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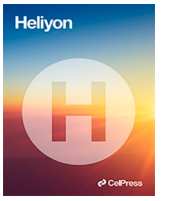

Research article

Experiences of racism in the U.S. – A perspective from Asian & Pacific Islander, Black, Latina, and Middle Eastern women

Shaniece Criss [a,*], Melanie Kim [b], Monica M. De La Cruz [c], Nhung Thai [d], Quynh C. Nguyen [e], Thu T. Nguyen [e]

[a] Department of Health Sciences, Furman University, Greenville, SC, 29613, USA
[b] Department of Anthropology, Brown University, Providence, RI, 02912, USA
[c] School of Social Welfare, University of California, Berkeley, CA, 94720, USA
[d] Department of Nutritional Sciences and Toxicology, University of California, Berkeley, CA, 94720, USA
[e] Department of Epidemiology & Biostatistics, University of Maryland School of Public Health, College Park, MD, 20742, USA

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ABSTRACT

Introduction: Racism is a critical social determinant of health because it can have a direct impact on health and well-being, as well as infiltrate systems, policies, and practices. Few studies have explored the similarities and differences of experiences with racism and health between different minoritized groups. The objective of this paper is to examine how racism influences life experiences from the perspectives of Asian & Pacific Islander, Black, Latina, and Middle Eastern women.
Methods: Eleven online racially/ethnically homogeneous focus groups with a total of 52 participants were conducted in the U.S., with representation from the North, South, and West coast. The online focus groups were recorded, transcribed, and two were translated into English (from Vietnamese and Spanish). The data was coded through NVivo and analyzed through a series of team meetings to establish themes.
Results: Participants reported experiences of racism and discrimination, including physical and verbal personal attacks. They shared the role of microaggressions in their daily life, along with the ubiquitous anti-Black sentiment discussed in every group. Our participants discussed the complexities of intersectionality in their experience of discrimination, specifically regarding immigration status, language spoken, and gender. Participants also reported the role of direct racism and vicarious racism (e.g., the experiences with racism of friends or family, awareness of racist incidents via the news) in affecting their mental health. Some effects were fear, stress, anxiety, depression, and self-censoring. For participants in the Black and Latina focus groups, mental health stressors often manifested into physical issues.
Discussion: Understanding the nuances in experiences across racial/ethnic groups is beneficial in identifying potential interventions to prevent and address racism and its negative health impacts.

* Corresponding author.
E-mail address: shaniece.criss@furman.edu (S. Criss).

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1. Introduction

1.1. Racism as a social determinant of health

Racism is a critical social determinant of health because it can have a direct impact on health and well-being, as well as infiltrate systems, policies, and practices that effect access to resources and treatment [1,2]. Racism has adverse effects on health. Understanding experience of racism from different racial/ethnic groups is crucial in recognizing the distinct perceptions and identifying ways to prevent and combat racism and its negative impact.

For Black people, perceived discrimination and racism contributed to psychological distress and disproportionately higher rates of infant mortality, obesity, deaths caused by heart disease and stroke, and an overall shorter life expectancy in comparison with White people [3,4]. Kwate & Goodman found that although Black men spoke more about experiences of racism than women, in a study based in New York City, the associations with poor mental and physical health were stronger among women than men, sometimes twice as high [5].

A study on Arab American families from the Levant (Lebanon, Syria, Israel/Palestine, Jordan) found that the terms "Arab" and "Muslim" were frequently conflated in North America, meaning that racism and Islamophobia towards one group often was generalized to the other [6,7]. These experiences led to alienation, fears for personal safety, feelings of vulnerability, social isolation, higher levels of depression, anxiety, and other forms of psychological distress, and, compared to the non-Arab White majority, higher rates of hypertension, cardiovascular disease, diabetes, respiratory disorders, digestive disorders, and some cancers [6,8–10]. Studies also found the importance of skin color, overt physical features, and religious dress, in experiences of discrimination and racism [6].

Damle et al. found that structural racism, xenophobia, and perceptions of anti-immigrant discrimination affected Latina women's ability to access health care, which resulted in health inequities and negative outcomes [11]. Latinx individuals did not feel that their U.S. citizenship protected them from experiencing anti-immigration sentiments [12]. Systemic oppression, racism, and nativism, and the discrimination, violence, and intimidation that comes with these, contributed to the individual and collective psychological distress and fear among Latinx individuals [13,14]. Research found migration-related stressors (e.g., immigration control policies, local access to health care, employment, housing) to be key determinants of mental and physical health among Latinx migrants [12].

Research on bias-motivated attacks has documented the rise in attacks following major historical moments and events. Numerous accounts show that racially motivated attacks continue for many racial/ethnic communities. Research on bias-motivated attacks has documented the rise in attacks following major historical moments and events. In the first week following the 9/11 terrorist attacks, a New York-based organization reported 645 separate incidents of hate-inspired violence against Arabs, Asians, and Muslims [15]. Recently, the racist rhetoric blaming the Asian American & Pacific Islander (AAPI) community for COVID-19 has marked a rise in violence against the AAPI community [16]. Much of the attention concerning racial attacks in the Black community has focused on police violence – most recently on the killings of Ahmaud Arbery, Breonna Taylor, and George Floyd. Studies detail highly public anti-Black violence and its impact as a source of stress for Black Americans [17]. Other studies used self-reported discrimination to document experiences of verbal assault, denial of access to goods/services, and physical threats and attacks against Black Americans [5].

Most studies focus on one racial/ethnic group, but a few studies have explored the similarities and differences in experiences with racism and health between different minoritized groups. One study found 53% of Asian participants, 54% of Black participants, and 44% of Latinx participants reported experiencing a race-related threat and harassment, and that lifetime exposure to discrimination was significantly associated with lower self-reported health scores [18]. Other studies investigated multiple racial/ethnic groups through the lens of immigration. Immigrants are even more susceptible to long-term mental and physical health impacts because of factors such as language barriers, documentation status, lack of familiarity with U.S. systems, and often, histories of collective trauma from the countries which they left behind [6,19].

1.1.1. Intersectionality

Intersectionality refers to ways in which a person's many identities influence their experiences of discrimination [20]. In the current study, we are focusing of women of color in order to explicate nuances in their experiences with racism, which is part of a companion study about pregnancy and birthing experience. Women and their babies are especially vulnerable in this stage of life pertaining to health outcomes and mortality. When race and gender converge, the concerns of minoritized women could fall in the void between concerns about racism and sexism, instead of acknowledging that all oppression is linked [21,22].

Gendered racism creates an overlap of oppression and disadvantage for minoritized women [23]. Stereotypes depict Black women as hypersexualized, welfare queens, while simultaneously facing discrimination and harassment for their race [23,24]. Latina women face similar stereotypes as being promiscuous, sexually available, and single mothers [25]. AAPI women are seen as passive, and often sexually fetishized, which has escalated into verbal assaults, sexual harassment, and violence [20,26,27]. Middle Eastern women, on the other hand, are stereotyped as being oppressed, docile, and submissive [28,29].

Immigration status is another powerful aspect of intersectionality. It impacts multiple racial/ethnic groups. Hate crimes and violence against Latinx communities is frequently tied into fear surrounding immigration, rather than being exclusively race-based [30]. Muslim women are especially vulnerable to violence, due to the intersection between race, gender, immigration status, dress and religion [31]. In one study, being an immigrant increased the odds of experiencing a hate crime, but simultaneously increased underreporting due to fears of deportation [32].

Many comparative studies about racism utilize quantitative methods, and the qualitative studies typically focus on one racial/ethnic group. As mentioned earlier, this study is part of a companion study about maternal health, including a focus on the impact of

online and offline racism on pregnancy and birthing experiences [33]. Our study sample provided an opportunity to explore intersectionality from the lens of gender and race/ethnicity. Since racism exists for many groups, it is important to gain a nuanced perspective on how people interpret it for themselves and others. The objective of this paper is to explore and describe to how racism influences life experiences from the perspectives of Asian & Pacific Islander, Black, Latina, and Middle Eastern women. To our knowledge, this study is the first that explores and compares the experiences of racism qualitatively among these groups of women in the U.S. This descriptive study adds to the field by highlighting themes and perspectives for further exploration and replication in future studies.

2. Methods

A purposive sample of 52 participants were recruited to participate in online focus groups. Online focus groups provide the opportunity to explore perspectives and experiences that can yield rich, in-depth data in a flexible environment [34]. This type of data is not generalizable to entire populations, yet it can provide insight about experiences that may not be captured in quantitative data. With that in mind, we recruited women of color for racially/ethnically homogenous focus groups who identify as AAPI, Black, Latina, and Middle Eastern. We wanted to be able to understand and examine their perspectives to elucidate their unique experiences of intersectionality.

Participants were recruited through flyers posted on social media and through contacting student and community organizations focused on specific racial/ethnic groups. Eligibility criteria for the study included: 1) women 18 years of age or older; 2) regular users of social media; 2) have had or are open to having a child (based on the companion study requirements); and 3) available to be a part of an hour and a half focus group on Zoom. Interested participants were asked to fill out a short online survey about their race and ethnicity, US region of residence, as well as contact information and available times to participate in the study (see e-Fig. 1 in online supplemental materials for the recruitment survey.

2.1. Focus group guide development

We developed a guide for conducting semi-structured focus group discussions on how racism influences life experiences based on best practice recommendations obtained from the current literature. This included questions about the participant's personal experiences, and that of their friends and family, with regard to racism and racial discrimination, observations of vicarious racism and microaggressions, intersectional identities (e.g., gender and race), and the impact of racism on health.

2.2. Focus group setting and participants

University of California, San Francisco's Institutional Review Board approved the study (18–24593). Participants provided informed consent before participating in a Zoom online focus group. Separate, racially/ethnically homogenous focus groups were conducted. All focus groups were conducted in English except for one Vietnamese and one Latina focus group that were conducted in the participants' native language (i.e., Vietnamese and Spanish, respectively). In total, the study recruited 52 participants across 11 focus groups that were conducted between June and August of 2021. This included 21 women across four separate AAPI groups, 15 women across three Black focus groups, 8 participants across two Latina focus groups, and 8 participants across two Middle Eastern focus groups. To assist in our ability to examine similarities and differences in women's perspectives and experiences across racial/ethnic categories, all focus group moderators used the same guidelines to facilitate discussion. After the focus group, participants completed a short online survey that collected additional demographic information, including age, education, and area of residence (see online supplementary materials in e-Fig. 2 for the demographic survey questions). All women were compensated with a $50 gift card for their participation in the study.

Table 1
Demographic information for focus group participants.

Total Number of Focus Group Participants	52
Age (in years)	35.06
Race/Ethnicity N(%)	
Black	15 (29%)
Asian & Pacific Islander (AAPI)	21 (40%)
Middle Eastern	8 (15%)
Latina	8 (15%)
Education N (%)	
Less than a high school degree	0
High school degree or equivalent (e.g., GED)	5 (10%)
Some college	8 (15%)
Bachelor's Degree	17 (33%)
Graduate Degree (e.g. J.D.S., M.S., or Ph.D.)	22 (42%)
Region of Residence N (%)	**n = 52**
West	19 (36%)
Northeast	16 (31%)
South	17 (33%)

Table 2
Themes with illustrious quotes.

Personal Attacks
Physical Attack & Concerns:
"… after COVID, I feel really, really scared to go outside. And then … I got attacked by two black men. And after that, I really [was] scared to go outside" [Asian American & Pacific Islander (AAPI)-Korean FG4]
"this guy [swung] his long umbrella on me … and then the day after, literally the day after I was walking on that same side in the middle of the day … he didn't do anything, but he looked at me, he was like another f*cking Asian. But those guys, they didn't look normal. I wouldn't say that they look normal people, that they look mentally challenged or whatever, but it happened twice in a row" (AAPI-Korean FG4)
"I have been, not all the way assaulted, but folks have gotten rough with me, and have said some derogatory things either about my faith or being Arab or sand n-word, different kind of names" (Middle Eastern FG9).
"I got pepper spray … I even thought about getting … a metal wand that you can carry as self-protective weapon on your weights. It was quite heavy" (AAPI-Korean FG4)
Verbal Attacks:
"People would come and say, 'I hope you're not Muslim,' or 'I hope you're not Arab,' so I've had comments like that" (South Asian FG7).
"About two or three of us, all Indian, we experienced sort of a hate crime. A person just came into our group and he started shouting, 'just get out of the country, just get out of the country.' That was kind of a harsh experience for me, personally. I think that was my first experience as to how prevalent the hate crime is in this country, and the discrimination" (South Asian FG7)
Police:
"Folks at general hospitals, their sheriffs, actually they pulled over a car full of my nieces and with guns drawn. With no warning as to why they were being pulled over. That instance of terror … My family is still coping through and working through. My little sister who [was] driving the car, she has suffered from substance abuse and was recently institutionalized for being in a state of psychosis, triggering her mental illness" (AAPI-Pacific Islander FG 6)
Unwelcome Advances:
"I was riding the bus. Somebody sat next to me and say, 'hey, you know people marry for a Visa and for citizenship all the time, do you want to,' things like that. Very unwelcome advances" (AAPI-South Asian FG7).
Discrimination from Black people:
"Many of my relatives live and learn in that region that are older, 70–80 years old, are afraid when going outside. They tell me that San Francisco is chaotic and if they go outside and encounter a Black man, even the Black people are discriminating against us, they would attack and harass them" (AAPI-Vietnamese FG5, translated)
"When they went to use the gift card there was no money on it. When asked about it, the female Black worker said that my friend was a lying fraud. My friend felt that because they were a Vietnamese person, they were bullied" (AAPI-Vietnamese FG5, translated)
Microaggressions
Nationality, language, and perceived immigration status:

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Table 2 (*continued*)

Personal Attacks
"it's just the typical question, 'Where are you from?,' 'You don't look like,' or, 'You don't sound,' and also, 'But you speak English very well'" (Latina FG10, translated)
"They think they're all from Mexico and they told me, 'You don't look like Mexican …. Do you speak Mexican?'" (Latina FG10, translated)
"Breathe. We work, we live here. I mean I don't know what you expect me to say, "How are they there?" As if we were aliens, and we live in pure poverty, not everything is what you see in the news" (Latina FG10, translated)
Stigma towards Muslims:
"'Oh, do you speak English?' [or] 'Oh, you speak English very well.' Or, ""You look so pretty, but you'll be prettier without that [hijab] on your head'" (Middle Eastern FG9)
"[I worked to] present myself as a hijab wearing young girl. I think that was the first time that we [were] called terrorists, or Bin Laden's niece. (Middle Eastern FG9)
"I think that the Muslim ban maybe put a negative stigma around Muslims. That's one main thing. I mean, the women were more nervous about having kids in this country because they don't want them to grow up in a world where there's a negative stigma, again, surrounding the word Muslim" (Middle Eastern FG8)
Anti-Blackness *Negative viewpoint of Black people:*
"Black people are seen as being below" (Black FG3)
"I think you can't talk about racism without talking about anti-Blackness and how deep that runs. Even within the Black community, you can talk about colorism and how that impacts the experiences of darker skin Black folks compared to lighter skin" (Black FG1)
"[when my Latina aunt was dating an African American], immediately my parents stare at him and say, 'Oh, but he's black,' 'well and he loves her,' 'Yes, but he's black'" (Latina, FG10, translated)
"[people say] 'how ugly how that Dominican talks'" (Latina, FG11)
"they have had negative experiences with, unfortunately, Black people who, whether it was crime related or kind of a violation of their own feeling of safety, so I think that has definitely influenced how they see Black people, for sure" (Korean FG4)
Colonization:
"[our society was] colonized into white supremacy and made to believe that if we're doing better than somebody else, then we're doing good" and that "anti-Blackness exists in all communities, because of white supremacy" (AAPI-Pacific Islander FG6)
"And sometimes because of either countries or regions that have been colonized, we end up taking that approach as well. We end up looking at either ourselves, internalizing it, oppressing ourselves, or because we have gained some sort of status, we

(*continued on next page*)

Table 2 (*continued*)

Personal Attacks
have somehow moved away from whatever that was, whether it was not being civilized or whatever, to being someone with education and status and things like that, we're somehow better" (Middle Eastern FG9)
Colorism:
"maybe lighter tone or have access to more wealth and maybe more privileged, that there's this idea that you can become rich or you can become like white people" (Middle Eastern FG8)
Ostracization:
"It's almost as if I knew from when I could first remember that we were different. It almost felt like it was almost everyone's mission to let us know that, and for me personally, I know I internalized a lot of it. Which made me seek validation from those I thought and felt were superior to me" (Middle Eastern FG9)
Intersectionality
"Strong black woman" troupe:
"I don't feel that I have that liberty to have a bad day or turn in my things late or just not show up to a meeting because I'm mentally burned out or whatever. … And so where others can just have a bad day or a bad week or whatever the case is, I don't feel like I have that freedom to do so. I still feel like I have to show up and show up. I had given 210%" (Black FG2)
Inequality in jobs:
"There is always like that other floor that you had to go through to get to have the same job" (Latina FG10, translated)
"I have a cousin that, even though graduated with the same degree, the company would pay the White worker more than her, a Vietnamese woman" (AAPI-Vietnamese FG5, translated)
Immigrant:
"I fully understand [her] case as a first-generation immigrant. I feel very discriminated by language barrier. So yeah, in New York City, when they hear my pronunciation or not in capability of language, I feel inferior" (Korean FG18)
"And a lot of those participants were experiencing fear in being in immigrant related situations, to being worried and everything related to their mental health. And one of the worries they had was if they were going to be accepted in hospital, if they were going to have trouble or what's going to happen. They were uncertain to go to a hospital even" (Latina, FG10, translated)
Health impact of significant accounts of racism
Mental and physical symptoms:
"being nauseous [from racism] … just stomach knots where I just wouldn't want to eat, but more so mental health, and then those becoming physical symptoms" (Latina FG11)
Navigating emotions:
"I'm really just trying to process it, grieve, be mad, frustrated, all the feelings, I still had to wake up the next day … So I worry I didn't have a lot of time to just be sad or be mad or be angry. I have to just get up and maintain to live life and *perform* in many ways" (Black FG1)
"[I fear how me and my son] would be treated in a society where there is so much discrimination, where people are segregated and where they value people depending on whether they have an accent or speak English well or not, and the color of your skin" (Latina, FG10, translated)

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Table 2 (*continued*)

Personal Attacks
"[I am] more careful in how I communicate, how I speak, when I speak, when I better keep quiet (when I choose to be quiet). It is a bit like stop being yourself and to lose my individual identity a little to be able to adapt to the norms of a society, which definitely discriminates" (Latina FG11)

2.3. Data collection and analysis

Each 90-min focus group was conducted over Zoom, and the discussions were recorded, transcribed, translated to English (if needed), and de-identified. De-identified discussion transcripts were assessed for themes and annotated in NVivo by multiple members of the research team using a common codebook. The original codebook was developed based on topics included in the focus group discussion guide, and it was evaluated to ensure clarity and consistency of the code definitions. Consensus about common themes was achieved through team discussion of coding disagreements. NVivo coding reports were compiled by race so that there was one report each for the AAPI, Black, Latina, and Middle Eastern participants. These reports were evaluated through a series of team meetings to elucidate themes specific to each group, as well as differences and similarities between groups [35]. Data trustworthiness was achieved by adhering closely to participant transcripts for making interpretations [35].

3. Results

Table 1 provides the demographics of our participants. The mean age of our 52 focus group participants was 35 years old. The percentage of different races/ethnicities differed based on how many participants could be recruited for each focus group. We sampled individuals approximately equally across the regions. Most participants were highly educated, with 33% having a bachelor's' degree and 42% having a graduate degree. The themes from the focus groups were personal attacks, microaggressions, anti-Blackness, intersectionality, and the health impacts of significant accounts of racism. The text below specifies which racial/ethnic groups shared that perspective in order to illuminate the nuances. Table 2 provides the themes and illustrious quotes.

3.1. Personal attacks

Only participants in the AAPI and Middle Eastern focus groups reported examples of direct physical and/or verbal attacks due to their racial/ethnic identities. Based on these attacks, participants wanted to use self-protective gear. South Asian participants reported that people would misidentify their race as Middle Eastern or Muslim, which would result in verbal attacks like people shouting "get out of the country." This group would also be misidentified as Hispanic, which led to unwelcome advances regarding dating (e.g., comment about getting married for a Visa.) The Pacific Islander participants reported an overarching feeling that they had to "prove [their] worth" as a "brown woman" to get respect. One Pacific Islander participant recounted the trauma of the police pulling over her nieces with their guns drawn. In contrast to the other groups, many participants in the Vietnamese group did not identify racism as an issue that impacted them directly: "racial discrimination doesn't affect me." Yet, they did report instances of their family and friends having concerns regarding discrimination from Black people.

3.2. Microaggressions

Participants in the Latina and Middle Eastern focus groups reported experiences of microaggressions related to nationality, language, and perceived immigration status. Latina participants reported that other people made assumptions about their ability to speak English, and they had to decide how to respond to ignorant assumptions. The Middle Eastern participants shared that other people displayed their stigma towards women wearing hijabs, and that the Muslim ban bolstered stigma.

3.3. Anti-blackness

All focus groups had participants who discussed anti-Black racism. Black participants reported that anti-Blackness "runs deep." Latina participants also mentioned that they were concerned about the racism that Black and Middle Eastern people encountered. Latina participants reported how anti-Black racism is discussed by family members expressing disapproval of Black people. In AAPI, East Asian participants related to the role of anti-Blackness based on having negative experiences with Black people. The Pacific Islander group indicated the role of white supremacy in anti-Blackness. Middle Eastern participants spoke about the link between colonization and anti-Black sentiment ("anti-Blackness was almost too visible sometimes"), leading to colorism and ostracization.

3.4. Intersectionality

The AAPI, Black, and Latina focus group participants shared about the role of intersectionality in their racial/ethnic identity. All the groups mentioned their gender as a salient identity. Black participants reported how the "strong black woman" trope while appearing to be a positive sentiment was actually detrimental. The Black participants also indicated the negative impact of the sexualization of their daughters. Concerning socioeconomic status and age, Black and Latina participants reported that people assume they are lower income and younger than their age and received poorer treatment than White women. AAPI and Latina focus group participants reported that being a woman of color was negatively impacting their ability to acquire a job. AAPI, Latina, and Middle Eastern groups reported that there was a negative perception attached to them based on their immigration status and speaking a language besides English.

3.5. Health impact of accounts of racism

Across all the racial/ethnic groups, participants reported that racism impacted their mental health. Several AAPI participants recounted fear, stress, and anxiety related to racist, personal attacks and hearing about it in the news. The Middle Eastern participants explicitly mentioned depression because of the racism that they have experienced. Both Black and Latina focus groups had participants who reported that mental health stressors could manifest into physical issues, such as stomach issues. The Black participants reported the need to "compartmentalize" their feelings to function and that they were losing that ability to compartmentalize. Latina participants indicated fear from how people respond to immigrants. Participants also shared about when they should or should not speak about race.

4. Discussion

In eleven focus groups with Asian & Pacific Islander, Black, Latina, and Middle Eastern women, participants commonly reported experiences of racism and discrimination. AAPI and Middle Eastern participants reported physical and verbal personal attacks. All groups shared the role of microaggressions in their daily life, along with the ubiquitous anti-Black sentiment discussed in every racial/ethnic group. Our participants discussed the complexities of intersectionality in their experience of discrimination, including the role of immigration in Asian and Latinas. Participants also reported the role of direct racism and vicarious racism (e.g., the experiences with racism of friends or family, awareness of racist incidents via the news) in affecting their mental health. Some effects were fear, stress, anxiety, depression, and self-censoring. For participants in the Black and Latina focus groups, mental health stressors often manifested into physical issues, such as nausea.

Intersectionality, particularly race, gender, immigration status, and language in our sample, played a significant part among every racial/ethnic group in our study. It seemed to compound the effect of the discrimination in every aspect of their lives, from how people treated them in everyday life to sexual innuendos to actual verbal and physical attacks. Participants across focus groups shared their experiences of racism, and every group noted anti-Black racism. In general, race-based hate crime victims are significantly less likely to report victimization than other victim groups [32]. This fact emphasizes the need for qualitative studies such as this one, which give individuals a platform to share about experiences of racial attacks. All the groups had nuanced complexities to consider when trying to understand and address racism.

Our study advances the literature by examining both direct and vicarious accounts of racial discrimination, and their effects on the experiences and mental health of participants. Previous research has largely focused on direct experiences with racial discrimination, though in recent years there has been a growing body of literature on anticipated and vicarious racial discrimination [36]. Anticipated racism describes individuals' expectation of encountering racial/ethnic prejudice or discrimination because of their race, ethnicity, color, language, or countries of origin [36,37]. This research is particularly salient to our study because participants reported experiencing personal or vicarious racism, which could elevate that expectation of future discrimination, verbal and physical attacks, and changes in behavior for safety concerns [38].

Previous research uses the concept of "linked lives" to describe vicarious racial discrimination [39–41]. This is the concept that stressors that affect individuals also affect others in their social sphere, compromising health outcomes in similar ways to direct experiences of racism [39,40,42]. Our participants discussed the rise in anti-Asian hate crimes and the shootings of African Americans by police officers, and experiences of discrimination experienced by their friends or family and how these experiences affected their own perceptions of the world and how they interacted within it. The intensity of vicarious racism has been observed to increase with the following factors: the closeness of the relationship, the individual's identification with the victim, and whether it is ongoing racism or isolated events [36,37,43]. Individuals who witness vicarious racism report an emotional drain or exhaustion, and such exposure can also lead to higher anxiety, feelings of hopelessness, depressive symptoms, reduced sleep quality, and physical depletion [40,42].

With the ubiquity of experiences of racism described by our participants, future research should identify the ways in which people of color 1) cope with or build resilience to these experiences and 2) resist or combat these experiences. As demonstrated in the findings from this study, experiences of racism for people of color have lasting harmful impacts and should not be accepted as the norm despite being seemingly commonplace. Research should work to identify strategies to address racism through changes to policy and more broadly, by contributing to societal change. In addition, future research should explore the more nuanced ways in which racism impacts specific ethnicities. Research has found that though people within the same racial category may have similar experiences and way of coping with racism, there are subtle differences between ethnic groups, especially within broad categories like Asian and Pacific Islanders [44].

4.1. Strengths and limitations

The main strength of the study is that it addresses a significant and understudied topic: understanding differential experiences of racial discrimination across groups from a qualitative perspective. The purpose of this study was to understand our participants' experiences to provide insight on future areas to study, and it was not focused on generalizing to larger populations. A limitation was that some subgroups were smaller than we hoped for in the recruitment process. This study provides an exploratory analysis of experiences of discrimination from women of different racial and ethnic minorities. Themes highlighted in this study can be built upon to generate additional hypotheses and to further examine these perspectives in future studies. In our study, we focused on interpreting from a race, gender, and (when mentioned) immigration lens. In future studies, we suggest adding other categories, like socioeconomics, geographic location, and age. This study was the first step in a scaffolded approach to lay a foundation to delve deeper into other complexities.

We were also limited by the use of racial census categories for the identification of participants. These categories fail to recognize the diversity within each racial category and furthermore, the nuances even among people within the same ethnic group. In using these categorizations, there is a false assumption that people from the same race or ethnicity have the same experiences, when no group is a monolith. Our findings should, therefore, be interpreted not as generalizable, but specific to the experiences of racism described by our participants, which still provide insight and value to the overall understanding of experiences of racism of minoritized people.

We conducted our focus groups on Zoom, and it is possible that some participants may have misrepresented themselves. We did require people to complete a written verification. Their video camera was not required to be on, although most participants turned on their camera. Our focus group topic of racism could be considered a sensitive and personal topic. A strength of our study was having racially and ethnically homogenous groups. This provided an opportunity for participants to discuss their experience of discrimination within participant and moderator race-concordant groups. Using the same focus group guide across the different groups facilitated the examination of similarities and differences in experiences and was another strength.

4.2. Health equity implications

Understanding the way that various racial/ethnic groups experience racism is beneficial in identifying potential interventions to prevent and address racism and its negative health impacts. As the focus groups reveal, each racial/ethnic group reported specific experiences unique to them. For example, Middle Eastern participants shared stigma women encountered while wearing hijabs with the Muslim ban further propagating stigma. AAPI participants recounted direct physical or verbal attacks. Latina participants shared feeling discriminated against because of the language barrier. African American women shared that the "strong black women trope" can be detrimental in that they felt they could not have a bad day or a moment of weakness, which can lead to feelings of exhaustion and burnout. These differing experiences derive from the unique historical, social, political, and location-based factors fueling the particular brand of racism encountered by separate racial/ethnic groups. However, across racial/ethnic groups there could be similar anxieties towards institutions such as the police or immigration policies that appeared to further fan discrimination and endanger racial/ethnic minorities. Recent research has emphasized the mutually reinforcing nature of structural and cultural racism to create and maintain health disparities [45]. Understanding unique and shared experiences of discrimination can inform policies and interventions to ameliorate their harms.

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Date availability statement

The data are not publicly available as participants did not consent to share their data beyond the current project.

CrediT authorship contribution statement

Shaniece Criss: Formal analysis, Data curation, Methodology, Supervision, Writing – original draft, Writing – review & editing, Conceptualization. **Melanie Kim:** Writing – review & editing, Writing – original draft, Conceptualization, Formal analysis. **Monica M. De La Cruz:** Writing – review & editing, Writing – original draft, Methodology, Formal analysis. **Nhung Thai:** Writing – review & editing, Writing – original draft, Formal analysis, Data curation, Conceptualization. **Quynh C. Nguyen:** Writing – review & editing, Funding acquisition, Formal analysis. **Thu T. Nguyen:** Writing – review & editing, Writing – original draft, Funding acquisition, Formal analysis, Data curation, Conceptualization, Methodology.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to

influence the work reported in this paper.

Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.heliyon.2024.e28823.

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