Workplace Racism and Women of Colour:

An Exploration of Impacts and Coping Strategies

Benazir Sindhi

City University of Seattle: Calgary Campus

CPC 695: Counselling Psychology Research Project

Dr. Hillary Sharpe

April 16, 2021

Abstract

Women of colour in North America often face workplace racism, which significantly impacts their overall mental health and wellbeing. Racial disparities in mental health and physical health are widely recognized by researchers as a matter of serious concern. However, despite the traumatic impact that workplace racism has on the overall wellbeing of women of colour, their incredible resiliency is demonstrated in the positive coping strategies they employ to manage race-based stress. In this literature review, I explore these strategies while also providing suggestions for counsellors, health care systems, and government officials who service women of colour to ensure they are providing ethically sound and safe care. Strengths and limitations of the presented literature are also discussed to identify further research areas.

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There has been unprecedented market growth and economic opportunity for women of colour (WOC) as globalization continues to diversify the workforce. Women, immigrants, and visible minorities have made significant gains in the Canadian workforce since the 1950s (Hudon, 2016). According to Catalyst (2020), women made up 47.4% of the Canadian labour force in 2019, a significant increase from the 37.6% female representation in 1976. Concerning race and ethnicity, it is estimated that people of colour (POC) will represent a third of the Canadian labour force by 2036 (Martel, 2019). However, despite the rapid diversification of the job market and the significant gains that WOC have made, they remain significantly underrepresented within the Canadian workforce at only 10.5% (Statistics Canada, 2017).

Within the Canadian workplace, WOC often experience racism in the form of discrimination, stigmatization, harassment, and micro-aggressions (Velez et al., 2018). These experiences often have long-lasting and traumatic effects (Guo, 2015). As a result, individuals who experience workplace racism have significant mental health concerns such as depression, anxiety, shame, and guilt (Velez et al., 2018).

To fully understand the psychological impact that racism has on WOC in the workplace, it is crucial to know how racism presents itself within the workplace and how WOC cope with it. Since there is a shortage of literature on experiences of racism within the Canadian workforce (Hasford, 2016; Nelson & Wilson, 2018), this paper focuses on WOC's experiences of racism within the North American workplace (specifically in Canada and the United States) in order to highlight what is known and also what requires further research attention. In this review, I address the impacts that racism has on the mental health of WOC and present three crucial

elements that need to be addressed in order for counsellors to properly support WOC clients. The three elements are (a) understanding the concepts of racism and micro-aggressions, (b) understanding the impacts on WOC clients from racism and micro-aggressions, and (c) undertaking cultural competency training.

Previous literature on experiences of racism within the workplace has focused on Black women's experiences and the experiences of POC (all genders) in workplaces in the United States. This literature review focuses on capturing the experiences of racism that WOC - specifically Black, Asian, and Latina face within the workplace to understand the impact that racism has on the mental health of WOC in the workforce. I chose to focus on research on these specific groups, as these women are significantly underrepresented with only 20.3% of the United States workforce in 2021 (Catalyst, 2021) and only 10.5% in the Canadian workforce in 2016 (Statistics Canada, 2017).

Decades of social science research consistently show that racism is associated with numerous poor psychological and physical health outcomes for WOC (R. T. Carter, 2007; Hasford, 2016; Neblett et al., 2016; Szymanski & Lewis, 2016). Gendered racism is defined by Szymanski and Lewis (2016) as a type of oppression that an individual experiences due to the intersectionality of their race and gender. WOC are more likely than men to experience gender discrimination in the workplace, and the gendered racism they experience is often more severe than that experienced by men of colour (Harnois & Bastos, 2018). The approach for this literature review is grounded in feminist theory and draws explicitly on the theory of intersectionality, which is explained further below, to define racism and address the outcomes that racism has on the mental health outcomes of WOC (Lewis & Grzanka, 2016).

The primary questions that are foundational to this literature review are as follows: What is racism? What does racism look like in the workplace for Black, Asian, and Latina women? How does racism in the workplace affect the mental health of WOC? And what coping strategies have WOC used to manage the racism they experience within the workplace? I will begin by positioning myself as the author and a WOC, before defining racism and examining how racism presents itself within the workplace. Next, I define intersectionality, and from an intersectionality lens explore the effect that workplace racism has on the wellbeing of WOC. I then delve into various strategies that WOC use to cope with racism at work. Finally, I highlight the importance of race and cultural competency for mental health professionals in promoting a safe and trusting therapeutic environment for WOC seeking counselling and mental health services.

Self-Positioning Statement

> Our backs tell stories no books have the spine to carry- Women of colour. (Kaur, 2015, p. 171)

Here I provide a brief outline of who I am in relation to this literature review. I am part of a generation of South Africans whose ancestral roots can be traced back to India and Pakistan. As a fifth-generation South African, I immigrated to Canada with my mother and brother at the age of 14. I am proud of my heritage, and consequently I identify as an immigrant and POC before identifying as a woman. My identity as a POC is significant because I was born and raised in Apartheid and post-Apartheid South Africa. Apartheid was a legalized and institutionalized racial segregation system that existed in South Africa from 1948 to the early 1990s (Mandela, 1994). I grew up watching my family fight against systemic oppression. Whether they were rebelling against the system by burning the Apartheid flag or hosting illegal gatherings in my grandmother's home to plan their resistance, my family persevered in their fight for equality.

When Apartheid ended in 1994, my mother was determined to provide me with an education that she never had. I attended a private school with predominantly White schoolmates and teachers. I was often physically harassed and assaulted, called racial slurs, and ostracized by teachers and students alike. I have difficulty remembering much of my school life in South Africa, and for that, I am thankful. When I immigrated to Canada with my mother and brother, I found that a different kind of racism existed. The racism that I experienced in Canada was more subtle and, seemingly, less violent, yet incredibly distressing. My earliest memory of experiencing racism in Canada was when I was 14 years old. We had recently immigrated, and my mother took my brother and me to a technology store to purchase a computer. My brother, who was four at the time, was playing with a balloon while we waited in line to pay for our merchandise. As my brother played with his balloon, he accidentally hit the person in front of us, who happened to be a White man. The individual in front of us became irate and turned to mother, brother, and me and, out of nowhere, screamed at us, "GO BACK TO WHERE YOU CAME FROM!" My mother politely responded back to the man, "And where might you suggest that be?" I stood in line awkwardly tugging on my mother's coat begging for her to stop. My mother turned to me and said, "No, Benazir. We deserve to be here as much as anyone else. Never let anyone make you believe otherwise! And never let anyone try to dehumanize you because of the colour of your skin. You fight for what is right."

As an adult WOC in Canada, I have experienced various forms of racism within the Canadian workplace. I have experienced racism first-hand within mental health organizations where I have been at the epicentre of racially directed jokes; received wages that were significantly less than what my White co-workers were making, despite having higher education and more extensive work experience; and been on the receiving end of racial slurs. Throughout

my graduate studies journey, I often wondered what my counselling journey would entail. It was not until the 2020 Black Lives Matter movement, where people worldwide took to the streets by the thousands to protest racial inequality and racial oppression, that I felt a pull toward racial advocacy work. As I witnessed people march for their lives, I listened to the unsilenced voices echoing "Black Lives Matter," and felt the historical pain that runs generations deep through the veins of the POC community. I realized that POC, specifically WOC, experience racism so regularly that it has become woven into our DNA (R. T. Carter, 2007). But even then, and remarkably so, WOC still rise.

Before conducting this literature review, my knowledge of the effect that racism has on WOC within the workplace was limited to my experiences and those of close friends, colleagues, and family members. I had not received formal training on understanding racism within the workplace, nor did I engage in extensive research on the topic before this literature review. As such, I have chosen to begin my journey of racial advocacy in conducting this literature review. My goal is to understand how racism presents itself within workplace culture, the effect and impact that workplace racism has on the mental health of WOC, and the multiple strategies that WOC use in coping with workplace racism. My aim for this literature review is not only to identify and promote effective coping strategies for WOC but also for therapists and mental health clinicians to better understand the impact that racism has on the overall wellbeing of WOC. The purpose of this paper is also to shed light on racism as an ongoing and persistent form of oppression that significantly impacts the psychological health and wellbeing of WOC in North American workplaces. For mental health clinicians to thoroughly understand the effects that workplace racism has on the mental health of WOC and the coping strategies they use to manage the racism, three crucial elements need to be addressed.

The first key component is defining racism and micro-aggressions. A clear definition of racism and micro-aggressions as they pertain to the workplace is crucial in this literature review. A clear definition will shed light on how these experiences act as a stressor that requires the deployment of coping strategies (Guo, 2015). Providing a clear definition of racism as it pertains to this paper is also necessary as numerous definitions exist. Many of these definitions are not concrete enough to explicitly demonstrate how racism manifests itself within the workplace (Griffin & Armstead, 2020).

The second component of this literature review is for mental health clinicians to understand the impact that racism has on the mental health of WOC and the active strategies that WOC use in coping with racism. Specifically, this paper will address some of the strategies that WOC use to manage racism, such as racial identity changes, social support, and emotional suppression and expression (Holder et al., 2015). These coping strategies have been studied extensively and allow for a systemic review of their effectiveness for mental health outcomes. The ability for mental health clinicians to recognize and address race-related stressors and coping strategies with clients is a critical component of providing quality and ethically sound care to POC clients, specifically WOC (Andrade, 2013).

And thirdly, this analysis aims to emphasize the importance of racial and cultural competency for mental health professionals in promoting a safe and trusting therapeutic environment. Research has shown that racial and ethnic minorities receive a lower quality of mental health services because mental health services are often not effectively delivered to this population group (Belgrave & Abrams, 2016; Holder et al., 2015; Nelson & Wilson, 2018).

Therefore, the purpose of this literature review is to shed light on the importance of mental health clinicians viewing each client within the context of the client's race, culture,

cultural values, and cultural and racial prejudices (Schouler-Ocak et al., 2015). While counsellors are experts in the field of mental health, clients are experts in their lives. Thus, to create a safe and therapeutic environment, counsellors must understand the effect that racism has on the mental health of WOC and recognize the coping strategies that WOC use in managing the racism they experience at work. In order for counsellors to provide a safe and nonjudgemental therapeutic environment for WOC clients, clinicians need to invest in educating themselves on the experiences of POC before providing counselling services to this population.

Literature Review

Racism and Intersectionality

It would be futile to define racism without first defining race. Within the social science literature, race is typically understood as a social construct. Biologically, race is meaningless because skin colour has no association with ability or behaviour; however, from a social lens, race has tremendous significance as it is an erroneous classification system that has become an instrument for oppression (Clair & Denis, 2015). The categorization of human beings on the basis of skin colour was invented by White colonialists during the transatlantic slave trade from West Africa to the United Kingdom and the United States. They classified people in order to justify and desensitize people to the torture and genocide of thousands of Africans, and to maintain a clear hierarchy of power (Bethencourt, 2014). According to Bethencourt (2014), racism was later used as a tool of colonialism to desensitize Europeans in using POC as slaves during the Industrial Revolution. Today, racism is still the greatest epidemic in North America as White individuals continue to benefit from systemic racism and POC continue to remain disadvantaged and oppressed within society (Stewart & Haynes, 2015).

Conflicting definitions of racism often lead to various perceptions of racism and who can be racist. In this paper, racism is ultimately the conviction that skin colour is a fundamental determinant of human worth and ability (Doane, 2016). But who can be racist, and who can experience racism? Some literature defines racism as experiences of prejudice and discrimination based on the colour of one's skin (Doane, 2016; Hickey, 2016). By this definition, it could mean that any person, including individuals who identify with dominant or oppressed groups, can be racist (e.g., an Asian person can hold racist beliefs and be racist towards a Black person even if the dominant group in society is White). While many have critiqued this definition by stating that the dominant group of society is the most privileged racial group (i.e., White individuals), it is important to mention that within smaller subsystems (i.e., schools, organizations, churches, etc.) there can be a dominant racial group that may not be the dominant group within the context of the larger system (i.e., country). So long as within the subsystem there is a level of perceived power among one nondominant group and perceived oppression among another nondominant group, then it is possible for members of a subsystem's dominant group (but a nondominant group in the larger system) to hold enough power and demonstrate racism towards other nondominant group members (Doane, 2016).

We can also define racism from the perspective of systemic power (Ng & Lam, 2020). By this definition, only individuals who share the same race as that of the dominant group can be racist (e.g., White people in Canada, where institutional power is held by White people, who can be racist toward non-White individuals), and only individuals whose race is not that of the dominant race can experience racism (Ng & Lam, 2020). The systemic or institutionalized definition of racism means that the dominant group's power and privilege are maintained and reinforced through a system and through implicit, unspoken, and often unconscious habits that

are recurrent and perpetuate racism (Ng & Lam, 2020). By this definition, racism can be experienced in institutions, policies, and processes at social, cultural, and governmental levels (Doane, 2016; Ng & Lam, 2020). For example, the dominant group's power and privilege can be maintained by the lack of diversity in the workforce, lack of policies and procedures within the workplace that address racism, lack of funding for mental health supports for POC, and lack of supports to help POC thrive.

This literature review considers both definitions of racism and views both definitions through the lens of intersectionality. Intersectionality is a theoretical approach for understanding how aspects of a person's identity (e.g., gender, sex, ethnicity, class, sexuality, disability, and race) interact to establish various types of discrimination and privilege (Crenshaw, 2017). Intersectionality highlights how multiple systems of inequality work together within multiple levels of society to perpetuate the oppression of already marginalized individuals (Harnois & Bastos, 2018). An intersectional lens draws attention to how discrimination can vary between groups who have different privileges. For example, WOC often have less influence, less control over their environment, and are less capable of preventing circumstances under which subsequent discrimination may occur compared to their White counterparts (Bastos et al., 2018). Adopting an intersectional lens when looking at racism from both a systemic and individual level provides a better opportunity to understand why racism continues to harm WOC and how institutions are designed to continue harming WOC.

Representation of Racism in the Workplace

Unfortunately, the systemic issue of racism in the workplace is one that is deeply rooted within our society. Research on racism within the workplace suggests that dominant cultural beliefs contribute to workplace racism at all levels, which produces systemic discrimination in

hiring POC and supporting their wellbeing in the workplace (Hasford, 2016). Racism can be presented in the workplace explicitly, implicitly, or both. Explicit racism is overt and often intentional. This kind of racism is often practiced openly by individuals who hold power and have racist attitudes towards certain racial groups, whom they identify as being inferior (Shoshana, 2015).

Implicit racism is neither overtly hostile race-based rhetoric nor obvious behaviour; instead, it is subtle. Implicit racism is, therefore, not always easily recognizable as racism and not easily challenged. However, implicit racism is still defined as racism because the negative impact it has on POC is equally as detrimental as that of explicit racism (Jones et al., 2016). For example, in a study conducted by Holder et al. (2015), WOC who experienced implicit racism experienced symptoms of anxiety and depression, which were also symptoms exhibited in women who experienced explicit racism. It is important to note that not all POC may recognize or identify the same events as implicit racism. The experience of racism is subjective and based on an individual's perception of the situation (Zack, 2016). I explore explicit racism and implicit racism, as it pertains to WOC in the workplace, further below.

Explicit Racism

Explicit racism, or overt racism, is defined in the literature as harassment behaviours, "old-fashioned racism," and visible hostile discrimination (Jones et al., 2016). Many scholars define explicit racism within the workplace as distinct and unfair behaviours that are intentional, overtly exerted, easily recognizable, and are directed to individuals based on stigmatized traits (Hasford, 2016). Throughout the literature, WOC experience explicit racism in the workplace in the forms of name-calling, condescending behaviours towards them, and unfair and harsh discipline and excessive punishment for minor mistakes (Gair et al., 2015; Hasford, 2016; Holder

et al., 2015; Shoshana, 2015). This research presents the lived experiences of explicit racism that WOC face continuously in the workplace. However, there seems to be a dearth of research within the past 5 years that explores the lived experiences of explicit racism within the workplace when it comes to WOC, as most of the research focuses on the experiences of implicit racism that WOC experience in the workplace. In the next section, I explore what implicit racism is and how WOC have experienced implicit racism within their workplace.

Implicit Racism

Racial micro-aggressions are a form of systemic and implicit racism, and can be an action, statement, or incident that is subtle, indirect, or unintentional discrimination against POC (Pérez & Solorzano, 2014). Racial micro-aggressions include micro-insults, micro-invalidations (Prieto et al., 2016), and gendered racial micro-aggressions (Bourabain, 2020). Research shows that these seemingly trivial exchanges are often routine and can have significant and detrimental effects on the mental health of the oppressed individual (DeCuir-Gunby et al., 2020; Holder et al., 2015; Pérez & Solorzano, 2014; Prieto et al., 2016). Pérez & Solorzano (2014) defined a micro-insult as verbal and nonverbal behaviours that are subtly insensitive and demeaning to a person's racial identity. An example of a micro-insult that Holder et al. (2015) found in their research was stereotyped micro-aggressions that often referred to Black women as intellectually inferior. The Black women in the study stated that, compared to their White colleagues, they constantly had to defend their decisions, experiences, and expertise to gain credibility with their clients and colleagues because their decisions and experiences were automatically perceived to be less valuable. These micro-insults created a clear sense of inequality and oppression, which ultimately led to higher stress levels for WOC. Micro-invalidation are comments and behaviours that deny marginalized group members' identity and experiences (Prieto et al., 2016). An

example of a micro-invalidation would be an individual stating that they “don’t see colour” when speaking about race. A comment like this can make a visibly marginalized individual feel unseen because this comment negates and nullifies POC’s experiential realities and identities.

Women experience institutional barriers in the workplace, notably gender discrimination and unequal pay; racism places additional barriers for WOC in the workplace. Gendered racism is a structure of oppression that is interdependent with racism and sexism and assumes that WOC are inferior because of their race and gender (Bourabain, 2020). By viewing gendered racism through the lens of intersectionality, the complexity of the experiences of WOC can be seen (Bourabain, 2020). Many studies highlight gendered racism that WOC face in the workplace, which often includes barriers to promotion, stereotypes that they are incompetent, and wage disparities (Bourbain, 2020; Holder et al., 2015; Spates et al., 2019).

As can be seen from this research, micro-aggressions are especially problematic because of the subtlety and lack of clear evidence they are taking place (Holder et al., 2015). However, it is essential to note that perceived racism has a significant impact on WOC, regardless of whether the racism was intentional. From the research explored, a consistent theme is that the messages that WOC receive through micro-aggressions within the workplace are that WOC cannot be trusted and are less capable of doing their job effectively because of their gender and the colour of their skin (Bourbain, 2020; Holder et al., 2015; Spates et al., 2019). The intersectionality of racial and gendered micro-aggressions creates a complex and toxic work environment where WOC are constantly bombarded by organizational structures that make them feel further mistreated.

Impact of Workplace Racism on WOC

A growing body of literature has begun to emphasize the disturbing correlation between structural racism in the workplace and racial health inequalities for WOC (Phelan & Link, 2015; McCluney et al., 2018). The social construct of race provides a powerful, albeit disturbing, foundation for occupational opportunities, in that only some races succeed in the North American workforce (McCluney et al., 2018). Decades of social science and health research has indicated that the experience of racism is correlated with numerous mental health concerns, physical health concerns, and interpersonal troubles for WOC (Harnois & Bastos, 2018).

Intersectionality suggests that marginalized groups who hold multiple stigmatizing identities (such as a certain race and identifying as the female gender) are likely to experience various levels and forms of discrimination (Crenshaw, 2017). Crenshaw (2017) suggested that marginalized women are not the subject of racism or sexism; their identities are not mutually exclusive. Instead, Crenshaw argued that race and gender identities are intricately intertwined, which creates a double jeopardy of oppression and stress among WOC. Individuals with multiple disadvantaged statuses experience discrimination that stems from multiple systems of inequality (Crenshaw, 2017). It is important to note then that a combination of biological and social factors play a significant role in shaping the impact of workplace racism on WOC. This section examines the impact that racism has on WOC through an intersectionality lens by exploring how racism affects the mental, physical, and relationship health of WOC, and how this leads to poor overall outcomes for WOC.

Impact of Workplace Racism on the Mental Health of WOC

A number of studies have aimed to understand the mental health impact that racism has on WOC, and many of these studies have supported the claim that racism has significant mental

health impacts on WOC compared to their male and White female counterparts (Holder et al., 2015; Polanco-Roman et al., 2016; L. B. Watson et al., 2016; Williams et al., 2018; Velez et al., 2018). Within many of these studies, participants consistently reported that their experiences of racism in the workplace put them in immediate distress, and many participants noted the detrimental effect that workplace racism has had on their mental health (S. E. Carter et al., 2016; Holder et al, 2015; Spates et al., 2019; Velez et al., 2018). WOC have stated that the accumulation of racism, whether it is workplace racism or systemic racism, has resulted in lower levels of self-esteem, increased mental distress, depressive symptoms, and substance abuse (Holder et al., 2015; Polanco-Roman et al., 2016; L. B. Watson et al., 2016; Williams et al., 2018; Velez et al., 2018). Specifically, in the study conducted by L. B. Watson et al. (2016), that looked at the influence of multiple oppressions on WOC's experiences with insidious trauma, the researchers found that the racism and sexism that WOC face can be linked to symptoms of trauma. The researchers concluded that discriminatory experiences could result in symptoms of trauma in WOC (L. B. Watson et al., 2016). The purpose of this section is to highlight how oppressive work environments can impact the mental health and functioning of WOC.

While depression rates are higher for women than men, studies within the United States have found that the rates for Black women are significantly higher than those for Black men. Black women have a 13.8% rate of depression compared to 7% seen in Black men (Carr et al., 2014). According to Carr et al. (2014), the explanation for this stark disparity is Black women's experiences of oppression (including sexual objectification and experiences of gendered racism) and lack of adequate resources. In an intersectionality framework, WOC experience multiple oppressions, resulting in them maintaining lower socioeconomic statuses (Neblett et al., 2016). Since racism in the workplace often includes discriminating against WOC by avoiding hiring or

promoting them or creating a toxic work environment for them, many WOC remain stuck in low socioeconomic circumstances. As a result, WOC experience higher rates of hopelessness, depression, anxiety, psychological distress, negative self-esteem, and social, and emotional difficulties (Neblett et al., 2016; Hasford, 2016; Szymanski & Lewis, 2016). Similar outcomes were identified by Velez et al. (2018), who examined the intersectionality of sexism and racism in relation to the mental health outcomes of WOC. The researchers found that WOC who experienced racism and sexism within the workplace experienced higher levels of burnout and psychological distress (such as feelings of anxiety and depression).

R. T. Carter (2007) founded a theory on racism called the Race-Based Traumatic Stress Theory. He noticed that individuals who experienced racially charged discrimination often responded in a manner that was similar to posttraumatic stress disorder (PTSD). Individuals who have experienced racism exhibit low self-esteem, increased externalizing behaviours such as anger or mistrust, increased internalized behaviours such as anxiety and depression, difficulties interacting socially, and a heightened sense of awareness (or hypervigilance) in order to maintain a sense of control or safety (American Psychiatric Association, 2013; R. T. Carter, 2007). Since 2007, many studies have researched the traumatizing effect that various forms of racism can have on WOC in the workplace (Holder et al., 2015; Polanco-Roman et al., 2016; L. B. Watson et al., 2016; Williams et al., 2018; Velez et al., 2018).

In relation to R. T. Carter's (2007) theory on Race-Based Traumatic Stress, Williams et al. (2018) sought to understand why POC often experience higher rates of PTSD compared to their White counterparts. They studied the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM-5*) for PTSD diagnoses and found that even though covert and over

racism falls outside of the *DSM-5*'s criteria for possible traumatic experiences, evidence exists that it causes significant stress that inflicts long-term psychological and physiological damage.

Multiple researchers have found that individuals who have experienced racial trauma exhibit symptoms of intrusive memories, recurrent dreams, dissociative reactions, avoidance behaviours, and increased arousal and reactivity—all indicators or symptoms of PTSD (American Psychiatric Association, 2013; N. N. Watson & Hunter, 2015; L. B. Watson et al., 2016; Williams et al., 2018). These symptoms are no different from those exhibited by people who have experienced assaultive violence, which means that there needs to be a recognition that racial trauma is equally debilitating. Williams et al. (2018) also found that individuals who have experienced racial trauma exhibit symptoms that are often misdiagnosed as depression or classified as substance abuse, with little regard paid to the trauma behind this substance abuse. The findings of the study speak to the racism that currently exists within the mental health field. The fact that the *DSM-5* does not recognize racism as a criterion for trauma demonstrates the covert racism within the field.

The cumulative effects of racism on the lives of WOC in the workplace lead to the development of clinically significant distress and trauma. Society continues to fail to recognize that historical, structural, and systemic forms of racism are traumatic and can have intergenerational implications. Intergenerational trauma, a term used to define the complexity of trauma that can be passed down from one generation to another, is evident in many communities of colour where race-related trauma exists (Bowser, 2017). Mental health clinicians' failure to recognize racism as a distressing experience and the complex domino effect that racism has on the ability of WOC to seek psychological support is neglectful. Failing to recognize the impact that racism has on WOC means that health professionals will also fail to provide individuals with

the necessary support and services required to heal. As a result, individuals may continue developing maladaptive coping strategies, which will render them more vulnerable to further adverse mental health outcomes such as depression, posttraumatic stress, and substance abuse issues (Polanco-Roman et al., 2016).

Impact of Workplace Racism on the Physical Health of WOC

WOC experience multiple forms of discrimination within society (such as workplace racism, barriers in accessing health services, barriers in supporting their children), and as a result they experience poorer physical health outcomes (Harnois & Bastos, 2018). Numerous studies have found that consistent exposure to racism activates a stress-arousal pathway that can result in long-term physical health issues such as cardiovascular diseases, obesity, cancer, and hypertension (Paradies et al., 2015; Robinson-Wood et al., 2015). While many studies may not be able to definitively state that racism causes significant physical health issues, Robinson-Wood et al. (2015) found a high correlation between physiological conditions (such as high blood pressure, recurring cancer, overweight/obesity, nosebleeds, diabetes, heart issues, and fatigue) and experiences of racism for WOC.

Another explanation for why WOC who have experienced gendered racism have significant physical health issues can be associated to the fact that workplace discrimination significantly impacts anxiety and stress levels (S. E. Carter et al., 2016; Holder et al., 2015; Spates et al., 2019). Many researchers have noted that undiagnosed and untreated anxiety is a common clinical presentation in WOC clients seeking treatment for cardiovascular diseases (Emdin et al., 2016; Tully et al., 2016). In a meta-analysis conducted by Emdin et al. (2016), the researchers found that anxiety was associated with a 41% higher risk of cardiovascular mortality, a 41% higher risk of coronary heart disease, 71% higher risk of stroke, and 35% higher risk of

heart failure. The researchers highlighted that anxiety often leads to recurring emergency ward visits, as anxiety is related to the onset and progressions of cardiovascular diseases.

WOC face numerous barriers in society on top of racism in the workplace; the most common barrier to wellness is access to health care. A study conducted by Nelson and Wilson (2018) aimed to understand the barriers to health care that Indigenous people in Prince George, Canada, face. The researchers found that the most common barriers are quality of care, wait times, and continuous experiences of racism and discrimination. Participants in the study stated that their needs have often not been met in health care settings as they have often experienced delays and mistakes in their diagnoses and delays in seeing a health professional (Nelson &Wilson, 2018). These findings were similar to those of Belgrave and Abrams (2016), who sought to understand how to reduce disparities and achieve equity in Black women's health in the United States. One of the most significant barriers that the participants in Belgrave and Abrams's study noted were difficulties in physically accessing health care and poor quality of care (including receiving inappropriate diagnoses and screening).

These experiences of racism within the healthcare system create significant barriers for WOC seeking health care (Belgrave & Abrams, 2016; Nelson & Wilson, 2018). WOC often do not feel safe or able to access health services because of the racism, discrimination, and mistrust present within the health care system, which often leads to more complicated and detrimental psychological and physical health outcomes (Belgrave & Abrams, 2016). Racism does not occur in a vacuum. The above research sheds light on the cycle of oppression that exists within society when it comes to WOC. Isolated or continuous, overt or covert, acts of racism in the workplace perpetuate a dangerous cycle of oppression for WOC. The acts of racism that they experience in the workplace may lead to detrimental psychological and physical health outcomes. As WOC are

often unable to access health services due to fear of stigma or lack of access to services, their health is often further impacted, leading to further consequences (Belgrave & Abrams, 2016; Nelson & Wilson, 2018). Health professionals need to recognize that workplace racism has significant, complex, and long-term effects on the physical health of WOC.

Impact of Workplace Racism on the Interpersonal Relationships of WOC

Since the purpose of this paper is to understand the impact that workplace racism has on WOC through the lens of intersectionality, it is vital that this research analysis also addresses the impact that workplace racism has on the health of their relationships (intimate or platonic). Despite research on the impacts that workplace racism has on the mental and physical health of POC, there is a gap in the literature regarding the impact that workplace racism has on the interpersonal relationships of WOC. Given this gap, this section of the paper draws on how the mental health issues that WOC experience as a result of workplace racism are correlated with increased feelings of isolation and frustration.

Research shows that WOC who experienced mental health concerns resulting from workplace racism became more isolated and alienated (S. E. Carter et al., 2016; Suyemoto & Liu, 2018; Williams et al., 2018). Multiple women in Williams et al.'s (2018) study presented with symptoms of anxiety and isolation as a result of the racism they experienced in their work environments. Additionally, the same study found that racism, overt or covert, could be so harmful to the mental health of WOC that it presented as symptoms of PTSD (Williams et al., 2018), and one of the main symptoms of PTSD and anxiety is relationship problems. Some researchers have found that people's experiences of racism have been associated with interpersonal relationship problems, self-esteem problems, and career troubles (Suyemoto & Liu, 2018). Further research investigating the relationship between workplace racism and the effect

that it can have on WOC and their interpersonal relationships is crucial. If WOC can experience symptoms of PTSD or other mental health issues (such as depression and anxiety), which can tremendously affect their interpersonal relationships, then more extensive research is needed to investigate how these relationship difficulties further affect the health outcomes of WOC, and how counsellors can help mitigate some of these detrimental health outcomes.

Coping Strategies That WOC Use in Managing Racism Within the Workplace

It is crucial for mental health clinicians to recognize the role that intersectionality plays in the impact that racism has on the wellbeing of WOC. Where there are systems in place that determine the worth of an individual based on their race and gender, intervention strategies based only on the experiences of women who do not share the same backgrounds of clients will be of little help to WOC clients. This section of the research analysis provides mental health clinicians with an understanding of WOC's active strategies in coping with racism. Specifically, this section addresses some of the strategies that WOC use from a spectrum of cognitive, social, and behavioural strategies in armouring themselves in dealing with workplace racism.

It is important to note that different coping strategies are used in response to racial stress and are dependent on context and event. The coping strategies presented below are not universal and are a limited representation based on the current literature. However, these findings highlight the importance of counsellors operating from a holistic and intersectional perspective when providing mental health services to WOC impacted by racial stress.

Cognitive Strategies

Throughout the literature, three main themes pertaining to the cognitive and emotional coping strategies that WOC use to manage workplace racism were present. These themes are reframing, shifting, and acceptance (Hasford, 2016; Hametner et al., 2020; Holder et al., 2015).

Reframing. Reframing is the cognitive process of internally deconstructing and challenging dominant cultural narratives about race and racism and refusing to internalize such narratives (Hasford, 2016). An example of reframing can be seen in Huang's (2020) study, which looked at how second-generation Asian American professionals navigated the workplace. One of the participants who identified as a female second-generation South-Asian American stated that she purposefully engaged in activities that were not stereotypical "Indian" or "female," such as playing basketball and being outgoing, in order to avoid dealing with possible stereotypes about Indian American women being quiet or submissive. The participant stated that this form of reframing helped her become successful within the North American workforce because it helped her stand out from other Indian American women.

The concept of reframing was also found in many other studies where the researchers found that participants took on roles as entrepreneurs, community leaders, and politicians; wore their hair the way they pleased; and dressed in a manner that was most comfortable for them, in order to break the cycle of negative stereotypes about WOC in the workforce and redefine their identities (Holder et al., 2015; Spates et al., 2019; Tariq & Syed, 2018). The common theme in these studies was that WOC stated that they refused to internalize the stereotypical narratives of WOC and began learning how to internalize the narrative of pride, self, family, and culture, which was critical in becoming successful in corporate America. This new narrative was helpful for the women because it provided them with a sense of internal excellence. These findings suggest that reframing is an essential cognitive strategy that WOC employ because it allows them to focus on their definitions of who they are and not allowing their sense of value to come from others.

Shifting. Holder et al. (2015) defined shifting as a strategic response of accommodating oneself to racial and gender discrimination. WOC may shift their perspective, body, speech, and dress to counter images of inferiority and stereotypes in the workplace (Holder, 2015). An example of shifting that was found in Holder et al.'s (2015) study was when one participant stated that she strategically emphasized her everyday experiences and interests with her White colleagues and de-emphasized her racial differences to challenge stereotypical notions of what it means to be Black. The theme of shifting was present throughout the literature where WOC reported avoiding conversations that perpetuated racial stereotypes or overcompensating for the racial stereotype of being quiet by being overly assertive, downplaying stereotypical racial characteristics to alleviate the dominant group's fear, and adjusting their behaviours to minimize the stress that comes with being a WOC (Hasford, 2016; Huang, 2020; Spates et al., 2019).

Acceptance. The cognitive coping strategy of acceptance is defined by Hasford (2016) as conscious acceptance of racist dominant cultural narratives that are inevitable and inescapable features of the workplace. In the study conducted by Hasford (2016), the concept of acceptance was presented when a participant stated that she had accepted the fact that as a Black woman in the Canadian workforce, she would have to work harder than her White counterparts and would have to change physical aspects of herself (such as the way she styled her hair) in order to be successful. The theme of acceptance was present in other studies as well where WOC reported frequently remaining silent when confronted with racism because they felt it has become a norm in society (Hametner et al., 2020; Hasford, 2016).

Social Strategies

A salient theme that has emerged throughout the literature is that WOC report that social support is one of the most powerful strategies they employ to cope with racism (Spates et al.,

2019). Many of the WOC highlighted that they typically reserve conversations about their racism they experience at work, for those going through the same experiences and who can relate (Holder et al., 2015; Robinson-Wood et al., 2015; Spates et al., 2019). Throughout the literature, WOC stated that building and having a support network of other WOC was vital in helping them deal with race-related stress because the ability to connect with other people of similar experiences helped them feel less isolated and allowed them to navigate racism successfully (Holder et al., 2015; Robinson-Wood et al., 2015; Spates et al., 2019). Some women stated that their WOC support network was a circle of trusted advisors who could provide them with guidance in navigating workplace racism (Holder et al., 2015), and other women stated that being able to express their feelings and experiences in a safe space allowed them to redefine themselves (Spates et al., 2019).

Studies have also found that social support can buffer the association between discrimination and overall psychological distress (Steers et al., 2019). Based on a study conducted by Burton et al. (2020), it is possible that having a support network of other WOC to lean on serves as a source of strength and encouragement, which allows WOC to feel more connected and less isolated. These findings support the above literature in that cultivating strong social relationships can reduce the effects of racism on mental health disparities.

Similarly, another common social support coping strategy that WOC use in managing workplace racism is mentorship. For example, some Black women reported providing Black students with mentorship support because they recognize the importance of students receiving mentorship support from adults who represent them (Burton et al., 2020), and others stated that mentorship opportunities helped them to survive racism and remain in their field of practice (Urrieta et al., 2015). Throughout the literature, the most prevalent theme about mentorship

opportunities was that they provided WOC with a sense of purpose, fulfillment, and empowerment (Burton et al., 2020; Urrieta et al., 2015).

The results of these studies demonstrate that social support, collaboration, mentorship, and cooperation are powerful resiliency factors in coping with workplace racism. While WOC, and POC, have found these social support strategies to be helpful in coping with workplace racism, this does not absolve predominantly White organizations from addressing the racial and gender needs of their diverse workforces. Structural changes are necessary and must be made to dismantle the present patriarchal, heteronormative, and racist system that is designed to exclude and oppress.

Behavioural Strategies

In this section, I present the research exploring behavioural strategies that WOC use to cope with workplace racism. In this section, I define behavioural strategies as actions that WOC take, whether these actions are conscious or not, in fighting against the system of racism. Within the literature, the primary behavioural strategy that WOC use to cope with workplace racism is resistance. Hasford (2016) defined resistance as a response that WOC use to fight against racism and oppression. Resistance can take many forms, and the types of resistance presented below are only a few of the strategies that WOC use. I explore how WOC use the behavioural strategy of resistance covertly and overtly.

Overt Resistance. I define overt resistance as clear and obvious verbal or nonverbal, conscious or unconscious language and behaviours that WOC use to respond to race-based and gender-based discrimination. In the literature, the most common theme of overt resistance to workplace gendered racism was calling out racist comments or behaviours, garnering media awareness around injustices occurring in the workplace, quitting jobs or walking away from

untenable situations, writing letters to members of authority about racist encounters, and attending therapy to cope with the stress (Robinson-Wood et al., 2015; Spates et al., 2019).

Additionally, a common overt resistance strategy for WOC was creating spaces within their organizations or communities that provided WOC with mentorship, community, and support (Burton et al., 2020; Hasford, 2016; Hametner et al., 2020; Robinson-Wood et al., 2015; Spates et al., 2019; Urrieta et al., 2015).

Covert Resistance. I define covert resistance as subtle, verbal or nonverbal, conscious or unconscious acts that WOC use to cope and respond to race-based and gender-based discrimination. Throughout the literature, it is evident that WOC utilize various forms of covert resistance to cope and fight back against workplace racism. Some WOC stated that they established collaborative working relationships with other colleagues of colour to cope and empower themselves against the systemic racism they were experiencing at work, while others stated that they covertly resisted racism by dressing in a manner that paid homage to their culture, heritage, or race (Holder et al., 2015; Spates et al.,2019; Tariq & Syed, 2018; Urrieta et al., 2015).

The most common act of covert resistance reported by WOC was working hard and becoming a professional within their field. They consider working hard to be an act of resistance because its works against the stereotypes that society may have about WOC (Holder et al., 2015; Spates et al.,2019; Tariq & Syed, 2018; Urrieta et al., 2015). These covert forms of resistance are empowering for WOC in the workplace because it allows them to experience a sense of freedom in being themselves. When WOC band together and create their own safe space for themselves in their workplace, it allows them to feel supported because it reduces alienation and isolation.

Based on the research I have presented, it is evident that WOC use varied coping strategies to challenge stereotypes and the gendered racism they experience at work, dependent on the power and support that they felt they had in their circumstances. A consistent theme in the literature was that the WOC in these studies were strategic in their decision about coping with their circumstances and took into consideration the power they held, the power the perpetrator of racism in their workplace had, and the supports available to them. I believe that it is vital for counsellors to understand the role that power plays in how WOC are impacted by and respond to workplace racism. Some of the participants displayed covert forms of resistance, and some were more overt in their resistance, depending on how much power they felt they had in comparison to the individual who was oppressing them. As such, counsellors need to recognize that different coping strategies may be employed depending on the factors stated above: how much power do they believe they have, how much power do they believe the oppressor has, what resources are available to support them through this process, and what internalized message they hold about themselves and the situation. As previously mentioned, the coping strategies presented above are not a "one shoe fits all" approach and the coping strategies that WOC employ to manage workplace racism vary from person to person.

Implications for Counselling Psychology

The research that I have provided has significant implications for practitioners and organizations who work with WOC. Since I wrote this paper from an intersectional perspective, I offer a list of implications for counsellors and therapists to consider and for organizations and government officials to consider in their work toward dismantling systemic racism. Mental health professionals, organizations, and governments play an intersecting and vital role in the experiences of oppression that WOC face in their lives.

Implications for Counsellors and Therapists

Firstly, before working with WOC clients who have experienced gendered racism, mental health clinicians need to recognize that gendered racism is traumatic and affects every aspect of a person's life (R. T. Carter, 2007; Crenshaw, 2017). It is crucial for mental health practitioners to use an intersectional framework when working with WOC. In approaching WOC clients from an intersectional framework, mental health clinicians will gain a clearer understanding of WOC's social identities and their oppression (Lewis & Grzanka, 2016). Clinicians need to understand the intersection of race and gender in order to formulate a thorough conceptualization of the client's experiences.

There is a plethora of research outlining the importance of strong therapeutic rapport as a predictor of psychotherapeutic outcomes (Hasford, 2016; Holder et al., 2015; Lewis & Grzanka, 2016). When applying an intersectionality framework in working with WOC, clinicians need to understand that WOC taking the step to seek mental health support should be respected given that they typically seek support from their community, friends, and family (Holder at al., 2015). As mentioned, WOC face tremendous barriers within the health care system (Belgrave & Abrams, 2016; Nelson & Wilson, 2018). When trying to build trust and safety with clients, counsellors need to recognize and acknowledge the barriers that WOC face within the health care system and how these barriers further exacerbate the mental health impact of racism (Jongen et al., 2018). Safety, trust, and alliances can be established with WOC clients if counsellors become culturally competent and adopt the responsibility to serve as social justice advocates in upholding diversity and inclusion.

The second implication for counsellors is the importance of armouring WOC clients with tools and support to effectively cope and manage their experiences with gendered racism. The

research that I have presented in this literature review emphasizes the importance of counsellors providing clients with interventions that are aimed at recognizing and shifting the internalized dominant cultural narratives about WOC in society (Burton et al., 2020; Hasford 2016; Holder et al., 2015; Spates et al., 2019). Many of the research participants reported having to learn how to change the negative internalized messages they had received from society about race and gender to more positive and empowering ones (Burton et al., 2020; Hasford, 2016; Spates et al., 2019). It may be necessary for clinicians to explore the internalized messages that clients have about their race and gender and empower clients to change those narratives.

It is also essential for counsellors and clients to work together in understanding and recognizing how ambiguous, complex, and pervasive racism can be and what it looks like within the workplace. It is vital for WOC to have the ability to recognize when gendered racism is occurring because it can protect them from internalizing the negative impact that gendered racism can have on their mental health (Holder et al., 2015; Spates et al., 2019).

My review also highlights the importance for counsellors to understand the spectrum of strategies that WOC use in coping with the complexity of gendered racism, and that one woman's experience, perception, and understanding will be different from another woman's. Counsellors need to ensure that they avoid making generalizations about the experiences that WOC have and that the strategies they use exist on a spectrum depending on the strain and stress that the clients have experienced (DeCuir-Gunby et al., 2020; Hasford, 2016; Holder et al., 2015; Spates et al., 2019; Szymanski & Lewis, 2016). While the strategies presented in this review demonstrate the positive coping strategies that WOC use with workplace gendered racism, it is important to note that there is a plethora of research outlining the toxic coping strategies that WOC use as well (Griffin & Armstead, 2020; Williams & Lewis, 2019). While these are likely

employed when dealing with gendered racism, they haven't been explored in this literature review. This is why it is crucial for helping professionals to explore how clients who are WOC already resist workplace racism (in ways that they are and are not aware of), and to help WOC uncover subtle forms of resistance that can also be particularly helpful.

Clinicians should work with the client to gain an understanding of the role that each coping strategy plays in the client's responses to workplace gendered racism. Also, clinicians need to understand the underlying reasons that the client is utilizing a specific strategy. As an example, for many WOC, avoidance coping is a tool used for preventing further emotional harm, as racism can be extremely damaging (Griffin & Armstead, 2020). However, clinicians need to help clients understand the long-term costs of avoidance coping and work collaboratively with their clients to create coping strategies that may help buffer against the negative impacts of gendered racism. Another implication of the research is that counsellors providing mental health support for WOC who have experienced gendered racism should assess the impact of gender discrimination on the client's mental health and assess the social supports that the client has. Since social supports were identified in the research as one of the most important strategies that WOC use to cope with workplace gendered racism (Burton et al., 2020; Griffin & Armstead, 2020; Holder et al., 2015), clinicians need to assess the client's perceived social support. If lower social support is reported, it may be helpful for clinicians to work collaboratively with the client to provide interventions that increase the client's social support.

The research suggests that specific programs and interventions are also important. Researchers found that sister circles and support groups are an effective way of helping WOC establish friendships and connection, learn how to make adaptive changes in society, support each other in combatting race-based tress, and build a sense of community among other WOC

who may have had similar experiences (Griffin & Armstead, 2020; Spates et al., 2019). A tool that counsellors can use with WOC to protect themselves from gendered racism in the workplace is engaging in sponsorship. As defined by Holder et al. (2015), sponsorship is a professional relationship that extends further than mentorship in that the focus is on giving feedback and advice. According to Holder et al. (2015), sponsorship is a powerful tool that WOC can use to gain access to power and influence within organizations. Additionally, sponsors can support other WOC because they influence how WOC are perceived within the workplace.

One of the core values of providing mental health support is for counsellors to serve as advocates and allies for the communities that they service (Ratts et al., 2016). In working with individuals who have experienced race-based stress, I believe that my research analysis offers several implications for the work counsellors do outside of therapy. Gendered racism does not exist in a vacuum, and unfortunately the mental health field is not exempt from this discrimination.

To provide effective therapy to the community, I believe that it is vital for counsellors also to support one another in the field. I am proposing that mental health organizations, and clinicians who work in private practice, should create formal and informal spaces for WOC therapists to engage in conversations regarding their experiences, gain support, and receive mentorship from one another. These spaces should be a safe place for WOC therapists (as well as WOC clients) to share their insights and create opportunities that can lead to meaningful structural changes. We cannot expect WOC therapists to provide therapy to other WOC and provide support strategies to them if they are not cared for and supported within their workplaces.

Another implication that this review has highlighted is the importance of transferring the burden of coping with gendered racism from WOC to a critique of how Whiteness remains privileged within mental health and society and needs to be dismantled. One way to transfer this burden of coping is to create antiracist, feminist, and white allyship for WOC. Erskine and Bilimoria (2019) stated that White allyship is the practice of proactively questioning Whiteness within an intersectional framework and using one's position of power and privilege to interrupt the current system in place that oppresses WOC. According to Erksine and Bilimoria, White allyship can take the form of leaders and management engaging in prosocial behaviours that create solidarity and support WOC career development, and leadership advancement.

It is vital for White counsellors to also be allies. Allyship can take multiple forms. Firstly, engaging in active self-reflection is the foundation of becoming an ally. Since racism is systemic (Ng & Lam, 2020), it is important to recognize and acknowledge that irrespective of actively fighting against racism and discrimination in the workplace and society, there are numerous ways that therapists continue to benefit from centuries of oppression and power. Understanding and recognizing how as White therapists hold power and privilege and benefit from oppression is the first step in becoming an ally for WOC and POC clients and therapists.

Next, White therapists can provide WOC and POC clients and therapists with allyship support by engaging in uncomfortable conversations about prejudice and privilege with other people. Allyship can take the form of initiating these conversations so that the topic of race becomes a proactive rather than a reactive topic.

Third, I believe that a crucial component to allyship involves calling out and rejecting racism and privilege when you see it. By calling out racism as it occurs, it levels the playing field for all people. It also allows you to put the feelings of WOC and POC in front of your own. Since

one of the foundations of effective counselling is genuine empathy, actively engaging in education on the experiences of POC, avoiding telling POC how to feel or express themselves, and giving POC the benefit of the doubt is crucial in working with POC.

Implications for Addressing Mental Health Barriers for WOC

An important implication of this research analysis is that access to mental health supports for WOC plays a significant role in the impact that workplace gendered racism has on the mental health of WOC. I am choosing to include a section on the implications for addressing mental health barriers for WOC in this paper because I believe that counsellors play a crucial role in how and when WOC access mental health services. Throughout the literature, it is clear that tackling the barriers to mental health supports for WOC need to come from an individual and systemic level. At an individual level, counsellors and mental health professionals can help reduce barriers to mental health services by raising awareness of mental health services and access pathways for mental health support through various platforms (e.g., posting up a list of services available in the area on social media groups; Hameed et al., 2020). For counsellors who own their practice, or work in leadership roles within various mental health organizations, a necessary step in eradicating barriers to mental health services includes expanding and enhancing the roles of therapists by diversifying their staff, developing cultural awareness, and providing sensitivity training to all staff (Memon et al., 2016).

Furthermore, at an individual level, counsellors can help break down the barriers that WOC face within the mental health system by raising awareness of mental health and working to reduce the stigma of mental health within the community (Hameed et al., 2020). According to Hameed et al. (2020), mental health practitioners should focus on spreading awareness of what mental health is and what services are available within the community, in languages and areas

that are accessible to marginalized community members. In this manner, mental health promotion can provide community members with the skills to recognize their mental health needs, which may encourage individuals to seek mental health services proactively instead of reactively. Also, if people can seek support proactively, it may reduce the strain on the health care system.

Another consideration for counsellors in their work to dismantle the barriers that marginalized communities and WOC face in accessing services is the importance of counsellors and mental health practitioners to engage in and receive formal training on cultural competency. In a study conducted by Memon et al. (2016), participants who experienced racism and discrimination stated that they would be more likely to seek mental health services from professionals who share the same background and language as them. As a WOC who has experienced racism, I believe that WOC are also more likely to access mental health services from a professional who represents them because there is a sense of safety from shared experiences. This is not to say that no White therapists are competent. But many WOC come from a history of oppression and colonialism (including the ongoing oppression they face from their abusers at work). For example, suppose a WOC has been experiencing gendered racism from her White supervisor. In that case, this client may perceive a White therapist as unsafe because of the apparent power differential at play and because the therapist's race may trigger their current distress and mistrust.

A strategy that counsellors and mental health professionals can implement in their practices that can reduce the barriers that WOC face in accessing mental health services is providing mentorship to marginalized individuals and WOC who are interested in making a career for themselves within mental health. As noted in the research, mentorship opportunities

create space and opportunities for WOC to enter and succeed in the workforce (Holder et al., 2015). Within the mental health system, an increase in WOC therapists and professionals may result in higher chances of WOC accessing mental health services.

The implications of this research analysis also highlight the importance of organizations and governments taking an active stance in dismantling the barriers that WOC face in accessing services. Organizations need to invest in training that may help employees challenge and tackle systemic gendered racism. These trainings need to bring awareness of the discrimination that exists in order to begin dismantling the system and its barriers. Organizations also need to diversify and create space and opportunities for WOC to gain professional success. Another important implication for organizations is to define what racism and gendered discrimination are and create policies and procedures that specifically target racism and gendered racism. Finally, organizations need to create spaces for WOC's voices to be heard and to be united. Organizations need to place more emphasis on the importance of learning about diversity and encourage their employees to dress the way that makes them feel comfortable, engage in cultural days and activities that help promote diversity and acceptance, and create clear pay grids that outline the experience or education necessary for each pay bracket.

Lastly, I believe that this analysis also has significant implications for governments and policymakers. WOC often face significant barriers to mental health supports because they often cannot afford mental health services. Government officials and policymakers need to consider allocating more funding to not-for-profit mental health organizations to provide free or subsidized services for WOC. Government officials should also consider encouraging organizations to diversify their workforce by offering incentives to organizations that hire and create safe and inclusive work environments. Also, there is a dearth of recent studies that focus

on the intersectional impact that gendered racism has on WOC. As can be seen from the literature, gendered racism takes a significant toll on WOC and society. Federal funding should be devoted to understanding and mitigating gendered racial health disparities and developing more culturally responsive and preventative interventions. More funding should be allocated toward understanding the experiences of WOC and to researchers who represent marginalized communities. Finally, government officials should allocate funding towards cultural competency training for organizations and the community, more mental health programs and services that involve and target marginalized communities, and resources to help mitigate mental health stigma in the community.

Recommendations for Counselling Practice

In this section, I offer some recommendations for counselling practice that therapists can use in their work with WOC who have experienced gendered racism within the workplace. I have divided this section into two main parts to encourage therapists to view the work they do with WOC clients through the lens of intersectionality. The two main parts are recommendations for building clinical cultural competency and recommendations for improving mental health outcomes in clients

Recommendations for Building Clinical Cultural Competency

Culture and race significantly impact the lens through which people view the world. Based on this literature review, it is clear that culture and race also impact the services individuals have access to, the treatment they receive within communities, and the privileges they do and do not have. I define cultural competency as the ability to be aware of our world view (our culturally learned assumptions, biases, and privileges) and the ability to be open to learning about other cultural viewpoints, experiences, biases, and privileges. Cultural

competency also includes the ability to develop skills that allow for respectful and safe communication with people from different cultural backgrounds. The ability for therapists to be culturally competent is incredibly important, as therapists who are culturally competent are able to honour and respect the experiences and needs of people from different cultural backgrounds (Fung & Lo, 2017).

Furthermore, according to Fung and Lo (2017), cultural competency is the ability to identify and challenge one's assumptions and values and recognize and accept differences between cultures. Mental health practitioners need to understand the importance of culture in the work that they do with clients. They have an ethical and legal responsibility to provide care that does not cause harm to clients (Canadian Psychological Association, 2017). If therapists do not engage in work that helps them develop cultural competency, there is an increased risk of causing harm to clients (Canadian Psychological Association, 2017).

The first recommendation for therapists to build cultural competency is to engage in active self-reflection. Taking the time to learn about your cultural history and how it has shaped your attitude and beliefs about yourself and others can be an interesting and enlightening process (Chu et al., 2016). This process can also help identify unconscious beliefs that you have about other people. Some other questions for self-exploration that can be helpful are, Am I curious about other cultures? Am I aware of the privileges that I have? How have my privileges helped me? Are there privileges that I do not have? How has the lack of certain privileges impacted my life? What biases or stereotypes do I hold about people of other races, cultures, and genders?

The second recommendation for therapists to build cultural competency is to engage in formal and informal training by attending workshops facilitated by individuals from different cultures and races to learn about research and mental health practices in working with a diverse

clientele. Building cultural competency can also include reading books and journal articles that address current and historical events and challenges faced by different groups and spending time with people who belong to different or unfamiliar groups. Additionally, counsellors who represent the dominant group can try engaging in situations where they are not the majority by, for example, attending cultural events and engaging with people from different cultures to learn and expand their knowledge of cultural norms, practices, and beliefs. Though these recommendations for building cultural competency are not extensive, these practices can help create self-awareness and allow therapists to view clients from a different lens. These practices can also help build genuine trust, empathy, and safety with clients seeking mental health support.

Recommendations for Improving Mental Health Outcomes

One of the most important points that was highlighted in this literature review is that counsellors and mental health practitioners need to increase their awareness of the unique challenges that WOC face when experiencing gendered racism and the impact that these challenges have on the lives of WOC. In this section, I speak to the specific interventions that practitioners can utilize in lessening the impact that gendered racism has on the lives of WOC.

Firstly, therapists need to recognize that gendered racism exists and that it has detrimental long-term effects on the lives of WOC (R. T. Carter, 2007; Crenshaw, 2017). Therapists need to provide therapy that is validating, supportive, and empathetic with the experiences that WOC face (Holder et al., 2015). A foundational goal of therapy should be developing a safe and trusting relationship and creating a therapeutic environment that allows the client to feel welcomed and safe. Therapists need to recognize that WOC seeking counselling support for gendered racism is a step that needs to be appreciated considering the number of barriers WOC

face. Since workplace gendered racism may be a unique type of traumatic stress, therapists should engage in a thorough evaluation of trauma exposure (Polanco-Roman et al., 2016).

Therapists should work with clients to help them increase their awareness of the coping strategies that they already have, and coping strategies that will help decrease, instead of increase, their distress (L. B. Watson et al., 2016). The therapist and client should work together in exploring what gendered racism is, exploring the client's existing coping strategies, and assess whether those strategies have been long-term coping responses or temporary ones. Additionally, therapists should assess how dominant the intersection of their race and gender is to their identity (Crenshaw, 2017). It is important for therapists to work with clients on processing their experiences of workplace gendered racism in order to enhance their self-awareness abilities and help them not internalize the negative impacts of these events.

Empowerment is another important theme that can be helpful for therapists working with this population. Therapists should consider working with WOC who are experiencing workplace gendered racism on positioning themselves with the right tools to effectively address their past, current, and future workplace challenges (Holder et al., 2015). Helping clients to become aware of WOC mentors they can connect with within their organizations and communities can be an important tool (Holder et al., 2015). Therapists should also consider shaping programs and strategies that provide awareness and promote healthy coping strategies. For example, some studies spoke to the effectiveness of support groups that build on current friendships and relationships that foster a sense of community in helping WOC cope with workplace gendered racism (Spates et al., 2019).

Limitations and Future Research

An important aspect of a literature review is to emphasize the limitations that are present within the research. The focus of this literature review was to highlight the experiences of WOC with workplace gendered racism and the impact it has on their lives using an intersectional approach. However, given the lack of research in this area, this review only includes literature that examines the lives of Black, Asian American, and Latina women and excludes many other racial identities (such as the experiences of Indigenous and First Nations women in the workplace) due to the dearth of literature on these population groups. As a result, it may reduce the generalizability of the presented data. It is important to note that the majority of articles presented in this literature review were based on research on the lives of Black women, specifically. Since the majority of research has been conducted on the experiences of workplace gendered racism as it pertains to Black, Asian American, and Latina women, further research should investigate how other WOC, such as South Asian and Indigenous women, in North America experience and cope with workplace gendered racism, in order to highlight different strategies and health care disparities that exist. It is important for future research to explore how workplace gendered racism impacts these women as well, so counsellors can work to create better systems to support better equality and equity within health care and organizational structures.

Another limitation inherent in the literature is that many of the researchers who have studied WOC's lived experiences of gendered racism are members of the dominant racial group in North America. There seemed to be a shortage of articles that indicated the cultural competency of the researchers. Since many articles failed to outline this, it is difficult to know whether the researchers made assumptions or interpreted the data they collected based on the

biases they hold. Also, it is questionable how comfortable participants felt being open and sharing their honest experiences with the interviewers. Future research that studies the experiences of WOC should also look at understanding how the race and experiences of the researcher and interviewer impact the type of data that is collected from WOC participants.

A possible limitation of this literature review was that I only researched the healthy and helpful coping strategies that WOC used to cope with racism and did not address the harmful or unhealthy coping strategies they use (for example, substance use/abuse). Counsellors should be aware that WOC use many strategies to cope with workplace gendered racism, and those strategies could include maladaptive strategies. Future research should examine the spectrum of coping strategies that WOC use in coping with workplace gendered racism, as it is a complex phenomenon. Also, future research should look at how therapists can work with WOC who have experienced workplace gendered racism from specific theoretical approaches and specific techniques and interventions that can be used in order to help decrease the potential negative effects of these discriminatory experiences.

Since a primary focus of this literature review was to explore workplace culture and the implications that workplace racism has on the lives of WOC, future research should examine how organizations can create an inclusive environment where WOC have safe spaces to come forward and express concerns or share their experiences of workplace gendered racism. Future research with organizations should also explore the effectiveness of racial bias training and cultural competency training and the impact that these trainings can have on creating an inclusive workplace culture and enhancing organizational safety. Finally, future research should explore the importance and efficacy of creating policies and procedures that specifically outline protocols for managing and addressing workplace gendered racism.

Lastly, a possible limitation of this literature review is the potential for researcher bias. Since I identify as a WOC who has experienced workplace gendered racism, it is possible that even though I carefully considered each article presented, used a variety of peer-reviewed research articles, and commented on discrepancies as they came up, I may have unconsciously chosen research articles that agree with my opinion.

Reflexive Self-Statement

Research scholars say that research changes the researcher. Not only does a researcher gain knowledge from the work they are doing, but the knowledge the researcher gains changes who they are as a person. Through my experience of writing this literature review, I bear testament to these statements. To understand how this literature review has impacted me as a person and has changed the way I view the world now, I think it is crucial for me to discuss who I was before conducting this literature review. As I stated at the beginning of this paper, I identify as a WOC who has experienced racism in many contexts and within many different systems. Prior to this literature review, my fundamental belief was that only minority groups could experience racism. In reflection, I think this belief was ingrained in me as I grew up in post-Apartheid South Africa, where marginalized groups were non-White people and were viewed as less than. As I began reviewing the literature on racism, I noticed that there were multiple definitions of racism. This came as a shock to me. How could there be more than one definition? Isn't it clear that racism is discrimination based on the colour of one's skin?

As I began exploring how the definition of racism is contextual and often subjective, I remember feeling overwhelmed and frustrated. I began feeling as though I should change my topic and scrap my current topic. But then something profound happened. As a school counsellor at an Islamic school that services students from marginalized backgrounds, I realized that racism

does not have one definition. Many high school students began reaching out to me to discuss the racism they were experiencing at school. Students from various racial backgrounds began telling their heartbreaking stories and were desperate for support. The students shared that it was other students of colour who were being racist towards them. These disclosures had a profound impact on me because I finally understood the complexity within social structures. If social structures were so complex, then attempting to simplify definitions of social problems is futile.

As I reflect on my journey towards creating a definition for racism, I also reflect on how difficult it was to open my mind to hearing different perspectives. If it were not for my work experience, I wonder whether I would have continued with this research project or if I would have changed my topic. Regardless, I believe that everything happens for a reason. I believe that my work experience happened to me for several reasons. The first reason was to teach me how to open my mind to other perspectives. I now recognize that if I do not open my mind to other perspectives and viewpoints, my work as a clinician will not help my clients. I have also learned that as an academic, learning only takes place when you engage in the discomfort of acknowledging your biases and take steps in exploring where those biases come from.

I am grateful to my students and the many researchers whose studies I used in this literature review. My students and the researchers I have referenced in this paper taught me about myself, my biases, values, and passion. Before commencing this research analysis, I viewed myself and WOC in general as victims of racism. I viewed WOC as people who needed to be saved by society. However, after reflecting on my life experiences, the life experiences of other WOC in my life, and the experiences of WOC in the studies, I realized that WOC do not need to be saved by anyone. As I worked through writing this literature review, it was important for me

to write this paper from the perspective of empowerment. As a feminist, empowerment is the core and the foundation of my work, and I wanted this literature review to embody feminism.

Throughout this journey, I reflected on what empowerment means within this context, and the word that kept coming to my mind was "resilience." This process demonstrated that the resilience that exists within WOC runs in our blood and is generations deep. Many of the WOC before us fought the same system that we continue to fight today, and they have now passed the baton over to us. That is why I chose to focus this literature review on the positive and healthy coping strategies that WOC use to with workplace gendered racism. I wanted to highlight the resiliency and strength that WOC already have, despite what society may have us believe. I wanted to demonstrate that the answers, strength, and power in dealing with workplace gendered racism and other types of adversity lie within ourselves, and that is our power that no one can take away from us.

Conclusion

While racial discrimination is illegal throughout North America, this literature review highlights the unfortunate reality that racial and gendered microaggressions are insidious and remain widespread within the North American workplace. This literature review is an important contribution to the current body of literature concerning the lived experiences of workplace gendered racism that WOC face. It highlights the complexities of living within multiple marginalized identities. My aims in conducting this literature review were to provide a working description of what racism is (in all of its forms), showcase the prevalence of gendered racism within the North American workforce, emphasize the various positive coping strategies that WOC use to manage workplace gendered racism, stress the impact that workplace gendered racism has on the overall wellbeing of WOC, and highlight the resilience that WOC have. The

underlying theme of this literature review shows that race and gender are defining aspects of the lived work experience for WOC, which necessitates that WOC rely on determination and aptitude to resist oppression in the workplace.

Through this literature review, I intended to stress the need for mental health clinicians and organizations to recognize that racism is traumatic, and that race-based trauma is a legitimate and direct impact of racism (R. T. Carter, 2007). The studies cited in this review highlight the unique intersectional experiences that WOC have as a result of workplace gendered racism. Workplace gendered racism not only impacts the mental wellbeing of WOC but directly and destructively impacts their physical health outcomes and relationship wellbeing. Furthermore, WOC in North America continuously face numerous barriers in accessing mental health support, physical health support, and even organizational support in managing the domino effect of workplace gendered racism.

The findings showcased here have significant implications for mental health clinicians who work with WOC who are trying to cope with race-based trauma or gendered racism. Mental health clinicians need to ensure that they actively and continuously engage in strategies, self-reflection, supervision, and training that will increase their cultural competency. Mental health clinicians need to ensure that they address their personal biases and show up and be willing to acknowledge the power and privileges they hold. Engaging in ongoing cultural competency and self-reflective work sets the foundation for effective therapy. A key component to providing effective therapy to WOC (and all clients in general) is building a safe and strong therapeutic alliance. By providing a safe and trusting therapeutic alliance, therapists can help eradicate some of the barriers faced by clients who have experienced race-based trauma or workplace gendered racism. The findings of this literature review also emphasize how vital it is for mental health

clinicians to assume responsibility to serve as social justice advocates and allies to fight against the inequity and inequality that currently exist within society (a society that mental health clinicians so often benefit from).

Finally, while WOC may seek counselling for armouring themselves with tools and resources to effectively manage race-based trauma and workplace gendered racism, we need to recognize and hold space for the resiliency that already exists within WOC. Many counselling approaches are rooted in White Western notions and neglect to consider cultural and collective implications. When working with clients who are experiencing racism, specifically WOC who are dealing with workplace gendered racism, we need to recognize and honour the coping skills and strengths they already have before imposing White and Western heteronormative strategies on them. We need to honour the strength and resiliency that they already have because the White, Western, and heteronormative saviour complex of counselling psychology is a significant barrier in itself for WOC clients and therapists.

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