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Racial, Ethnic, and Cultural Resilience Factors in African American Youth Mental Health

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Keywords

racism, racial identity, ethnic-racial socialization, religiosity, spirituality, family, parenting, African American, mental health, resilience

Abstract

Racism constitutes a significant risk to the mental health of African American children, adolescents, and emerging adults. This review evaluates recent literature examining ethnic and racial identity, ethnic-racial socialization, religiosity and spirituality, and family and parenting as racial, ethnic, and cultural resilience factors that shape the impact of racism on youth mental health. Representative studies, purported mechanisms, and critiques of prior research are presented for each factor. Recent studies of racism and resilience revisit foundational resilience factors from prior research while reflecting new and important advances (e.g., consideration of gender, cultural context, structural racism), providing important insights for the development of prevention and intervention efforts and policy that can alleviate mental health suffering and promote health and mental health equity for African American youth.

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INTRODUCTION

Tyre Nichols. George Floyd. Breonna Taylor. Ahmaud Arbery. Systemic and structural racism. Racial reckoning. And a global pandemic. Evidence is abundant, perhaps now more than ever, that racism constitutes a significant risk to the mental health and well-being of Black[1] children, adolescents, and young adults (Stern et al. 2022, Trent et al. 2019). Seaton & Douglass (2014) found that 97% of African American adolescents reported at least one discriminatory experience during a 2-week period, while another recent study documented that African American adolescents experience more than five racial discrimination experiences, on average, per day (English et al. 2020). With the recognition that Black youth experience disproportionate levels of structural racism relative to their White counterparts (Iruka et al. 2022), and in light of a robust literature documenting the detrimental effects of racism on a diverse range of youth mental health outcomes (e.g., Benner et al. 2018), understanding the mechanisms that buffer against racism and discrimination is critical for promoting and optimizing the mental health of African American youth.

In a paper in *Child Development Perspectives*, along with Deborah Rivas-Drake and Adriana Umaña-Taylor (Neblett et al. 2012), I identified three primary racial and ethnic factors that promote positive youth development and protect against the potentially damaging effects of racial and ethnic discrimination. The first of these, racial and ethnic identity—"youth's attitudes and behaviors that define the significance and meaning of race and ethnicity" (Neblett et al. 2012, p. 295)—has long been recognized as a protective factor for Black and other marginalized youth against the harmful effects of racial discrimination. Ethnic-racial socialization (ERS), a process

[1]This article uses the terms Black and African American interchangeably throughout, typically deferring to the usage of the primary source, as applicable.

through which "caregivers convey implicit and explicit messages about the significance and meaning of race and ethnicity, teach children about what it means to be a member of a racial and/or ethnic minority group, and help youth learn to cope with discrimination" (Neblett et al. 2012, p. 296), is a second resilience factor with protective effects for socioemotional adjustment (e.g., Neblett et al. 2008). Third, we identified cultural orientation—"youth's orientations toward mainstream culture and their ethnic culture" as indexed by "youth's endorsement of specific cultural values" (Neblett et al. 2012, p. 297)—as a protective factor in the context of racial and ethnic discrimination (e.g., Belgrave et al. 2000). We argued that these three factors represented promise in promoting ethnic minority youth development, and we proposed a conceptual model by which these factors might lead to positive adjustment.

Ten-plus years later, what protective factors are most prominent in formulations of youth resilience against racism, and how has the research literature changed or stayed the same? This review assesses how the landscape on cultural resilience factors has evolved in the past 10 years, specifically with regard to racism and discrimination, Black youth (defined as children, adolescents, and young or emerging adults), and mental health. Using the PsychINFO database, I conducted a preliminary search of nondissertation sources using the search terms racism or racial discrimination AND buffer or moderate or mediate AND child* or youth AND black or African. This search yielded four prominent resilience factors: ethnic and racial identity, ethnic-racial socialization, religiosity and spirituality, and family and parenting. This article begins with a summary of prior research, recent (i.e., last 10 years) representative studies, purported underlying mechanisms, and gaps and opportunities to address in future studies. It concludes with a cross-cutting synthesis of observations, trends, and recommendations and includes a guiding model for future research.

ETHNIC AND RACIAL IDENTITY

Ethnic and racial identity (ERI) refers broadly to the personal significance and meaning of race to an individual and is arguably the most examined racial, ethnic, and/or cultural resilience or protective factor in studies of racism, racial discrimination, and psychological adjustment and well-being (Neblett et al. 2012). ERI, a "critical component of the developmental maturation" (Anderson et al. 2020, p. 714) of Black individuals, has been positively linked with self-esteem, internalizing symptoms (e.g., Wong et al. 2003), externalizing symptoms (Belgrave et al. 2000, McMahon & Watts 2002), and a wide range of adjustment outcomes in Black youth (e.g., Anderson et al. 2020, Gaylord-Harden et al. 2007, Wills et al. 2007). Two of the most prominent dimensions of racial and ethnic identity investigated in prior studies include ethnic affirmation (private regard), which refers to positive feelings about group membership, and public regard, which refers to perceptions of how favorably others view African Americans. Studies of racial identity as a promotive[2] and protective factor were on the rise in child and adolescent research 10 years ago. For example, African American adolescents who felt that others viewed their group less favorably (i.e., low public regard) were protected against the negative impact of racial discrimination on psychological well-being (Sellers et al. 2006).

[2] Promotive (or compensatory) factors are one type of resilience factor characterized by better outcomes across all levels of risk (e.g., discrimination). They are often interpreted analytically as main effects. In this review, the term protective factors refers primarily to factors that play a mitigating role when the level of adversity (i.e., racism/racial discrimination) is high. Protective factors are often analyzed as interaction effects; however, protective can be used broadly to refer to promotive and compensatory effects as well (see Masten et al. 2009, Neblett et al. 2008, Zimmerman et al. 2002).

Ethnic and Racial Identity: Representative Studies

Studies examining the protective effects of racial identity in the context of racism and youth mental health are mixed with some studies finding a protective effect (Carter et al. 2017, Jones et al. 2014, Sellers et al. 2003), others a vulnerability effect (Rucker et al. 2014, Volpe et al. 2019), some both (with conditional effects depending on identity or outcome evaluated; Jones et al. 2014, Neblett & Roberts 2013, Volpe et al. 2019), and even some with no effect at all (e.g., Isom 2016). As Anderson et al. (2020, p. 707) noted, "the literature is equivocal on whether, how, and when [ERI] protects or exacerbates" psychological outcomes. In a study of ERI and health among Black youth (n = 612; 58.2% female), collective ERI or the belief that others viewed African Americans favorably was associated with better health (i.e., a promotive effect as characterized by less depression and anxiety), but it did not buffer the effects of discrimination on health (Zapolski et al. 2019a). In one of the first studies to examine racial discrimination in an online context, Tynes et al. (2012) found that ERI moderated the negative impact of online racial discrimination and anxiety in a sample of African American adolescents (n = 125; 55% female; mean age = 16.1; SD = 1.09). Another study of stressful events including racial microaggressions (Cunningham et al. 2018) reported different influences of racial identity for boys and girls (n = 285; 73% female; mean age = 15.41; SD = 1.38). High racial identity exacerbated aggression attitudes for boys who experienced more stressful events, but it buffered the association between stressful events and aggression attitudes for girls.

Studies of older youth are mixed as well (e.g., Willis & Neblett 2018). In a predominantly African American sample (n = 465; 80.1% Black; 51% female) spanning from late adolescence to emerging adulthood, Anderson et al. (2020) found that for individuals with racial identity trajectories consistent with persistent moderate levels of private regard and high levels of public regard in late adolescence through emerging adulthood, increases in racial discrimination were associated with increases in alcohol-related problems over time. There was no association, however, for youth with consistently high levels of private regard and moderate levels of public regard, which suggests that high positive feelings about being Black and the belief that others do not see Blacks favorably might be protective.

Adding further complexity to the association between racism and mental health–related outcomes, a recent study by Hope et al. (2021) found differential effects of ERI as a function of the type of racism examined. In a study of Black adolescents (n = 442; 57.2% female; mean age = 15.6 years; SD = 1.06), low public regard, which in other studies (e.g., Sellers et al. 2006) was protective, instead acted as a vulnerability factor (i.e., increased perseverative cognition and psychological anticipation). Higher private regard, which typically operates in a protective manner, was found to have a vulnerability influence, such that the positive association between institutional racism experiences and distress and physiological anticipation of future racism was stronger for those with higher private regard. In an attempt to better understand how gender and racial identity collectively moderate the relation between online/offline discrimination and psychological functioning, Perkins et al. (2022) reported similarly counterintuitive findings whereby low public regard was protective for Black young men (i.e., decreased depression and anxiety, increased psychological well-being) and high public regard was protective for Black young women.

Ethnic and Racial Identity: Mechanisms

What mechanisms explain or account for how ERI influences the link between racism and mental health? First, ERI has been framed as a form of culturally specific coping (Cunningham et al. 2018) that provides access to a repertoire of strategies for managing racism and discrimination (McMahon & Watts 2002, Shelton et al. 2005, Wong et al. 2003). Self-concept and self-esteem,

in particular, also have been implicated in underlying mechanisms. For example, Rector & Roger (1996) suggested that positive self-esteem may allow youth to detach from, reframe, and reevaluate racially discriminatory events. Specifically, ERI may allow racism experiences to be seen as part of the broader societal culture and not as personal affronts (Anderson et al. 2020).

Ethnic and Racial Identity: Critique and Synthesis

Some limitations of recent studies in the racial identity domain include cross-sectional data, constraints on generality (nonrepresentative samples), poor psychometric instrumentation (e.g., single-item measures, scales with poor or modest reliability, treatment of racial identity as a unidimensional construct or score despite its multidimensional nature), and relatively fewer studies examining externalizing symptoms. Any of these shortcomings might account, in part, for mixed findings that are typical of recent work in this area. Additionally, failure to consider multiple sources of racial discrimination (e.g., peers versus teachers versus nonspecific), examining racial discrimination in isolation versus in the context of other negative experiences, differences in methodology (e.g., survey/self-report versus psychophysiology), using different measures of racial discrimination (e.g., frequency versus distress) and ERI, and comparing constructs that are not metrically equivalent all could contribute to equivocal findings.

Despite these limitations, strengths include the following:

1. Recognition of change in contexts and accompanying changes in racism and discrimination, such as increases in (*a*) time youth spend in online contexts (Rideout et al. 2010), (*b*) hate crimes, activity, and groups (Criss et al. 2020, Potok 2011), and (*c*) exposure to racial comments and racial tension in online spaces and in an "increasingly internet-connected society" (Perkins et al. 2022, p. 244)
2. Examination of multiple dimensions of ERI simultaneously (as opposed to in isolation; e.g., examining affirmation/private regard and public regard together)
3. More longitudinal studies (e.g., Anderson et al. 2020)
4. Examination of racism experiences that extend beyond individual instances of racism (i.e., institutional and cultural racism)
5. Consideration of age/developmental stage (Hope et al. 2020) and gender (e.g., Perkins et al. 2022) as moderating influences

The recognition of change in contexts goes hand in glove with recent increased interest in the study of structural racism (Riley 2018) and increases knowledge regarding how Black youth navigate not only past but also modern-day instances of racism and discrimination. The examination of multiple dimensions of ERI acknowledges the reality that ERI is complex and multidimensional. Studies that examine only one source or type of racism or one dimension of racial identity may fall short of capturing multilevel racism experiences (e.g., institutional, cultural racism) for youth with multidimensional ERI. Finally, the consideration of age/developmental stage and gender lays the foundation for a more nuanced developmental and contextualized formulation of how ERI operates, and for whom, across development.

ETHNIC-RACIAL SOCIALIZATION

ERS most typically refers to parental messages about the significance and meaning of race that help to foster children's racial identity (Anderson & Stevenson 2019, Hughes & Chen 1997). While ERS scholars have ascribed different names to different messages, four of the most commonly cited types of messages are cultural socialization (teaching children about their racial-ethnic heritage and history and promoting cultural, racial, and ethnic pride), preparation for bias

(highlighting the existence of inequalities between groups and preparing youth to cope with racism), egalitarianism (emphasizing individual character traits such as hard work over racial or ethnic group membership), and promotion of mistrust (conveying distrust in interracial communications) (Hughes et al. 2006, Neblett et al. 2012). Parental ERS messages have been associated with racial identity (e.g., Hughes et al. 2009, Neblett et al. 2009) and socioemotional outcomes such as positive self-concept (e.g., Bowman & Howard 1985, Davis & Stevenson 2006) and psychological well-being (Neblett et al. 2008). Yet, the association between some ERS messages and psychological adjustment outcomes is negative. Scholars have documented, for example, a negative association between preparation for bias messages and favorable psychological well-being, adjustment, and mental health (e.g., Hughes et al. 2009, McHale et al. 2006). Despite inconsistencies across direct links between ERS and adjustment in some studies, several others suggest a protective effect of ERS against the negative impact of discrimination (Harris-Britt et al. 2007, Neblett et al. 2008; for an exception, see Bynum et al. 2007).

Ethnic-Racial Socialization: Representative Studies

Recent evidence adds complexity to foundational research examining racism and discrimination, ERS, and Black youth's mental health outcomes. In a study of racial discrimination and conduct problems in African American youth aged 11–15 ($n = 472$; 49.2% boys), Kwon et al. (2022) found that cultural socialization mitigated the association between racial discrimination and conduct problems. Promotion of mistrust variables also attenuated the discrimination–conduct problems link, but the association was marginal. In another study of discrimination and smoking behavior in African American youth (Gibbons et al. 2018; $n = 889$; 54% female), cultural socialization was associated with lower rates of adolescent smoking and attenuated the relation between fifth-grade racial discrimination experiences at wave 1 and anger assessed 14 years later at wave 6 (age 24.5). In a third study, examining both personal or face-to-face discrimination and group or vicarious discrimination, Dotterer & James (2018) coined the term "parent microprotections," which are characterized by parental warmth and acceptance, cultural socialization, and preparation for bias messages. All three dimensions of parental microprotections moderated the effects of personal, but not group, discrimination on depressive symptoms in a sample of Black early adolescents ($n = 129$; 58% female). Finally, in a study of racial socialization in undergraduate Black students ($n = 208$; 56% female), racial barrier awareness messages (similar to preparation for bias messages) did not buffer the deleterious impact of discrimination on offending (e.g., damaging and destroying property, shoplifting, selling marijuana; Jones & Greene 2016).

Ethnic-Racial Socialization: Mechanisms

Consistent with prior empirical studies (e.g., Constantine et al. 2006) and the conceptual model of mechanisms of protection described by Neblett et al. (2012), the representative studies propose that ERS might convey protection or vulnerability by way of self-concept and, specifically, self-efficacy. Youth's discussion of racial discrimination experiences with their parents can trigger microprotections that foster positive self-concept (cultural socialization) but also could "weaken the child's sense of self-efficacy and worth" (Dotterer & James 2018, p. 46) if racial barriers are overemphasized. Gibbons et al. (2018, p. 1632) posited that cultural socialization lessens smoking and affective reactions to racial discrimination because smoking is "less a part of Black culture" and because positive identification with one's group might buffer the distress associated with discrimination. Jones & Greene (2016) suggested that racial barrier messages might neutralize the negative impact of racial discrimination by providing alternative, nonpersonal attributions (see also Coard & Sellers 2005). Beyond self-concept and cultural mechanisms, Kwon et al. (2022)

suggested that future studies should examine racial identity development, coping, and emotional regulation as processes by which ERS acts as a protective or vulnerability factor. Finally, a promising mechanism proposed in recent research is critical consciousness (Bañales et al. 2021, Byrd & Ahn 2020). Critical consciousness refers to "perceptions that marginalized groups face social injustice and sense of agency to promote social change" (Bañales et al. 2021, p. 965). Together, racial identity, emotion regulation, and critical consciousness as mediating mechanisms suggest reformulation and further refinement of the model articulated by Neblett et al. (2012).

Ethnic-Racial Socialization: Critique and Synthesis

Recent work examining ERS is consistent with prior research (with an emphasis on cultural socialization, preparation for bias, and to a lesser extent promotion of mistrust messages and joint consideration of other parenting variables such as warmth and involved parenting; see Varner et al. 2018) but is not unaffected by limitations similar to those of ERI studies. Robust longitudinal data (Gibbons et al. 2010, 2018) are needed to understand moderating (and mediating) mechanisms of ERS over time. Another promising development that parallels the examination of gender in the context of racial identity is the consideration of gendered racial socialization. A recent study by Evans et al. (2022) examined gendered racial socialization, the process through which caregivers send messages to their children about the intersection of their race and gender. Although this study examined sexual (and not mental) health, gendered racial pride and empowerment messages about Black girls and women facilitated safer sexual decision making and less intention to have early sex. The authors proposed that gendered racial socialization promotes self-worth and helps Black girls and young women reject negative stereotypes. Like ERS, positive attitudes about being both Black and female may prevent the internalization of racism and sexist stereotypes (Jerald et al. 2016). It seems reasonable to intuit that this same mechanism might operate in the context of racial discrimination and mental health for Black girls and young women.

RELIGIOSITY AND SPIRITUALITY

Neblett et al. (2012) did not formally include religiosity or spirituality as a cultural resilience factor, but this broad class of factors, including religious involvement, also emerged as a common protective factor in studies of racial discrimination and mental health outcomes for Black youth. Religiosity refers to a system of beliefs and practices that nurture a relationship with a higher power and is often operationalized as religious involvement or participation in religious activities. Spirituality, in contrast, focuses less on institutionalized practices and emphasizes a belief in a "sacred force that exists in all things" and connection to or an intimate relationship with God or a higher power (Belgrave & Allison 2013, Mattis 2000). Both factors have been linked with a broad range of youth psychological adjustment outcomes (e.g., Lee et al. 2015, Mattis & Mattis 2011, Salas-Wright et al. 2013) including substance abuse, delinquency, and risky sexual behaviors (Berg et al. 2009, Mattis & Grayman-Simpson 2013).

Religiosity and Spirituality: Representative Studies

Three studies are representative of recent research examining religiosity and spirituality in the context of racial discrimination and psychological adjustment and mental health outcomes. In a study of internalizing and externalizing problems and polydrug use in African American adolescents ($n = 576$; 53.2% female; mean age = 16; SD = 1.44), Sharma et al. (2019) found that the association between cumulative risk (racial discrimination, neighborhood problems, and general stress and violence exposure) and internalizing symptoms was attenuated by adolescent religiosity—as indexed by frequency of religious service attendance in the past year and importance of

religion to the self—for males and females. Adolescent religiosity also buffered the association between cumulative risk and externalizing symptoms, but only for females. Second, drawing on data from the Flint Adolescent Study, Lee et al. (2021) found that depressive symptoms mediated the association between racial discrimination and cortisol/DHEA ratio [also a correlate of posttraumatic stress disorder (PTSD)], but only for African American emerging adults ($n = 188$; 47.3% female; ages 20–22) with low and moderate levels of organizational religious involvement (indexed as frequency of service attendance and whether the participant was involved in other religious activities such as choir and bible study). Thus, service attendance and other religious activities buffered the link between racial discrimination and depressive symptoms. In a third study of adolescent girls' psychological well-being ($n = 117$; mean age = 15), Butler-Barnes et al. (2018) found that "having a relationship with God," indexed by items such as "God is distant," above and beyond church attendance and relation to religious institutions, served as a protective factor for African American girls who internalized moderate levels of racial stigma (i.e., the internalization of negative attitudes and stereotypes about being Black). This latter study arguably reflects the unique contribution of spirituality and not religiosity to mental health outcomes in the context of race-related stressors.

Religiosity and Spirituality: Mechanisms

These studies (and many preceding them) suggest several mechanisms by which religiosity, religious involvement, and spirituality might convey their protective effects. First, the protective effects of religiosity may be mediated by social and emotional support. Religious involvement can increase social and emotional support through (*a*) empathy and validation from leaders and congregants (Hope et al. 2017, Mattis & Watson 2009) and (*b*) increased opportunities for mentorship and positive interactions with mentors (Cook 2000) through activities such as individual and group counseling (Krause 2003) and youth groups (Belgrave & Allison 2013, Sharma et al. 2019). Second, religiosity may provide opportunities for personal development, including opportunities for community involvement, internalization of parental and community values, and practicing social skills, which contribute to positive youth outcomes (Mosavel et al. 2015, Sharma et al. 2019). Third, the positive impact of religiosity and spirituality may be mediated by self-esteem and self-efficacy "via prayer or positive appraisals from peers and adults in the community" (George et al. 2002; Sharma et al. 2019, p. 1297). Fourth, religiosity may increase exposure to teaching that emphasizes liberation theology (Mattis et al. 2003) and may promote volunteerism and civic engagement (Hope & Spencer 2017). Exposure to liberation theology may allow youth to reframe racial discrimination experiences as meaningful and reinforce the belief that God is able to "exact social, political and economic justice to members of oppressed groups" (Lee et al. 2021, p. 417). Volunteer and civic engagement activities have been linked with positive mental health outcomes in the context of racial discrimination (Hope et al. 2018). Finally, religiosity scholars have suggested gratitude (Krause 2006), forgiveness (Krause & Ellison 2003), and religious coping (Pargament 1997) as additional mechanisms to consider in understanding the salutary effects of religiosity (Lee et al. 2021).

Religiosity and Spirituality: Critique and Synthesis

A long-standing critique of religiosity and spirituality measures is that they do not always reflect rich measurement of the constructs. For instance, it is not uncommon for studies to examine only one dimension of religiosity (e.g., church attendance) and to do so with scales that contain few items. This limitation notwithstanding, there are several recent developments that bode well for future work in this area. First, the simultaneous examination of biological and psychosocial

mechanisms (e.g., Lee et al. 2021), with the methods to match, can provide important information about how mental health shapes and influences stress-related health outcomes. Second, as with ERI and ERS, the consideration of gender differences adds to our understanding of individual differences in how religiosity and spirituality shape the impact of racism and discrimination on psychological adjustment and mental health. In the studies reviewed, religiosity and spirituality were frequently protective for girls, but more studies are needed to determine how these factors operate for boys and young men.

PARENTING AND FAMILY

Beyond ERI, ERS, and religiosity/spirituality, a review of racism, discrimination, and mental health resilience factors would be incomplete without acknowledgment of a robust body of work examining family and parenting [e.g., nurturant-involved parenting (Brody et al. 2006), family social support (Cooper et al. 2013), supportive parenting (Gibbons et al. 2010)]. As the ERS literature and other studies (e.g., Cunningham et al. 2018) suggest, families are among the most influential contexts for children's and adolescents' processing of racism, discrimination, and racial adversity more broadly. Although most of these studies do not focus specifically on cultural or race-related parenting practices or include racial and cultural resilience factors formally, family processes are important to include as a culturally relevant resilience factor given the significance of family for Black youth.

Parenting and Family: Representative Studies

As with many of the other factors examined above, recent studies examining family- and parenting-related variables as resilience factors have shown mixed results: Some have suggested protective effects, while others have not. In a recent study examining intersectional minority stress and alcohol, tobacco, and cannabis use among racially diverse sexual and gender minority adolescents of color ($n = 3{,}423$; 74.1% female; mean age = 15.57; SD = 1.27; 13.26% Black), family support, as indexed by general emotional support, did not moderate the link between racism and greater odds of heavy alcohol or cannabis use (Mereish et al. 2023). However, another study examining family environment (as indexed by parental emotional support, parent–child conflict, and disorganization in the home) in two cohorts of mid- to late adolescents ($n = 322$ and 294) found a buffering effect of supportive family environment on the association between racial discrimination and epigenetic aging. Epigenetic aging has been linked with risk for depressive symptoms and major depressive disorder (particularly following exposure to adverse life events) and PTSD (Klopack et al. 2022, Penner-Goeke & Binder 2019).

The majority of studies examining family as a resilience factor focus on specific aspects of parenting. In a study of racial discrimination, parental support, racial discrimination, depression, and drug use among African American youth ($n = 1{,}521$; grades 4–12), Zapolski et al. (2016, p. 718) observed that "parental support (as indexed by emotional support and closeness) buffered the negative effect of depression symptomatology on drug use as a consequence of discrimination." In a randomized controlled trial of Black rural families, Lei and colleagues (2021) found that participation in a family-centered prevention program [Protecting Strong African American Families (ProSAAF)] buffered the impact of racial discrimination on increases in depressive symptoms. This protective effect was mediated by changes in parenting behaviors such as "asks the child what they will be doing, where they will go, who they will be with, when they will get home, checks on them when they are out, discusses house rules, enforces house rules, and reminds them of why they should be proud of being African American" (Lei et al. 2021, p. 460). However, a similar study examining parental monitoring during adolescence among African American youth ($n = 522$; 46%

female; assessments completed at 7th, 9th, and 12th grades) found no such protective effect on the association between racism and anxiety and behavior problems (Herman et al. 2020).

Parenting and Family: Mechanisms

Both older and more recent studies of general family processes (e.g., environment, family support), as well as studies focusing specifically on parenting, suggest several mechanisms by which these factors may buffer the impact of racial discrimination on poor mental health. For example, Brody et al. (2006) suggested (*a*) rejection of negative self-messages, (*b*) planful self-regulated behavior, (*c*) emotional regulation, (*d*) (non-anger-based) coping strategies, and (*e*) future time orientation as candidate mediators of the protective effects of parenting on mental health sequelae of racial discrimination. Zapolski et al. (2016) also suggested that coping and self-regulation skills may enable African American youth to withstand adversity following racial discrimination experiences and posited that achievement orientation and negative drug attitudes also might explain the protective effect of parental support. Building on emotion regulation as a mechanism by which family and parenting effects protect against racial discrimination, Brody et al. (2016) suggested that emotion-regulated physiological responses and motivational states might further underlie the regulation of negative emotions, which, in turn, shape and influence the impact of family processes on the link between racial discrimination and mental health.

Parenting and Family: Critique and Synthesis

Studies suggest that family and parenting variables and processes are important to consider in understanding the link between racial discrimination and mental health; however, as with other studies reviewed, several factors make it difficult to draw a definitive conclusion about how family and parental processes play a role. First, as noted above, some studies examine family processes broadly (e.g., examining family emotional support; Mereish et al. 2023), some examine parenting broadly, and others focus on specific aspects of parenting (e.g., parental monitoring). Some examinations of family processes are unidimensional (e.g., examining family emotional support broadly; Mereish et al. 2023), while others are multidimensional (e.g., examining parent–child conflict and disorganization in the home; Brody et al. 2016) and include specific—and likely overlapping—elements of parenting (e.g., monitoring, positive reinforcement, rejection, consistent discipline, parental communication, involvement, emotional support, closeness, warmth). Even studies that focus specifically on parenting vary considerably in which dimensions of parenting they examine [e.g., parent–relationship quality (Savell et al. 2019) versus monitoring versus multiple dimensions] and which dimensions are taken into account (i.e., treated as covariates) when examining a subset of parenting variables. Some studies also incorporate elements of racial socialization in their treatment of parenting and family processes (e.g., Lei et al. 2021), while others do not. This heterogeneity in the definition, conceptualization, operationalization, and data analysis (e.g., reducing multidimensional aspects of parenting to a unidimensional score) of what constitutes family processes and parenting makes it extremely difficult, if not impossible, to arrive at a full and complete picture of how these processes operate in the context of racial discrimination and mental health. A second critique and consideration is that whether examining family or parental process, few studies extend beyond the immediate family to include extended family members. It is unclear to what extent extended family plays a role in resilience against racial discrimination in the context of mental health; yet, given the importance of the extended family (and even other significant nonparental adults, such as mentors) for Black youth, it would seem that such investigations are warranted.

REFLECTIONS AND FUTURE DIRECTIONS

Research on racism and racial, ethnic, and cultural resilience has made important gains, and many of the resilience factors examined by Neblett et al. (2012) remain prominent in recent literature even with the narrower focus, in this article, on Black youth and mental health. However, several improvements stand to strengthen the rigor of scientific evidence regarding this important topic. These include, for instance, the need for representative, mixed, multimethod, and longitudinal studies with adequate statistical power that extend beyond psychological symptoms to also examine psychopathology and mental illness. Mixed and multimethod approaches will address some of the inherent limitations of relying exclusively on self-report data, while longitudinal studies can strengthen our ability to understand differences across age and development that occur in how racial, ethnic, and cultural protective factors influence youth mental health. Such studies are also needed to understand sensitive periods, how experiences of racism and their impact change over the course of development, and how the cumulative impact of experiences earlier in development shapes mental health at subsequent points along the developmental continuum (Hope et al. 2020).

As various methodological and analytic challenges are addressed, three recurring motifs or themes are important to keep in mind in future research. The first theme from recent research is context, nuance, and complexity. An increasing number of recent studies are attuned to changes in the ever-evolving nature of racism-related stressors youth are experiencing, whether increased attention to police violence and murder, the evolution of racial reckoning and antiracism racial justice movements, changes in environmental and political climate, a global pandemic, or some combination of these and other stressors. Recognition of these contextual changes is critical to understanding how resilience processes evolve as racism and the world evolve and change.

In the same way that recent studies have increasingly examined gender or gender identity and its intersection with racism and racial and cultural resilience factors (e.g., Cunningham et al. 2018, Perkins et al. 2022), context, nuance, and complexity can be found in examining multidimensional constructs (e.g., ERI, ERS), and future studies should also examine multiple resilience factors together. Examining one resilience factor at a time (e.g., ERI, ERS, religiosity/spirituality), as most studies do, undercuts the reality that Black youth contain varying combinations of multidimensional factors. Black youth do not only have an ERI or unidimensional ERS experiences or religious practices and spiritual beliefs. Accordingly, future studies must examine how various cultural factors, including family and parenting, combine to influence psychological resilience and vulnerability to racism and discrimination. Furthermore, in the same way that some studies have begun to examine multiple risk factors together (e.g., through the use of cumulative risk scores or measures of negative experiences related to Black racial identity; see Cunningham et al. 2018, Sharma et al. 2019), future research should reflect the reality that stressors co-occur. For Black youth, racism is multilevel and multifactorial and experienced within the context of a broader stress burden (Jones & Neblett 2016). As such, future studies should examine not only instances of interpersonal racism but also institutional and cultural racism or perhaps even multiple levels of racism simultaneously (Neblett 2019) within the context of the total (e.g., general and racism-related) stress that youth experience.

A second recurring theme in this review, and one perhaps not entirely unrelated to context, nuance, and complexity, is inconsistent and mixed findings. As noted above, several explanations may account for equivocal results, making it difficult to achieve consensus on how a particular resilience factor operates in the context of racism. These include differences in methodology across studies, dissimilarity across sources of discrimination, and differences in the measurement of resilience constructs (e.g., use of different ERI measures and subsequent comparisons of constructs that are not equivalent, examining different dimensions of the same construct, failure to consider

important moderating variables such as gender and age; Perkins et al. 2022). Future research should consider these nuances in making sense of findings, and perhaps arriving at a consensus about how ERI, ERS, religiosity and spirituality, or family and parenting operate should not be the goal; rather, clinical, developmental, and psychological scientists should seek to identify patterns while also delineating individual differences across comparable studies.

A third focal point across studies is the underlying mechanisms driving the protective effects of ERI, ERS, religiosity and spirituality, family and parenting, and resilience factors. As suggested by this review, many studies have proposed mechanisms, often informed by theory, by which ERI, ERS, religiosity and spirituality, and family and parenting might act as protective processes. Consistent with the conceptual model presented by Neblett et al. (2012), many of these centered around self-concept, attributions and cognitive appraisals, and coping strategies. Yet, studies reviewed in this article also suggested other viable mechanisms that extend beyond this model. It is notable that despite many studies identifying possible mechanisms, few studies have actually tested the purported mechanisms, which would seem to be an important next step in the development of prevention and intervention programs to support and influence youth mental health. Furthermore, few studies have articulated mechanisms when presumed resilience factors operated counter to what was expected. A recurring refrain of several studies in our review (e.g., Gibbons et al. 2018, Sharma et al. 2019) is that future studies should investigate the mechanisms by which the resilience factors of interest convey (or do not convey) their effects.

Figure 1 illustrates an expanded version of the model from Neblett et al. (2012) and summarizes potential mediators and mechanisms reviewed in this article that might inform our understanding of the protective effects of ERI, ERS, religiosity and spirituality, and family and parenting. Level 1 reflects the incomplete, mutually reinforcing range of protective factors with the potential to protect against the negative mental health effects (in this review: ERI, ERS, religiosity and spirituality, and family and parenting). Level 2 reflects purported mediators proposed across older and newer studies (e.g., self-esteem, coping, social support). For example, coping could include general, religion- or culture-specific coping (Cunningham et al. 2018). Black cultural behaviors may decrease negative behavioral and mental health outcomes because they replace problem behaviors that are less prominent in Black culture during childhood and adolescence (e.g., substance use). Exposure to liberation theology may provide new knowledge that provides an alternate framing of racial discrimination as positive or as a meaningful experience. Level 3 reflects nonexhaustive, specific examples of processes following from the general factors that constitute Level 2 (e.g., rejection of negative self-messages and stereotypes). Finally, Level 4 reflects the primary association of interest, on which the protective factors and mediating influences are acting to positively or negatively shape the effect of racism and racial discrimination on mental health. Moderating and mediating influences are further influenced by gender identity, age or developmental stage, socioeconomic status, geographic setting, and the broader cultural and ecological (e.g., political, technological) context and reciprocally influence the resilience factors of interest over time.

Although this model and article focus on four of the most commonly cited culturally informed resilience factors for Black youth in the context of racism, discrimination, and mental health, it is important to acknowledge that many additional protective factors have been identified that extend beyond Black youth. Examples include high-effort coping (Jelsma et al. 2022) and self-compassion (First Nation youth; Schick et al. 2021). A cursory review of factors investigated among Black *adults* yielded at least 30 factors that have been evaluated as moderators of the association between racism or racial discrimination and mental health–related outcomes. These include purpose in life (Hong et al. 2018), race-based coping (Mekawi et al. 2022), social connectedness (Sun et al. 2021), physical activity (Wright & Lewis 2020), and even mindfulness (Watson-Singleton et al. 2019,

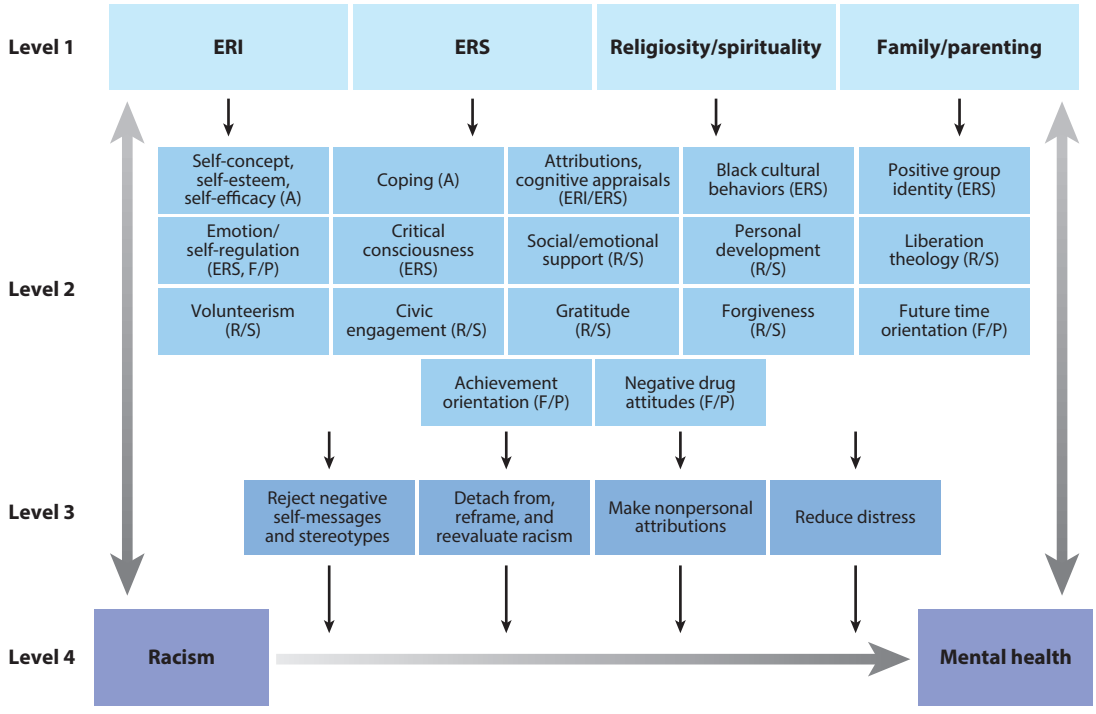

Figure 1

Expanded version of the conceptual model of mechanisms of protection from Neblett et al. (2012). This model depicts the four resilience factors (Level 1) examined in this review and possible mediators (Level 2) that lead to specific mechanisms (Level 3) that influence the association between racism and discrimination and mental health (Level 4). Letters in parentheses indicate which resilience factor is associated with which proposed mediator: ethnic and racial identity (ERI), ethnic-racial socialization (ERS), family and parenting (F/P), religiosity and spirituality (R/S), or all factors (A). Additional moderating influences not depicted include gender identity, age or developmental stage, socioeconomic status, geographic setting, and the broader cultural and ecological (e.g., political, technological, environmental) context.

Zapolski et al. 2019b). Although some of these overlap with factors identified in youth studies, future research should examine whether any of the moderators identified in adult studies might also be relevant for examination in youth studies.

CONCLUSION

This article has reviewed recent literature evaluating ERI, ERS, religiosity and spirituality, and family and parenting as protective factors and processes in the context of racism and youth mental health. These factors are consistent with prior foundational research in this area (see Neblett et al. 2012), yet several recent directions, such as examining the multidimensional nature of resilience factors, multiple levels of racism, the interconnectedness of different stress experiences, and intersecting identities (e.g., gender and race), add depth to our understanding of how racial, ethnic, and cultural resilience factors promote Black youth mental health in the context of pernicious and omnipresent racism. Continued research in this area can strengthen the foundation for the development of programs, interventions (Anderson et al. 2019), and policy to eradicate and dismantle racism and promote the health, mental health, and well-being of Black children, adolescents, and young adults.

SUMMARY POINTS

1. Racism constitutes a significant risk to the mental health of African American children, adolescents, and emerging adults.
2. Ethnic and racial identity, ethnic-racial socialization, religiosity and spirituality, and family and parenting are four prominent racial, ethnic, and culture resilience factors with the potential to mitigate the impact of racism and discrimination on the mental health of African American youth.
3. Recent research considers gender, intersectional identities and systems of oppression, cultural context, and multiple levels of racism to shed light on potential prevention and intervention efforts that can mitigate the deleterious mental health effects of racism.
4. Arriving at consensus regarding how racial, ethnic, and cultural resilience factors enhance mental health in the context of racism and discrimination may be an unrealistic goal; instead, research should identify patterns while also delineating individual differences across studies.

FUTURE ISSUES

1. Representative, mixed, multimethod, and longitudinal studies with adequate statistical power should be conducted that extend beyond psychological symptoms to also examine psychopathology and mental illness.
2. There is a need to evaluate the influence of ever-changing contexts (e.g., racial reckoning, antiracism, political climate, global pandemic) on the impact of racism on mental health.
3. The presence of multiple stressors, intersecting identities, and multilevel systems of oppression (e.g., sexism, institutional and cultural racism) should be examined as contributing influences that shape the racism–mental health link.
4. Purported mechanisms underlying the association between racism and discrimination and African American youth mental health should be empirically tested.

DISCLOSURE STATEMENT

The author is not aware of any affiliations, memberships, funding, or financial holdings that might be perceived as affecting the objectivity of this review.

LITERATURE CITED

Anderson RE, Lee DB, Hope MO, Nisbeth K, Bess K, Zimmerman MA. 2020. Disrupting the behavioral health consequences of racial discrimination: a longitudinal investigation of racial identity profiles and alcohol-related problems. *Health Educ. Behav.* 47(5):706–17

Anderson RE, McKenny MC, Stevenson HC. 2019. EMBRace: developing a racial socialization intervention to reduce racial stress and enhance racial coping among Black parents and adolescents. *Fam. Process* 58(1):53–67

Anderson RE, Stevenson HC. 2019. RECASTing racial stress and trauma: theorizing the healing potential of racial socialization in families. *Am. Psychol.* 74(1):63–75

Bañales J, Hope EC, Rowley SJ, Cryer-Coupet QR. 2021. Raising justice-minded youth: parental ethnic-racial and political socialization and Black youth's critical consciousness. *J. Soc. Issues* 77(4):964–86

Belgrave FZ, Allison KW. 2013. *African American Psychology: From Africa to America*. Los Angeles: SAGE. 4th ed.

Belgrave FZ, Brome DR, Hampton C. 2000. The contribution of Afrocentric values and racial identity to the prediction of drug knowledge, attitudes, and use among African American youth. *J. Black Psychol.* 26:386–401

Benner AD, Wang Y, Shen Y, Boyle AE, Polk R, Cheng YP. 2018. Racial/ethnic discrimination and well-being during adolescence: a meta-analytic review. *Am. Psychol.* 73(7):855–83

Berg C, Choi WS, Kaur H, Nollen N, Ahluwalia JS. 2009. The roles of parenting, church attendance, and depression in adolescent smoking. *J. Commun. Health* 34(1):56–63

Bowman PJ, Howard C. 1985. Race-related socialization, motivation, and academic achievement: a study of Black youths in three-generation families. *J. Am. Acad. Child Psychiatry* 24:134–41

Brody GH, Chen YF, Murry VM, Ge X, Simons RL, et al. 2006. Perceived discrimination and the adjustment of African American youths: a five-year longitudinal analysis with contextual moderation effects. *Child Dev.* 77(5):1170–89

Brody GH, Miller GE, Yu T, Beach SR, Chen E. 2016. Supportive family environments ameliorate the link between racial discrimination and epigenetic aging: a replication across two longitudinal cohorts. *Psychol. Sci.* 27(4):530–41

Butler-Barnes ST, Martin PP, Hope EC, Copeland-Linder N, Lawrence Scott M. 2018. Religiosity and coping: racial stigma and psychological well-being among African American girls. *J. Relig. Health* 57(5):1980–95

Bynum MS, Burton ET, Best C. 2007. Racism experiences and psychological functioning in African American college freshmen: Is racial socialization a buffer? *Cult. Divers. Ethn. Minor. Psychol.* 13(1):64–71

Byrd CM, Ahn LH. 2020. Profiles of ethnic-racial socialization from family, school, neighborhood, and the Internet: relations to adolescent outcomes. *J. Commun. Psychol.* 48(6):1942–63

Carter RT, Johnson VE, Roberson K, Mazzula SL, Kirkinis K, Sant-Barket S. 2017. Race-based traumatic stress, racial identity statuses, and psychological functioning: an exploratory investigation. *Prof. Psychol. Res. Pract.* 48(1):30–37

Coard S, Sellers R. 2005. African American families as a context for racial socialization. In *Emerging Issues in African-American Family Life: Context, Adaptation and Policy*, ed. V McLoyd, N Hill, K Dodge, pp. 264–84. New York: Guilford

Constantine MG, Alleyne VL, Wallace BC, Franklin-Jackson DC. 2006. Africentric cultural values: their relation to positive mental health in African American adolescent girls. *J. Black Psychol.* 32:141e54

Cook KV. 2000. "You have to have somebody watching your back, and if that's God, then that's mighty big": the church's role in the resilience of inner-city youth. *Adolescence* 35(140):717–30

Cooper SM, Brown C, Metzger I, Clinton Y, Guthrie B. 2013. Racial discrimination and African American adolescents' adjustment: gender variation in family and community social support, promotive and protective factors. *J. Child Fam. Stud.* 22:15–29

Criss S, Michaels EK, Solomon K, Allen AM, Nguyen TT. 2020. Twitter fingers and echo chambers: exploring expressions and experiences of online racism using Twitter. *J. Racial Ethn. Health Disparities* 8(5):1322–31

Cunningham M, Francois S, Rodriguez G, Lee XW. 2018. Resilience and coping: an example in African American adolescents. *Res. Hum. Dev.* 15(3–4):317–31

Davis GY, Stevenson HC. 2006. Racial socialization experiences and symptoms of depression among Black youth. *J. Child Fam. Stud.* 15:303–17

Dotterer AM, James A. 2018. Can parenting microprotections buffer against adolescents' experiences of racial discrimination? *J. Youth Adolesc.* 47(1):38–50

English D, Lambert SF, Tynes BM, Bowleg L, Zea CM, Howard LC. 2020. Daily multidimensional racial discrimination among Black US American adolescents. *J. Appl. Dev. Psychol.* 66:101068

Evans R, Stokes MN, Hope EC, Widman L, Cryer-Coupet QR. 2022. Parental influence on sexual intentions of Black adolescent girls: examining the role of gendered-racial socialization. *J. Fam. Psychol.* 36(2):318–23

Gaylord-Harden NK, Ragsdale BL, Mandara J, Richards MH, Petersen AC. 2007. Perceived support and internalizing symptoms in African American adolescents: self-esteem and ethnic identity as mediators. *J. Youth Adolesc.* 36:77–88

George LK, Ellison CG, Larson DB. 2002. Explaining the relationships between religious involvement and health. *Psychol. Inq.* 13(3):190–200

Gibbons FX, Etcheverry PE, Stock ML, Gerrard M, Weng CY, et al. 2010. Exploring the link between racial discrimination and substance use: What mediates? What buffers? *J. Personal. Soc. Psychol.* 99(5):785–801

Gibbons FX, Fleischli ME, Gerrard M, Simons RL. 2018. Reports of perceived racial discrimination among African American children predict negative affect and smoking behavior in adulthood: a sensitive period hypothesis. *Dev. Psychopathol.* 30(5):1629–47

Harris-Britt A, Valrie CR, Kurtz-Costes B, Rowley SJ. 2007. Perceived racial discrimination and self-esteem in African American youth: racial socialization as a protective factor. *J. Res. Adolesc.* 17(4):669–82

Herman KC, Pugh B, Ialongo N. 2020. Does parental monitoring during adolescence moderate neighborhood effects on African American youth outcomes? *J. Child Fam. Stud.* 29(11):3184–97

Hong JH, Talavera DC, Odafe MO, Barr CD, Walker RL. 2018. Does purpose in life or ethnic identity moderate the association for racial discrimination and suicide ideation in racial/ethnic minority emerging adults? *Cult. Divers. Ethn. Minor. Psychol.* **https://doi.org/10.1037/cdp0000245**

Hope EC, Brinkman M, Hoggard LS, Stokes MN, Hatton V, et al. 2021. Black adolescents' anticipatory stress responses to multilevel racism: the role of racial identity. *Am. J. Orthopsychiatry* 91(4):487–98

Hope EC, Cryer-Coupet QR, Stokes MN. 2020. Race-related stress, racial identity, and activism among young Black men: a person-centered approach. *Dev. Psychol.* 56(8):1484–95

Hope EC, Spencer MB. 2017. Civic engagement as an adaptive coping response to conditions of inequality: an application of Phenomenological Variant of Ecological Systems Theory (PVEST). In *Handbook on Positive Development of Minority Children and Youth*, ed. NJ Cabrera, B Leyendecker, pp. 421–35. Cham: Springer

Hope EC, Velez G, Offidani-Bertrand C, Keels M, Durkee MI. 2018. Political activism and mental health among Black and Latinx college students. *Cult. Divers. Ethn. Minor. Psychol.* 24(1):26–39

Hope MO, Assari S, Cole-Lewis YC, Caldwell CH. 2017. Religious social support, discrimination, and psychiatric disorders among Black adolescents. *Race Soc. Probl.* 9(2):102–14

Hughes D, Chen L. 1997. When and what parents tell children about race: an examination of race-related socialization among African American families. *Appl. Dev. Sci.* 1(4):200–14

Hughes D, Rodriguez J, Smith EP, Johnson DJ, Stevenson HC, Spicer P. 2006. Parents' ethnic-racial socialization practices: a review of research and directions for future study. *Dev. Psychol.* 42:747–70

Hughes D, Witherspoon D, Rivas-Drake D, West-Bey N. 2009. Received ethnic-racial socialization messages and youth's academic and behavioral outcomes: examining the mediating role of ethnic identity and self-esteem. *Cult. Divers. Ethn. Minor. Psychol.* 15:112–24

Iruka IU, Gardner-Neblett N, Telfer NA, Ibekwe-Okafor N, Curenton SM, et al. 2022. Effects of racism on child development: advancing anti-racist developmental science. *Annu. Rev. Dev. Psychol.* 4:109–32

Isom D. 2016. Microaggressions, injustices, and racial identity: an empirical assessment of the theory of African American offending. *J. Contemp. Crim. Justice* 32(1):27–59

Jelsma E, Chen S, Varner F. 2022. Working harder than others to prove yourself: high-effort coping as a buffer between teacher-perpetrated racial discrimination and mental health among Black American adolescents. *J. Youth Adolesc.* 51(4):694–707

Jerald MC, Ward LM, Moss L, Thomas K, Fletcher KD. 2016. Subordinates, sex objects, or sapphires? Investigating contributions of media use to Black students' femininity ideologies and stereotypes about Black women. *J. Black Psychol.* 43(6):608–35

Jones CA, Greene HT. 2016. Race discrimination, racial socialization, and offending trends among African American college students: a test of the theory of African American offending. *J. Contemp. Crim. Justice* 32(1):60–77

Jones SC, Lee DB, Gaskin AL, Neblett EW Jr. 2014. Emotional response profiles to racial discrimination: Does racial identity predict affective patterns? *J. Black Psychol.* 40(4):334–58

Jones SC, Neblett EW. 2016. Racial–ethnic protective factors and mechanisms in psychosocial prevention and intervention programs for Black youth. *Clin. Child Fam. Psychol. Rev.* 19(2):134–61

Klopack ET, Crimmins EM, Cole SW, Seeman TE, Carroll JE. 2022. Accelerated epigenetic aging mediates link between adverse childhood experiences and depressive symptoms in older adults: results from the Health and Retirement Study. *SSM Popul. Health* 17:101071

Krause N. 2003. Exploring race differences in the relationship between social interaction with the clergy and feelings of self-worth in late life. *Sociol. Relig.* 64(2):183–205

Krause N. 2006. Gratitude toward God, stress, and health in late life. *Res. Aging* 28(2):163–83

Krause N, Ellison CG. 2003. Forgiveness by God, forgiveness of others, and psychological well–being in late life. *J. Sci. Study Relig.* 42(1):77–93

Kwon E, Metzger I, Kogan SM. 2022. Racial discrimination and conduct problems among Black American youth: the moderating effect of ethnic racial socialization. *J. Adolesc. Health* 71(4):488–93

Lee DB, Neblett EW, Jackson V. 2015. The role of optimism and religious involvement in the association between race-related stress and anxiety symptomatology. *J. Black Psychol.* 41(3):221–46

Lee DB, Peckins MK, Miller AL, Hope MO, Neblett EW, et al. 2021. Pathways from racial discrimination to cortisol/DHEA imbalance: protective role of religious involvement. *Ethn. Health* 26(3):413–30

Lei M, Lavner JA, Carter SE, Hart AR, Beach SRH. 2021. Protective parenting behavior buffers the impact of racial discrimination on depression among Black youth. *J. Fam. Psychol.* 35(4):457–67

Masten AS, Cutuli JJ, Herbers JE, Reed MJ. 2009. Resilience in development. In *Oxford Handbook of Positive Psychology*, ed. SJ Lopez, CR Snyder, pp. 117–31. New York: Oxford Univ. Press. 2nd ed.

Mattis JS. 2000. African American women's definitions of spirituality and religiosity. *J. Black Psychol.* 26:101–22

Mattis JS, Fontenot DL, Hatcher-Kay CA. 2003. Religiosity, racism, and dispositional optimism among African Americans. *Personal. Individ. Differ.* 34(6):1025–38

Mattis JS, Grayman-Simpson NA. 2013. Faith and the sacred in African American life. In *APA Handbook of Psychology, Religion, and Spirituality*, Vol. 1: *Context, Theory, and Research*, pp. 547–64. Washington, DC: Am. Psychol. Assoc.

Mattis JS, Mattis JH. 2011. Religiosity and spirituality in the lives of African American children. In *African American Children and Mental Health*, ed. NE Hill, TL Mann, HE Fitzgerald, pp. 125–49. Santa Barbara, CA: ABC-CLIO

Mattis JS, Watson CR. 2009. Religion and spirituality. In *Handbook of African American Psychology*, ed. HA Neville, BM Tynes, SO Utsey, pp. 91–102. Thousand Oaks, CA: SAGE

McHale SM, Crouter AC, Kim JY, Burton LM, Davis KD, et al. 2006. Mothers' and fathers' racial socialization in African American families: implications for youth. *Child Dev.* 77(5):1387–402

McMahon SD, Watts RJ. 2002. Ethnic identity in urban African American youth: exploring links with self-worth, aggression, and other psychosocial variables. *J. Commun. Psychol.* 30:411–32

Mekawi Y, Carter S, Packard G, Wallace S, Michopoulos V, Powers A. 2022. When (passive) acceptance hurts: Race-based coping moderates the association between racial discrimination and mental health outcomes among Black Americans. *Psychol. Trauma Theory Res. Pract. Policy* 14(1):38–46

Mereish EH, Fish JN, Watson RJ. 2023. Intersectional minority stress and alcohol, tobacco, and cannabis use among sexual and gender minority adolescents of color: moderating role of family support. *LGBT Health* 10(1):18–25

Mosavel M, Ahmed R, Ports KA, Simon C. 2015. South African, urban youth narratives: resilience within community. *Int. J. Adolesc. Youth* 20(2):245–55

Neblett EW Jr. 2019. Racism and health: challenges and future directions in behavioral and psychological research. *Cult. Divers. Ethn. Minor. Psychol.* 25:12–20

Neblett EW Jr., Chavous TM, Nguyên HX, Sellers RM. 2009. "Say it loud—I'm Black and I'm proud": parents' messages about race, racial discrimination, and academic achievement in African American boys. *J. Negro Educ.* 78:246–59

Neblett EW Jr., Rivas-Drake D, Umaña-Taylor AJ. 2012. The promise of racial and ethnic protective factors in promoting ethnic minority youth development. *Child Dev. Perspect.* 6(3):295–303

Neblett EW Jr., Roberts SO. 2013. Racial identity and autonomic responses to racial discrimination. *Psychophysiology* 50:943–53

Neblett EW Jr., White RL, Ford KR, Philip CL, Nguyen HX, Sellers RM. 2008. Patterns of racial socialization and psychological adjustment: Can parental communications about race reduce the impact of racial discrimination? *J. Res. Adolesc.* 18(3):477–515

Pargament KI. 1997. *The Psychology of Religion and Coping*. New York: Guilford

Penner-Goeke S, Binder EB. 2019. Epigenetics and depression. *Dialogues Clin. Neurosci.* 21:397–405

Perkins T, Durkee M, Banks J, Ribero-Brown B. 2022. Gender and racial identity moderate the effects of online and offline discrimination on mental health. *J. Res. Adolesc.* 32(1):244–53

Potok M. 2011. The year in hate & extremism, 2010. *Intelligence Report*, Feb. 23. **https://www.splcenter.org/fighting-hate/intelligence-report/2011/year-hate-extremism-2010**

Rector NA, Roger D. 1996. Cognitive style and well-being: a prospective examination. *Personal. Individ. Differ.* 21:663–74

Rideout VJ, Foehr UG, Roberts DF. 2010. *Generation M2: media in the lives of 8- to 18-year-olds*. Rep., Kaiser Fam. Found., Washington, DC. **http://www.kff.org/entmedia/upload/8010.pdf**

Riley AR. 2018. Neighborhood disadvantage, residential segregation, and beyond—lessons for studying structural racism and health. *J. Racial Ethn. Health Disparities* 5(2):357–65

Rucker J, Neblett E Jr., Anyiwo N. 2014. Racial identity, perpetrator race, racial composition of primary community, and mood responses to discrimination. *J. Black Psychol.* 40(6):539–62

Salas-Wright CP, Vaughn MG, Maynard BR. 2013. Religiosity and violence among adolescents in the United States: findings from the National Survey on Drug Use and Health 2006–2010. *J. Interpers. Violence* 29(7):1178–200

Savell SM, Womack SR, Wilson MN, Shaw DS, Dishion TJ. 2019. Considering the role of early discrimination experiences and the parent–child relationship in the development of disruptive behaviors in adolescence. *Infant Ment. Health J.* 40(1):98–112

Schick MR, Nalven T, Crawford MC, Spillane NS. 2021. Perceived racial discrimination, alcohol use, and alcohol-related problems: the moderating role of self-compassion in reserve-dwelling First Nation youth. *Transl. Issues Psychol. Sci.* 7(4):405–18

Seaton EK, Douglass S. 2014. School diversity and racial discrimination among African-American adolescents. *Cult. Divers. Ethn. Minor. Psychol.* 20(2):156–65

Sellers RM, Caldwell CH, Schmeelk-Cone KH, Zimmerman MA. 2003. Racial identity, racial discrimination, perceived stress, and psychological distress among African American young adults. *J. Health Soc. Behav.* 44(3):302–17

Sellers RM, Copeland-Linder N, Martin PP, Lewis RL. 2006. Racial identity matters: the relationship between racial discrimination and psychological functioning in African American adolescents. *J. Res. Adolesc.* 16:187–216

Sharma S, Mustanski B, Dick D, Bolland J, Kertes DA. 2019. Protective factors buffer life stress and behavioral health outcomes among high-risk youth. *J. Abnorm. Child Psychol.* 47(8):1289–301

Shelton JN, Yip T, Eccles JS, Chatman CM, Fuligni AJ, Wong C. 2005. Ethnic identity as a buffer of psychological adjustment to stress. In *Navigating the Future: Social Identity, Coping, and Life Tasks*, ed. G Downey, JS Eccles, CM Chatman, pp. 96–113. New York: Russell Sage Found.

Stern JA, Barbarin O, Cassidy J. 2022. Working toward anti-racist perspectives in attachment theory, research, and practice. *Attach. Hum. Dev.* 24(3):392–422

Sun X, Hall GCN, DeGarmo DS, Chain J, Fong MC. 2021. A longitudinal investigation of discrimination and mental health in Chinese international students: the role of social connectedness. *J. Cross-Cult. Psychol.* 52(1):61–77

Trent M, Dooley DG, Dougé J, Cavanaugh RM, Lacroix AE, et al. 2019. The impact of racism on child and adolescent health. *Pediatrics* 144(2):e20191765

Tynes BM, Umana-Taylor AJ, Rose CA, Lin J, Anderson CJ. 2012. Online racial discrimination and the protective function of ethnic identity and self-esteem for African American adolescents. *Dev. Psychol.* 48(2):343–55

Varner FA, Hou Y, Hodzic T, Hurd NM, Butler-Barnes ST, Rowley SJ. 2018. Racial discrimination experiences and African American youth adjustment: the role of parenting profiles based on racial socialization and involved-vigilant parenting. *Cult. Divers. Ethn. Minor. Psychol.* 24(2):173–86

Volpe VV, Lee D, Hoggard L, Rahal D. 2019. Racial discrimination and acute physiological responses among Black young adults: the role of racial identity. *J. Adolesc. Health* 64(2):179–85

Watson-Singleton NN, Hill LK, Case AD. 2019. Past discrimination, race-related vigilance, and depressive symptoms: the moderating role of mindfulness. *Mindfulness* 10(9):1768–78

Willis HA, Neblett EW. 2018. OC symptoms in African American young adults: the associations between racial discrimination, racial identity, and obsessive-compulsive symptoms. *J. Obsessive-Compuls. Relat. Disord.* 19:105–15

Wills TA, Murry VM, Brody GH, Gibbons FX, Gerrard M, et al. 2007. Ethnic pride and self-control related to protective and risk factors: test of the theoretical model for the strong African American families program. *Health Psychol.* 26:50–59

Wong CA, Eccles JS, Sameroff A. 2003. The influence of ethnic discrimination and ethnic identification on African American adolescents' school and socioemotional adjustment. *J. Personal.* 71:1197–232

Wright LN, Lewis JA. 2020. Is physical activity a buffer? Gendered racial microaggressions and anxiety among African American women. *J. Black Psychol.* 46(2–3):122–43

Zapolski TC, Beutlich MR, Fisher S, Barnes-Najor J. 2019a. Collective ethnic–racial identity and health outcomes among African American youth: examination of promotive and protective effects. *Cult. Divers. Ethn. Minor. Psychol.* 25(3):388–96

Zapolski TC, Faidley MT, Beutlich MR. 2019b. The experience of racism on behavioral health outcomes: the moderating impact of mindfulness. *Mindfulness* 10(1):168–78

Zapolski TC, Fisher S, Hsu WW, Barnes J. 2016. What can parents do? Examining the role of parental support on the negative relationship among racial discrimination, depression, and drug use among African American youth. *Clin. Psychol. Sci.* 4(4):718–31

Zimmerman MA, Bingenheimer JB, Notaro PC. 2002. Natural mentors and adolescent resiliency: a study with urban youth. *Am. J. Commun. Psychol.* 30(2):221–43