribute to the body of research examining the impact of trauma including racial trauma within the African American community. Previous researchers have examined instances of racial trauma, such as historical trauma or current stressors (e.g., discrimination or microaggressions), and the outcomes of the specific traumas. The present study will examine the following research questions and hypotheses. The findings derived from this study will address the gaps in the current literature on experienced racism and discrimination in modern history and inform interventions that encourage the African American community to obtain the care they may need.

The present study intends to examine the following hypotheses:

1. To determine the impact of trauma on psychological outcomes.
    a. Increased exposure to life stressors (LEC-5) will be correlated with increased psychological distress (PHQ9), as measured by the LEC-5 and PCL-5.
    b. Increased exposure to racial trauma events or experiences (TSDS) will be correlated with increased psychological distress (PHQ9).
    c. Increased exposure and frequency of everyday discrimination (EDS-A) will be correlated with increased psychological distress (PHQ9).
2. To determine the cumulative impact of stressors on psychological outcomes.
    a. The cumulative impact of life stressors (LEC-5) and racial trauma events (TSDS) will negatively impact mental health (PHQ9 and PCL-5).
3. To determine the mediation of experiential avoidance on psychological outcomes.

   a. The cumulative effects of stressors (TSDS and LEC-5) on psychological outcomes (PHQ9 and PCL-5) will be mediated by experiential avoidance (AAQ-II).

4. To examine the number and type of traumatic events and experiences of African Americans.
   a. Differences in stress levels will be evaluated using demographic variables.

Chapter 2: Methods

Participants

Participants for this study will be recruited from an online platform, Reddit. The sample is expected to be comprised of approximately 100 people. Participants are required to be ages 18 and older in order to avoid potential complications with informed consent and mandatory reporting (e.g., abuse or neglect of a minor). All individuals who meet the aforementioned criteria and identify as African American and/or Black will be included in the study.

Measures

Data will be collected via a self-report online survey which participants will fill out on a computer. Measures of life events stress will be utilized in this study to measure psychological distress associated with traumatic events. Additional measures of trauma, including racial trauma and posttraumatic stress, will be utilized to examine the overall psychological functioning in response to traumatic events. Furthermore, psychological health and flexibility will be used to measure psychological well-being in response to racial trauma and life events stress.

Demographic Information

A demographic form was created for the study. The relevant demographics portion of the study examines age, gender, race/ethnicity, education, yearly household income, relationship status, number of children, living arrangements, employment status, current occupation, and religious affiliation.

Patient Health Questionnaire

The Patient Health Questionnaire (PHQ-9) is a nine-item self-report questionnaire that assesses the presence of psychological distress, specifically symptoms of depression (Kroenke, Spitzer, & Williams, 2001). The PHQ-9 assesses the DSM-5 depression diagnostic criteria and other depressive symptomology, including anhedonia, fatigue, sleep and appetite difficulties,

sadness, guilt, lack of energy, concentration difficulties, psychomotor retardation, and thoughts of suicide or self-harm. Items are scored on a 4-point Likert scale (0 = *not at all* to 3 = *nearly every day*). Total scores range from 0 to 27 for depression severity, minimal depression (0-4), mild depression (5-9), moderate depression (10-14), moderately severe (15-19), and severe depression (20-27). The PHQ-9 demonstrated a Cronbach's α of 0.89 (Kroenke, Spitzer, & Williams, 2001). Additionally, to assess test-retest reliability, researchers administered the PHQ-9 telephonically within 48 hours of initial administration. This analysis demonstrated that strong test-retest reliability (r = .84). Furthermore, to determine construct validity researchers conducted a correlational analysis to examine the relationship between the PHQ-9 and the Short-Form General Health Survey (SF-20), which yielded a strong correlation with mental health (r = .73; Kroenke, Spitzer, & Williams, 2001).

Life Events Checklist for DSM-5

The Life Events Checklist for DSM-5 (LEC-5) is a 17-item self-report inventory that measures potentially traumatic or stressful events one may experience across the lifespan (Weathers, et al., 2018). Items are scored on a 3-point scale in which participants must indicate whether they have experienced each event (0 = *Doesn't apply*, 1 = *Witnessed it*, 2 = *Happened to me*). The LEC-5 does not produce a total score of traumatic experiences (Gray, Litz, Hsu, & Lombardo, 2004). Presently, psychometric information on the LEC-5 is not available; however, the Life Events Checklist (LEC) is a previous version of the LEC-4, which demonstrated reliability. Specifically, the LEC demonstrated a retest correlation (r) of 0.82 ($p < .001$) and a mean kappa coefficient of 0.61 (Gray, Litz, Hsu, & Lombardo, 2004). Regarding validity, Gray et al. (2004) stress that determining validity for the LEC-5 is challenging as the examiner would have to corroborate the self-reported traumatic experience. The authors encourage to utilization

of additional measures of trauma to compare the endorsement of traumatic experiences or events (Gray, Litz, Hsu, & Lombardo, 2004). The response options were modified for the purpose of this study. To analyze the number of traumatic events or experiences participants have been exposed to across the lifespan, a total score was produced for this study.

Posttraumatic Stress Disorder Checklist for DSM-5

The Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5) is a 20-item self-report measure developed as a screener for PTSD-related symptoms (Blevins, Weathers, Davis, Witte, & Domino, 2015). Participants were instructed to indicate the degree to which they have been bothered by trauma-related symptoms in the past month on a 5-point Likert scale from 0 to 5 (0=Not at all, 1=A little bit, 2=Moderately, 3=Quite a bit, 4=Extremely). Scored items are added to create an overall total score measuring trauma symptom severity ranging from 0 to 80. Official cutoff scores for potential PTSD have not been established but suggested cut scores range from 31 to 33 total score (Weathers, et al., 2013). Each cluster of items may be totaled as well to find a cut score for each criterion (Criterion B=1, Criterion C=1, Criterion D=2, Criterion E=2). Furthermore, the PCL-5 demonstrated good test-retest reliability (r = .82) and solid internal consistency with a Cronbach's α of 0.94 (Blevins, Weathers, Davis, Witte, & Domino, 2015). Regarding validity, researchers utilized the World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0), PTSD Checklist-Civilian Version (PCL-C), and other measures to assess convergent validity with PCL-5 scores. This analysis demonstrated strong convergent validity with the WHODAS 2.0 (r = .68) and PCL-C (r = .87). Moreover, to examine discriminant validity, researchers utilized the Patient Health Questionnaire – Alcohol Abuse (PHQ-AA), which demonstrated evidence for divergent validity (r = .14; Blevins, Weathers, Davis, Witte, & Domino, 2015).

Trauma Symptoms of Discrimination Scale

The Trauma Symptoms of Discrimination Scale (TSDS) is a 21-item self-report questionnaire that measures anxiety-related trauma symptoms, such as difficulty relaxing, based on the experience of racial/ethnic discrimination (Williams, Printz, & DeLapp, 2018). Items are scored on a 4-point Likert scale (1 = *never* to 4 = *often*). This measurement produces a total score of all items assessed. The TSDS demonstrated strong reliability with a Cronbach's α of .94. Researchers demonstrated that internal consistency between items and total score, with correlational coefficients ranging from .52 to .78 (Williams, Printz, & DeLapp, 2018). Additionally, to assess test-retest reliability, one participant group was administered the TSDS for same-day administration and administered 2-3 weeks later. This analysis demonstrated good test-retest reliability for same-day administration ($r = .91$, $p < .001$) and the second to third administration ($r = .78$, $p < .001$). Regarding validity, Williams, Printz, and DeLapp (2018) conducted Pearson correlations to provide evidence for construct validity with other racial/discrimination measures. The results of these analyses demonstrate that the TSDS is positively correlated with the Everyday Discrimination Scale ($r = .48$, $p < .001$), General Ethnic Discrimination Scale ($r = .57$, $p < .001$), and many others.

Everyday Discrimination Scale – Adapted

The Everyday Discrimination Scale – Adapted (EDS) is a nine-item self-report questionnaire that measures subjective experiences of discrimination (Gonzales, et al., 2016). The EDS examines experiences of everyday discrimination such as being treated with less respect, receiving poor service, being called names or insults, being threatened, or harassed, and being treated with less courtesy. Items are scored on a 4-point Likert scale (1 = *never* to 4 = *often*). Higher total scores would indicate an increased frequency of perceived discrimination

(Gonzales, et al., 2016). The EDS demonstrated evidence of strong reliability, as experts report an internal consistency of Cronbach's α of .88 (Stucky, et al., 2011).

Acceptance and Action Questionnaire – II

The Acceptance and Action Questionnaire-II (AAQ-II) is a seven-item measure that assesses psychological inflexibility and experiential avoidance (Bond, et al., 2011). The AAQ-II examines participants' ability to accept negative feelings and memories. Items are scored on a 7-point Likert scale (1 = *never true* to 7 = *always true*). Higher scores on the AAQ-II reflect a higher intensity of experiential avoidance and inflexibility. The AAQ-II demonstrated good reliability with a Cronbach's α of 0.84 (Bond, et al., 2011). Additionally, to assess test-retest reliability, one participant group was administered the AAQ-II and administered the assessment 3- and 12-months later. This analysis demonstrated good test-retest reliability for the 3-month administration (r = .81) and at the 12-month administration (r = .79). Regarding validity, Bond et al. (2011) conducted Pearson correlations to provide evidence for concurrent and discriminant validity. This analysis demonstrated that the AAQ-II is concurrently associated with the BDI-II (r = .71), which assesses depressive symptoms. While evidence for discriminant validity demonstrated that the AAQ-II was not significantly associated with the Marlowe-Crowne Social Desirability scale (r = -.09; Bond et al., 2011).

Procedure

Participants will be recruited from an online platform, Reddit. Data will be collected via a self-report survey that will be administered through Qualtrics online survey software. Participants will complete the survey individually on their personal computers or smartphones. The survey consists of 97-items, and it is estimated to take approximately 20 minutes to complete. To begin the survey, participants will be notified about informed consent. To be in

accordance with informed consent, participants will be provided information explaining the survey content, the purpose of the study, the measures taken to inform confidentiality, and the risks and benefits of participating prior to beginning the survey. They will be notified of their right to terminate their participation in the study at any given point with no penalty. Participants will also be warned regarding the sensitive content of the survey and that potential triggers for trauma may be encountered. Specifically, they will be informed that they will be checking off any traumatic experiences they have undergone in the past and that they will not be asked to provide any specific details regarding the traumatic events. Furthermore, the participant will be notified that their names and IP Addresses will not be recorded to preserve confidentiality. A coding method utilizing the randomized numbers will be used to uphold confidentiality and ensure individuals are only counted once. Should participants have any questions regarding informed consent, they will be encouraged to contact the principal investigators via a provided email address. Participants who provide consent will be directed to the survey, while those who decline to provide consent will be automatically directed out of the survey. Once the survey is completed, participants will be provided with the opportunity to be contacted to be entered into a drawing to win two $25 dollar MasterCard gift cards. Participants will be asked to provide an email address in order to be contacted. In order to protect their confidentiality, email addresses will not be matched to participants' survey responses to ensure the participants' identities are protected.

Plan of Analysis

Descriptive statistics, including standard deviations, means, and frequencies, will be calculated for demographic variables, for the primary outcomes (PCL-5, TSDS, LEC-5, EDS-A, AAQ-II), and all covariates. Preliminary analyses will be conducted to examine the relationship

between covariates and our primary outcomes. Chi-square test of independence will be used for differences between groups for categorical variables. Pearson correlations will be used for determining the relationship between trauma exposure and psychological outcomes. Linear regression models will be conducted to examine the cumulative impact of stressors on psychological outcomes and the mediation of experiential avoidance on the cumulative impact of stressors on psychological outcomes. Potential predictors include but are not limited to participant demographics, trauma experiences and exposure variables, and racial discrimination. Those that are significant will then be controlled for as covariates in our analysis. Data will be analyzed using the Statistical Package for Social Sciences (SPSS) – Version 26.

Chapter 3: Results

Descriptive Frequencies

One hundred and fifty individuals participated in the screening portion of the study. Data from twenty-seven individuals were discarded due to errors in responding to the survey. Four individuals did not consent to participate; therefore, their data was not utilized. Screening the participants based on the inclusion criteria (e.g., identify as African American and over the age of 18) yielded a total of 119 participants ($N = 119$).

Descriptive statistics were computed for all demographic variables (see Table 1). As shown in Table 1, the majority of participants identified as female (70.1%) between the ages of 25 – 34 years old (42.9%). Regarding socioeconomic status, 21.8% of participants reported an annual income range of $60,000 - $80,000. Relative to education level, the majority of participants reported receiving a master's degree (24.4%). Respondents reported a large range of life stressors, listed in Table 2. Several stressors were noted including, natural disaster, sexual assault, physical assault, transportation accident, life-threatening illness or injury, and serious accident at work. Regarding cumulative life stressors, 57.6% of participants reported experiencing a traumatic transportation accident, and 43.2% have witnessed life-threatening illness/injury.

Hypothesis 1: The relationship of Life Stressors, Psychological Distress and PTSD

It was hypothesized that increased exposure to life stressors would be correlated with increased psychological distress. The results demonstrate that exposure to life stressors ($M = 12.16$, $SD = 5.81$) was significantly positively correlated with psychological distress as measured by the PHQ-9 ($M = 14.95$, $SD = 4.65$), $r = .33$, $p < .001$. Additionally, it was hypothesized that increased exposure to racial trauma events or experiences would be correlated with increased

psychological distress. The results demonstrate that racial trauma events or experiences (*M* = 43.13, *SD* = 17.39) were significantly positively correlated with psychological distress, $r = .20$, $p = .033$. Furthermore, it was hypothesized that increased exposure and frequency of everyday discrimination would be correlated with increased psychological distress. The results demonstrate exposure and frequency of everyday discrimination (*M* = 20.40, *SD* = 5.41) was not significantly correlated with psychological distress, $r = .16$, $p = .081$. It is noted that the results demonstrated that racial trauma was significantly positively correlated with posttraumatic stress symptoms, $r = .25$, $p = .006$. Regarding experiential avoidance, experiential avoidance was significantly correlated with all variables (see Table 3). It is noted that as the PCL-5 has been validated for diagnosing posttraumatic stress disorder based on cutoff scores ranging from 31 to 33, 55.5% of participants would meet criteria for a posttraumatic stress disorder diagnosis.

Hypothesis 2: Cumulative Impact of Life Stressors on Psychological Outcomes

It was hypothesized that the cumulative impact of life stressors and racial trauma events would negatively impact mental health. A multiple regression was conducted to use cumulative life stressors to predict psychological distress. The result of the regression indicated that the model explained 13.4% of the variance and that the model was a significant predictor of psychological distress, $F(2, 115) = 8.92$, $p < .001$. While cumulative life stressors contributed significantly to the model ($\beta = .251$, $p < .001$), racial trauma did not significantly predict the model ($\beta = .043$, $p = .071$). See Table 4.

A multiple regression was conducted to use cumulative life stressors to predict posttraumatic stress disorder. The results of the regression indicate that the model explained 20.0% of the variance and that the model was a significant predictor for posttraumatic stress

disorder, $F(2, 115) = 14.42$, $p < .001$. Cumulative life stressors ($\beta = .366$, $p < .001$) and racial trauma ($\beta = .219$, $p = .01$) contributed significantly to the model. See Table 5.

Additionally, an analysis was conducted to examine whether posttraumatic stress disorder symptomatology increases as one's number of traumatic experiences increases. Participants were divided into three groups by their number of different types of traumas reported (group 1: 1 traumatic event or fewer; group 2: 2 to 3 traumatic events; group 3: 4 or more traumatic events). It was predicted that posttraumatic stress disorder would be higher when exposed to more traumatic events. A one-way ANOVA was conducted, and the assumption of homogeneity of variances was met (Levene's statistic = .023, $p = .978$). ANOVA results showed that there was not an overall significant difference among the three group means of the number of traumatic events, $F(2, 115) = 2.01$, $p = .139$. Figure 1 demonstrates the mean differences observed between groups for PCL-5 scores.

Hypothesis 3: Mediation of Experiential Avoidance on Psychological Outcomes

It was hypothesized that the cumulative effects of stressors on psychological distress would be mediated by experiential avoidance (3a). A regression (model 1) using cumulative stressors to predict psychological distress showed that cumulative stressors positively predicted psychological distress, $b = .27$, $p < .001$. A regression (model 2) using cumulative stressors to predict the use of experiential avoidance demonstrated that cumulative stressors did not positively predict experiential avoidance, $b = .27$, $p = .098$. Hypothesis 3a was not supported, demonstrating no mediation effect of experiential avoidance between cumulative stressors and psychological distress. Figure 2 demonstrates this mediation analyses.

Additionally, it is hypothesized that the cumulative effects of stressors on posttraumatic stress disorder (PTSD) will be mediated by experiential avoidance (3b). A regression (model 1)

using cumulative stressors to predict posttraumatic stress disorder showed that cumulative stressors positively predicted posttraumatic stress disorder, $b = 1.06$, $p < .001$. A regression (model 2) using cumulative stressors to predict the use of experiential avoidance demonstrated that cumulative stressors did not positively predict experiential avoidance, $b = .27$, $p = .098$. Hypothesis 3b was not supported. This shows no mediation effect of experiential avoidance between cumulative stressors and posttraumatic stress disorder. See Figure 3.

Furthermore, it was hypothesized that racial trauma on psychological distress would be mediated by experiential avoidance (3c). A regression (model 1) using racial trauma to predict psychological distress showed that racial trauma positively predicted psychological distress, $b = .05$, $p < .05$ ($p = .033$). A regression (model 2) using racial trauma to predict experiential avoidance demonstrated that racial trauma positively predicted experiential avoidance, $b = .38$, $p < .001$. In addition, a regression (model 3) using both racial trauma and experiential avoidance to predict psychological distress found that experiential avoidance positively predicted psychological distress, $b = .26$, $p < .001$, and racial trauma remained a significant predictor of psychological distress, $b = -.05$, $p = .105$. A Sobel test indicated that the indirect effect of racial trauma on psychological distress through experiential avoidance was not statistically significant, -1.55, $p = .121$. As the effect of racial trauma was not a significant predictor for psychological distress when experiential avoidance was included in the model, experiential avoidance fully mediated the effect of racial trauma on psychological distress. Hypothesis 3c was supported. This suggests a mediation effect of experiential avoidance between racial trauma and psychological distress. Figure 4 demonstrates this mediation analyses.

Moreover, it was hypothesized that racial trauma on posttraumatic stress disorder (PTSD) would be mediated by experiential avoidance (3d). A regression (model 1) using racial trauma to

predict posttraumatic showed that racial trauma positively predicted posttraumatic stress disorder, $b = .23$, $p < .01$ ($p = .006$). A regression (model 2) using racial trauma to predict experiential avoidance demonstrated that racial trauma positively predicted experiential avoidance, $b = .38$, $p < .001$. In addition, a regression (model 3) using both racial trauma and experiential avoidance to predict posttraumatic stress disorder found that experiential avoidance positively predicted posttraumatic stress disorder, $b = .56$, $p < .01$ ($p = .002$), and racial trauma did not remain a significant predictor of posttraumatic stress disorder, $b = .01$, $p = .899$. A Sobel test indicated that the indirect effect of racial trauma on posttraumatic stress disorder through experiential avoidance was not statistically significant, 0.13, $p = .899$. As the effect of racial trauma was not a significant predictor for posttraumatic stress disorder when experiential avoidance was included in the model, experiential avoidance fully mediated the effect of racial trauma on posttraumatic stress disorder. Hypothesis 3d was supported. This suggests a mediation effect of experiential avoidance between racial trauma and posttraumatic stress disorder. See Figure 5.

Chapter 4: Discussion

The African American community is often confronted with the historical and contemporary reminders of eras in which their community has been systemically separated, marginalized, oppressed, and discriminated. As the aforementioned research has demonstrated, the African American community has to grapple with the historical influences of systematic oppression, which include, but not limited to, the education system, geographic and financial resources, and medical and health care systems. In each of these domains, research has demonstrated that the African American community is at an increased disadvantage than their White counterparts. This limited access to resources and care may further intensify the stressors this community experiences throughout their daily lives. Specifically, African Americans are more likely to be exposed to experiences of racial discrimination than other ethno-racial groups (Comas-Díaz, Hall, & Neville, 2019). This increased exposure to microaggressions, and overt discrimination, and ongoing experiences may lead to a cumulative effect on one's psychological health. Specifically, these accumulative recurring instances of racial discrimination and trauma can lead to increased hypervigilance, avoidance, and posttraumatic stress disorder (PTSD) symptoms (Williams, Printz, & DeLapp, 2018). Furthermore, based on the present research, African Americans are exposed to a variety of traumatic events and experiences, including transportation accidents, physical and sexual assault, life-threatening illness/injury, across their lifespan. When the systemic influences are compounded with the everyday stressors experienced through racial discrimination and trauma, the impact on one's psychological functioning can be detrimental.

Racial Trauma

Racial trauma has been conceptualized as events of danger that relate to real or perceived experiences of racial discrimination (Comas-Díaz, Hall, & Neville, 2019). These experiences may include but are not limited to, witnessing, or experiencing threats of harm and injury and humiliating and shaming events. In the present study, we examined whether racial trauma, as measured by the TSDS, was significantly correlated with psychological distress, as measured by the PHQ-9. The results demonstrated a positive correlation between racial trauma and psychological distress. It is noted that psychological distress encompassed symptoms of depression, including sadness, fatigue, lack of energy, and more. In comparison, the racial trauma measured anxiety-related trauma symptoms, including difficulty relaxing and excessive worrying from experiences of racial/ethnic discrimination. By examining this relationship with these measures, it allowed us to capture a wide spectrum of psychological symptoms to provide a better understanding of this connection. This result highlights the connection between these negative race-related experiences as aversive to their psychological well-being.

Similarly, we examined whether racial trauma was significantly correlated with PTSD related symptoms, as measured by the PCL-5. As this measure is a screening tool for determining a diagnosis of PTSD, it provides an overall total score measure for trauma-related symptoms. One alarming finding of the present study is that more than half (55.5%) of the participants met criteria for a posttraumatic stress disorder diagnosis (PTSD). Additionally, when examining the group mean differences of PCL-5 scores by the number of traumatic experiences, group 1 (1 traumatic event or fewer) obtained a mean score of 35, group 2 (2 to 3 traumatic events) obtained a mean score 40.59, and group 3 (4 or more traumatic events) obtained a mean score of 42.9. While the analyses did not yield significant results each group mean met the

clinical cut off for PTSD. It is noted that the way in which clinicians assess for trauma may have impacted the findings. Particularly, Authors Benuto and Leany (2015) highlighted that current PTSD measures fail to include racism as a response option and primarily focuses on discrete event (Benuto & Leany, 2015). Additionally, as many experiences of racism are cumulative in nature, Benuto and Leany (2015) stated that the subtle forms of racism may lead African Americans to experience a constant vigilance, or "*cultural paranoia*". Similarly, individuals who experience race-related trauma may respond with dissociation which hinders their ability to respond in a functional manner (Benuto & Leany, 2015). Benuto and Leany (2015) demonstrate that individuals who experience race-related trauma, course of psychopathology and symptom presentation may differ from individuals who experience other forms of trauma.

As previously mentioned, due to the systemic separation and marginalization of the African American community, access to care, including mental health care, has plagued. These psychological symptoms may go unrecognized and untreated within this community due to their limited access to care and psychoeducation on psychological symptoms. Additionally, previous researchers have stressed the importance of the conceptualization of racial trauma as a recognized traumatic event or experience for the diagnosis of posttraumatic stress disorder (PTSD). Specifically, Williams, Printz, and DeLapp (2018) stressed that ethnic minorities who have experienced, witnessed, or informed of generational and communal discrimination, should be included as a form of vicarious trauma for the diagnosis of PTSD (Williams, Printz, & DeLapp, 2018). However, these racial/ethnic experiences are not a recognized form of trauma when determining one's psychological distress in this community. In the present study, we examined the relationship between racial trauma and posttraumatic stress disorder symptoms to provide evidence for this need for inclusion for marginalized communities. The results

demonstrated a positive correlation between racial trauma and posttraumatic stress disorder symptoms, providing foundational evidence for the relationship between racial trauma as a criterion A event or experience for a PTSD diagnosis. As the American Psychiatric Association (2013) outlines in the *Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition* (DSM-5), experiencing repeated or extreme exposure to adverse details of the traumatic event, the accumulative recurring instances of racial discrimination and trauma can be classified under this exposure or experience event. Conversely, authors Benuto and Leany (2015) emphasize that as various forms of race-related trauma occur as ongoing low levels of racism, a PTSD diagnoses may not reflect this experience (Benuto & Leany, 2015). It is noted that the aim of this study is not to over-pathologize this marginalized community. The aim of this present research is to shed light on the African American communities' collective experience and provide empirical literature on the impact historical and modern experience of racism has on one's mental health.

Cumulative Life Stressors

Cumulative life stressors are events or experiences that are inherently traumatic and occur across one's lifespan. This concept refers to the compounding effect of multiple life stressors and adversities one experiences. Research has demonstrated the impact of experiences more than one traumatic event or experience can lead to greater disturbances in psychological functioning. Consistent with the literature, the prevalence of exposure to traumatic events or experiences is exceedingly high for this sample. Specifically, the results of the present study demonstrated that the majority of participants (82.35%) have had exposure to two or more traumatic events or experiences. This alarming statistic demonstrates the importance of developing treatment interventions that target cumulative trauma. Particularly, we hypothesized that exposure to cumulative life stressors would be significantly positively correlated with psychological distress,

as measured by the PHQ-9. The results demonstrated a positive correlation between cumulative life stressors and psychological distress, exhibiting the impact of multiple traumatic events or experiences on one's overall psychological functioning. As the literature has demonstrated that instances of racial discrimination and trauma may have a cumulative impact on one's psychological functioning, the present research provides further support for this conceptual relationship.

Experiential Avoidance

As the present research demonstrates the impact of instances of racial discrimination and trauma, exposure to traumatic events or experiences, and cumulative life stressors on one's psychological functioning, the management of these experiences can lead to the implementation of experiential avoidance. Experiential avoidance is the unwillingness to remain in contact with aversive past experience to minimize the psychological impact these experiences may have on one's mental health (Hayes, Wilson, Gifford, Follette, & Strosahl, 1996). In this study, experiential avoidance examined the participants' ability to accept negative feelings and memories, as measured by the AAQ-II. The results of the present research demonstrated a significant positive correlation with experiential avoidance and psychological distress, posttraumatic stress disorder symptoms, instances of discrimination, and racial trauma. These results demonstrate that within the African American community, they are more likely to accept negative emotions and experiences rather than confront their distress. Given the historical and current oppression of African Americans throughout their everyday functioning, they may be more inclined to utilize experiential avoidance as a technique for managing chronic and ongoing stressors. This tendency to utilize experiential avoidance as a method for handling historical and chronic stressors may often be reinforced by modern society at large. Specifically, as

demonstrated throughout American history, society has diminished and avoided their past in addressing racial discrimination and oppression. This predisposition to not discuss racial concerns may reinforce this implementation of experiential avoidance.

Additionally, we hypothesized that the cumulative effects of stressors, including racial trauma and cumulative life stressors, on psychological outcomes, psychological distress, and posttraumatic stress disorder symptoms will be mediated through the utilization of experiential avoidance. The results of the present research demonstrate that experiential avoidance fully mediated the effect of racial trauma on psychological distress and posttraumatic stress disorder symptoms. This mediation effect of experiential avoidance of racial trauma on psychological distress and posttraumatic stress disorder provides evidence for the detrimental impact that not addressing aversive life experiences has on one's psychological well-being. These results demonstrate the evolution of historical and contemporary instances of systemic marginalization has on one's mental health.

One empirically supported psychological intervention that has demonstrated its impact on decreasing experiential avoidance and psychological inflexibility is Acceptance and Commitment Therapy (ACT). ACT is a theoretical orientation derived from Cognitive-Behavioral Therapy (CBT) that strives to increase acceptance and psychological flexibility. As the African American community has been systemically separated, marginalized, oppressed, and discriminated, the utilization of ACT should be on a systemic level rather than an individual client basis. By utilizing ACT through group psychotherapy intervention, will provide an awareness and acceptance of their collective lived experience to assist in minimizing the use of experiential avoidance.

Limitations & Future Directions

Several limitations are present within the current study. As the participant demographic comprised of a majority of individuals who identified as female (70.1%), this limited the ability to examine gender differences. The aim of examining gender differences in the present research was to determine group differences in traumatic experiences or events. Directions for future research should strive to increase recruitment to provide researchers the opportunity to conduct within-group differences analyses. Similarly, the sample size for the present research is limited. While the racial/ethnic demographic was consistent across the sample, greater variability in geographic regions may be beneficial in determining significance of everyday discrimination. Specifically, as there are geographic locations that have a denser population of racial/ethnic minorities, the African American community may experience fewer instances of everyday discrimination when compared to rural areas. Directions for future research should determine the impact of geographic differences for instances of racial discrimination and trauma.

Conclusion

The African American community has experienced a great deal of systemic separation, marginalization, oppression, and discrimination for generations. The present research has demonstrated the negative aversive impact those experiences have on the psychological well-being within the African American community. As experiential avoidance plays a significant role in increasing one's psychological distress within this community, psychological interventions should work toward decreasing avoidance. As these collective experiences have impacted this community as a whole, we should strive more towards addressing this systemic issue to work toward limiting the impact of these historical and contemporary experiences.

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Appendix A

Demographic Questionnaire

1. What is your age?
    a. 18-24 years old
    b. 25-34 years old
    c. 35-44 years old
    d. 45-54 years old
    e. 55-64 years old
    f. 65-74 years old
    g. 75 years or older

2. What best describes your gender identity?
    a. Female
    b. Male
    c. Transgender Female
    d. Transgender Male
    e. Non-binary
    f. Other: ________________________

3. What best describes your ethnicity?
    a. African American/Afro-American
    b. African Caribbean/Afro-Caribbean
    c. African Latin American/Afro-Latinx
    d. African Asian/Afro-Asian
    e. African
    f. Biracial
    g. Other: _________________________

4. What is the highest education you have received?
    a. Less than a High School Diploma
    b. High School Diploma or GED
    c. Some College
    d. Vocational/Technical degree
    e. Associate degree
    f. Bachelor's degree (e.g., BA, BS)
    g. Master's degree (e.g., MA, MS, MEd)
    h. Doctorate degree (e.g., PhD, EdD)

5. On average, what is your yearly household income?
    a. Less than $20,000
    b. $20,000-40,000
    c. $40,000-60,000
    d. $60,000-80,000
    e. $80,000-100,000

    f. $100,000+
    g. Prefer not to say

6. What is your current relationship status?
    a. Single (never married)
    b. Married
    c. Separated
    d. Divorced
    e. Widowed

7. How many children do you have?
    a. 0
    b. 1
    c. 2
    d. 3
    e. 4
    f. 5+

8. What is your current living arrangement?
    a. Living alone
    b. Living with a spouse or partner
    c. Living with roommate(s)
    d. Living with immediate family
    e. Living with your adult child
    f. Living with your extended family

9. Which of the following best describes the area you live in?
    a. Urban
    b. Suburban
    c. Rural

10. What is your current employment status?
    a. Employed full-time (40+ hours a week)
    b. Employed part-time (less than 40 hours a week)
    c. Unemployed (currently looking for work)
    d. Unemployed (not currently looking for work)
    e. Homemaker
    f. Student
    g. Self-employed
    h. Retired
    i. Disabled or Unable to work

11. What is your religious affiliation?
    a. Catholicism
    b. Baptist/Southern Baptist
    c. Evangelical

d. Jehovah Witness
e. Other Christian Denomination
f. Judaism
g. Islamic
h. Hinduism
i. Other: ___________

12. How often do you attend church or other religious meetings?
    a. More than once a week
    b. Once a week
    c. A few times a month
    d. A few times a year
    e. Once a year or less
    f. Never

13. If you were having personal problems who would you reach out to for support? Please check all that apply.
    a. Friends
    b. Family
    c. Clergy, Pastor, Rabbi, Imam, or Other religious leader
    d. Mental health provider
    e. Medical provider
    f. None of the above
    g. Other: ___________

Patient Health Questionnaire – 9

<u>Instructions:</u> Over the last ***two weeks***, how often have you been bothered by any of the following?

	Not at all (0)	**Several days (1)**	**More than half the days (2)**	**Nearly every day (3)**
1. Little interest or pleasure in doing things				
2. Feeling down or depressed				
3. Trouble falling or staying asleep				
4. Feeling tired or having little energy				
5. Poor appetite or overeating				
6. Feeling bad about yourself; or that you are a failure or have let your family down				
7. Trouble concentrating on things, such as reading the newspaper or watching the television				
8. Moving or speaking so slowly that other people could have noticed. Or the opposite, being so fidgety or restless that you have been moving around a lot more than usual				
9. Thoughts you would be better off dead, or of hurting yourself				

If you checked off any of the problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with people?

Not difficult at all
Somewhat difficult
Very difficult
Extremely difficult

Life Events Checklist for DSM-5

Instructions: Listed below are a number of difficult or stressful things that sometimes happen to people. For each event check one or more of the boxes to the right to indicate that: (a) it happened to you personally; (b) you witnessed it happen to someone else; or (c) it doesn't apply to you.

Be sure to consider your *entire life* (growing up as well as adulthood) as you go through the list of events.

Event	Happened to me	Witnessed it	Doesn't apply
1. Natural disaster (for example, flood, hurricane, tornado, earthquake			
2. Fire or explosion			
3. Transportation accident (for example, car accident, boat accident, train wreck, plane crash)			
4. Serious accident at work, home, or during recreational activity			
5. Exposure to toxic substance (for example, dangerous chemicals, radiation)			
6. Physical assault (for example, being attacked, hit, slapped, kicked, beaten up)			
7. Assault with a weapon (for example, being shot, stabbed, threatened with a knife, gun, bomb)			
8. Sexual assault (rape, attempted rape, made to perform any type of sexual act through force or threat of harm)			
9. Other unwanted or uncomfortable sexual experience			
10. Combat or exposure to a warzone (in the military or as a civilian)			
11. Captivity (for example, being kidnapped, abducted, held hostage, prisoner of war)			
12. Life-threatening illness or injury			
13. Severe human suffering			
14. Sudden violent death (for example, homicide, suicide)			
15. Sudden accidental death			
16. Serious injury, harm, or death you caused to someone else			
17. Any other very stressful event or experience			

Posttraumatic Stress Disorder Checklist for DSM-5

Instructions: Below is a list of problems and complaints that individuals sometimes have in response to stressful life experiences. Please read each one carefully, put a mark each item to indicate how much you have been bothered by that problem *in the last month*.

List your most stressful life event: ______________________

In the past month, how much were you bothered by:	Not at all (1)	A little bit (2)	Moderatel y (3)	Quite a bit (4)	Extremely (5)
1. Repeated, disturbing memories, thoughts, or images of a stressful experience?					
2. Repeated, disturbing dreams of a stressful experience?					
3. Suddenly feeling or acting as if the stressful experience were happening again (as if you were actually back there reliving it)?					
4. Feeling very upset when something reminded you of a stressful experience?					
5. Having strong physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of a stressful experience?					
6. Avoiding memories, thoughts, or feelings related to the stressful experience?					
7. Avoiding external reminders of the stressful experience (e.g., people, places, conversations, activities, objects, or situations)?					
8. Trouble remembering important parts of a stressful experience?					
9. Having strong negative beliefs about yourself, other people, or the world?					

10. Blaming yourself or someone else for the stressful experience or what happened after it?					
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?					
12. Loss of interest in things that you used to enjoy?					
13. Feeling distant or cut off from other people?					
14. Trouble experiencing positive feelings (e.g., being unable to feel happiness or have loving feelings for people close to you)?					
15. Irritable behavior, angry outbursts, or acting aggressively?					
16. Taking too many risks or doing things that could cause you harm?					
17. Being “super alert” or watchful or on guard?					
18. Feeling jumpy or easily startled?					
19. Having difficulty concentrating?					
20. Trouble falling or staying asleep?					

Trauma Symptoms of Discrimination Scale

Instructions: Please read each item carefully, mark each item to indicate whether following an instance of racial/ethnic discrimination, how often have any of the following experiences happened to you.

Due to past experiences of racial/ethnic discrimination…

Response	**Never (1)**	**Rarely (2)**	**Sometimes (3)**	**Often (4)**
1. I often worry too much about different things.				
2. I often try hard not to think about it or go out of my way to avoid.				
3. I often fear embarrassment.				
4. I often feel nervous, anxious, or on edge, especially around certain people.				
5. I often feel afraid as if something awful might happen.				
6. I often have nightmares about the past experience or think about it when I do not want to.				
7. I often have trouble relaxing.				
8. I often feel numb or detached from others, activities, or my surroundings.				
9. I often avoid certain activities in which I am the center of attention.				
10. I often cannot stop or control my worrying.				
11. I often find that being embarrassed or looking stupid are one of my worst fears.				
12. I often become easily annoyed or irritable.				
13. I often feel constantly on guard, watchful, or easily startled, especially				

around certain people or places.				
14. I often feel so restless that it is hard to sit still.				
15. I feel the world is an unsafe place.				
16. In social situations I feel a rush of intense discomfort, and may feel my heart pounding, muscles tense up, or sweat.				
17. I feel isolated and set apart from others.				
18. I avoid certain situations or speaking to certain people.				
19. If I think about past experiences of discrimination, I cannot control my emotions.				
20. I am nervous in social situations and am afraid people will notice that I am swearing, blushing, or trembling.				
21. Fear of social situations causes me a lot of problems in my daily functioning.				

Everyday Discrimination Scale – Adapted

Instructions: Please read each item carefully, mark each item to indicate whether in your day-to-day life, how often have any of the following things happened to you.

	Never (1)	**Rarely (2)**	**Sometimes (3)**	**Often (4)**
1. Are you treated with less respect than other people?				
2. Do you receive poorer service in restaurants or stores?				
3. Do people act as if they are better than you?				
4. Do people act as if they are afraid of you?				
5. Are you called names or insulted?				
6. Are you threatened or harassed?				
7. Do people act as if you are not smart?				
8. Do people act as if you are dishonest?				
9. Are you treated with less courtesy than other people?				

Acceptance and Action Questionnaire – II

Instructions: Below you will find a list of statements. Please rate how true each statement is for you by using the scale below to mark your choice.

	Never true (1)	**Very Seldom True (2)**	**Seldom True (3)**	**Sometimes True (4)**	**Frequently True (5)**	**Almost Always True (6)**	**Always True (7)**
1. My painful experiences and memories make it difficult for me to live a life that I would value.							
2. I'm afraid of my feelings.							
3. I worry about not being able to control my worries and feelings.							
4. My painful memories prevent me from having a fulfilling life.							
5. Emotions cause problems in my life.							
6. It seems like most people are handling their lives better than I am.							
7. Worries get in the way of my success.							

Appendix B

Table 1

Descriptive Frequencies for Demographic Variables

Baseline characteristics	n	%	Full Sample		
			N	*M*	*SD*
Gender			117	1.74	.548
Male	34	29.1%			
Female	82	70.1%			
Non-binary	1	0.9%			
Age			119	3.03	1.24
18 – 24 years old	4	3.4%			
25 – 34 years old	51	42.9%			
35 – 44 years old	23	19.3%			
45 – 54 years old	25	21.0%			
55 – 64 years old	11	9.2%			
65 – 74 years old	5	4.2%			
Marital Status			119	1.85	.945
Single	48	40.3%			
Married	55	46.2%			
Separated	3	2.5%			
Divorced	12	10.1%			
Widowed	1	0.8%			
Number of Children			119	2.10	1.32
0	50	42.0%			
1	37	31.1%			
2	15	12.6%			
3	8	6.7%			
4	5	4.2%			
5 or more	4	3.4%			
Residential Status			119	2.26	1.15
Living alone	28	23.5%			
Living with a spouse or partner	61	51.3%			
Living with roommate(s)	8	6.7%			
Living with immediate family	18	15.1%			
Living with an adult child	1	0.8%			
Living with extended family	3	2.5%			
Education Level			119	5.52	1.99
Less than a High School Diploma	1	0.8%			
High School Diploma or GED	8	6.7%			
Some College	19	16.0%			
Vocational/Technical Degree	11	9.2%			

Associate Degree	12	10.1%			
Bachelor's Degree	18	15.1%			
Master's Degree	29	24.4%			
Doctorate Degree	21	17.6%			
Employment Status			118	2.32	2.25
Employed full-time	73	61.9%			
Employed part-time	18	15.3%			
Unemployed	5	4.2%			
Student	9	7.6%			
Self-employed	8	6.8%			
Retired	5	4.2%			
Annual Income			119	3.94	1.64
Less than $20,000	5	4.2%			
$20,000 - $40,000	22	18.5%			
$40,000 - $60,000	24	20.2%			
$60,000 - $80,000	26	21.8%			
$80,000 - $100,000	17	14.3%			
$100,000 or more	16	13.4%			
Prefer not to say	9	7.6%			
Geographic Location			119	1.76	0.66
Urban Area	44	37.0%			
Suburban Community	60	50.4%			
Rural Area	15	12.6%			
Religion Affiliation			119	4.63	2.78
Catholicism	15	12.6%			
Baptist/Southern Baptist	38	23.5%			
Evangelical	4	3.4%			
Jehovah Witness	3	2.5%			
Other Christian Denomination	37	31.1%			
Judaism	3	2.5%			
Islamic	4	3.4%			
Other	25	21.0%			
Church Attendance			119	3.57	1.54
More than once a week	10	8.4%			
Once a week	26	21.8%			
A few times a month	22	18.5%			
A few times a year	25	21.0%			
Once a year or less	19	16.0%			
Never	17	14.3%			

Table 2

Descriptive Frequencies for the Life Events Checklist - 5 (LEC-5)

Type of Traumatic Event	Witnessed		Happened	
	n	%	n	%
Natural disaster	41	34.7%	48	40.7%
Fire or explosion	35	29.7%	21	17.8%
Transportation accident	23	19.5%	68	57.6%
Serious accident at work	39	33.1%	25	21.2%
Exposure toxic substance	11	9.4%	19	16.2%
Physical assault	36	30.8%	40	34.2%
Assault with a weapon	33	28.0%	21	17.8%
Sexual Assault	20	16.9%	30	25.4%
Other sexual experience	23	19.5%	53	44.9%
Combat/warzone exposure	22	19.0%	10	8.6%
Captivity	17	14.5%	3	2.6%
Life-threatening illness/injury	51	43.2%	23	19.5%
Severe human suffering	44	37.3%	11	9.3%
Sudden violent death	47	39.8%	7	5.9%
Sudden accidental death	47	40.2%	7	6.0%
Serious injury/harm caused	21	18.1%	6	5.2%
Other very stressful event	27	22.9%	57	48.3%

Table 3

Means, Standard Deviations, and Correlations for Variables

Variable	*M*	*SD*	1	2	3	4	5	6
1. Psychological Distress	14.95	4.65	-					
2. Posttraumatic Stress Disorder	40.67	15.66	.651**	-				
3. Everyday Discrimination	20.40	5.41	.161	.318**	-			
4. Racial Trauma	43.13	17.37	.196*	.251**	.440**	-		
5. Experiential Avoidance	16.46	10.29	.459**	.374**	.458**	.647**	-	
6. Lifetime Stressors	12.16	5.81	.331**	.391**	.105	.113	.153	-

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

Table 4

Multiple Regression Analysis for Cumulative Life Stressors and Psychological Distress

	R	R^2	*SE* Estimate	*b*	*SE*	β	t
Model 1	.37	.13	4.38				
Racial Trauma				.04	.02	.159	1.82
Cumulative Life Stressors				.25	.07	.313	3.58**

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

Table 5

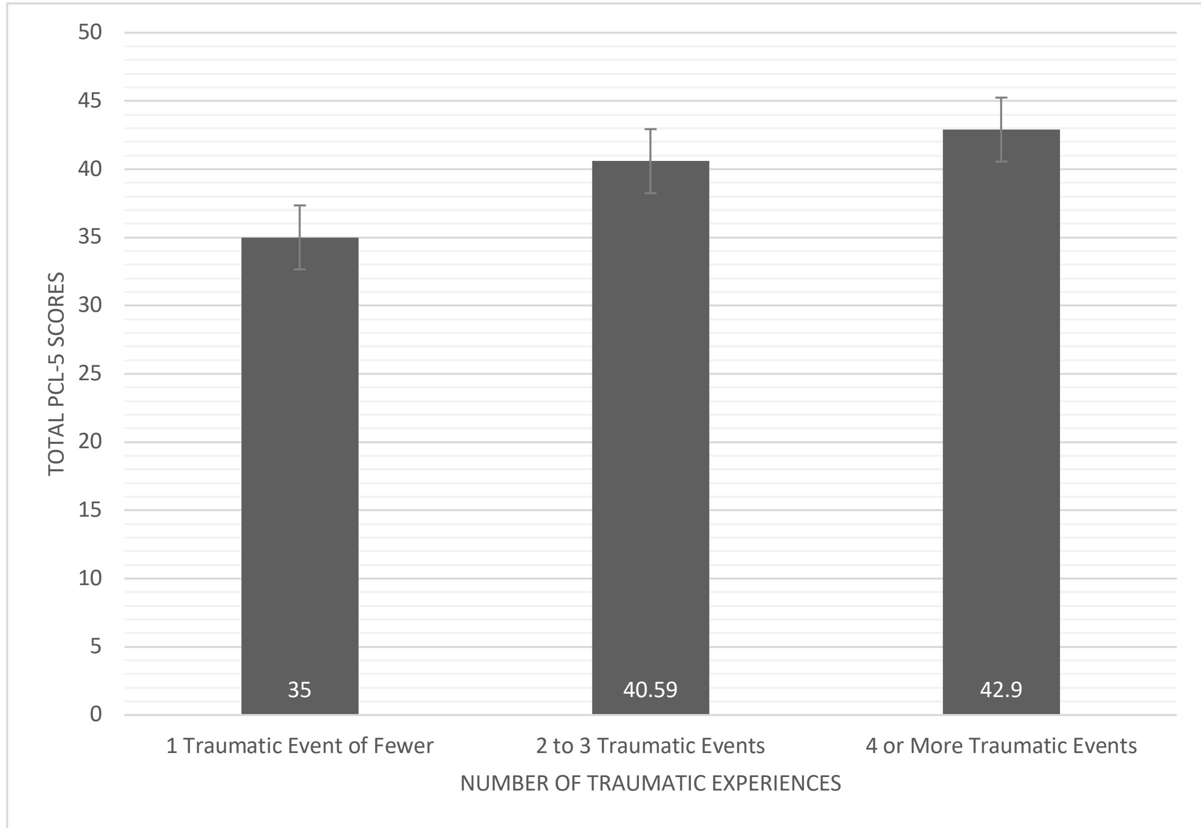
Multiple Regression Analysis for Cumulative Life Stressors and Posttraumatic Stress Disorder

	R	R^2	*SE* Estimate	*b*	*SE*	β	t
Model 1	.45	.20	14.15				
Racial Trauma				.20	.08	.219	2.61*
Cumulative Life Stressors				.99	.23	.366	4.37**

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

Figure 1

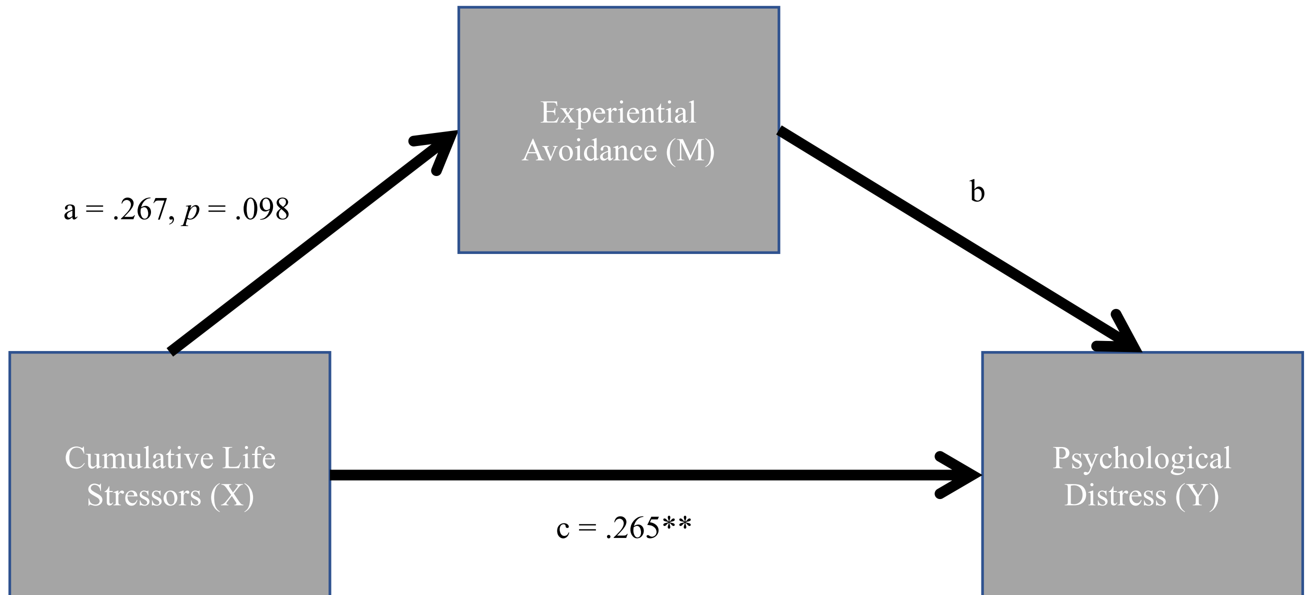
Group Mean Analyses of Total PCL-5 scores and Number of Traumatic Experiences



Note. No significant difference demonstrated in group mean analyses. Error bars show standard errors.

Figure 2

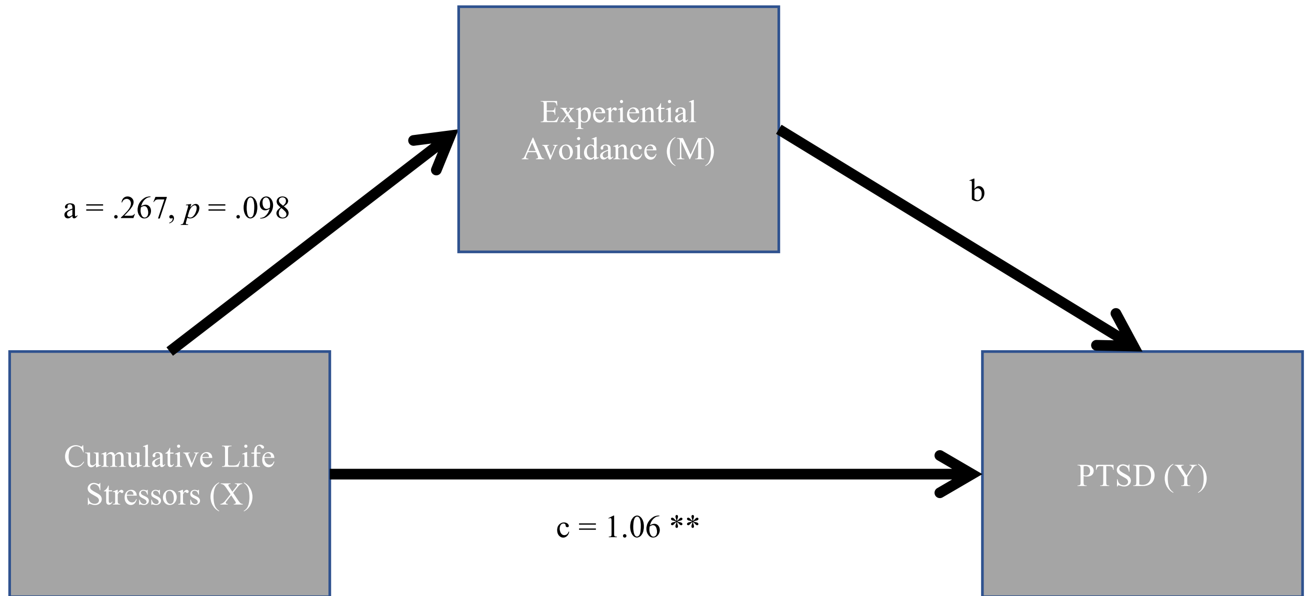
Mediation Analysis: Experiential Avoidance on Cumulative Life Stressors and Psychological Distress



Note. No mediation effect demonstrated. X = Predictor, M = Mediator, Y = Outcome. *p < .05, ** < .01.

Figure 3

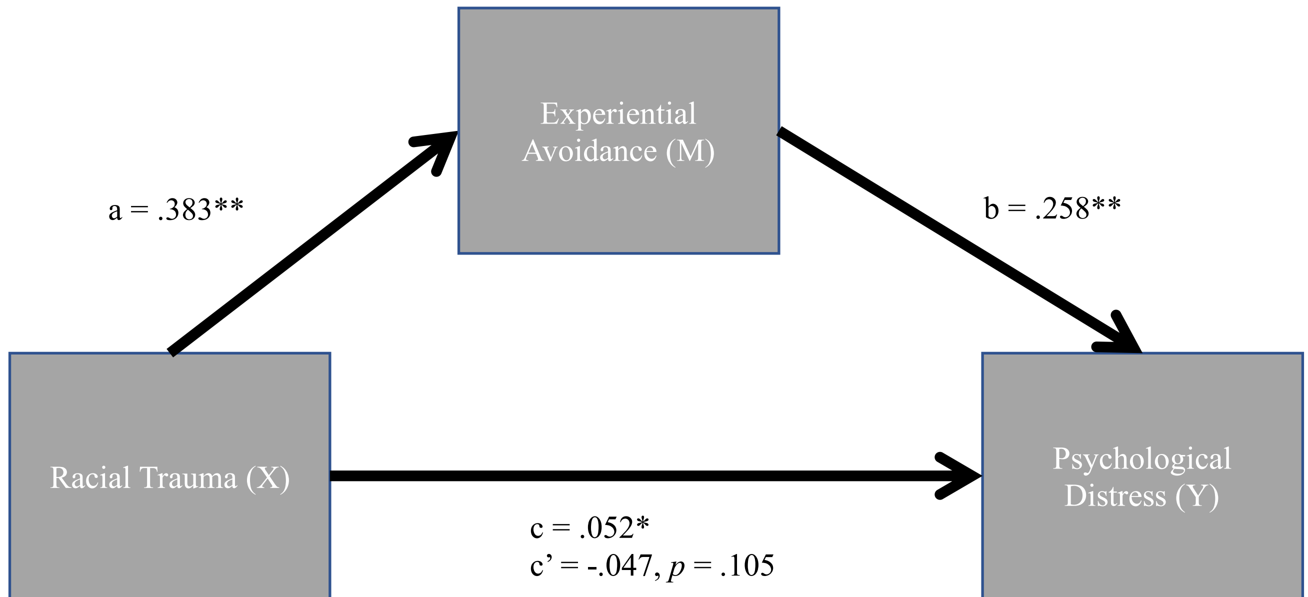
Mediation Analysis: Experiential Avoidance on Cumulative Life Stressors and PTSD



Note. No mediation effect demonstrated. X = Predictor, M = Mediator, Y = Outcome. *p < .05, ** < .01.

Figure 4

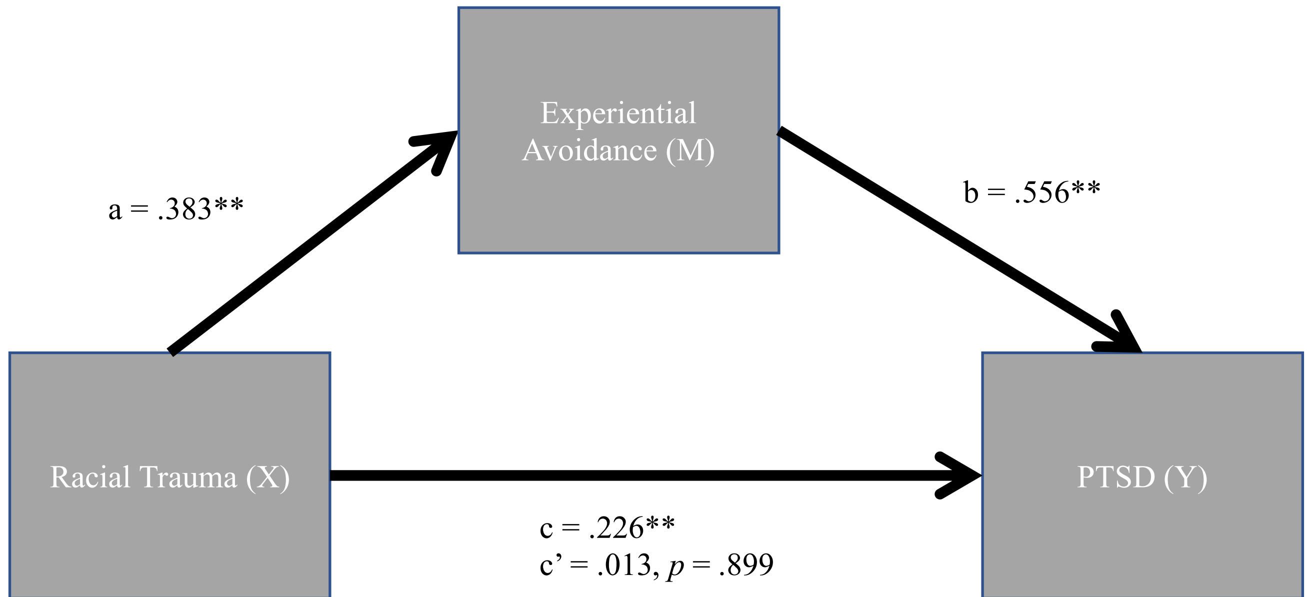
Mediation Analysis: Experiential Avoidance on Racial Trauma and Psychological Distress



Note. Figure demonstrates a full mediation effect. X = Predictor, M = Mediator, Y = Outcome.
*p < .05, ** < .01.

Figure 5

Mediation Analysis: Experiential Avoidance on Racial Trauma and PTSD



Note. Figure demonstrates a full mediation effect. X = Predictor, M = Mediator, Y = Outcome.
*p < .05, ** < .01.