

# The Effects of Gendered Racial Microaggressions on Black Women Workers' Mental Health

Tiffany R. Williams, Indiana University, Christy L. Erving, University of Texas at Austin, Raymond Popplewell, Tennessee State University

## INTRODUCTION

- Gendered Racial Microaggressions** (Lewis & Neville, 2015)
- Assumptions of beauty and sexual objectification
  - Being silenced and marginalized
  - Strong Black women stereotype
  - Angry Black women stereotype

### Impacts on Mental Health

- Depression (Burton et al., 2024; Erving et al., 2022; Stanton et al., 2022)
- Worry and Anxiety (Burke et al., 2022; Williams et al., 2025; Wright & Lewis, 2020)
- Traumatic Stress (Moody & Lewis, 2019; Watson & Henderson, 2022; Williams et al., 2023)

### Mastery as Protective Factor

- Sense of control over one's own life can reduce stress deriving from discrimination; related to resilience and positive well-being.

## CURRENT STUDY

### Biopsychosocial Model of Gendered Racism

- Gendered microaggressions contribute to poor mental and physical health outcomes for Black women.
- This study was part of a larger study (N=422) and data was collected from December 2022 to January 2023.

### Hypotheses

- Greater experiences (i.e., frequency) and perceived stressfulness (i.e., appraisal) of gendered racial microaggressions will be associated with increased symptoms of anxiety, depression, stress, and traumatic stress.
- Mastery will moderate this association and produce a weaker association for gendered racial microaggressions on mental health for Black women workers with higher levels of mastery.

## MATERIALS AND METHODS

### Participants and Procedure

- Black employed women (N=258), mostly single and 18-45 years
- 55% were parents, 49% Educated, 50% lived in southern U.S.
- 67% earned \$20,000-\$49,000 annually
- Qualtrics recruited and paid participants \$10 for participation

### Measures

- Gendered Racial Microaggressions (GRMS) (Lewis & Neville, 2015)
- Depression, Anxiety, and Stress Scale (Lovibond & Lovibond, 1995)
- Posttraumatic Stress Disorder Checklist-5 (PCL-5) (Weathers et al., 2013)
- Pearlin Mastery Scale (Pearlin & Schooler, 1978)

## RESULTS

**Table 1: OLS Regression of the Association between Gendered Racial Microaggressions Subscales and Mental Health (N = 258)**

	Model 1: Anxiety Symptoms	Model 2: Depression Symptoms	Model 3: Stress Symptoms	Model 4: Trauma Symptoms
Assumptions of Beauty & Sexual Objectification	1.382** (.46)	1.356** (.51)	1.061* (.45)	3.264* (1.45)
Silenced and Marginalized	.683 (.46)	.592 (.51)	.754 (.45)	2.132 (1.46)
Strong Black Woman Stereotype	-1.036** (.37)	-1.150** (.41)	-1.084** (.37)	-.708 (1.18)
Angry Black Woman Stereotype	.927* (.37)	.966* (.41)	1.037** (.37)	.279 (1.17)
Constant	4.739** (1.44)	5.518*** (1.59)	7.809*** (1.41)	28.78*** (4.53)
R <sup>2</sup>	.326	.297	.332	.246

Source: Racial Stress and Gendered Racism among Black Women Study, 2022-2023  
Standard errors in parentheses  
\* p < 0.05, \*\* p < 0.01, \*\*\* p < 0.001  
All models adjust for age, region, sexual minority status, relationship status, number of household members, parental status, household income, and educational attainment.

**Table 2: OLS Regression of the Association between Gendered Racial Microaggressions Scale (GRMS) Stress Appraisal and Mental Health (N = 258)**

	Model 1: Anxiety Symptoms	Model 2: Depression Symptoms	Model 3: Stress Symptoms	Model 4: Trauma Symptoms
GRMS Appraisal	1.936*** (.28)	2.088*** (.30)	1.958*** (.27)	6.118*** (.82)
Constant	3.769* (1.50)	3.796* (1.60)	6.401*** (1.44)	23.41*** (4.41)
R <sup>2</sup>	.284	.299	.318	.299

Source: Racial Stress and Gendered Racism among Black Women Study, 2022-2023  
Standard errors in parentheses  
\* p < 0.05, \*\* p < 0.01, \*\*\* p < 0.001  
All models adjust for age, region, sexual minority status, relationship status, number of household members, parental status, household income, and educational attainment.

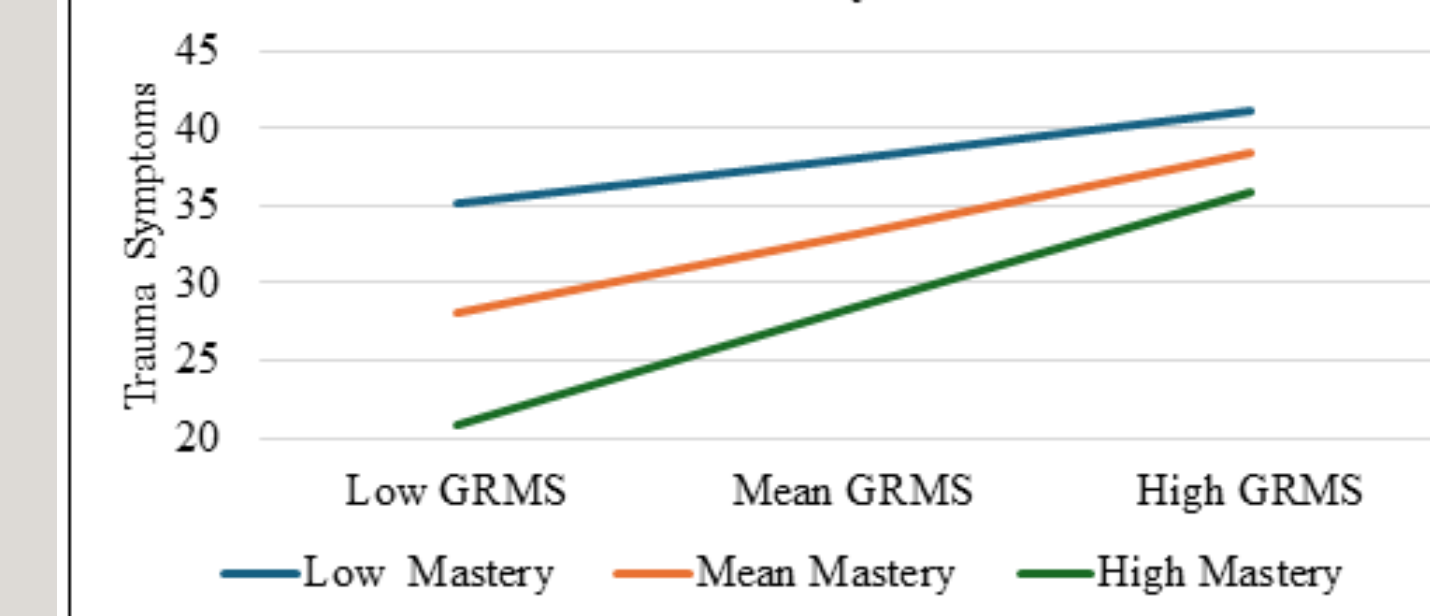
**Table 3: OLS Regression of the Association between Gendered Racial Microaggressions Scale (GRMS) Subscales Stress Appraisal and Mental Health (N = 258)**

	Model 1: Anxiety Symptoms	Model 2: Depression Symptoms	Model 3: Stress Symptoms	Model 4: Trauma Symptoms
Assumptions of Beauty and Sexual Objectification	1.782*** (.53)	1.924*** (.57)	1.193* (.51)	5.779*** (1.56)
Silenced and Marginalized	.768 (.46)	.537 (.50)	.994* (.45)	2.637 (1.36)
Strong Black Woman Stereotype	-.570 (.49)	-.542 (.52)	-.380 (.47)	-1.792 (1.43)
Angry Black Woman Stereotype	-.174 (.42)	.0691 (.46)	.0595 (.41)	-.935 (1.24)
Constant	4.147** (1.50)	4.051* (1.61)	6.602*** (1.45)	24.76*** (4.39)
R <sup>2</sup>	.303	.315	.330	.326

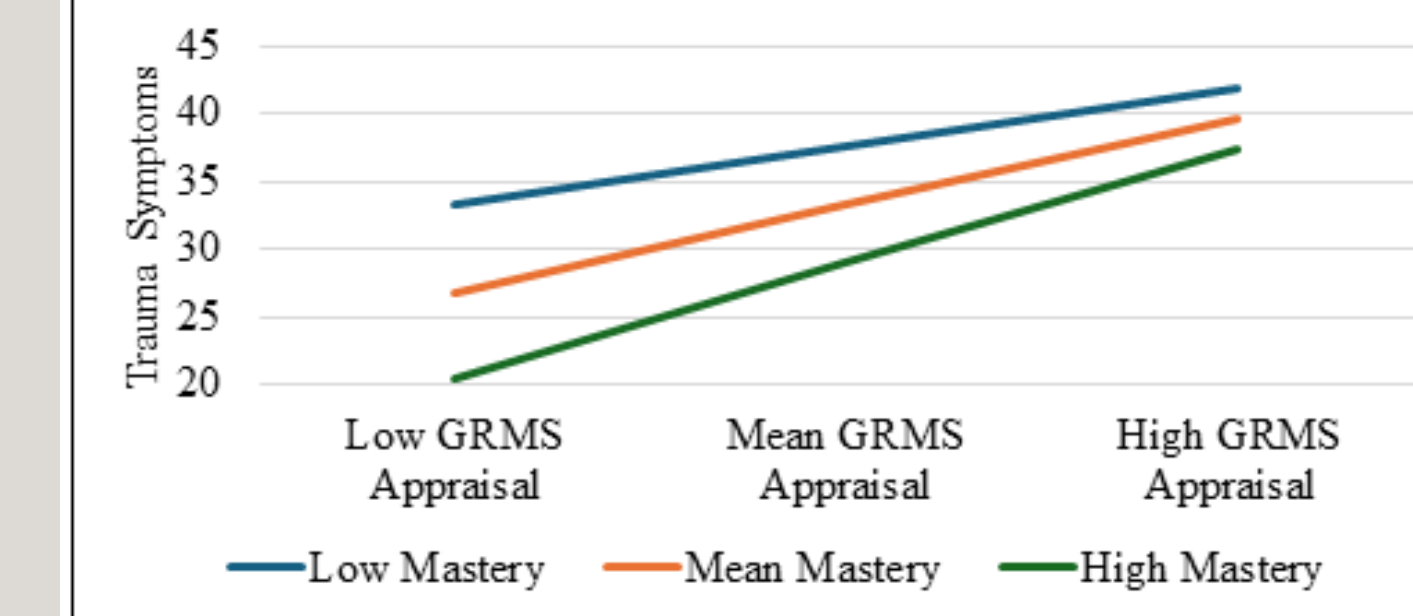
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## MASTERY AS A PROTECTIVE FACTOR

**Figure 1: Interaction between Gendered Racial Microaggressions (GRMS) Frequency and Mastery**



**Figure 2: Interaction between Gendered Racial Microaggressions (GRMS) Appraisal and Mastery**



## DISCUSSION

### Hypothesis 1

- The findings support our first hypothesis that greater experiences (and appraisal) of GRMs would be significantly associated with increased symptoms of depression, anxiety, stress, and trauma.
- Assumptions of Beauty and Sexual Objectification had the largest and most robust impact on all mental health outcomes.

### Hypothesis 2

- Partially supported in that high mastery and low GRMs (frequency or appraisal) experience the lowest risk of trauma symptoms.
- When Black women workers have low mastery and high GRMs (frequency and appraisal), their trauma symptoms are elevated (with twice the trauma symptoms predicted score of their counterparts with high mastery, low GRMs).

### Conclusions

- These findings carry significant contemporary relevance given the evolving sociopolitical landscape.
- The Strong Black Woman Stereotype was associated with lower anxiety, stress, and depression symptoms.
- Health Service Professionals who interact with Black women workers must help foster a sense of mastery.

## IMPLICATIONS

The absence of mandated DEI initiatives are likely to exacerbate Black women workers' vulnerability to mental health conditions.

Health service professionals must recognize the critical role of work in shaping Black women's quality of life, functioning, and how workplace stressors exert a direct influence on their mental health.