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Exploring Childhood Trauma, Race-Related Stress, Racial Socialization, and Symptoms in Black Emerging Adulthood

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Objective: Systemic oppression contributes to disproportionate rates of childhood trauma and race-related stress among Black emerging adults, heightening harmful psychological outcomes (Hope et al., 2022; Williams et al., 2010). This study explored how race-related stress influences the relationship between childhood trauma and internalizing symptoms in Black emerging adults. It also investigated whether racial socialization messages moderated these effects in a three-way interaction. **Methods**: Black emerging adults (ages 18 – 25) were recruited through academic channels and social media platforms to complete a demographic questionnaire, the Childhood Trauma Questionnaire – Short Form (CTQ), the Index of Race-Related Stress – Brief Version (IRRS-B), the Racial Socialization Questionnaire-teen (RSQ-t), and the Brief Symptom Inventory–18 (BSI-18). Hayes' PROCESS Model 3 was utilized to test moderated moderation analysis. **Results**: Analyses comprised 341 Black emerging adults (75.4% women, 31% 18-year-olds). Race-related stress did not moderate the relationship between childhood trauma and internalizing symptoms, B = -0.004, SE = 0.0025, 95% CI [-0.0054, 0.0046]. The overall moderated moderation model was not significant, B = 0.00002, SE = 0.0002, 95% CI [-0.0002, 0.0007]. However, higher endorsed childhood trauma and racial socialization messages, in the absence of race-related stress, were associated with increased internalized symptomology, B = 0.0105, SE = .0045, 95% CI = [0.0017, 0.0194]. **Conclusions**: These findings highlight the unique ways childhood trauma, race-related stress, and racial socialization messages impact Black emerging adults' psychological functioning. A higher frequency of endorsed racial socialization messages may amplify distress associated with childhood trauma. Future research should investigate racial socialization competency and coping self-efficacy to better understand racial socialization's role as a potential protective factor for Black emerging adults facing psychological distress from trauma and stress.

Keywords: childhood trauma, race-related stress, Black emerging adults, racial socialization, internalizing symptoms

Childhood trauma (e.g., physical, sexual, emotional abuse, and physical and emotional neglect) can be detrimental, as it can exacerbate adverse well-being outcomes (Gallagher et al., 2023). These adverse outcomes often persist into adulthood (Gause et al., 2022). Therefore, adults who experienced childhood trauma may continue to experience its psychological effects.

Intersectional factors contributing to systemic oppression— such as indirect racism (e.g., income inequality, mass incarceration) and direct racism (e.g., over-policing, community violence, and overt racial discrimination)— intensify trauma symptoms among Black Americans, who also face greater barriers to accessing mental health treatment (Gallagher et al., 2023). Research supports the notion that racial trauma or race-related stress amplifies the relationship between interpersonal trauma (e.g., childhood trauma) and the behavioral and psychological health outcomes of Black Americans (Mekawi et al., 2021; Metzger et al., 2021).

Race-related stress pertains to experiencing psychological distress from a racial encounter or experiences of racism (Carter & Pieterse, 2019; Roberson & Carter, 2022). Race-related stress is significantly associated with internalizing symptoms, such as anxiety and depression (Carter et al., 2019). Emerging adulthood (ages 18 – 25) is a developmental time period for youth that bridges adolescence and adulthood. Black emerging adults are more susceptible to racial discrimination than their counterparts from other racial/ethnic groups (Arnett, 2000). For example, Black emerging adults are more likely to experience racial discrimination when engaging in normative developmental tasks such as seeking jobs, training opportunities, advanced education, etc. (Hurd et al., 2014; Pearlin et al., 2005). The transition to adulthood and greater autonomy, coupled with race-related stress, can make Black emerging adults feel vulnerable. For those with a history of childhood trauma, the additive stress of race-related events can further increase vulnerability and complicate psychological outcomes. Therefore, it is critical to examine culturally relevant coping strategies that best fit the needs of this population.

Research indicates that racial socialization (RS) is a cultural coping strategy for Black youth, which can produce positive emotional well-being outcomes (Anderson et al., 2019). RS messages include themes of culture, attitudes, and values to prepare youth to navigate racial discrimination, oppression, and stress-

ors related to racial and ethnic identity (Hughes et al., 2006; Lesane-Brown et al., 2005; Metzger et al., 2021). RS messages are often verbal and nonverbal communication from caregivers to youth (Anderson et al., 2019; Hughes et al., 2006). An example of a verbal RS message would be a caregiver communicating to a youth, "You should be proud to be Black" (Neblett et al., 2009). An example of an RS nonverbal or behavioral message would be a caregiver buying youth books focusing on Black culture and history (Neblett et al. 2009). Five examples of notable RS messages are as follows: (1) instilling cultural pride by emphasizing heritage and ancestry (racial pride messages); (2) preparing for racial discrimination (barrier messages); (3) promoting racial equality or orienting youth to fit into mainstream culture (egalitarian messages); (4) reiterating positive traits (self-worth messages); and (5) participating in activities or demonstrating behaviors that promote Black culture (behavioral messages) (Bowman & Howard, 1985; Hughes et al., 2006; Metzger et al., 2021; Neblett et al., 2008; Neblett et al., 2009). RS has been associated with decreased depressive and stress-related symptoms (Metzger et al., 2021; Neblett et al., 2008) while allowing Black youth to gain a more robust and healthier sense of racial identity (Metzger et al., 2021; Neblett et al., 2008). It is also linked to positive psychological and behavioral outcomes for Black youth who experience racial stress and discrimination (Anderson et al., 2019) while promoting positive racial coping self-efficacy. However, while a wealth of research has examined RS as a protective factor for Black youth who have experienced racial stress (e.g., Neblett et al., 2013; Jones and Neblett, 2017; Anderson et al., 2019), there are mixed findings when it comes to racial socialization messages. For example, the protective impact of RS messages, such as egalitarian messages (Saleem et al., 2022, pp. 146–147) and racial barriers (Rodriguez et al., 2008), may vary as their effectiveness depends on the frequency, content, and context in which they are delivered. However, the literature is clear that negative messages, which communicate negative stereotypes about Black people (e.g., "Told you that learning about Black history is not that important."), are linked to harmful mental health outcomes (Anderson et al., 2024).

This study will examine whether cumulative RS messages serve as a protective factor for Black emerging adults who have experienced racial stress and childhood trauma, using the Racial Encounter Coping Appraisal and Socialization Theory (RECAST) model as a guiding framework.

Guiding Theoretical Frameworks: Racial Encounter Coping Appraisal and Socialization Theory

Stevenson (2014) adapted the Transactional Model of Stress and Coping (TMSC) to address race-related stressors. Building on the foundational work of Lazarus and Folkman (1984), Stevenson extended the TMSC by introducing RECAST. This theoretical framework offers a nuanced lens for understanding how race-related stress and RS impact psychological outcomes.

TMSC emphasizes the role of primary appraisal in stress responses. Folkman et al. (1986) describe primary appraisal as the initial assessment of whether an individual perceives an event as threatening or harmful. In the context of childhood trauma, traumatic experiences are associated with heightened psychological distress, which can persist into adulthood (Gause et al., 2022). In this study, childhood traumatic experiences are examined as a predictor variable, representing an individual's early exposure to stressors that likely shape how individuals appraise stress and threats. These experiences, in turn, influence psychological outcomes or internalizing symptomology in emerging adulthood, which serves as the outcome variable for this study.

Similarly, RECAST examines racial stress or race-related stress as an appraisal process, where individuals recognize a discriminatory racial encounter as racial (Anderson & Stevenson, 2019). In the RECAST framework, RS competency (the confidence and skills of families' RS communication) is explored as a moderating variable, determining whether racial stress, coupled with the mediating variable of racial coping self-efficacy, influences outcomes for Black youth. The RECAST framework suggests that higher RS competency will enhance coping self-efficacy, ultimately leading to more positive and adaptive well-being outcomes for Black youth (Anderson & Stevenson, 2019). While RECAST focuses on RS competency as a potential protective factor, this study will explore the broader culmination of RS messages. Specifically, we aim to determine whether the increased frequency of RS messages serves as a protective factor, moderating the effects of race-related stress. Although both TMSC and RECAST examine secondary appraisal—where individuals assess their

coping resources—this study focuses on the frameworks' primary appraisal and outcome components.

The current study will add to the literature through two broad goals. First, the study will examine internalizing symptoms of Black emerging adults who have experienced race-related stress and childhood trauma. Specifically, this study will examine the moderating effects of race-related stress on the relationship between childhood trauma and internalizing symptomology (i.e., anxiety, depression, and somatization). Secondly, the study will investigate whether RS messages buffer against internalizing symptoms for Black emerging adults who have experienced race-related stress and childhood trauma. Thus, this study will examine the moderating effects of RS on the interaction of race-related stress and childhood trauma on internalizing symptoms. The study's statistical framework is presented in Figure 1. We hypothesize the following:

Hypothesis 1a (H1a): Frequent exposure to race-related stress will increase internalizing symptoms.

Hypothesis 1b (H1b): Frequent exposure to childhood trauma will increase internalizing symptoms.

Hypothesis 1c (H1c): Higher endorsement of racial socialization messages will be associated with lower internalizing symptoms.

Hypothesis 2 (H2): The presence of race-related stress will exacerbate the relationship between childhood trauma and internalizing symptoms.

Hypothesis 3 (H3): Racial socialization will moderate the relationship between childhood trauma and race-related stress such that greater experience of racial socialization will buffer against the negative effects of childhood trauma on internalizing symptoms. To our knowledge, this serves as the first research study to explore whether RS serves as a protective factor for Black emerging adults who have experienced race-related stress and childhood trauma. Specifically, limited studies have examined how traumatic events experienced in childhood, combined with race-related stress, impact Black youth in emerging adulthood. Additionally, there is a gap in research exploring RS messages as a potential protective factor for Black emerging adults who have experienced both childhood trauma and race-related stress.

Methods

A Mid-Atlantic University Institutional Review Board approved all study procedures. Data were collected between February 2022 and April 2022.

Participants

Participants were Black emerging adults recruited from the Mid-Atlantic region and via online social media platforms. Eligible participants were between the ages of 18 and 25, identified as Black or of African descent (e.g., African American, African, Black Caribbean, Afro-Latinx, etc.), and considered English their primary language. Exclusion criteria included respondents who did not identify as of African descent, were not between the ages of 18 and 25, and did not consider English their primary language.

Procedure

Recruitment for participation included informing potential participants about the study through academic channels and social media platforms. A recruitment flyer containing a quick response code or QR code that linked to the study's Qualtrics survey or questionnaire was distributed through social media platforms (e.g., Facebook and Instagram), shared with academic professors via email, and posted on a university online learning management system.

The Qualtrics questionnaire took approximately 25 minutes to complete. Prior to beginning the survey, the initial page included the informed consent information for participants. Participants were able to give their consent to the study by indicating yes or no electronically. After completing the survey, psychology students recruited from the subject pool had the option to receive extra credit for their course if approved by an undergraduate psychology professor. All other participants were eligible to receive one of three drawings for an electronic gift card valued at $25 .

Measures

Demographic Information

A demographic questionnaire was administered to participants to obtain brief background information. The questionnaire gathered information such as race/ethnicity, gender, family household income, the participant's current income, description of the setting where the participant was raised (e.g., rural vs. urban setting), marital and occupational statuses, educational level, and mental health treatment history (i.e., "Have you ever seen a therapist (for over a month) for trauma, anxiety, and/or depression?").

Childhood Trauma

The Childhood Trauma Questionnaire – Short Form (CTQ; Bernstein, 1998) is a 28-item self-report

questionnaire that screens childhood traumatic experiences using five subscales: emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect. Participants are asked to rate the severity in which a childhood trauma affected them using a 5-point Likert scale of 1 (never true) to 5 (very often true). The item responses included four categories from non to low trauma exposure to extreme trauma exposure. Thus, higher scores indicated higher trauma exposure. Sample item statements are "I believe I was sexually abused," and "I thought my parents wished I had never been born." The CTQ also contains a minimization/denial validity scale created to identify underreporting of maltreatment. For this study, the minimization/denial scale was not assessed. This study aimed to explore participants' perceptions of childhood traumatic experiences, if experienced. Therefore, the minimization/denial of experiences was not the focus of this study. In the current study, the five subscales (emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect) were summed for a global score. While this measure does not measure primary appraisal directly, it captures early stress exposure, which may influence how individuals appraise stressful situations. Of note, as indicated by Bernstein (1998), two subscales (i.e., emotional and physical neglect) on the Childhood Trauma Questionnaire (CTQ) were reverse-coded in SPSS. The CTQ measure has test-retest reliability coefficients ranging from .79 to .86 and an internal consistency coefficient ranging from .66 to .92 (Bernstein, 1998; Bernstein et al., 2003; Liebschutz et al., 2018). The CTQ has also been shown to have good convergent validity when compared to clinician-administered interviews assessing child abuse (Bernstein, 1998). Cronbach's alpha for the current sample was excellent, α = 0.92.

Race-Related Stress

The Index of Race-Related Stress – Brief Version (IRRS-B) (Utsey, 1999) is a 22-item questionnaire that measures African Americans' race-related stress on racism and discrimination across three factors: cultural, institutional, and individual racism. The IRRS-B requires participants to assess racist events that either they or someone close to them has experienced and then rate the level of severity of how the experiences have impacted them. A 5-point Likert scale of 0 (this never happened to me) to 4 (the event happened, and I was extremely upset) is used to rate the participants' responses. Sample item statements include "You notice that when individuals belonging to your ethnic group are killed by the police, the media informs the public of the victims criminal record," and "While shopping at a store, or when attempting to make a purchase, you were ignored as if you were not a serious customer or didn't have any money." The Cronbach alpha across scales include the Cultural Racism subscale being .78, the Institutional Racism subscale being .69, the Individual Racism subscale being .78, and Global Racism being .77. Subsequently, the concurrent validity of the IRRS-B was demonstrated through its positive and significant correlations with the Perceived Stress Scale (Cohen et al.,1983; Utsey et al., 2002), particularly with the cultural and individual racism subscales. The global racism score was assessed as moderator 1 in this study. The summed scores for each subscale were transformed into z-scores and then summed to obtain a global racism score. Cronbach's alpha for the global score of the current sample was good, α = 0.87.

Racial Socialization

Racial Socialization Questionnaire-teen (RSQ-t; Lesane-Brown et al., 2006) is a theoretically derived 26-item questionnaire that assesses participants' perception of the frequency of racial socialization messages and activities they have received from parents over the past year. This measure seeks to capture how recent racial socialization messages may or may not buffer against the effects of past childhood trauma. There are six subscales measured within the RSQ-t, which include racial pride messages (α = .63), racial barrier messages (α = .69), egalitarian messages (α = .64), self-worth messages (α = .74), negative messages (α = .66), and behavioral messages (α = .73). For this study, only five subscales were examined, excluding the negative messages subscale. The negative message subscale did not directly align with the study's objective, which was to assess RS messages that have been found to be protective or associated with promoting psychological well-being. The five subscales were summed up to create a global score for racial socialization messages. Participants use a 3-point scale of 0 (never) to 2 (more than twice) to respond to item statements such as "Told you that you are somebody special, no matter what anybody says," and "Told you that some people may dislike you because of the color of your skin." The RSQ-t has shown good predictive validity of attitudes regarding racial identity and intergroup relationships (Lesane-Brown

et al., 2006). Additionally, the RSQ has demonstrated good reliability and validity in predicting Black American youths' academic and psychological outcomes (Neblett et al., 2008). Although Lesane-Brown et al. (2006) originally developed the RSQ-t mainly for adolescents, the Cronbach's alpha of the current sample, including Black emerging adults, was good, $\alpha = 0.87$.

Internalizing Symptomology

The Brief Symptom Inventory – 18 (BSI-18; Derogatis, 2011) is an 18-item self-report measure that screens for internalizing symptoms such as somatization, depression, and anxiety. The participants rate how much they have been bothered by internalizing symptoms in the past week using a 5-point Likert scale of 0 (Not at all) to 4 (Extremely). Sample item statements include *"How much were you distressed by feeling lonely?"* and *"How much were you distressed by feeling hopeless about the future?"* Derogatis (2011) found that the internal consistency for somatization ($\alpha = .74$), depression ($\alpha = .84$), and anxiety ($\alpha = .79$) was acceptable. The total range of scores is from 0 to 72, with higher scores indicating higher symptomology. The somatization, depression, and anxiety subscales were summed for a global score of internalizing symptomology. It has been shown to have well-established validity through its two-factor analysis structure (Derogatis, 2011). Likewise, it demonstrated good factorial validity in a study population comprised primarily of young or emerging adults (Recklitis et al., 2006). Cronbach's alpha for the current sample was excellent, $\alpha = 0.94$.

Data Analysis

Missingness Data and Preliminary Assumptions

Three hundred-ninety-two study participants were initially recruited. Before conducting the primary study analyses, preliminary assumptions were examined to assess normality, linearity, homoscedasticity, and outliers. Cases were removed from the study if subscale measures of main study variables had more than 50% of their questions or items missing. This resulted in the removal of 47 cases. Subsequently, two additional cases were removed because participants did not identify as being of African descent.

Mahalanobis distance scores were used to detect multivariate outliers. A threshold of $p < .001$ was utilized, which resulted in one case being identified as a potential outlier. Therefore, this case was removed from the analysis. There were no other outliers detected. Hayes PROCESS analysis (Hayes, 2017) was utilized to examine the moderated-moderation analysis. The Hayes PROCESS analysis conducted listwise deletion, removing one additional case. Upon further investigation, the internalizing symptoms measure (i.e., BSI-18) was incomplete. This resulted in the regression analyses, including a final sample size of $N = 341$ participants.

All assumptions of multiple regression were tested and met, including linearity, normality, and evidence of homoscedasticity. There was no major threat of multicollinearity because the correlation between childhood trauma and race-related stress is less than .90 (R (339) = .146, $p > .05$), childhood trauma and racial socialization (RS) messages is less than .90 (R (339) = -.253, $p > .05$), and race-related stress and RS messages is less than .90 (R (339) = -.270, $p > .05$). Furthermore, the tolerance values .887, .878, and .840 exceed .20, and the VIF factors of 1.127, 1.139, and 1.190 are lower than 4.00, meaning each independent variable has a strong uniqueness.

Descriptive Statistics

Descriptive statistics were calculated in the Statistical Package for Social Sciences (SPSS) version 26 (IBM Corp., 2019) for all available data, including the percentage for all categorical and demographic variables. The mean and standard deviation were also calculated for all main study variables and their subscales. Descriptives of the main study variables are shown in Table 1.

Primary statistical analyses were conducted in SPSS version 26, which included assessing multiple linear regression models and utilizing Andrew Hayes' PROCESS Model 3 (Hayes, 2017; moderated moderation analysis). Childhood trauma (independent variable; CTQ score), internalizing symptoms (dependent variable; BSI-18 score), race-related stress (moderator 1; IRRS-B score), and RS messages (moderator 2; RSQ-t score) were examined in the moderated moderation model (Hayes, 2017). All variables that define products were mean-centered. The conditioning values were set at -1SD, Mean, and +1SD. Confidence intervals were set to 95, with 5,000 bootstrap samples.

Results

Descriptive Statistics

Our study sample was predominantly women (75.4%) and identified as Black/African American (88.9%). Nearly one-third of the sample was 18 years old (31%), and over half of the sample endorsed having "some college" (55.3%) as their highest level of educa-

tion. For further demographic information, see Table 2.

Multiple Linear Regression Models

Three hypotheses were analyzed utilizing the Statistical Package for Social Sciences (SPSS) version 26 (IBM Corp., 2019) to test multiple linear regression models. The three hypotheses consisted of the following: frequent exposure to race-related stress will increase internalizing symptoms (H1a), frequent experiences of childhood trauma will increase internalizing symptoms (H1b), and higher endorsement of RS messages will be associated with lower internalizing symptoms (H1c).

Simple linear regression model results indicated that the predictors childhood trauma, race-related stress, and RS messages explained 27% of the variance (R^2 = 0.271, F = 41.696, p < .001) in internalizing symptoms. It was found that race-related stress significantly predicted internalizing symptoms, B = .198, t (340) = 3.724, SE = 0.53, SE = 0.53, p < .001, 95% CI [0.093, 0.302]. Therefore, the more Black emerging adults experienced race-related stress, the higher their total internalizing symptoms, which supports hypothesis 1a. Further, childhood trauma significantly predicted internalizing symptoms, B = .370, t (340) = 9.331, SE = 0.040, p < .001, 95% CI [0.292, 0.448]. Thus, the more childhood trauma Black emerging adults experienced, the higher their total internalizing symptoms. This supports hypothesis 1b. Interestingly, the relationship between RS messages and internalizing symptoms was not statistically significant, B = .072, t (340) = 0.766, p = .444, 95% CI [-0.113, 0.256]. Therefore, hypothesis 1c is not supported. See Table 3.

Moderated Moderation

The hypothesized moderated moderation effects were tested using PROCESS macro model number 3 (Hayes, 2017). The model tested the moderating effects of race-related stress on the relationship between childhood trauma and internalizing symptomology (H2). Further, the model examined the moderating effects of RS messages on the moderating variable of race-related stress on the path of childhood trauma and internalizing symptomology (H3).

Hypothesis 2 proposed that the presence of race-related stress would exacerbate the relationship between childhood trauma and internalizing symptoms. Race-related stress did not moderate the relationship between childhood trauma and internalizing symptoms, B = -0.004, SE = 0.0025, t (340) = -0.16, p = 0.87, 95% CI [-0.0054, 0.0046], which opposes the study's hypothesis 2.

Hypothesis 3 proposed that RS messages would moderate the relationship between childhood trauma and race-related stress, such that greater endorsement of RS messages would buffer against the negative effects of childhood trauma on internalizing symptoms. The results indicated that there was a conditional interaction between childhood trauma and RS messages, B = 0.0105, SE = .0045, t (340) = 2.35, p < .05, 95% CI = [0.0017, 0.0194]. Thus, higher endorsed childhood trauma and RS messages, in the absence of race-related stress, were associated with increased internalized symptomology. This contradicts the proposed hypothesis that RS messages will buffer against deleterious symptoms of childhood trauma. While childhood trauma and race-related stress (respectively) were significantly related to internalizing symptoms, RS failed to act as a buffer against trauma and symptoms. Rather, it appears to exacerbate internalizing symptoms in the presence of childhood trauma. The overall moderated moderation model was not supported, B = 0.0002, SE = 0.0002, t (340) = 0.99, p = .32, 95% CI [-0.0002, 0.0007]. See Table 4.

Exploratory Analysis: Simple Moderation Analysis

The moderated-moderation model found that higher endorsed childhood trauma and RS messages, in the absence of race-related stress, were associated with increased internalized symptomology. Based on the partially moderated moderation findings, a simple moderation (i.e., Hayes Model 1) was conducted to explore the direct relationships of RS messages on childhood trauma and internalizing symptoms.

RS messages were found to moderate the relationship between childhood trauma and internalizing symptoms, B = 0.0095, SE = 0.0043, t (340) = 2.2438, p < .05, 95%, CI [0.0012, 0.0179]. The interaction between trauma and RS messages accounts for 1.1% of the variance in internalizing symptoms for Black emerging adults (R^2 = .011, F(1, 337) = 5.035, p < .05).

Additionally, it was found that when RS messages were one standard deviation above the mean, and the more Black emerging adults were exposed to childhood trauma, this indicated higher internalizing symptomology, B = 0.4976, SE = 0.0567, t (340) = 8.77, p < .001, 95% CI [0.3860, 0.6091]. See Figure 2.

Discussion

The present study sought to explore the relationship between childhood trauma, race-related stress, racial socialization (RS) messages, and internalizing symptoms among Black emerging adults. Specifically, this study investigated the influence of race-related stress on the relationship between childhood trauma and internalizing symptoms. Further, RS messages were examined to see if they buffered against the effects of race-related stress on the relationship between childhood trauma and internalizing symptoms.

As expected, the results of this study confirmed that Black emerging adults who endorsed race-related stress experienced increased internalizing symptomology. Additionally, the results found that Black emerging adults who experienced childhood trauma experienced increased internalizing symptomology. The RECAST frameworks were used to explore the transactional pattern of childhood trauma, race-related stress, RS messages, and mental health outcomes in Black emerging adults. Specifically, the current study explored the internalizing symptomology (i.e., depression, anxiety, and somatization) of Black emerging adults who have experienced childhood trauma and race-related stress. Further, the RECAST framework was utilized to investigate if RS messages functioned as a protective factor for Black emerging adults who experienced childhood trauma and race-related stress.

It was initially predicted that for Black emerging adults who had experienced childhood trauma, the presence of race-related stress would exacerbate their internalizing symptoms. Additionally, it was predicted that for Black emerging adults who experienced childhood trauma and race-related stress, the more RS messages endorsed would be associated with decreased internalizing symptomology. Thus, higher endorsement of RS messages would be associated with lower internalizing symptoms. Altogether, this study investigated the internalizing symptomology of Black emerging adults who have experienced complex trauma (i.e., childhood trauma and race-related stress) and explored if RS messages served as a protective factor.

Race-Related Stress as a Moderator

The study results did not support the hypothesized moderated model that the presence of race-related stress would exacerbate the relationship between childhood trauma and internalizing symptoms. However, when solely examining the relationship between race-related stress and symptoms, our hypothesis aligned with previous literature, such that Black emerging adults who experienced race-related stress experienced increased internalizing symptoms. Previous literature confirms that Black Americans experience increased internalizing symptoms and disproportionately experience chronic stress due to racism and racial discrimination (Franklin et al., 2006).

Although we found that race-related stress did not exacerbate the internalizing symptomology of Black emerging adults who have experienced childhood trauma, the literature suggests that racial stress or trauma can worsen the mental health outcomes of Black Americans with trauma histories (Mekawi et al., 2021; Metzger et al., 2021). According to the RECAST framework, racial coping self-efficacy mediates the relationship between racial stress and coping, leading to psychological and overall well-being outcomes for Black youth. The current study integrated a childhood trauma component absent from the RECAST model. This component was added in the current study to examine how interpersonal trauma, in addition to racial stress, influences Black emerging adults' mental health outcomes. Thus, the lack of association between racial stress, childhood trauma, and symptoms may be due to the strong linear relationships between childhood trauma and symptoms, as well as race-related stress and symptoms. As a result, race-related stress may not have acted as a moderating variable or exacerbated the symptoms of childhood trauma, given that the internalizing symptoms of childhood trauma were already highly significant.

Further, another possible explanation for race-related stress not emerging as a significant moderator may pertain to racial socialization inherently involving elements of race-related stress. Discussions that prepare individuals for discrimination or teach individuals how to navigate racism can be stress-inducing. As such, racial socialization messages may partially account for the effects of race-related stress, potentially overlapping with or absorbing its influence in the model. This explanation may help clarify why a higher frequency of racial socialization messages was associated with greater internalizing symptoms among Black emerging adults with childhood trauma histories.

Additionally, as mentioned previously, the RECAST model incorporated racial coping self-efficacy as a mediator between racial stress and cop-

ing, leading to predicted outcomes. The current study did not examine coping self-efficacy. This may further explain the lack of association between variables, as the current study did not investigate Black emerging adults' perception of their ability to manage racial stressors and childhood trauma.

Racial Socialization Messages as Moderator 2

In this study, we tested a moderated-moderation model to examine whether RS messages moderated the effect of race-related stress on the relationship between childhood trauma and internalizing symptomatology of Black emerging adults. To our knowledge, this is the first study to test this moderated moderation model with Black emerging adults. No significant relationship was found between childhood trauma, race-related stress, RS messages, and internalizing symptoms. Therefore, our hypothesis was not supported; in fact, the research findings contradicted our hypothesis due to there being a significant conditional interaction between childhood trauma, RS messages, and symptoms. Specifically, Black emerging adults who experienced more childhood traumatic experiences and received RS messages (i.e., racial pride, racial barrier, egalitarian, self-worth, and behavioral) were associated with increased internalizing symptoms. This contradicts previous findings that have suggested that receiving a combination of RS messages is advantageous to Black American youths' mental health outcomes (Davis et al., 2017; Granberg et al., 2012; Neblett et al., 2008). Subsequently, our findings contradict the study results of Fischer and Shaw (1999), who noted that the more African American college students received RS messages, this moderated the relationship between racist experiences and poorer mental health outcomes. Notably, these previous studies have found that the mental health outcomes of Black adolescents receiving RS messages improve when experiencing racial stressors, not interpersonal or childhood trauma.

In the present study, the lack of a significant association between childhood trauma, race-related stress, RS messages, and internalizing symptoms may pertain to the effects of RS deteriorating as a protective factor for Black emerging adults who have experienced cumulative childhood trauma and race-related stress. Accordingly, previous studies have found mixed findings when examining the effects of RS messages on Black Americans' psychological well-being. For instance, while some studies have found racial or cultural pride messages to be associated with positive psychological outcomes (Bynum et al., 2007; Davis et al., 2017), some studies have found racial barrier messages to be associated with increased depressive symptoms (Liu & Lau, 2013; Stevenson et al., 1996). For Black emerging adults who have experienced childhood trauma, being more conscious of racial discrimination and navigating psychological challenges from childhood trauma may lead to adverse mental health outcomes. The present study's findings contribute to the growing body of literature that RS messages may make Black emerging adults more aware of racial discrimination. Our findings further suggest that for Black Americans with extensive childhood trauma histories, the more endorsed RS messages have the potential to complicate mental health outcomes.

Limitations

While study findings were notable, the study contained limitations. This study was cross-sectional. Thus, the study findings cannot indicate any causal relationships between variables.

Additionally, as mentioned previously, the present study did not examine all the RECAST framework components. The RECAST framework examined Black youths' RS competency moderating racial stress and racial coping self-efficacy, and self-efficacy mediated the relationship between stress and coping, leading to Black youths' mental health and overall well-being outcomes. While the present study utilized the RECAST framework to examine the relationship between trauma and stress, RS as a coping strategy or moderator, and mental health outcomes, this study did not examine RS competency or racial coping self-efficacy. Thus, we are not aware of Black emerging adults' perception of how they believe they manage racial stress and trauma, nor are we aware of this population's confidence and skill level in engaging in RS communication (i.e., RS competency). Examining these RECAST components would likely provide more context in understanding Black emerging adults' mental health outcomes that have experienced race-related stress and complex trauma. Specifically, the RECAST Model emphasized the importance of parent and youth competence in transmitting and engaging in RS communication (Anderson & Stevenson, 2019). Future studies should examine RS competency and coping self-efficacy for trauma and race-related stress to effectively explore how RS can serve as a protective factor.

In alignment with the RECAST model, the primary appraisal of discriminatory racial encounters determines one's level of racial stress. The primary appraisal is best understood by determining the secondary appraisal of one's racial coping self-efficacy, which will aid in determining how one engages and navigates discriminatory racial encounters. It is critical to note that data collection for this study occurred during a time when Black Americans were experiencing both the COVID-19 pandemic and a racial pandemic. The COVID-19 pandemic highlighted long-standing racial disparities in health outcomes, while Black Americans were also experiencing heightened racial injustices that were highly publicized across all media platforms. The heightened sociopolitical period and persistent racial injustice may have impacted how the study population attended to and their understanding of RS messages. Thus, race-related stress was exacerbated during this time, which may explain why RS messages did not serve as a protective factor. Therefore, a limitation of this study was not examining the population's racial coping self-efficacy and RS competency, especially during a time of heightened discriminatory racial encounters.

Another limitation of this study was that our study population had similar demographics. The study population mainly consisted of college students. Further, most of the study sample had a middle to high household family income during childhood. Research has found that context is essential regarding RS. For example, previous studies have found that RS messages are communicated more frequently in families with higher education and SES (Hughes et al., 2006). A more diverse sample consisting of a community sample could help provide more understanding of how RS can be generalized to Black Americans to serve as a protective factor for adverse outcomes of childhood trauma and race-related stress.

Subsequently, nearly half the study population indicated that they had seen a therapist for depression, anxiety, or trauma for over a month. Whether the participant saw a therapist or not was not controlled. Therefore, the lack of association between childhood trauma, race-related stress, RS messages, and internalizing symptoms may be due to coping contributing to other contextual factors, including mental health treatment. Future studies may consider controlling for mental health treatment to assess RS as a protective factor.

Another possible reason for the lack of relationship between childhood trauma, race-related stress, RS messages, and internalizing symptoms may be due to the selected measures in the study. Notably, the data collected was based on retrospective experiences, including Black emerging adults recounting past childhood experiences and recalling RS messages they received or did not receive from their parents or caregivers. While we firmly believe our study participants' understanding of their past experiences is insightful and informative, this study may be limited in participants' recounting all their experiences. Further, our outcome measure was limited in exploring the full range of psychological distress this population may be experiencing. The BSI-18 explored only anxiety, depression, and somatization symptoms within seven days.

Additionally, the present study only used quantitative measures to examine the symptomology of Black emerging adults who have experienced childhood trauma and race-related stress. This is limiting, as quantitative measures do not explore the in-depth life experiences of this population and how their experiences contribute to their mental health outcomes. Qualitative and mixed-methods studies would help to better understand Black emerging adults' childhood trauma, racial stress, RS, and psychological outcomes. All of which could help provide more insight into how RS may serve as a protective factor for this population. Lastly, the RSQ-t measure, which assessed the frequency of racial socialization messages Black emerging adults received from parents or caregivers, was limited in capturing messages across child development. This is a notable limitation, as emerging adults may engage in fewer race-related discussions with caregivers over time.

Future Directions

Our study findings indicate that Black emerging adults with childhood trauma histories and race-related stress are linked to increased internalizing symptoms. Future research should consider exploring coping strategies that serve as protective factors for this population. Specifically, future research should investigate different subtypes or different types of childhood trauma (e.g., physical abuse, sexual abuse, physical neglect), racial stressors (e.g., cultural, institutional, and individual racism), and RS messages (e.g., racial pride and self-

worth messages) as each experience could influence one's mental health differently. Specifically, future research should examine the associations between different types of childhood trauma, race-related stressors, and RS messages to determine whether certain types of trauma are linked to race-related stress and whether specific RS messages serve a protective role in these relationships. Examining this relationship is particularly important because one possible explanation for why race-related stress did not emerge as a moderator or exacerbate the internalizing symptoms associated with childhood trauma may be that race-related stress is already closely tied to the traumatic experiences encountered during childhood for this population.

Although we found that RS did not serve as a protective factor for our study population's symptoms, we hesitate to conclude that RS does not serve as a protective factor for Black emerging adults who have experienced childhood trauma and race-related stress. This is due to previous studies suggesting that RS promotes positive mental health outcomes for Black Americans. In order to determine RS's role as a coping mechanism for Black emerging adults with a history of trauma and race-related stress, future research should examine the RECAST component variables, RS competency, and coping self-efficacy, and the present study variables, childhood trauma, race-related stress, RS, and internalizing symptoms. Examining all study variables will provide more insight into this population's perception of their traumatic and stressful experiences and how RS could buffer against symptoms. Focusing on the quality of RS communication—specifically by examining RS competency (i.e., confidence and skills in RS communication)—rather than the frequency of RS messages, is likely to provide greater insight into its role as a protective factor.

Regarding methodology, future studies should include outcome measures that explore more symptomology (e.g., externalizing symptoms, self-esteem, hypervigilance, etc.) with a more diverse sample population. Further, future research should consider using a qualitative or mixed-methods research design. This design would help scholars gain a more in-depth and nuanced understanding of Black Americans' psychological outcomes who have experienced childhood trauma, race-related stress, and received RS messages.

Implications

The current study's findings indicate that childhood traumatic experiences and race-related stress influence mental health outcomes for Black emerging adults. RS messages did not moderate symptoms for Black emerging adults who experienced increased childhood trauma and race-related stress. However, results found that Black emerging adults who experienced childhood traumatic experiences and received RS messages were associated with having increased internalizing symptoms.

Although we found that a higher frequency of cumulative RS messages has the ability to produce adverse mental health outcomes for Black emerging adults who have experienced trauma, the literature supports that RS messages can serve as a protective factor for Black Americans who have experienced race-related stress (Davis et al., 2017; Granberg et al., 2012; Neblett et al., 2008). Our study adds to the growing body of literature that context is important when communicating RS messages. Thus, it is essential to consider Black Americans' trauma histories when utilizing RS, as certain messages may have the ability to improve or worsen mental health outcomes for this population. For RS to be effective in serving as a protective factor for Black emerging adults who have experienced childhood trauma and race-related stress, assessing for and fostering RS competency may be beneficial for Black emerging adults and social figures. Social figures, including parents, caregivers, family members, teachers, mentors, mental health professionals, etc., may benefit from participating in accessible community workshops and work training that provide education on RS and practical RS communication tools. It is also suggested that RS resources and education are provided for Black emerging adults, which will help strengthen RS communication and help build confidence in utilizing RS when navigating trauma and stress.

Social figures practicing cultural humility (being open, self-aware, and self-reflective when interacting with diverse individuals) is also essential (Mosher et al., 2017). Cultural humility is necessary as it embodies person-centered, respectable, and nonjudgmental communication. For Black emerging adults who have experienced significant trauma and stress, cultural humility may help this population feel safe when feeling vulnerable discussing significant life stressors. Researchers and clinicians should incorporate cultural humility into practice with ethnically, racially, and culturally diverse clients or patients and recognize within-group differences (Metzger et al.,

2021). This is critical when assessing and treating clients, as the trauma this population has experienced and the RS messages they receive will vary from person to person and impact individuals differently. Therefore, mental health clinicians working with Black emerging adults should consider implementing culturally tailored interventions in assessment and therapy settings to help meet this population's unique needs. In terms of assessment, clinicians should use culturally appropriate assessment tools to assess the client's childhood trauma and race-related stress history. Additionally, clinicians should assess the RS messages that clients already receive and how those messages impact them. Assessing the RS messages the client already receives and utilizes will help the clinician understand which messages have been beneficial and harmful for the client. This will further help the clinician know which messages to incorporate into treatment. Following assessment, the clinician should collaborate with the client to provide culturally responsive treatment that best meets the client's needs. This may include a cultural adaptation to trauma treatment. For example, Metzger and Colleagues (2021) created a culturally responsive adaptation to Trauma Focused Cognitive Behavioral Therapy (TF-CBT) that focuses on implementing RS into TF-CBT for Black youth with interpersonal and racial trauma histories. The findings of this study highlight that more exploration of culturally responsive and accessible coping strategies and treatment is needed for Black emerging adults experiencing childhood trauma and race-related stress. Notably, it is imperative to acknowledge that, regardless of RS serving as a potential cultural coping strategy that may reduce psychological distress related to stress and trauma, this is not a solution to systemic oppression. We assert that the solution lies in recognizing and addressing the historical and ongoing systemic and racial oppression embedded within societal structures. RS can be most effective when there is a committed effort to confront and dismantle systemic racial oppression.

Conclusion

In conclusion, the results of this study provide new insight into the influence of childhood trauma, race-related stress, and RS messages on Black emerging adults internalizing symptomology. Using some components of the RECAST framework, we found that Black emerging adults experience increased internalizing symptoms when experiencing childhood trauma or race-related stress. We discovered that RS was not a protective factor for this population. In fact, for Black emerging adults with childhood trauma histories, a higher endorsement of RS messages, in the absence of race-related stress, was linked to increased internalizing symptoms. These findings call for additional research to investigate all RECAST framework components, including RS competency and coping self-efficacy. Analyzing all study variables will help better understand how RS may serve as a protective factor for Black emerging adults who have experienced childhood trauma and race-related stress. also explore childhood-onset psychosis and its association with sexual and intimate partner violence.

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Table 1.

Descriptive Statistics: Main Study Variables and Subscales

Variables	*n*	*M*	*SD*
Global Race Related Stress	342	.00	2.25
Cultural Racism	342	37.88	8.95
Individual Racism	342	17.88	6.06
Institutional Racism	342	9.60	4.30
Combined Childhood Trauma	342	50.16	20.85
Physical Abuse	342	10.05	5.03
Emotional Neglect	342	10.67	5.00
Emotional Abuse	342	11.16	4.93
Physical Neglect	342	9.13	4.59
Sexual Abuse	342	9.15	5.60
Combined Racial Socialization Messages	342	46.71	9.06
Racial Pride	342	9.42	2.20
Racial Barrier	342	9.49	2.26
Egalitarian	342	7.60	2.10
Self-Worth	342	9.70	2.33
Behavioral	342	10.51	3.03
Internalizing Symptoms	341	42.94	16.70
Somatic	341	12.42	5.80
Anxiety	341	14.57	6.45
Depression	341	15.95	6.28

Table 2

Demographics of the Sample

Variables	*n*	%
Gender		
Men	80	23.4
Women	258	75.4
Non-binary	2	.6
Prefer not to say	1	.3
Other	1	.3
Age		
18	106	31.0
19	90	26.3
20	57	16.7
21	23	6.7
22	24	7.0
23	8	2.3
24	16	4.7
25	17	5.0
Ethnicity		
Black/African American	304	88.9
Afro-Latino/a	15	4.4
Bi-racial/Multi-racial	18	5.3
Black/West Indian	1	
African	1	
Other	3	.9
Current Income		
Less than 20,000	270	78.9
20,000-39,999	17	5.0
40,000-49,999	10	2.9
50,000-59,999	22	6.4
60,000-69,999	11	3.2
70,000-80,000	10	2.9
More than 80,000	1	0.3
Family Household Income		
Less than 20,000	47	13.7
20,000-39,999	46	13.5
40,000-49,999	54	15.8
50,000-59,999	38	11.1
60,000-69,999	48	14.0
70,000-80,000	31	9.1
More than 80,000	74	21.6
Childhood Geographic Area		
Urban/City	146	42.7
Rural	35	10.2
Suburban	148	43.3
Remote	11	3.2
Occupational Status		
Student	196	57.3
Student and Employed	93	27.2
Part-time Employed	20	5.8
Full-time Employed	28	8.2
Unemployed	5	1.5
Therapy History		
Yes	153	44.7
No	188	55.0

Table 3

All in Multiple Regression with Internalizing Symptoms as Outcome Variable, and Childhood Trauma, Race-Related Stress, and Racial Socialization Messages as Predictor Variables

	B	b	*SE*	*t*	*p*	*95% CI*
Constant	7.306		5.317	1.374	.170	[-3.153, 17.725]
Combined Childhood Trauma	.370***	.462	.040	9.331	.000	[0.292, 0.448]
Race-Related Stress	.198***	.187	.053	3.724	.000	[0.093, 0.302]
Combined Racial Socialization Messages	.072	.039	.094	.766	.444	[-0.113, 0.256]

Note. $^{*}p<.05$. $^{**}p < .01$. $^{***}p< .001$

Table 4

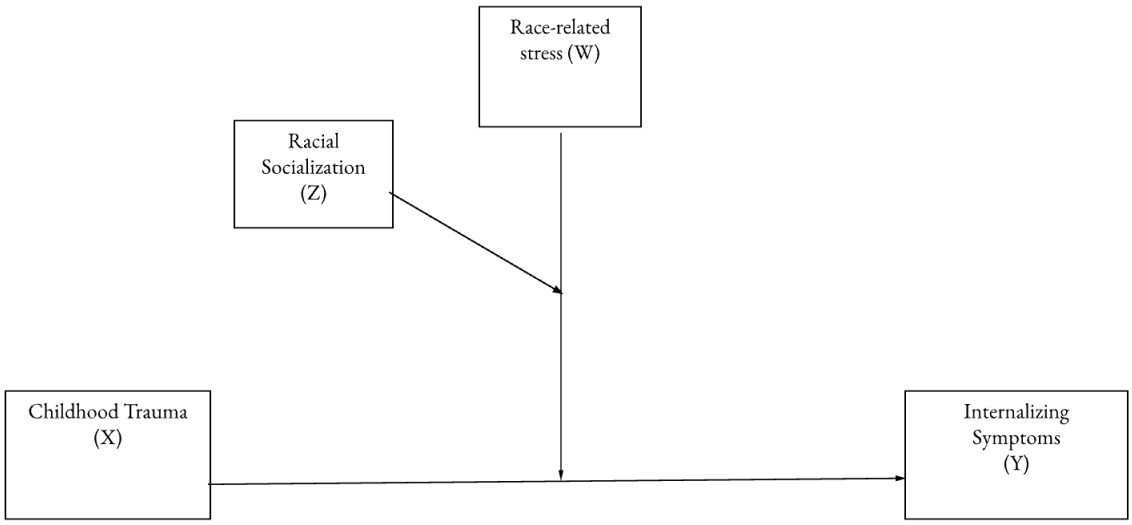
Hayes PROCESS Model 3: Childhood Trauma (X), Race-Related Stress (W), Racial Socialization Messages (Z), Internalizing Symptomology (Y)

	B	*SE*	*t*	*p*	*LLCI*	*ULCI*
Constant	43.7181***	.8563	51.0547	0.0000	42.0336	45.4025
Combined Childhood Trauma	0.3635***	0.413	8.7925	0.0000	0.2822	.4449
Race-Related Stress	0.2021***	0.538	3.7545	.0002	.0962	.3080
Combined Racial Socialization Messages	0.0351	0.0961	0.3650	0.7153	-0.1540	0.2242
X*W	-0.004	0.0025	-0.1644	0.8695	-.0054	.0046
X*Z	0.0105*	0.0045	2.3496	.0194	.0017	.0194
W*Z	-0.0063	0.0048	-1.3274	0.1853	-.0157	.0030
X*W*Z	0.0002	0.0002	0.9911	0.3224	-.0002	.0007

Note. $^{*}p<.05$. $^{**}p < .01$. $^{***}p< .001$

Figure 1

Statistical Framework of Childhood Trauma, Racial Socialization Race-Related Stress, and Internalizing Symptoms



Note. Andrew Hayes' PROCESS Model 3 (moderated moderation analysis) is the statistical framework presented. X = Childhood trauma (independent variable; CTQ score), Y = internalizing symptoms (dependent variable; BSI-18 score), W = race-related stress (moderator 1; IRRS-B score), and Z =Racial Socialization (RS) messages (moderator 2; RSQ-t score).

Figure 2

Two-Way Interaction Between Combined Childhood Trauma and Combined Racial Socialization Messages