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"It's The Skin You're In": African-American Women Talk About Their Experiences of Racism. An Exploratory Study to Develop Measures of Racism for Birth Outcome Studies

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Abstract

Objectives—Stress due to experiences of racism could contribute to African-American women's adverse birth outcomes, but systematic efforts to measure relevant experiences among childbearing women have been limited. We explored the racism experiences of childbearing African-American women to inform subsequent development of improved measures for birth outcomes research.

Methods—Six focus groups were conducted with a total of 40 socioeconomically diverse African-American women of childbearing age in four northern California cities.

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Results—Women reported experiencing racism (1) throughout the lifecourse, with childhood experiences seeming particularly salient and to have especially enduring effects (2) directly and vicariously, particularly in relation to their children; (3) in interpersonal, institutional, and internalized forms; (4) across different life domains; (5) with active and passive responses; and (6) with pervasive vigilance, anticipating threats to themselves and their children.

Conclusions—This exploratory study's findings support the need for measures reflecting the complexity of childbearing African-American women's racism experiences. In addition to discrete, interpersonal experiences across multiple domains and active/passive responses, which have been measured, birth outcomes research should also measure women's childhood experiences and their potentially enduring impact, perceptions of institutionalized racism and internalized negative stereotypes, vicarious experiences related to their children, vigilance in anticipating future racism events, as well as the pervasiveness and chronicity of racism exposure, all of which could be sources of ongoing stress with potentially serious implications for birth outcomes. Measures of racism addressing these issues should be developed and formally tested.

Keywords

Race; Racism; Birth outcomes; African-American women

Background

Low birthweight (<2,500 g) and preterm delivery (<37 weeks) are two to three times more likely among African-Americans than Non-Hispanic Whites [1], a difference that has not been explained by well-established risk factors [2,3]. These adverse birth outcomes predict infant mortality, as well as numerous other adverse outcomes across the life course, including child developmental deficits such as lower cognitive and educational achievement, and adult cardiovascular disease and diabetes [4–6]. Infections have been frequently cited as a potential explanation for these disparities. However, evidence on the role of infections is inconclusive [7,8]. Further, a solely genetic explanation is unlikely given the favorable birth outcomes of immigrant black women [9,10]. Attention is now being paid to the social context of pregnancy [11]. Within this context, racism has been hypothesized as a potential contributor to racial disparities in birth outcomes [3,12–22].

While definitions of racism vary [23–26], all include the notion of unequal treatment based on skin color or other physical characteristics. Because these characteristics are immutable and often central to one's identity, racism constitutes a profoundly personal and severe threat to well-being [27]. We use “experiences of racism” to refer to a range of both direct and indirect experiences of unequal treatment based on race/ethnicity or skin color. Such experiences include thoughts and emotions about past and/or current race-based unfair treatment of oneself or others in one's group, as well as fear or anxiety about unfair treatment in the future.

Within the last decade, self-reported experiences of racism have been empirically linked with up to three-fold increases in adverse birth outcomes including low birth-weight, very low birthweight, and preterm delivery [13,19,28,29]. One recent study highlighted the importance of the life stage in which women's racism experiences occur [29]. Another study found that less educated Black women who reported experiencing racism were at higher risk for pre-term delivery than their more educated counterparts, suggesting that socioeconomic status (SES) may moderate the relation between racism and birth outcomes [20].

It is biologically plausible that racism could affect health, including birth outcomes, through physiologic pathways involving stress [8]. Racism is typically conceptualized in health research as a psychosocial stressor [24,30]. Stress is a multidimensional construct involving

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exposure to a stressor, appraisal of its threat, and the cognitive, emotional, behavioral, and physiological responses corresponding to that appraisal [31]. Over time, adaptational responses to stressors, especially chronic or severe stressors, may produce physiologic wear and tear, or *allostatic load*, which can erode the body's ability to regulate key biological systems, thereby increasing disease susceptibility [32]. Several studies have noted an accelerated decline in African-American women's reproductive health with aging [33–35], which may reflect stress-related changes in neuroendocrine, immune, and/or cardiovascular functioning in response to chronic racism exposure [33–35]. One study showed that compared to White women, African American women have higher levels of allostatic load and experience premature physiologic aging during their reproductive years [36].

African-Americans have shown increased cardiovascular reactivity in response to racist stimuli in laboratory settings [37]. Both shorter gestational length and lower birthweight have been associated with greater blood pressure reactivity to a laboratory stressor in low-risk pregnant women [38]. African-American women have the highest rates of all racial/ethnic groups of hypertensive disorders in pregnancy [39]. African-American pregnant women also have the highest incidence of bacterial vaginosis, a urogenital infection linked to premature rupture of membranes, preterm labor and preterm delivery [40,41], which has been associated recently with chronic stress in pregnant women [42]. Racism-related stress may also damage maternal and infant health by contributing to unhealthy coping behaviors, such as smoking [43] and alcohol consumption [44], both of which may be harmful to pregnancy.

Though research in this area is in its infancy, evidence of the effects of racism on the poor birth outcomes of African American women is growing. Findings, however, are mixed, which may owe in part to variations in measures used to assess racism. Measures of racism in published birth outcome studies have primarily explored discrete direct interpersonal events across life domains [3,12–22]. Some investigators focus on recent experiences, while others assess whether a woman has “ever” experienced racism [12,14,15,19–21,27,45], and a few have examined coping responses [13,15,19,21]. In addition to these factors, awareness of the ever-present possibility of discriminatory treatment may itself be a chronic stressor for people of color [46]. Moreover, accumulating literature on the health consequences of childhood stress [47–56] underscores the importance of considering racism experiences early in the life course [29]. Gender- and social role-related differences in experiences of racism also may be important [28,30], particularly a mother's sense of obligation to protect her children from racism [16]. We were not able to identify birth outcome studies that have examined these latter issues. To inform the systematic development of more comprehensive measures of racism relevant to the experiences of African-American women of childbearing age, we conducted an exploratory qualitative investigation as a first step toward subsequently developing, testing, and using those measures to examine the role of racism in birth outcome disparities.

Methods

This study was approved by the University of California San Francisco Committee on Human Research. Using methods based on modified grounded theory [57,58], we conducted six focus groups (5–10 women per group) with a total of 40 African-American women of childbearing age in San Francisco, Oakland, Berkeley, and Sacramento from May 2004 to April 2005. Focus groups are particularly well-suited for studying stigma-related experiences [59] and for research with ethnic minorities, who may minimize or deny discrimination experiences when queried individually, to appear less vulnerable [60,62]. By emphasizing shared experiences, focus groups may lessen participants’ discomfort with disclosing personal victimization [61].

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Adult women (age 19 or older) with children under age 15, including pregnant women, who self-identified as African-American were eligible to participate. We aimed to recruit a socioeconomically diverse sample to better capture the range of racism experiences African-American women may encounter. To that end, we employed a purposive sampling strategy augmented with snowball sampling techniques. Partners with the public health departments/divisions of San Francisco, Sacramento, and Berkeley helped recruit lower SES women through the California Black Infant Health (BIH) Program, a state-supported prenatal outreach program targeting high-risk African-American women, and the Women, Infants and Children (WIC) nutritional supplementation program. Higher SES women were recruited through professional groups/networks and sororities. Eligible women who consented to participate were assigned to focus groups according to recruitment source (public programs versus other), to increase the likelihood that participants would engage more easily in conversation with one another [63].

Data Collection

Each focus group was staffed by one facilitator and, for completeness and accuracy, two note-takers [64], all of whom were African-American women. Focus groups were approximately two hours long, audio-taped, and subsequently transcribed. After each focus group session, participants completed questionnaires providing sociodemographic information, including age, income, education, number of children, and household size. Each participant was paid $50 and childcare was provided.

A semi-structured interview guide was developed by the “Measures of Racism Working Group,” which consisted of the study investigators and our health department partners. The guide included open-ended questions intended to engage women in freely discussing their experiences with racism. For example, women were asked, “Now we would like you to think about particular experiences that you or someone close to you may have had with race or racism. Have you ever felt that you, or someone close to you, have ever been treated differently from others because of race?” A formal definition of racism was intentionally not given to avoid artificially constraining the way women understood “racism”. Additional probes focused on childhood (under age 12) and adolescence (ages 12–19) and on emotional, somatic, cognitive, and behavioral responses to racism experiences (e.g., “What, if anything, went through your head when that happened?” and “How did you feel?”). As they became available, transcripts of completed interviews were read by primary coders, who helped modify the guides for subsequent groups to better capture emerging or missed issues [65].

Data Analysis

When data collection was complete, all transcripts were read by an interdisciplinary team of six coders with expertise in epidemiology; clinical, social, and developmental psychology; cultural anthropology; social welfare; and health and social policy. Using open-coding to identify emergent themes, coders followed an interactive and iterative process to reach consensus on major themes and develop higher-order constructs. Focus group data were organized/analyzed using ATLAS.ti 5.0 [66].

Results

The 40 focus group participants were between the ages of 18 and 39 (2 were <20 years old, 9 were aged 20–29, 17 were 30–39, and age information was missing for 12). Characterizing their income per family size in relation to the federal poverty level (FPL), 9 women were poor (incomes <100% FPL), 9 were near-poor (101–200% FPL), 8 had incomes from 201% to 300% FPL, 5 from 301% to 400% FPL, and 9 had incomes over 400% FPL. Two

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participants had not completed high school, 3 had only a high-school education, 8 had some college education, 12 were college graduates; education information was missing for 15 women. Seventeen women had one child, 10 had 2 children, 7 had 3, and 6 women had 4 children. The youngest child's age was <1 year for 14 women, 1–2 years for 13 women, 3–4 years for 6 women, 5–6 years for 5 women, 7 or more years for one woman and missing for one woman.

As summarized in Table 1, content analysis of the focus-group data revealed six major themes characterizing the participants' self-reported experiences with racism: (1) Racism experiences occurred throughout the lifecourse, with childhood experiences seeming particularly salient and to have enduring effects; (2) The women experienced interpersonal, institutional and internalized forms of racism; (3) The participants experienced racism both directly and vicariously, the latter relating primarily to the racism experiences of their children; (4) Racism was experienced in various social settings; (5) The women had active and passive responses to racism, which manifested behaviorally, emotionally, cognitively, and somatically; and (6) The women maintained a pervasive sense of vigilance in anticipation of future racism events for themselves and their children, preparing themselves behaviorally, cognitively, and emotionally for potential racism encounters.

The Focus Group Participants Experienced Racism Across the Lifecourse; Childhood Experiences Appeared to Have Enduring and Particularly Painful Effects

Focus group participants reported racism experiences during childhood, adolescence, and adulthood. Childhood events often represented the women's first experience of "being different" or receiving negative reactions from others based on their race. These initial racism encounters were recalled vividly and with emotion, and appeared to have an enduring impact on the participants. Prejudice among playmates' families was commonly mentioned as the first introduction to racism. For example,

> I used to play with this White girl every day, like she was my best friend...she would always come to my auntie's house. And then, there was one time where I went to her house, and she said, 'Well, my parents said we can't allow anybody (black) in the house.' And...that was something that always stayed with me my whole life. And that was really, for a little kid...heartbreaking, you know? And that's when I first learned that...there is a difference ...with the colors. I thought about it a lot. I still think about it.

Women also talked about being treated differently by childhood playmates. For example, one woman reported a deeply stigmatizing experience she had while playing with "little White girls":

> I always had to be the monster when we played games, and they said because you're black you're the black monster or the creature from the black lagoon, and it was because of the color of my skin and that stuck with me forever.

Another woman reported being called "nigger" by a little boy at school and wondered, "how a child that young could have that much hate? He didn't know anything about me. It just really stuck with me. I can still see his face."

During adolescence, women mentioned feeling excluded from leadership positions in their schools because of their race, and losing friends when their school social groups were segregated by race. Focus group participants described identifying with other African-Americans as well as other racial minorities while often referring to Whites as "others", noting that they "could be themselves" around other people of color, but often felt that they had to "change" (e.g., their speech, dress, etc.) when around Whites. Participants' exposure to overt and subtle racist events persisted into adulthood. Several participants reported their

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frustration that racism continues to exist. Responding to being called a "*nigger*" just a few years ago, one woman remarked, "*Wow, nothing has changed*".

Study Participants Experienced Interpersonal, Institutional, and Internalized Forms of Racism

Although interpersonal racism was the most commonly reported form of racism, the women also reported experiencing institutional and internalized racism. Central to women's reports of institutional racism was their awareness of structural inequalities between neighborhoods and schools segregated by race, noting differential access to healthy living environments, goods and services, and quality employment and educational opportunities. One woman observed,

> There are too many liquor stores in a black neighborhood. [In] other neighborhoods there are grocery stores.
>
> Another participant added,
>
> The majority of African-Americans live in impoverished... neighborhoods, and ... I notice that those schools are really low quality in the impoverished neighborhoods, or the neighborhoods where there's people of color...

Generational disadvantage emerged as a sub-theme related to institutionalized racism. The women talked about the financial, social, and cultural privileges that Whites possess because of the historic advantages their race/skin color has afforded them. Women noted that, compared with Whites, their families had generally lacked access to the opportunity, capital, knowledge and skill (e.g., how to invest in stocks or apply for a scholarship or loan) necessary for upward mobility.

Women further acknowledged struggling against accepting or internalizing negative stereotypes of African-Americans. For example, one woman expressed reservations about sending her children to a predominantly African-American school:

> I know when I'm looking for schools...I'm like... 'am I just thinking this school is good because it's White and White folks are sending their kids there? And am I thinking this school is [just] okay because a lot of Black folks are there?' And that's sad when you are a Black person and you have to fight against your own stuff.

Women talked about stereotypical views and expectations others held of them, their friends, and family members, such as being a "welfare mom", an athlete, "different than those others" because of lighter skin complexion, and not being as smart, accomplished, and articulate as Whites.

The Women Experienced Racism Both Directly and Vicariously, Particularly in Relation to Their Children

Participants recounted many direct experiences with racism. However, their vicarious experiences, either witnessed by them or reported to them by family, friends, and other African-Americans in general, emerged as a powerful aspect of women's racism experiences. It was through their role as mothers, in particular, that the women reported feeling the greatest impact—albeit indirect—of racism:

> I'm stressed because now that my kids are getting older, the school-age ones, they go through it all the time...So everyday I have to deal with that, so it's stressful. I take that in internally. It's subtle, it's not out in the open like slavery days, it's like hidden, but you feel it still. So I feel like I feel it everyday...Because as adults it seems like I could overlook it a little bit and not think about it everyday. But you

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> have kids coming home everyday, oh he called me a nigger or black. That affects you as a parent... I go through the hurt when they go through the hurt.

Both their children's direct experiences and their anticipation of their children's potential exposure were identified as major sources of stress. Women talked extensively about feeling responsible for protecting their children against racism and trying to prepare them for dealing with it. They talked about their anxiety, even when their children were very young, about the future challenges their children would face. One mother reported:

> I remember looking at my baby–he had to be about 2. I remember looking at him and saying, ‘Oh my God, what have I done [bringing him into the world]?’ And that's a sad, sad, sad feeling ...because your child is supposed to be the happiest thing that you have on this earth and I'm looking at him going, ‘What have I done?’ My child is going to have to go through this life being black.

Women also described their efforts to counter their children's internalizations of negative stereotypes. For example, one woman explained,

> I've heard my son say to me, ‘Why don't I have blue eyes?’ And I look at him [and say] ‘because I have brown eyes and your daddy has brown eyes. That's why you have brown eyes. And be proud that you have beautiful brown eyes and nappy hair.’ So constantly having to fight against that and educating [my child].

Study Participants Experienced Racism in Many Different Domains and Settings

Women reported experiencing racism in employment, education, health, housing, legal, other services, and other everyday social settings. The workplace was a frequently mentioned setting for experiences of racism, where racist comments from co-workers and customers were commonplace. Women reported feeling “like a quota” and being treated as an expert on all African-American issues, a “black dictionary,” as one participant explained. A more subtle form of racism participants noted was the lack of support for career advancement compared to that of their White co-workers,

> I can say, when I've worked in majority White organizations, I've never had the mentoring step that my White counterparts have had. Someone to see them through and help them navigate through the system.

Schools also were regularly mentioned as settings for racist experiences, for both the participants and their children. A predominant sub-theme (also related to institutional racism) was the lowered expectations that they felt teachers or the school system held for African-American students, with several women reporting teachers being surprised when they or their children did well academically. The participants felt they had to work harder, with less support, to prove themselves in school.

In the women's everyday lives, shopping was a frequently mentioned context for racist experiences. Participants reported being followed in stores, ignored by clerks, and treated disrespectfully or with suspicion or disdain in public settings:

> I was walking down the street and a White woman grabbed her purse....that's something you always feel...because no matter what you have, you're black first....they will kiss your behind as long as you have money, but they still see a nigger...

The Women's Responses to Racism were Active and Passive, and were Manifested Behaviorally, Emotionally, Cognitively, and Somatically

The women in the focus groups most commonly described active responses to racism encounters, characterized by open expression of emotion and concerted action, although

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passive responses, whereby women suppressed their feelings or ignored the situation, were also frequently reported. Emotional responses included feeling “tense”, “stressed”, “sad”, and “worthless”, and were often complex in nature, particularly anger. In more than one group, women talked about wanting to avoid the “angry black woman” stereotype, while simultaneously identifying anger as their typical response to racist situations:

> ...the thing is that... there's never any pleasant or correct way to address it. All the things that I was thinking of saying to this lady, none of them would have came out right. They would have all come out bad... there's an effort because you know, the angry Black woman thing...I really want to address things when they happen, I don't want to walk away mad, I don't want it to linger, you know. So, that's one thing about this feeling, the angry feeling.

Cognitive responses included attempts to redefine, ignore, or simply accept racism as a part of “everyday life”:

> Realistically it's going to affect you. No one can say that they don't care what people think, because you do care. It does bother you–you just put it in a different place.

Another participant stated, “I don't think I really think about it. I just know it's the skin you're in. It's just another part of your life.”

Somatic responses to racist encounters were also commonly described. When asked how they felt physically when a racist experience occurred, women reported feeling sick, having headaches, getting stomach aches, breaking out in hives, and shaking all over.

The Women Maintained a Pervasive Sense of Vigilance in Anticipation of Future Racism Rvents for Themselves and Their Children

Many participants reported thinking about their race or racism at least daily. This awareness often seemed to take the form of conscious efforts to prepare themselves—through heightened awareness and altered behaviors—for situations where they were likely to face racist attitudes or behaviors. The anticipation of and preparation for potential racist encounters took behavioral, cognitive, emotional, and physiological forms. For example, one woman talked about dressing in a particular way to reduce the likelihood of a racist encounter while shopping:

> ...when I'm going shopping, I prepare myself...it's like I will take forever to find me something to wear because I feel I'm not going to be treated right...and I feel I shouldn't have to do that, but I do that because I'm treated different. I think when I go out everyday some situation is going to happen as far as racism.

In other cases, women described readying themselves emotionally, cognitively, and/or physiologically for anticipated encounters, such as this woman preparing for a conference at her child's school:

> ...it's like you get tense. Because you know...I know this person is going to say something that's going to make me, my heart rate [go up], or maybe have to hold back my tears while I'm talking to them. I don't want them seeing me crying, cause I don't want them thinking I'm sad, I'm not sad, I'm mad... you just get tense, cause you know you have to brace yourself for something stupid that they're gonna say... with a White person, you know that some level of racism is going to hop out of their mouth... And so you have to prepare your body for that.

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Discussion

The six themes emerging from these focus groups confirm the relevance of aspects of experiences of racism previously measured in birth outcomes studies and also highlight issues deserving further consideration. Our findings support the need, addressed by several birth outcome studies, to assess discrete interpersonal racism events directly experienced across multiple life domains and capture both active and passive coping responses. However, our findings suggest that such an approach, in and of itself, is insufficient for capturing the full spectrum and complexity of African-American women's racism experiences. Based on the themes that emerged from the focus groups, there are a number of steps that researchers can take to more comprehensively assess the racism experiences of African-American women of childbearing age. Doing so may help to better elucidate the relationship between racism-related stress and poor birth outcomes:

First, the focus group results indicate that it is important to assess women's childhood racism experiences and the impact of those experiences across the lifecourse. Most instruments used in the racism and birth outcomes literature do not specifically measure childhood racism exposure, but focus instead on exposure during the perinatal period, the past year, or "ever" in one's lifetime. In our focus groups, the cognitive and emotional impact of women's childhood racism experiences was evident and seemed profound, even when recounting events later in life. Highly threatening situations in childhood may generate stress-induced emotional and physiological changes with long-range mental and physical health consequences, including poor birth outcomes [67]. For example, emotional stress responses have elicited physiologic responses such as cardiovascular reactivity, which can adversely impact the pregnancy outcomes of African-American women [37]. Occurring at a developmentally sensitive period of the life course, childhood racism experiences may adversely affect ethnic identity and self-concept, which have been demonstrated to protect ethnic minorities from the psychological harms of racism [68].

Second, the women in our focus groups expressed deep concern and anxiety over the racism experienced by their children. Similar to findings reported by Jackson et al. [16], our study participants verbalized feeling responsible for protecting their children from racism, suggesting that African-American women's social roles, particularly as mothers, may be important to consider when measuring their experiences of racism. The stress experiences of close others can also impact one's own emotional and physical well-being [69]. Thus, these women's vicarious racism experiences, particularly those related to their children, may add considerably to their overall level of stress. Two of the eleven existing birth outcome studies use measures that capture women's vicarious racism experiences, such as those experienced by a close family member or friend [21,29]. Only one of these studies, to our knowledge, has specifically assessed women's vicarious experiences during their own childhood, which were a significant independent predictor of their infants' birthweight [29]. Several women in our study discussed how the racism experiences faced by their children brought back memories of their own childhood experiences, suggesting potential links between these two aspects of women's racism experiences.

Third, our findings suggest that institutional and internalized forms of racism may also contribute to African-American women's racism-related stress burden. Theories of weathering [70] and stress age [34] explain how increasing stress loads accelerate physiologic deterioration and increase a woman's risk of adverse reproductive outcomes. Focusing exclusively on direct, interpersonal racism exposures may seriously underestimate the racism-related stress a woman experiences.

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Fourth, besides measuring exposure to perceived racism events, our findings suggest that it is important also to measure the pervasive vigilance with which African-American women anticipate future racism encounters and consider the effects that such chronic hyperarousal could have on pregnancy. The women in our study vividly described their cognitive, behavioral, and physiologic preparation for potential racism threats. Chronic hyper-vigilance in anticipation of unfair treatment could damage multiple organ systems and immune defenses [32], thereby producing poor birth outcomes.

Finally, this study's findings suggest that African-American women's racism experiences start early in life and continue pervasively throughout the lifecourse. As described previously, racism measures used in birth outcome studies tend to assess racism experiences by focusing on incidents that an individual, or someone close to her, has experienced during pregnancy, in the past year, or ever. Our results indicate the importance of assessing the chronicity of racism experiences throughout African-American women's lives.

Limitations of this exploratory study include the small size and that the Northern California convenience samples may not be nationally representative. This study did not aim to test hypotheses about racism's health effects or develop new measures; rather, it engaged women in verbalizing their experiences, to provide a basis for developing more adequate measures for birth outcomes research in the future.

Although education information was frequently missing, poverty status was described for all 40 women and the sample appeared socioeconomically diverse. Our impression was that women in the groups recruited from public programs ("low SES") reported more childhood and direct racism experiences, and appeared to internalize experiences of racism more than the women in the other groups ("moderate/higher SES"). However, this study was not designed to draw conclusions about socioeconomic differences in racism experiences; furthermore, the demographic information collected at the end of focus group sessions showed some overlap in income and education levels between the "low SES" and "moderate/high SES" groups. Relatively little attention has been paid to socioeconomic variation in perceptions of racism. However, racism experiences and responses to those experiences could vary by socioeconomic status/position (SES) [71]. Given differences in the types of social institutions and interpersonal situations that African-Americans of different social standing are likely to encounter on a regular basis, higher SES African-Americans may score higher on measures assessing subtle, institutionalized forms of racism, while lower SES African Americans may score higher on measures capturing exposure to blatantly unfair treatment [24]. In subtle or ambiguous situations, socially disadvantaged groups have attributed negative experiences to their own personal inadequacies rather than to discriminatory treatment [72,73]. Both positive and negative associations between racism and SES have been reported, the nature of which may depend on how racism is measured [24]. Socioeconomic differences in experiences of racism should be considered in developing and testing measures. Birth outcomes studies should also consider the suitability of instruments used to measure institutional and internalized racism in studies of other health outcomes.

Conclusion

The insights from this exploratory study should inform the development of more comprehensive racism measures, and should be tested with socioeconomically diverse African-American women in diverse settings. We conclude that further work is needed to ensure that racism measures in birth outcome studies adequately capture women's childhood experiences, the potentially enduring impact of those experiences, perceptions of institutionalized racism and internalized negative stereotypes, women's vicarious

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experiences specifically related to their children, and the pervasiveness and chronicity of African-American child-bearing women's racism experiences. These different but not necessarily mutually exclusive aspects of women's racism experiences could be important sources of chronic psychological stress with serious impacts on health, including birth outcomes. Our findings underscore the multidimensional nature of racism as a lived experience, and emphasize the inherent complexities involved with measuring it and quantifying its effects. The themes emerging from the focus groups suggest several new directions for improving the measurement of racism for African-American women of childbearing age. More comprehensive racism measures may enhance our understanding of the association between racism and birth outcomes and guide work to elucidate specific psycho-physiologic pathways through which racism experiences adversely affect pregnancy outcomes.

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Table 1

Emergent themes from focus groups with childbearing women exploring their experiences of racism

(1) Racism experiences occurred throughout the lifecourse; childhood experiences appeared to have particularly painful and long-lasting effects.
(2) The participants experienced racism directly and vicariously, the latter relating primarily to the racism experiences of their children.
• Direct experiences refer to African American women's own racism encounters.
• Vicarious experiences refer to those that are either the witnessed encounters of others or those reported by others such family, friends and co-workers.
(3) The women experienced interpersonal, institutional and internalized forms of racism:
• Interpersonal racism refers to encounters between individuals.
• Institutional racism refers to the differential access to goods, services, and/or opportunities that stigmatized groups may experience, without necessarily involving any specific interpersonal encounter.
• Internalized racism occurs when members of stigmatized groups consciously or unconsciously accept or believe negative stereotypes about their group and/or themselves as part of their group. Examples include embracing “whiteness,” self-devaluation, resignation, and adopting behaviors that substantiate negative stereotypes.
(4) Racism was experienced in various social settings: examples included work and school settings, in everyday social interactions such as shopping and in other settings defined by public space, and when interacting with health care, justice, and housing systems.
(5) The women had active and passive responses to racism, which manifested behaviorally, emotionally, cognitively, and somatically:
• Active reactions are discrete, outwardly observable actions taken in response to a racism event, such as expressing anger or hurt.
• Passive reactions involve apparent non-response to a racism encounter, such as suppressing feelings or behaviors expressing those feelings.
(6) The women maintained a pervasive sense of vigilance in anticipation of future racism events for themselves and their children, preparing themselves behaviorally, cognitively, and emotionally for potential racism encounters:
• “It's the skin you're in,” verbalized by one woman, seemed to capture the inescapable sense of pervasive awareness and vigilance that women in all the focus groups described experiencing on a chronic basis.