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Developing a Model of Sexism-Based Traumatic Stress

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DEVELOPING A MODEL OF SEXISM-BASED TRAUMATIC STRESS

by

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ABSTRACT

In contemporary society, women regularly endure sexist microaggressions—messages that convey aversive, demeaning sexist slights toward women. Sexist microaggressions have been associated with anger, depression, anxiety, low self-esteem, job stress, increased risky health behavior and trauma. Additionally, sexist microaggressions effects are cumulative and can result in the internalization of sexist beliefs and undermine self-compassion. Research suggests that these distortions of self-views and self-regard can in part contribute to the development of trauma symptoms. Notably, research has found that prolonged exposure to sexism, in general, has been associated with trauma symptoms. However, the traumatic effects of sexist microaggressions have remained largely theoretical. The present study sought to develop an empirically supported model of sexist microaggressions as a traumatic stressor and evaluate the mediating role of internalized misogyny and self-compassion in the development of sexism-based traumatic stress. A sample of 370 cisgender women over the age of 18 was recruited via social media and from undergraduate courses and asked to complete an online survey.

The present study found that sexist microaggressions significantly and positively predicted traumatic stress and this relationship was partially mediated by changes in self-regard (i.e., self-compassion) but not changes in self-views (i.e., internalized misogyny). These results support the idea that sexism constitutes a traumatic stressor. Additionally, findings helped clarify stressors accounting for women's higher reported rates of PTSD and suggest that changes in internalized misogyny and self-compassion are mechanisms

through which sexist microaggressions act to develop traumatic stress. Further research, clinical, and practical implications are discussed.

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CHAPTER I

INTRODUCTION

Disparities in the treatment of men and women continue to be a problem in the United States (Nadal, 2010; Paludi, 2010; Sue, 2010; Sue & Sue, 2016). The White House Council on Women and Girls (2014) has noted that the exploitation, devaluation, and maltreatment of women remains a pressing and growing issue. Similarly, the American Psychological Association Task Force on the Sexualization of Women and Girls (Zurbriggen et al., 2007) found that rates of sexualization of women, especially by the media, have increased, and that sexism and gender-discrimination adversely affect women's mental health and overall well-being both systemically and individually. Sexism refers to manifestations of prejudices, attitudes, and behaviors intended to subvert femininity, disregarding the inherent value of girls and women, by relegating them to a subordinate societal class or object status (Bearman, Korobov, & Thorne, 2009; Hunnicutt, 2009; Walby, 1990). Sexists messages are widely disseminated through the media (e.g., movies, music, commercials, magazines) and socialization via families and institutions (Dahl, Vescio, & Weaver, 2015; Paludi, 2010; Sue, 2010).

Sexist acts range from overt to covert forms (Judson, 2014; Owen, Tao, & Rodolfa, 2010; Sue & Capodilupo, 2008), the latter of which may be captured by the term *sexist microaggressions* (Nadal, 2010). Although the earlier literature refers to this latter phenomenon as *gender microaggressions*, similar to Derthick (2015), the term *'sexist microaggressions'* was intentionally selected for continuity and to clarify the present

study's focus on one point of the gender spectrum (i.e. self-identified cisgender women). Sexists microaggressions may be defined as "brief and commonplace daily verbal, behavioral, or environmental indignities (whether intentional or unintentional) that communicate hostile, derogatory, or negative sexist slights and insults toward women" (Nadal, 2010, p. 158). In isolation, these slights may not have a tangible effect on an individual's psychological functioning. However, sexist microaggressions have a cumulative effect that can lead to anger, depression, anxiety, low self-esteem, or trauma (Nadal, 2010; Nadal, Hamit, Lyons, Weinberg, & Corman, 2013; Sue & Capodilupo, 2008) and can be at least as harmful as the effects of overt sexism (Jones, Peddie, Gilrane, King, & Gray, 2016; Sue, 2010).

Brown (2013) and Holmes, Facemire, and DaFonseca (2016) suggest that microaggressions constitute a form of a traumatic stressor. Theorists (e.g., Carter, 2007) have proposed and research (e.g., Pieterse, Todd, Neville, & Carter, 2012; Williams, & Mohammed, 2009) has found that prolonged exposure to oppression (e.g., racism or sexism) has traumatic effects for the oppressed. Sue and colleagues (2008) found that racial microaggressions were significantly associated with trauma symptoms. Studies have found sexism (Berg, 2006) and aspects of sexism such as gender discrimination (Kira, Hanaa, & Bujold-Bugeaud, 2015), exposure to domestic violence (Krause, Kaltman, Goodman, & Dutton, 2008), sexual harassment (Rederstorff, Buchanan, & Settles, 2007), sexual assault (Ullman, Townsend, Filipas, & Starzynski, 2007), as well as racism and sexism against women of color (Buchanan & Fitzgerald, 2008; Watson, DeBlaere, Langrehr, Zelaya, & Flores, 2016) were significantly associated with trauma

symptoms. Based on this one can predict that sexist microaggressions would be related to traumatic stressors.

Although there is theoretical support for sexist microaggressions as traumatic stressors (Brown, 2013; Holmes et al., 2016), research has just begun to empirically explore the relationship between sexist microaggressions and mental health outcomes (Derthick, 2015; Nadal et al., 2013; Judson, 2014). According to Nadal and colleagues (2013), research on sexist microaggressions is less developed than that of racial microaggressions and, until recently, has largely relied on previous research on sexism to support the idea that sexist microaggressions can have lasting effects on women's mental health. To date, empirical research has linked various forms of sexism—e.g., sexist events (Berg, 2006), gender discrimination (Kira, Hanaa, et al., 2015), and sexual harassment (Rederstorff et al., 2007)—with PTSD symptoms. However, the relationship between sexist microaggressions and mental health remains largely theoretical rather than empirical. Considering that racial and sexist microaggressions are forms of oppression (Capodilupo et al., 2010; Nadal et al., 2013; Sue, 2010) that, while conceptually distinct, have comparable negative mental health effects (Jones et al., 2016; Pascoe & Smart-Richman, 2009; Schmitt, Branscombe, Postmes, & Garcia, 2014), it is noteworthy that an empirically supported model of race-based traumatic stress (Carter, 2007) exists, but an empirically sound theory-based model of sexism-based trauma does not. The present study sought to address this gap in the literature.

In the face of persistent, derisive messages, it is likely that many women may at times feel powerless, worthless, or even self-critical. Trauma theory suggests that changes in both self-views and meaning-making are the primary mechanisms by which

PTSD symptoms develop (Nightingale, 2001). Thus, the present study examined two constructs believed to mediate the relationship between sexist microaggressions and trauma symptoms: internalized misogyny, defined as when women promote male dominance or the devaluation of women through acts of horizontal oppression against women (Piggot, 2004; Saakvitne & Pearlman, 1993); and self-compassion, or warmly connecting with one's suffering from an understanding view (Neff, 2003).

Additionally, caring for oneself, or self-compassion (Leary & MacDonald, 2003), appears to capture the deep sense of unconditional worth and well-being that sexism works to erode (Barry, Loflin, & Doucette, 2015; Marshall et al., 2015; Neff, 2003; Neff & Vonk, 2009). As such, it was posited that sexist microaggressions degrade self-compassion, which theoretically leads to the development of trauma symptoms. Therefore, it was expected that the relationship between sexist microaggressions and trauma symptoms may be explained through self-compassion as well.

In sum, the present study sought to examine cisgender women's experiences of sexist microaggressions as predictors of general sexism-related posttraumatic stress symptomology, mediated by internalized misogyny and self-compassion. The purpose of the present study was to develop an empirically supported model of sexist microaggressions as a traumatic stressor and to evaluate the mediating role of internalized misogyny and self-compassion in the development of sexism-based traumatic stress. The following sections review the literature pertaining to sexism, sexist microaggressions, trauma, internalized misogyny, and self-compassion.

Sexism and Sexist Microaggressions

Encounters with sexism and gender-discrimination are pervasive and problematic. One content analysis found that 99% of women reported having experienced some form of sexist acts, ranging from being told sexists jokes to being physically harmed (Landrine & Klonoff, 1997). Rates of physical and sexual violence against women are disturbingly high, with nearly one in three women experiencing physical violence, stalking, or rape by an intimate partner (Black et al., 2011), and roughly one in five college women report being the target of attempted or completed sexual assaults (Krebs, Lindquist, Warner, Fisher, & Martin, 2009). Research consistently suggests that violence against women is linked with sexist objectification of women through the media (Gervais & Eagan, 2017; Wright & Tokunaga, 2016), and men's reactions to threatened masculinity—a consequence of sexism where to be manly means to not be feminine (Dahl et al., 2015; Gartner & Sterzing, 2016; Overall, Hammond, McNulty, & Finkel, 2016; O'Connor, Ford, & Banos, 2017; Weaver & Vescio, 2015; Wong, Burkley, Bell, Wang, & Klann, 2017; Wright & Tokunaga, 2016).

In addition to physical danger, sexism comes with vocational and economic costs to women. In politics, academia, and the workplace, women have their intelligence and competence doubted, their experiences of ill treatment invalidated, and are arbitrarily withheld from positions of prestige and power (Benokraitis & Feagin, 1995; Nelson, 2006; Sue, 2010; Zastrow, 2004). On average, women receive lower wages than men—80 cents to the dollar for White women and even less for women of color—for the same work despite comparable credentials (Mandel & Semyonov, 2014) and pay more for common goods and services marketed toward women than men do for equivalent

products marketed toward men (Duesterhaus, Grauerholz, Weichsel, & Guittar, 2011). Women tend to be underrepresented in science, technology, engineering, and math (The National Coalition for Women and Girls in Education, 2017) and overrepresented in low-wage, traditionally female roles (e.g., care workers, secretaries, receptionist, cashiers); meanwhile, men dominate prestigious, higher-paid positions (e.g., doctors, lawyers, engineers; U.S. Department of Labor, 2012). Yet, in career areas viewed as traditionally female, positions of power are disproportionately filled by men. For example, 73% of elementary and secondary schoolteachers are women, yet only 35% of principals are women (Sue & Sue, 2016). As compared to their male counterparts, female professors and teachers receive poorer student evaluations (Boring, Ottoboni, & Stark, 2016) and regularly have their authority and knowledge challenged (Pittman, 2010). In the classroom, female students receive less instruction, praise, and encouragement than male students (Frawley, 2005).

Commonly, media portrayals of women also perpetuate biases against women (Zurbriggen et al., 2007); for instance, women are undermined through deprecating and objectifying language and framing sexual harassment as comedy (Montemurro, 2003). Advertisements and music videos frequently cast women as sex objects or accessories (Andsager & Roe, 2003), while music lyrics frequently sexualize and denigrate women (Martino et al., 2006). Messages in magazines tell young women that using their sexuality to attract a man should be their primary goal, implying that female value is determined by seductiveness (McMahon, 1990) In movies, female protagonists are scarce among top-grossing films (Kelly & Smith, 2006), implying that women are somehow unfit for lead roles.

Systemic forces also hinder and dissuade women who strive to enter high-authority career roles and leadership positions (Ragins, Townsend, & Mattis, 1998). Women have less access to effective leadership mentorship, are likely to have male mentors interpret their interactions as sexual invitations, face accusations of tokenism, encounter social distancing and exclusion, and endure sexual harassment and invalidating work environments (Lyness & Thompson, 2000). Women who do gain access to positions of power risk becoming targets of discriminatory treatment (Rudman & Kilianski, 2000). As leadership is traditionally viewed as men's work, women in leadership roles are met with resistance and double standards. Women leaders who do not adhere to gender norms (i.e., present as less stereotypically feminine in demeanor; display more authority) are deemed less socially attractive and are rated unfavorably in performance reviews, whereas men who exhibit the same leadership style are viewed as competent and likeable (Johnson, Murphy, Zewdie, & Reichard, 2008; Okimoto & Brescoll, 2010; Rudman, Moss-Racusin, Phelan, & Nauts, 2012). Moreover, women in leadership are less likely to be respected, heard, and followed than their male counterparts (Elsesser & Lever, 2011; Vial, Napier, & Brescoll, 2016).

In the United States, women hold approximately 19% of seats in the U.S. Congress, 24% of state wide elected positions, and 25% of state legislature seats (Center for American Women and Politics, 2016); further, to date, there has never been a female U.S. president. Moreover, when women emerge as major political contenders, they are often waylaid by seemingly innocuous sexist questions about non-political issues such as, "what designer are you wearing?" (Rhode, 2016). Often, women must contend with an unnecessary double-bind: to be taken seriously, women must adopt traditionally

masculine qualities (e.g., assertiveness) and suppress their femininity, yet at the same time women are expected to be feminine and are criticized and defamed for deviating from their traditional gender roles (Sue, 2010). When confronting these issues, women tend to be accused of "playing the gender card," (Sue, 2010) or being "overly sensitive" (Sue & Capodilupo, 2008). Even some news media outlets undermine and delegitimize discourse on sexism (Romaniuk, 2015), such as using the "gender card" metaphor to prevent candidates from calling out sexism in politics and media (Falk, 2013). Overall, these blatant and subtle acts against women are examples of what constitute the attempted subordination of women, or sexism.

A system fundamental to promoting the oppression of women and disseminating this sexist ideology is the patriarchy (Hunnicutt, 2009). The patriarchy is a network of social institutions and policies that ensure male dominance, and the oppression and exploitation of women (Walby, 1990). Evidence of its influence can be seen through sexist messages carried out through socialization processes within families, institutions, and the media that promote the hierarchy of male dominance and superiority, which in turn influences core aspects of self and gender identity in both men and women (Kira, Ashby, Lewandowski, Smith, & Odenat, 2012). The amalgamation of patriarchy and sexism are systemic power structures that cultivate the individual and systemic discrimination described above. Notably, since there are several ways that patriarchal systems typecast women, there is a substantial variety of expressions of institutionalized bias and discrimination against women (Paludi, 2010).

A review of the sexism literature demonstrates how sexist ideology has evolved over time. Sexism has been conceptualized and studied in a variety of forms such as

blatant sexism (Benokraitis & Feagin, 1995), old-fashioned sexist attitudes (Swim, Aikin, Hall, & Hunter, 1995), overt and covert sexism (Swim & Cohen, 1997), hostile and benevolent sexism (Glick & Fiske, 2001), daily sexist events (Moradi, Dirks, & Matteson, 2005), subtle sexism (Swim, Mallett, Russo-Devosa, & Stangor, 2005), internalized misogyny (Bearman et al., 2009; Piggot, 2004; Szymanski, Gupta, Carr, & Stewart, 2009; Szymanski & Henrichs-Beck, 2014; Szymanski & Kashubeck-West, 2008), modern sexism (Swim et al., 2005), and recently, sexist microaggressions (Capodilupo et al., 2010; Derthick, 2015; Nadal, 2010; Sue & Capodilupo, 2008). Early research focused on old fashioned sexism, defined as the "obviously unequal treatment of women and questioning of women's intelligence" (Swim, et al., 1995, p. 209) and blatant sexism, which encompasses "discriminatory actions directed against women that are obvious to most observers and are highly visible" (e.g., Benokraitis & Feagin, 1995, p. 59), such as the notion that a woman's body is not hers and that she is subject to the sexual desires of others; rape; intimate partner violence; workplace discrimination; sexual harassment; wage disparities; and a lack of voting rights (Bearman et al., 2009; Benokraitis & Feagin, 1995). By no means a comprehensive list, these actions and ideologies serve the dual purpose of maintaining patriarchal power dynamics and denigrating and disenfranchising women (Paludi, 2010; Sue, 2010). Today's society largely deems overt sexism inappropriate; however, a surge in blatant sexism has marked the past two years, as indicated by the sexist behavior of, and support for, President Donald Trump during his campaign and presidency (Ali, 2017; Blessett, 2017), as well as public backlash to his sexism (e.g., 2017 Women's March; Ali, 2017). Aside from this recent trend, in modern history, there have been social repercussions against sexism,

which overtime appear to have transformed sexism into a more insidious form: sexist microaggressions (Capodilupo et al., 2010; Nadal, Rivera, & Corpus, 2010).

Sexist Microaggressions

Sexism and sexist microaggressions are inextricably linked, as evidenced in Sue and Capodilupo's (2008) theoretical taxonomy of gender (i.e., sexist) microaggression themes. Sexist microaggressions are committed via three avenues: microassaults, defined as blatant, intentional discriminatory attacks that can be verbal, nonverbal, or environmental; microinvalidations, or subtle, demeaning messages that convey assumed inferiority of the target; and microinsults, which are slights in the form of negating, nullifying, or excluding the targets and their experiential realities (Sue et al., 2007). Sue and Capodilupo (2008) identified six gender microaggression themes: sexual objectification, second-class citizen, assumptions of inferiority, denial of the reality of sexism, assumptions of traditional gender roles, and use of sexist language. Nadal (2010) later expanded the taxonomy with two more themes: denial of individual sexism, and environmental microaggressions—conveying negative messages to and about women through systems, institutions, and settings (Nadal et al., 2013). These themes remained largely theoretical until Capodilupo and colleagues (2010) found support for six of the eight (see Table 1). They also found one new, albeit underdeveloped, theme: leaving gender at the door. From the original eight themes, denial of individual sexism was not supported, and denial of the reality of sexism was underdeveloped in that it (like leaving gender at the door) was only endorsed by one participant (see Table 1).

Table 1. *Themes, Descriptions, and Examples of Microaggressions Toward Women**

Theme	Description	Example	Message
Sexual Objectification	A woman is treated as a sexual object	Catcalling; Unsolicited groping or touching	Women's value is in their bodies; women exist to entertain men
Second-class citizen	A woman is overlooked and/or a man is given preferential treatment	Men are selected for positions of power in companies and politics over equally qualified women	Women's contributions are not as valuable as men's
Assumptions of inferiority	A woman is assumed to be less competent than a man (e.g., physically, intellectually)	Women are assumed to be "too emotional" to make logical decisions; Women are not asked to contribute physically (e.g., at work, in sports)	Women are not capable
Assumptions of traditional gender roles	An individual assumes a woman should maintain traditional gender roles	Men refuse to do domestic chores, which are left for women; Women are expected to be dainty, polite, and demure	Women should be feminine, and should engage in 'feminine' activities'
Use of sexist language	Language is used to degrade, dismiss, or humiliate women	Terms like *stupid, bimbo, slut, bitch, and cunt*	Women are inferior
Environmental invalidations	Macro-level aggressions that occur on systemic and environmental levels	Unequal pay for equal work; Lack of well-rounded female role models; Sexualized images of women in the media	Women are inferior; Women cannot or should not succeed outside of the home; Men have a right to sexualize women
Other themes:			
Denial of the reality of sexism (underdeveloped)	Concerns about sexism are dismissed, invalidated, or ignored	A woman is told to ignore sexism; A woman is told sexism no longer exists	You are crazy; Your experiences do not matter
Leaving gender at the door (underdeveloped)	Women are expected to keep feminine aspects of themselves out of a given scenario (e.g., work, school)	A woman is expected to "be one of the guys" at work and value the same things as male colleagues	Characteristics and qualities associated with femininity should be hidden, prohibited, avoided
Denial of individual sexism (unsupported)	Individuals deny personal sexist beliefs or behaviors	A person endorses egalitarian beliefs	Individuals are unable or unwilling to accept the ways they may contribute to the continued oppression of women

Note. Adapted from Derthick (2015)
*partially adapted from Capodilupo et al. (2010)

Although Capodilupo and colleagues (2010) provided support for the gender microaggression taxonomy, the small sample size was a drawback of their study and no empirical measure of sexist microaggressions existed. Derthick (2015) addressed the sample size issue, synthesize the sexist microaggression taxonomies (Capodilupo et al., 2010; Nadal, 2010), and operationalized the taxonomies into a theory-driven empirical measure: The Sexist Microaggression Experiences and Stress Scale (SMESS). Considering that the nature of sexism has changed overtime and that sexist microaggressions offer a substantive theoretical taxonomy of contemporary sexism, the present study operationalizes sexism as sexist microaggressions.

Systemic Effects of Sexism

Sexism has both direct and indirect negative societal and personal effects. Girls and women are bombarded with discriminatory messages daily, and the personal strain they cause can accumulate over time (Sue, 2010). This cumulative effect, which has been likened to a "constant, low-level background noise" (Landrine & Klonoff, 1997, p. 15) and "slow death by a thousand cuts" (Sue, 2010, p. 66), has tangible, negative intrapersonal consequences for women, including negative mental health, self-esteem, identity, performance, and physical health outcomes (Berg, 2006; Moradi & DeBlaere, 2010). Economically, sexism contributes to the "feminization of poverty" (Pearce, 1978, p. 28), the finding that women are disproportionally impoverished, through such means as the inequitable division of labor and family responsibility, unequal pay, discriminatory hiring and advancement practices, and discriminatory pricing of goods and services. It is estimated that of the 12 million single parent families in the U.S., single mothers head 80%, and approximately 40% of these families live below the poverty line (United States

Census Bureau, 2016). Systemically, sexism perpetuates a stream of stressors with which women persistently contend solely based on their gender (see Sue & Sue, 2016). These stressors are key risk factors for the development of mental health concerns (Hamilton & Russo, 2006).

Individual Effects of Sexism

Meta-analyses on the effects of perceived discrimination have found that like racism, the effects of sexism are significantly related to heightened stress responses (Pascoe & Smart-Richman, 2009); engagement in unhealthy behaviors and decreased engagement in healthy behaviors (Jones et al., 2016; Pascoe & Smart-Richman, 2009); depression, anxiety, psychological distress, poor self-esteem, and low life satisfaction (Jones et al., 2016; Schmitt et al., 2014); and job stress, poor job performance, and job turnover (Jones et al., 2016). The significance of these findings (Jones et al., 2016; Pascoe & Smart-Richman, 2009; Schmitt et al., 2014) is two-fold. First, they are consistent with theories (e.g., Brown, 2013; Carter, 2007; Holmes et al., 2016) and evidence (Brown et al., 2000; Carter et al., 2013) that suggests that racial discrimination can be a traumatic stressor. Second, sexist discrimination was found to have negative mental health outcomes comparable to those of racism, supporting theories (Brown, 2013; Holmes et al., 2016) of sexism as traumatogenic oppression.

One possible explanation is that, as with racism, sexism involves the oppression of an identity dimension and thus is an ever-present source of stress in the lives of women which is uncontrollable, disrupts women's self-views, and results in a range of stress-related responses (Kira, 2001; Kira et al., 2008). Indeed, trauma theory supports this conjecture and suggests that prolonged exposure to oppression has traumatic effects for

the targets of oppression (Brown, 2013; Holmes et al., 2016). Additionally, research has found that women repeatedly exposed to sexism exhibit trauma symptoms (i.e., disruptions to self-evaluations, intrusive thoughts, negative affective and cognitive alterations, suppression/avoidance of memories and reminders of the event(s), and increased reactivity; Berg, 2006; Buchanan & Fitzgerald, 2008; Krause et al., 2008; Rederstorff et al., 2007; Ullman et al., 2007; Watson et al., 2016). Yet, despite this empirical support, an empirically sound theory-based model of sexist trauma is lacking.

Toward a Theory of Sexism-based Trauma

Trauma, (often operationalized as a Criterion A trauma as specified in the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association, 2013), involves exposure (i.e., directly witnessing, experiencing as a part of work, or learning of death or threatened death of family or friends) to death or the threat of death, grave injury, or sexual violence. Research has found that nearly 90% of the general population has been exposed to a potentially traumatic event, and most have experienced multiple events (Kilpatrick et al., 2013). These estimates likely increase when other non-imminently life-threatening traumatic stressors (e.g., microaggressions, oppression, and betrayal trauma) are included (Brown, 2013).

Approximately 8 to 20% of individuals exposed to a potentially traumatic event develop posttraumatic stress disorder (PTSD; Briere & Scott, 2006; Davidson, 2000). PTSD has been significantly associated with a number of additional detrimental psychological and physical outcomes such as increased suicidal ideation (e.g., Galatzer-levy, Nickerson, Litz, & Marmar, 2013; Rojas, Bujarski, Babson, Dutton, & Feldner, 2014), substance abuse (e.g., Rojas et al., 2014), major depression (e.g., Flory & Yehuda,

2015; Rojas et al., 2014), anxiety (e.g., Davidson, 2000), and chronic pain (e.g., Morasco et al., 2013). Although not every individual who is exposed to a traumatic event develops PTSD, even subthreshold posttraumatic stress has been associated with negative outcomes (e.g., chronic pain, anxiety, depression, physical illness, affect dysregulation, decreased trust and interpersonal effectiveness; Briere & Scott, 2006).

These findings have important implications for women who, as a group, appear to be susceptible to trauma, given that women tend to report significantly higher rates of PTSD than men (Kessler, Chiu, Demler, & Walters, 2005; Kilpatrick et al., 2013; Klonoff, Landrine, & Campbell, 2000; Tjaden & Thoennes, 2000). The higher rates of PTSD in women may be explained by sexist discrimination, a stressor unique to women that may result in women's higher reported rates of psychological symptoms (Klonoff et al., 2000; Moradi & Funderburk, 2006; Moradi & Subich, 2002, 2003).

In addition to examining stressors that uniquely account for women's higher reported rates of PTSD, it is important to understand what mechanisms underlie and influence these stressors, in order to better inform PTSD interventions and appropriately adapt them to the unique needs of women. It is reasoned that by developing a model of sexist trauma, PTSD that may otherwise go un/misdiagnosed has a better chance of being accurately identified and appropriately treated, which could ameliorate some of the psychological, physical, and economic costs of untreated or poorly treated PTSD (e.g., comorbid psychological symptoms, reduced quality of life, emotional impairment, medical costs associated with suicide attempts and substance abuse; Davidson, 2000). One obstacle to establishing a model of sexism-based traumatic stress is the DSM-5 Criterion A emphasis on the threat of physical harm, which prevents non-imminently life

threating aspects of sexist and other types of oppression to be recognized as traumatogenic stressors despite theoretical and empirical evidence to the contrary. According to the trauma theory literature, trauma stems from experiences that are sudden, negative, uncontrollable, profoundly distort one's self-views and meaning-making (McFarlane & Girolama, 1996; Nightingale, 2001), and produce a common set of symptoms (Carlson, 1997). Such theory emphasizes that changes in beliefs about the self and self-worth account for the relationship between traumatic stressors and PTSD (Nightingale, 2001), and provides the foundation for proposing a model of sexism-based trauma.

Based on trauma theory and the criticisms of the DSM-5 limitations, Kira (2001) developed a two-way trauma taxonomy, the Developmentally Based Trauma Framework (DBTF). The first dimension identifies trauma development and is comprised of attachment trauma (e.g., parental neglect of a child), personal identity traumas (e.g., violations of individual autonomy), collective identity trauma (e.g., discrimination), role identity trauma (e.g., unexpected job loss), and physical identity or survival traumas. The second DBTF dimension delineates the frequency and magnitude of the traumatic events, and includes type I single episode traumas (e.g., a car accident), type II (repeated traumatic events that have ended), type III (persistent traumatic events), and type IV, an accumulation of traumas throughout the lifespan (Kira, 2001). The value of the DBTF is that it clarifies intricate differences between different types of traumas. Further, the DBTF's category type III collective identity trauma makes a strong theoretical argument for the traumatic effects of sexism (Kira et al., 2008; Kira, Hanaa, et al., 2015).

The DBTF posits that type III traumas have arguably the most serious and enduring negative consequences due to the insidious, pervasive, and personal nature of type III traumas (Kira, 2001; Kira, Hanaa, et al., 2015). Kira, Hanaa, and colleagues (2015) suggest that individuals affected by type III traumas may internalize discriminatory messages, adopt the demeaned persona, and legitimize experiences of discrimination, which can contribute to negative shifts in self-views and self-directed care.

Using their DBTF as a theoretical framework, Kira, Hanaa, and colleagues (2015) synthesized trauma and sexism literature into a model of traumatic gender discrimination. They found that gender discrimination could, in fact, be significantly related to trauma symptoms and that this relationship was mediated by changes in self-views (e.g., self-esteem, self-efficacy, self-concept). Furthermore, in their study, the authors developed the Gender Discrimination Inventory (GDI; Kira, Hanaa, et al., 2015), which provided a new method for assessing gender discrimination as a continuous traumatic stressor derived from familial and societal socialization.

Unfortunately, Kira, Hanaa, and colleagues' (2015) model was hindered by theoretical and methodological limitations. For example, the authors inappropriately assessed self-concept by treating it as a higher order factor of self-esteem and self-efficacy. Kira, Hanaa, and colleagues (2015) claimed to be assessing self-concept per the core self-evaluations (CSE) theory (Judge, Locke, & Durham, 1997); however, they use only the two most intercorrelated factors (i.e. self-esteem and self-efficacy; $r = .86$) of the four original CSE aggregate factors, which may be redundant (Johnson, Rosen, & Levy, 2008). The authors aggregate related identity constructs associated with resistance

to gender discrimination to form their gender coping subscale, but their process lacks a unifying theory.

There were also limitations in the measurement aspect of their model. The authors formed an internalized gender discrimination subscale using four oddly worded items that had low internal consistency (.60). Furthermore, the final model contained several unexplained correlated error variances, which may evidence indiscriminate model re-specification to improve model fit (Bryne, 2010; MacKenzie, Podsakoff, & Jarvis, 2005). This is problematic because it increases parameters to be estimated, which risks an overfitted model and can result in unstable effects, significant standard error inflation, and equivocal alterations to primary parameters (Wheaton, 1987). Considering these conceptual issues, a different approach to modeling the traumatic effects of sexist microaggressions was warranted. However, due to a dearth of models examining the traumatic effects of sexism, research on other forms of oppression was consulted and yielded a promising analog, Carter's (2007) model of race-based traumatic stress.

A Model of Race-based Traumatic Stress

Carter (2007) and Carter and colleagues (2013) have used a similar theoretical basis to establish a model of racism as a traumatic stressor, which provides indirect support for the development of a model of sexism-based trauma. Carter (2007) theorized that race-based traumatic stress injury stems from experiencing memorable, emotionally painful, sudden, and uncontrollable racist events that are accompanied by a common set of symptoms comprised of critical symptoms (i.e., avoidance, intrusion, and arousal) and other related symptoms (e.g., depression, guilt, isolation, activism, flashbacks, concentration difficulties). Indeed, the aforementioned literature documenting the

negative mental health effects of racism (Carter et al., 2013; Jones et al., 2016; Pascoe & Smart-Richman, 2009; Pieterse et al., 2012; Schmitt et al., 2014; Williams, & Mohammed, 2009) provide empirical support for Carter's theory, which is to say, support for the notion that racism acts as a traumatic stressor. Although the phenomena differ and care must be taken not to obfuscate racism and its effects through focus on other –isms, sexism and racism are both forms of oppression that are designed to subordinate targets based on an aspect of their identity (Sue, 2010) and are associated with negative mental health outcomes which similarly resemble trauma symptoms (Jones et al., 2016; Pascoe & Smart-Richman, 2009; Schmitt et al., 2014).

Empirical Support for Sexism as a Traumatogenic Stressor

A study focusing on African-American women in the workplace found that sexual harassment significantly predicted posttraumatic stress symptoms and that sexual harassment significantly interacted with racial harassment (Buchanan & Fitzgerald, 2008). In addition to broadly supporting the relationship between oppression and trauma symptoms, their findings specifically link sexism with posttraumatic stress, increased job stress, and decreased life satisfaction. In a study with a more heterogeneous sample, Watson and colleagues (2016) found that sexism, racism, and sexual objectification were positively correlated with PTSD symptoms among women of color. Although they found the relationship between racism and PTSD symptoms was partially mediated by self-esteem, most relevant to the present study is their finding that sexism and sexist objectification were directly associated with PTSD symptoms

Other studies that focused specifically on the relationship between sexism and PTSD symptoms (e.g., Berg, 2006; Kira, Hanaa, et al., 2015) have found similar results.

Specifically, Berg (2006) found that recent sexist degradation significantly accounted for 20% of the variance in PTSD symptoms and that exposure to sexist events was strongly related to re-experiencing, emotional numbing, and avoidance PTSD symptoms. Meanwhile, Kira, Hanaa, and colleagues (2015) found that gender discrimination against Egyptian college women was significantly associated with PTSD symptoms and complex PTSD symptoms; that these relationships were mediated by reduced self-esteem and self-efficacy and increased existential anxiety; and that gender identity conflict and internalized gender discrimination moderated the effects of gender discrimination.

Concomitantly, other researchers have found direct links between exposure to sexism and negative mental health outcomes associated with the specific posttraumatic stress criteria of alterations in self-views, such as negative self-evaluations or internalized misogyny (Bearman et al., 2009; Kira, Hanaa, et al., 2015; Kira, Omidy et al., 2015; Moradi & Subich, 2004; Swim, Hyers, Cohen, & Ferguson, 2001; Szymanski et al., 2009); intrusion symptoms, such as distressing memories or intense physical/psychological reactions to cues of the event (Eliezer, Major, & Mendes, 2010; Townsend, Major, Gangi, & Mendes, 2011); negative affective symptoms, such as an impaired ability to feel happiness or loving feelings (Avina & O'Donohue, 2002; DeSouza & Fansler, 2003; Harned, 2000; Klonoff et al., 2000; Richman, Rospenda, Flaherty, Freels, & Zlatoper, 2004; Swim et al., 2001); avoidance symptoms, such as suppressing/avoiding memories, reminders, thoughts, and feelings tied to the traumatic experiences (Ullman et al., 2007; Zucker & Landry, 2007); and arousal symptoms, such as increased sensitivity of the threat system (Dardenne et al., 2013; Forbes & Leitner, 2014). Taken together, these findings suggest that sexist acts can produce each of the

DSM-5 trauma criteria; further, and importantly to the present study, they build a case for the role of internalized misogyny and self-compassion in the development of trauma symptoms stemming from sexism-based trauma.

Internalized Misogyny

Given the prevalence of sexism, there is little chance that women are unaffected by it. As Germer (2009) noted, "We're like fish in the water of our culture, and when the water is polluted with racism, sexism, and ageism, we draw those prejudices inside" (p. 203-204). Internalized misogyny exemplifies these remarks, in that sexism may manifest for women as a persistent internal criticism that can take an immense toll on women's self-concepts by supplanting self-love and acceptance with self-loathing (Kilbourne, 1994). Internalized misogyny involves shifts in how women view and understand the world, situations, and themselves, and therefore can insidiously alter women's meaning-making systems.

Inasmuch as sexism attempts to subordinate women, it also relies on political, external, and corporal methods to sew fear and internalized psychological self-debasement into women and preserve the patriarchy (Prilleltensky & Gonick, 1996). Prilleltensky and Gonick (1996) theorized that oppression can operate on intrapersonal, interpersonal, intergroup, state, and international levels. The intrapersonal level, which is comprised of internalized oppression and learned helplessness, is pertinent to the present study in that it explains how sexism is related to internalized misogyny.

Internalized Oppression Theory (Pheterson, 1990) similarly explicates how oppression such as sexism can affect women's self-views. Internalized Oppression Theory asserts that internalized oppression occurs when members of an oppressed group

adopt prejudices that are set against them by the dominant society (Pheterson, 1990). Often marked by self-loathing, self-concealment, and feelings of powerlessness or inferiority, internalized oppression is designed to maintain the dominant system by imposing external control and inculcating submissiveness into the minds of the oppressed group (Pheterson, 1990). Although this may seem to pathologize the target populations that are affected by internalized oppression (i.e., blaming target groups for assimilated negative self-attitudes and associated negative mental and physical health effects), Tappan (2006) warns that it is important to understand that internalized oppression does not and should not represent a personal psychological trait (e.g., personality). Rather, internalized oppression is a sociocultural phenomenon of mediated action where the byproduct is an appropriation process rather than a static trait.

This internalization process can also occur within the context of physical appearance. Objectification Theory (Fredrickson & Roberts, 1997) asserts that women learn to adopt for themselves objectifying messages that covey women's value as determined by their worth as sexual objects. Fredrickson and Roberts (1997) further explain that internalized objectification may contribute to shame and anxiety, depression, sexual dysfunction, and eating disorders. Indeed, empirical evidence has found that self-objectification is associated with depression (Jones & Griffiths, 2015), body dissatisfaction (Grabe, Ward, & Hyde, 2008), and disordered eating (Moradi et al., 2005; Tiggemann & Williams, 2012; Tylka & Hill, 2004).

In sum, empirical studies have supported the theorized link between exposure to sexist events and internalized misogyny (Bearman et al., 2009; Hammond, Overall, & Cross, 2016; Piggot, 2004; Szymanski et al., 2009; Szymanski & Henrichs-Beck, 2014;

Szymanski & Kashubeck-West, 2008). For example, one study found themes of internalized misogyny (e.g., assumed female incompetence, horizontal power struggles, the objectification of women, and the invalidation and debasement of women) in conversations among female dyads (Bearman et al., 2009) that, notably, correspond with themes of sexist microaggression (Capodilupo et al., 2010; Nadal, 2010), the metaphor of prejudices described by Germer (2009), and the internal dialogue described by Kilbourne (1994).

Another study evidenced the process of internalization among heterosexual couples (Hammond et al., 2016). They found that changes in women's, but not men's, benevolent sexist attitudes were significantly predicted by their perceptions of their partner's attitudes across time; and, that if women were led to believe they underestimated their partner's benevolent sexist views, then their own benevolent sexist attitudes increased, and vice versa. Like processes outlined by Germer (2009) and Kilbourne (1994), Hammond and colleagues' (2016) findings suggest that in the absence of active steps to resist sexism, women may tend to internalize benevolently sexist attitudes if they believe their partners hold benevolently sexist views.

Connecting internalized misogyny to its consequences, research on the mental health correlates of internalized misogyny found internalized misogyny was significantly related to depression and low self-esteem (Piggot, 2004), psychological distress (Szymanski et al., 2009; Szymanski & Henrichs-Beck, 2014; Szymanski & Kashubeck-West, 2008), internalized objectification (Szymanski et al., 2009), and risky health behaviors such as smoking and binge drinking (Zucker & Landry, 2007). Thus, it is established that sexism leads to internalized misogyny; additionally, it is established that

internalized misogyny leads to negative mental health outcomes. It logically follows, then, that internalized misogyny may serve as a mediator through which sexism negatively affects mental health, though that assertion has yet to be empirically tested. The present study sought to do so. To the extent that persistent exposure to sexism can undermine women's self-views, it can also disempower and erode how they treat themselves (Stevenson & Allen, 2017). Thus, a second hypothesized pathway is through the destruction of self-compassion.

Self-Compassion

Self-compassion is a promising, yet understudied, construct in relation to sexism; rather than self-compassion, most studies examine either the moderating or mediating effect of self-esteem in the relationship between sexism and mental health outcomes (e.g., Kira, Hanaa, et al., 2015; Jones et al., 2016; Moradi & Subich, 2004; Schmitt et al., 2014). However, such studies are predicated on the assumption that self-esteem is a stable construct, whereas it has been demonstrated to be quite unstable (Crocker, Luhtanen, Cooper, & Bouvrette, 2003; Kernis, Paradise, Whitaker, Wheatman, & Goldman, 2000). Additionally, using self-esteem as a moderator assumes that self-esteem is a trait that exists independent of perceived sexism, rather than a construct that could be affected by perceived sexism, yet research suggests that experiences of sexism degrade self-esteem (Kira, Hanaa, et al., 2015; Kira, Omidy et al., 2015).

At the same time, as a mediator, self-esteem's malleability makes it vulnerable to influences other than encounters with sexism, thus making it vulnerable to several concerns related to internal validity. As a result of the unstable nature of self-esteem (Crocker et al., 2003; Kernis, et al., 2000), and even research demonstrating that high

self-esteem may not necessarily be healthy or desirable (Baumeister, Campbell, Krueger, & Vohs, 2003; Crocker & Park, 2004; Neff & Vonk, 2009), numerous authors have argued for self-compassion as an alternative to the study of self-esteem (Krieger, Hermann, Zimmermann, & grosse Holtforth, 2015; Leary, Tate, Adams, Allen, & Hancock, 2007). Self-compassion and self-esteem have both been regarded as relevant to broad feelings of self-worth (Barry et al., 2015; Marshall et al., 2015; Neff, 2003; Neff & Vonk, 2009); however, despite sharing some variance, the two constructs remain statistically and conceptually distinct (Barry et al., 2015; Leary et al., 2007; Muris, Meesters, Pierik, & de Kock, 2016). A primary conceptual difference is that self-esteem is rooted in feeling good about oneself, usually based in comparative evaluation of oneself with others, and believing that other people value him or her as well; self-compassion, on the other hand, involves non-contingent care for oneself (Leary & MacDonald, 2003), implying that self-compassion is a more stable construct. Indeed, research has found that self-compassion has stronger inverse relationships with social comparisons, public self-consciousness, self-rumination, and anger than self-esteem (Neff & Vonk, 2009) and that self-compassion uniquely predicted emotional reactions to negative events, whereas self-esteem did not (Arimitsu, & Hofmann, 2017; Leary et al., 2007).

Examining the physiological differences between self-esteem and self-compassion, Gilbert (2005) and Gilbert and Irons (2005) found that self-compassion functions by disabling the threat system and engaging the self-soothing system, whereas self-esteem operates as self-determinations of relative supremacy and social status (or lack thereof). Thus, it can be reasoned that self-esteem captures a superficial sense of

relative worth, whereas self-compassion reflects deeper levels of self-regard. Indeed, self-compassion has been found to predict secure self-worth better than self-esteem and was not constrained or influenced by specific contingencies of worth (e.g., social approval, appearance, performance; Neff & Vonk, 2009). In addition to being a more robust predictor of self-worth, research has found that self-compassion is positively related to women's internal sense of empowerment (Stevenson & Allen, 2017). Given that sexism works to disempower women, this finding both makes sense and supports the notion that self-compassion may mediate the relationship between sexism and traumatic stress outcomes. As previously described, internalized misogyny also appears to play a role in these relationships, suggesting that both internalized misogyny and self-compassion may explain unique aspects of the relationship between experiences of sexism and traumatic stress outcomes.

The Present Study

Given that trauma has been described as a mediated process whereby a stressor produces alterations in one's sense of self and world, which results in trauma symptomology (Nightingale, 2001), it was posited that sexist microaggressions function as the traumatic stressor, and that internalized misogyny captures belief-related aspects of the shift in a woman's view of the self and the world. Although it was posited that similar to internalized misogyny, self-compassion also results in alterations in women's sense of self, it has been argued that self-compassion does so in a critically different manner from internalized misogyny. Whereas internalized misogyny describes beliefs that women develop about the self as a woman, self-compassion pertains to the individual's care for oneself and one's appraisal of one's own worth. Both constructs focus on the self;

however, they are conceptually distinct and thus were expected to each uniquely mediate the effects of sexist microaggressions on traumatic stress.

The present study examined a mediated model of the relationship between sexist microaggressions and trauma symptomology (see Figure 1). Specifically, it was hypothesized that women's reported experiences of sexist microaggressions would be significantly positively related to trauma symptoms and that this relationship would be significantly mediated by internalized misogyny and self-compassion. It was expected that internalized misogyny would be positively related to both sexist microaggressions and trauma symptomology, and that self-compassion would be negatively related to sexist microaggressions and trauma symptomology.

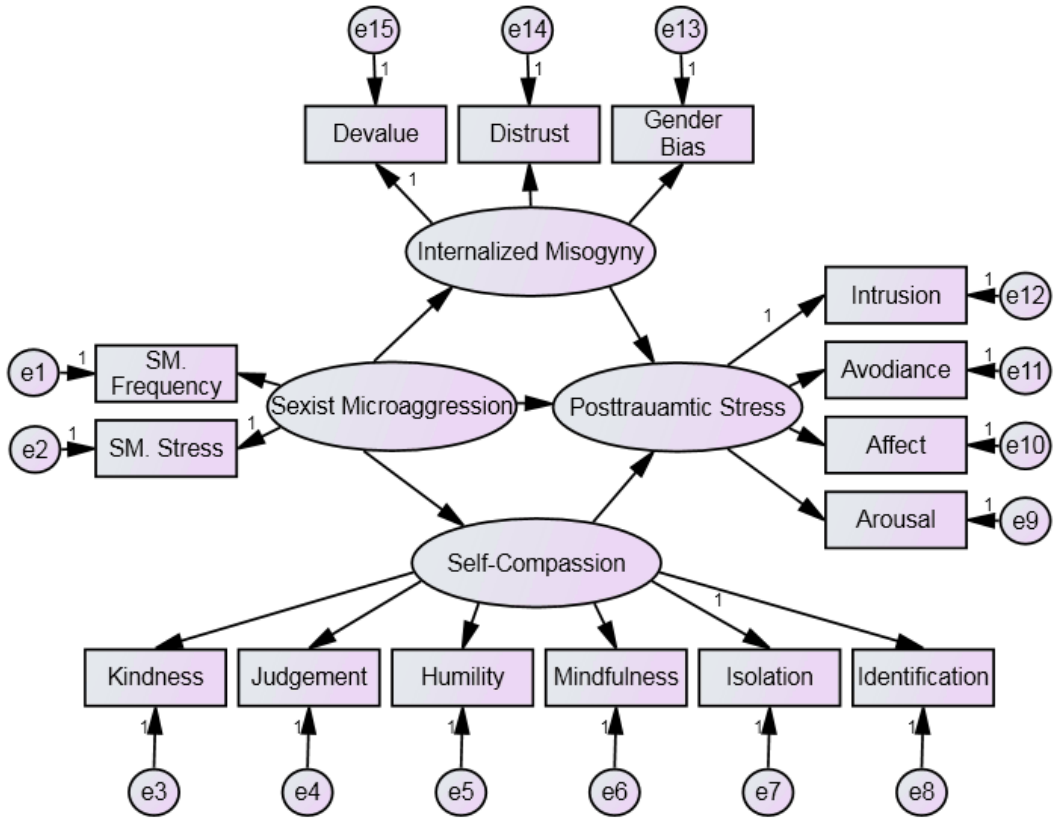

Figure 1. The hypothesized model.

CHAPTER II

METHOD

Participants

Notably, because sexism is designed to promote male power and subjugate women (Benokraitis & Feagin, 1995; Nelson, 2006; Sue, 2010; Zastrow, 2004), and sexism against women captures an experience of oppression that by definition, men do not have, only women were included in the present study. Cisgender women over the age of 18 were eligible to participate in the study.

To protect power and account for type I error inflation inherent in making multiple comparisons, a Bonferroni correction was applied; that is, α for the present study was determined by dividing by the number of comparisons to be made (α_{pp} = .05/8), resulting in a study-wide α = .00625. Additionally, an a priori power analysis was conducted to determine an adequate sample size. Using power analysis program Quantpsy (Preacher & Coffman, 2006), parameters were set to find a fair root mean square error of approximation (RMSEA) fit index by setting the RMSEA null hypothesis value = .05 and RMSEA alternative hypothesis value = .08 per best practices (Hu & Bentler, 1999; MacCallum, Browne, & Sugawara, 1996). After specifying model df = 70, α = .05, and β = .80, Quantpsy returned an estimated minimum sample size of N = 168. Weston and Gore (2006) recommended a minimum sample of 200 when conducting SEM under ideal conditions; thus, the conservative sample size N = 200 was adopted for the present study.

Five hundred and sixty-seven female participants were recruited via snowball sampling through social media (e.g., Facebook), email, and listservs, as well as from undergraduate courses at a midsized southeastern university. . Participants with more than 20% missing data on any of the primary variables were removed from the sample. One participant was removed for not meeting the cisgender inclusion criteria; after removing an outlier (see Table 2), the final sample was $N = 370$.

The participants' ages ranged from 18 to 72 years old ($M = 38.64$, $SD = 15.20$). Regarding race, 81.1% of the participants identified as White ($n = 300$), 5.4% as Latina or Hispanic ($n = 20$), 5.1% as biracial or multiracial ($n = 19$), 4.3% as Black or African-American ($n = 16$), 3% as Asian or Asian-American ($n = 11$), 0.3% as Native American, and .8% identified with a different identity ($n = 3$). Regarding sexual orientation 88.4% identified as heterosexual ($n = 327$), 6.8% as bisexual ($n = 25$), 1.9% as gay/lesbian ($n = 7$), 1.6% as pansexual ($n = 6$), 0.8% as asexual ($n = 3$), and 0.5% as a different identity ($n = 2$). As for religion, 50.8% of participants identified as Christian, 21.6% did not identify with a religion, 12.7% identified as Catholic, 4.3% Jewish, 2.4% Buddhist, 0.5% Muslim, 0.5% Hindu, and 7% with a different religion. Most of the sample (32.2%) had attained a master's degree; 19.7% were undergraduate seniors, 13% attained a doctoral degree, 5.9% were undergraduate sophomores, 4.9% were undergraduate freshmen, 4.3% were undergraduate juniors, and 20% reported a different degree.

Participants reported their socioeconomic status using the MacArthur Scale of Subjective Social Status (Adler, Epel, Castellazzo, & Ickovics, 2000), a set of two Likert-type questions rated 1 to 10, on which participants rate themselves relative to others in their community and relative to people in the United States, respectively. On average,

participants rated their status relative to their community as 6.05 (*SD* = 1.63) with a mode of 7, or approximately middle to upper-middle class. Participants' self-ratings as compared to the United States were nearly identical (*M* = 6.02, *SD* = 1.79, Mode = 7). For additional demographic characteristics, please see Table 2.

Table 2. *Sample Demographic Characteristics*

Variable	*N*	%
Academic Classification		
Master's student	119	32.2
Other	74	20.0
Undergraduate Senior	73	19.7
Doctoral Degree	48	13.0
Undergraduate Sophomore	22	5.9
Undergraduate Freshman	18	4.9
Undergraduate Junior	16	4.3
Sexual Orientation		
Heterosexual	327	88.4
Bisexual	25	6.8
Gay/Lesbian	7	1.9
Pansexual	6	1.6
Asexual	3	0.8
Different identity	2	0.5
Relationship Status		
Married	185	50.0
Single, never married	82	22.2
Single, in a committed relationship	32	8.6
Separated or divorced	30	8.1
Cohabitating	29	7.8
Remarried	8	2.2
Widowed	3	0.8
Different status	1	0.3
Race/Ethnicity		
White, non-Hispanic/Latino(a)	300	81.1
Hispanic/Latino(a)	20	5.4
Biracial/Multiracial	19	5.1
Black/African American	16	4.3
Asian/Asian American	11	3.0
Different Identity	3	0.8
Native American/Alaskan Native	1	0.3
Religious Identity		
Christianity	188	50.8
None	80	21.6
Catholicism	47	12.7
Other	26	7.0
Judaism	16	4.3
Buddhism	9	2.4
Islam	2	0.5
Hinduism	2	0.5

Study Design

The present study was an ex post facto design. The predictor variable was exposure to sexist microaggressions, as measured by the Sexist Microaggressions Experiences and Stress Scale (SMESS; Derthick, 2015). The hypothesized mediators were self-compassion as measured by the Self-Compassion Scale (SCS; Neff, 2003), and internalized misogyny as measured by the Internalized Misogyny Scale (IMS; Piggot, 2004). The criterion variable was trauma symptomology, as measured by a modified version of the Posttraumatic Symptom Checklist 5 (PCL-5; Weathers, Litz, et al., 2013). Exposure to potentially traumatic events, a theoretical statistical control variable, was measured by the Life Events Checklist-5 (LEC-5; Weathers, Blake, et al., 2013).

Measures

Sexism

Experiences with sexism were assessed using the Sexist Microaggression Experiences and Stress Scale (SMESS; Derthick, 2015). The SMESS is a 44-item self-report scale that measures both frequency and stressfulness of sexist microaggressions using a 4-point Likert-type rating scale, with answers ranging from 0 (*never*) to 3 (*most of the time*), and 0 (*not at all*) to 3 (*extremely stressful*), respectively. Example items include, “You have attempted to 'overcompensate' for being female”, and, “You have been told women no longer experience discrimination.”

The SMESS has seven factors (i.e., Leaving Gender at the Door, 4 items; Sexual Objectification, 8 items; Environmental Invalidations, 4 items; Invalidation of the Reality of Women,10 items; Assumptions of Traditional Gender Roles, 6 items; Expectations of Appearance, 6 items; and Inferiority, 9 items). Total scores for sexist microaggression

frequency and stress appraisal can be calculated by summing each of the seven factors and dividing by the total number of items with possible scores ranging from 0 to 3. Higher scores are suggestive of a greater frequency and/or impact of sexist microaggressions. For the purposes of the present study, microaggression frequency and stress appraisal total scores were used as indicators to estimate total sexist microaggression impact and account for potential measurement error. As well, subscale sum scores rather subscale mean scores were used during the primary analyses to aid data interpretation.

The psychometric properties of the SMESS have been demonstrated to be adequate (Derthick, 2015). Specifically, item factor loadings ranged from .45 to .88, and alpha coefficients for the seven factors ranged from .65 to .89. In the present study, the alpha coefficient for the SMESS frequency total score was .94, and the alpha coefficient for the SMESS stress appraisal total score was .96. Concurrent validity has been demonstrated with the Schedule of Sexist Events (Klonoff & Landrine, 1995): the SMESS frequency scale positively correlated with the SSE lifetime (r = .72) and SSE past year scales (r = .62). As well, the SMESS stress scale positively correlated with SSE lifetime (r = .59) and SSE past year scales (r = .45).

Convergent validity has also been assessed with the Feminist Identity Development Scale (FIDS; Bargad & Hyde, 1991). Consistent with theory, the SMESS frequency and stress appraisals positively correlated with Stage 2 (r = .40 and .47), Stage 3 (r = .30 and .37), and Stage 5 (r = .40 and .31) and was negatively correlated with Stage 1 (r = -.40 and -.51) of feminist identity development. No significant relationship was found with Stage 4. Discriminant validity has been demonstrated with the Marlowe-

Crowne Social Desirability Scale (SDS; Crowne & Marlowe, 1960); the SMESS frequency score and stress appraisal scores were significantly negatively correlated with the MC-SDS (r = -.19 and r = -.18), but given the low correlations, these relationships were ultimately deemed acceptable (Derthick, 2015). Although the scale has not undergone follow-up examinations of its psychometric properties, it represents the most viable contemporary, theory-driven assessment of sexist microaggressions.

Internalized Misogyny

Internalized misogyny was assessed using the Internalized Misogyny Scale (IMS; Piggot, 2004). The IMS is a 17-item self-report measure that contains 3 factors: devaluing of women, distrust of women, and gender bias in favor of men. The IMS uses a 7-point Likert-type rating scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). A total score and three subscale scores can be calculated by summing their respective items. IMS total scores range from 17 to 119, with higher scores suggestive of greater levels of internalized misogyny. Example items include, “Sometimes other women bother me by just being around,” and “Women exaggerate problems they have at work.”

During scale development, item factor loadings ranged from .35 to .87 (Piggot, 2004). Cronbach’s alphas for the subscales have demonstrated adequate reliability, ranging from .74 to .83 (Piggot, 2004). The internal consistency of the total scale score was good (α = .88; Piggot, 2004) and was replicated in two later studies with α = .90 (Szymanski et al., 2009) and α = .88 (Szymanski & Henrichs-Beck, 2014). In the present study, the Cronbach’s alpha for the IMS total score was .92. Reliability has also been supported cross-culturally among samples from five different countries: Finland, α = .85; Australia, α = .86; United States, α = .87; Canada, α = .89; and the United Kingdom, α =

.92 (Piggot, 2004). Concurrent validity was established by statistically significant relationships between internalized misogyny and measures of depression (r = .24), self-esteem (r = -.27), modern sexism (r = .36), and negative body image (r = .26) (Piggot, 2004).

Self-compassion

Self-compassion was measured using the Self-Compassion Scale (SCS; Neff, 2003). The SCS is a 26-item self-report scale that assesses six aspects of self-compassion: self-kindness, self-judgment, common humanity, mindfulness, isolation, and over-identification. The English version of the SCS asks participants to answer using a 5-point Likert-type scale, from 1 (*almost never*) to 5 (*almost always*). A total self-compassion score can be calculated by transforming reverse-keyed items, then summing the means of all six subscale scores. Total scores range from 6 to 30, with higher scores indicating higher levels of self-compassion. Example items include, “When I fail at something that’s important to me, I tend to feel alone in my failure,” and, “I’m disapproving and judgmental about my own flaws and inadequacies.” The present study used SCS facet scores as indicators to estimate total self-compassion and account for potential measurement error. As well, subscale sum scores rather subscale mean scores were used during the primary analyses to aid data interpretation.

Cronbach’s alpha for the SCS total score has previously been demonstrated as adequate (α = .92; Neff, 2003). In the present study, Cronbach’s alpha for the SCS total score was .94. The internal consistency coefficients of the subscales during scale development ranged from .75 to .81, and item factor loadings ranged from .57 to .80 (Neff, 2003). SCS total score test-retest reliability, assessed at a three-week interval, has

been demonstrated to be .93, with the subscales ranging from .80 to .88. The SCS originally hypothesized six-factor structure was adequately supported by fit indices (CFI = .91 and NNFI = .90) and an additional subsequent confirmatory factor analysis (CFI = .90 and NNFI = .88). Discriminant validity with social desirability was supported by a nonsignificant correlation (r = .05) with the Marlow-Crowne Social Desirability scale (SDS; Crowne & Marlowe, 1960). Construct validity was supported by significant negative correlations (r = -.65) with the self-criticisms subscale of the Depressive Experiences Questionnaire (DEQ; Blatt, D'Afflitti, & Quinlan, 1976) and significant positive correlations with the Social Connectedness scale (r = .41; Lee & Robbins, 1995) and the attention (r = .11), clarity (r = .43), and repair (r = .55) subscales of the Trait-Meta Mood Scale (Salovey, Mayer, Goldman, Turvey, & Palfai, 1995).

Trauma Symptomology

Trauma symptomology was assessed by using a modified version of the PTSD Checklist-5 (PCL-5; Weathers, Litz, et al., 2013). The original PCL-5 is a 20-item scale that measures the four PTSD symptom clusters (i.e., intrusion symptoms, avoidance, negative mood and affective change, and hyperarousal) using a 5-point Likert-type rating scale ranging from 0 (*not at all*) to 4 (*extremely*). Example items include, "Feeling very upset when something reminded you of the stressful experience?", and "Feeling jumpy or easily startled?" The PCL-5 yields a total PTSD symptomology score ranging from 0-80, with higher scores indicating higher levels of PTSD symptomology. A total PTSD symptomology score can be calculated by summing all of the items. Per the United States Department of Veterans Affairs (2015), until more data are available, a PCL-5 score of 33 is recommended as a cutoff point suggestive of a PTSD diagnosis. In the present

study, scale scores were used as a continuous variable rather than a dichotomous diagnostic variable. Specifically, retained items were used as indicators of a latent variable to estimate total PTSD symptomology and account for potential measurement error.

The PCL-5 has been demonstrated to have good internal consistency (α = .94) and one-week test-retest reliability (r = .82; Blevins, Weathers, Davis, Witte, & Domino, 2015). In the present study, Cronbach's alpha for the PCL-5 total score was .96. The PCL-5 has been demonstrated to have good convergent validity with the PTSD Checklist - SpecificVersion (r = .85; Weathers, Litz, Huska, & Keane, 1994), Posttraumatic Distress Scale (r = .85; Foa, Cashman, Jaycox, & Perry, 1997), Detailed Assessment of Posttraumatic Stress Symptoms (r = .84; Briere, 2001), and the PTSD subscale of the Personality Assessment Inventory (r = .74; Morey, 1991). It has also been demonstrated to have good discriminant validity with the remaining Personality Assessment Inventory subscales (r = .31 to .60). A previous principal components analysis supported the four-factor structure and revealed adequate subscale reliability ranging from .87 (hyperarousal) to .91 (avoidance) (Cohen et al., 2014).

As there were no known scales that assessed sexism-based traumatic stress, the PCL-5 (Weathers, Litz, et al., 2013) was modified to assess sexism-based traumatic stress. The prompt of the PCL-5 was changed to specifically inquire about reactions to distressing sexist events. Brief examples of sexist behavior were added for clarification. As well, the rating instructions were altered to instruct participants to rate the extent to which they are affected by certain symptoms specifically as it related to their experience(s) of sexism.

Given the changes to the measure, an exploratory factor analysis using the principal axis factoring extraction method and direct oblimin oblique rotation was conducted on the modified PCL-5 to assess its factor structure. Kaiser-Meyer-Olkin Measure of Sampling Adequacy was .955, which suggested that an adequate sample was achieved for the analysis. Bartlett's Test of Sphericity Approx. χ^2 (190) = 6257.643, $p <$ .001, which suggested that the items were indeed related and suitable for data reduction. Communalities were examined first; three items did not meet the .5 communalities threshold (Costello & Osborne, 2005) and were therefore removed.

The analysis was conducted again with the remaining 17 items. Sampling adequacy (KMO = .952) and Bartlett's Test of Sphericity (Approx. χ^2 (136) = 5567.634, $p < .001$) suggested the data were still suitable for reduction. Examination of the scree-plot and eigenvalues suggested a potential two-factor structure for the modified PCL-5. Factor 1 had an eigenvalue = 10.195 and accounted for 61.929% of the variance. Factor 2 had an eigenvalue = 1.024, exceeding the recommended value of 1, and accounted for 7.814% of the variance. Examining the pattern matrix with a factor loading threshold of .4 yielded 10 items for factor 1 and 7 items for factor 2. Both the one and two-factor solutions for the dependent variable were assessed in the measurement model of the main analysis. Only the one-factor solution yielded reasonable fit statistics (χ^2 [183, N = 370] = 687.507, $p < .001$; CFI = .912; RMSEA = .086; SRMR = .056; AGFI = .808), suggesting that the additional 7.8% of the variance accounted for by the second factor was not significant. Therefore, the one-factor solution with 10 items was used for the modified PCL-5. As noted previously, these 10 items were used as indicators to estimate sexism-based traumatic stress symptomology and account for potential measurement error.

Potentially Traumatic Events

Potentially traumatic events were assessed with the Life Events Checklist-5 (LEC-5; Weathers, Blake, et al., 2013). The LEC-5 is a self-report measure designed as a checklist of various potentially traumatic events that can occur throughout life (Gray, Litz, Hsu, & Lombardo, 2004). The LEC-5 was updated from the original LEC to correspond with the Criterion A trauma requirement of the PTSD diagnostic criteria as defined within the DSM-5 (American Psychiatric Association, 2013; Weathers, Blake, et al., 2013). Participants were given a list of 16 items that qualify as Criterion A traumatic events, as well as one general item pertaining to any other traumatic event, and were asked to indicate, for each item, whether they had: experienced the trauma, witnessed it, learned about it, encountered it through their job, were unsure if it applied to them, or that it did not apply to them. Example items include, "Serious accident at work, home, or during recreational activity, and "Assault with a weapon (for example, being shot, stabbed, threatened with a knife, gun, bomb)."

Although the LEC-5 has no formal scoring protocol, conventional total trauma exposure scores can be computed by summing item responses and or dichotomizing whether or not participants directly experienced the trauma (see Gray et al., 2004). In the present study, exposure to potentially traumatic events was dichotomized such that participants who indicated they had experienced, witnessed, or encountered the trauma in their jobs were deemed trauma-exposed. The "learned about it" category was intentionally excluded because participants often misinterpret or inaccurately respond to the item and overinflate the number of reported potentially traumatic events. This

approach was used to best account for a wide range of potentially traumatic events and subsequently statistically control for them during the primary analyses.

Since the LEC-5 is a checklist of multiple traumatic events, it does not represent a unitary construct, thus internal consistency cannot be evaluated (Gray et al., 2004). Therefore, the present study did not calculate α for this scale. The utility of the LEC has been demonstrated through other psychometric properties such as: good one-week test-retest reliability (r = .82) and adequate convergent validity (r = -.55) with the Traumatic Life Events Questionnaire (TLEQ; Gray et al., 2004). Convergent validity was also supported by the LEC and TLEQ's comparable correlations with PTSD symptoms as captured by the Posttraumatic Stress Checklist-Military Version (LEC, r = -.48; TLEQ, r = .36; Gray et al., 2004). Furthermore, the LEC has demonstrated significant directional correlations with measures known to be associated with trauma-exposure such as: The Clinician Administered PTSD Scale (r = -.39), the Mississippi Scale for Combat-Related PTSD (r = -.33), the Beck Anxiety Inventory (r = -.27), and the Beck Depression Inventory (r = -.32) (Gray et al., 2004).

Procedure

After receiving permission from the Institutional Review Board (IRB) of the author's university, the study instruments were entered into an online survey platform. The primary investigator disseminated a standardized announcement containing a brief explanation of the study, the average time commitment, and a link to the online survey via social media (e.g., Facebook) and listservs. Emails were also sent to undergraduate instructors at a midsized southeastern university, soliciting permission to recruit participants from their courses. A total of 19 participants indicated that their instructors

offered extra credit. To complete the study, participants activated the survey link contained in the email announcement and proceeded to an informed consent page.

After consenting to the study, participants were directed to the instruments. Lastly, participants who completed the study were asked to refer other potential participants to the study. Although there were no foreseeable risks associated with the present study, participants were asked about stressful and potentially traumatic experiences and could have experienced some discomfort. To mitigate risk, participants were given the contact information in the informed consent for the national crisis hotline as well as the university counseling center for the university used for data collection. The informed consent also stated that participants could freely skip items that cause them discomfort, or withdrawal from the study any time without penalty.

CHAPTER III

RESULTS

Preliminary Analyses

The final sample consisted of 370 cisgender women over the age of 18. Prior to statistical analysis, and after removing participants who did not complete the study or who had greater than 20% of data missing across the study variables, the proportion and pattern of missing data were analyzed. Patterns of missingness were assessed using Little's Missing Completely at Random Test (MCAR). The results of Little's MCAR were nonsignificant, suggesting that missing data were likely missing completely at random (χ^2 [11548 N = 371] = 11518.32, p = .576). Therefore, per recommendations in the literature, the missing data were imputed using expectation-maximization (Schlomer et al., 2010; Tabachnick & Fidell, 2013). Additionally, missing cases of categorical data were estimated using expectation maximization in conjunction with an ad hoc method to retain valid nominal categories (see Allison, 2002; Graham, 2009).

In the present study mean scores on the SMESS-F (M = 1.14) and SMESS-S (M = 1.17) were comparable to those in the original study (M = 1.09 and M = 1.20, respectively; Derthick, 2015). Meanwhile, the mean IMS score of 39.08 was 5.12 less than the means (M = 44.20) reported in the original study (Piggot, 2004). The mean SCS scores in the present study (M = 18.20) were .48 lower than the mean (M = 17.72) reported for women in the (Neff, 2003). Finally, the average PCL-5

scores for the present study (*M* = 17.59) exceeded the mean (*M* = 15.42) reported in the original validation study by 2.3 (Blevins et al., 2015). A summary of scale means, standard deviations, alpha coefficients, and bivariate correlations is provided in Table 3.

Table 3. *Bivariate Correlations Between Study Variables and Scale Means, Standard Deviations, and Alpha Coefficients*

						Mean Sum[f]		Scale Means[g]		
	IMS	SMESS-F	SMESS-S	PCL-5	SBTS	*M*	*SD*	*M*	*SD*	*α*
SCS[a]	-.083	-.18*	-.17*	-.31*	-.27*	78.58	18.93	18.20	4.36	.95
IMS[b]		-.22*	-.40*	-.04	-.04	39.08	17.06	39.08	17.06	.92
SMESS-F[c]			.85*	.46*	.44*	50.35	19.91	1.14	0.45	.94
SMESS-S[c]				.42*	.41*	51.40	28.59	1.17	0.65	.96
PCL-5[d]					.96*	17.59	17.19	17.59	17.19	.96
SBTS[e]						9.71	9.70	9.71	9.70	.95

Note. [a]Self-Compassion Scale (Neff, 2003), [b]Internalized Misogyny Scale (Piggot, 2004), [c]Sexist Microaggression Experiences and Stress Scale (Derthick, 2015), [d]PTSD Checklist-5 (Weathers, Litz, et al., 2013), [e]Modified PTSD Checklist-5 (PCL-5; Weathers, Litz, et al., 2013). [f]Means of the summed subscales. [g]Means of the computed subscale scores.
*$p < .001$

Next, statistical analyses were conducted to determine if the data met the assumptions of the general linear model (i.e., normality, absence of outliers, linearity of residuals, independence of errors, absence of multicollinearity, and homoscedasticity). To determine if the assumption of normality was met, exploratory analyses (i.e., histogram and normal and detrended q-q plots) were conducted. The histogram of the residuals approximated a normal curve with a slight positive skew; the points on the normal q-q plot arced slightly above and below the expected slope line, and the points on the detrended q-q plot were distributed fairly evenly above and below the center line in a 'V' pattern. The assumption of normality was further assessed by examining the skewness and kurtosis values of the study variables. Skewness for the variables ranged from .137 to

1.028, and kurtosis ranged from .149 to 1.016; these values were below the cutoff of ±2.00 (Field, 2013). Thus, the assumption of normality was met.

Outliers and influential data points were assessed using Mahalanobis distance, Centered Leverage Value Maximum (Hat), and Cook's Distance. Cases were identified as potential outliers and removed if their $D_i^2 > 18.467$, $p < .001$; $CD_i > .0107$; and $h_{ii} > .04$ (Stevens, 2009; Tabachnick & Fidell, 2013). One case met these criteria and was removed. After removing the outlier, skewness (.133 to 1.028) and kurtosis (.144 to -.675) values were still within normal limits and normality plots were adequate. Thus, normality and absence of outliers assumptions were determined to have been met.

The assumption of linearity was assessed by examining a scatterplot of observed and predicted values. The data were distributed relatively evenly along a slope, suggesting that the linearity assumption was met. The independence of errors assumption was evaluated with the Durbin Watson statistic; the Durbin Watson value of 1.936 was very close to 2, suggesting that the independence of errors assumption was met (Tabachnick & Fidell, 2013). The absence of multicollinearity was assessed by evaluating tolerance, the variance inflation factor (VIF), and condition index values. Tolerance values ranged from .224 to .943 and were above the recommended .1 (Kline, 2011).

The largest variance inflation factor (VIF = 4.47) was below 10 (Myers, 1990), and the largest condition index (CI = 16.49) was below 30 (Belsley, Kuh, & Welsch, 1980), which suggests that the absence of multicollinearity assumption was met. It should be noted that the SMESS frequency (VIF = 3.89) and SMESS stress appraisal (VIF = 4.47) had fair VIF values, which could be explained by the collinearity inherent in the

SMESS scale design and, to some extent, the present study's survey logic. Specifically, the SMESS uses two sets of four-point Likert-type ratings on one set of 44-items to determine sexist microaggression frequency and stress appraisal. Also, the survey question logic was set such that stress appraisal ratings were skipped for items participants had indicated they never experienced.

Homoscedasticity was evaluated by examining a scatterplot comparing standardized residuals and predicted values. The plot points were generally evenly distributed, but with one flattened side, implying mild heteroscedasticity, which could suggest that homoscedasticity assumption was not met (Tabachnick & Fidell, 2013). Tabachnick and Fidell (2013) indicate that heteroscedasticity, though not fatal, weakens analyses if unaddressed. Typically, heteroscedasticity can be addressed through data transformation; however, because it would significantly distort the interpretability of the study results, no such transformations were made. To continue the preliminary analyses, between-group differences were assessed by performing ANOVAs. Only socioeconomic status relative to the United States population was substantial and significant (F [1,9] = 3.662, $p < .001$, $r^2 = .061$). Thus, it was included as a covariate in the final model. Concomitantly, exposure to potentially traumatic events was included as a control variable to account for its relationship with participants reported traumatic stress. Responses to the Life Event Checklist-5 (LEC-5; Weathers, Blake, et al., 2013), a self-report measure of encounters with potentially traumatic events, were used to develop a bivariate categorical variable. Although general trauma exposure itself was not significantly related to the dependent variable (F [1, 1] = .871, $p = .351$, $r^2 = .000$), it was included in the model because it was a conceptually important control variable (Becker et

al., 2016) to establish the variance related to sexist microaggressions was isolated from that of any other potentially traumatic events.

Primary Analysis

Following the recommendations of Zhao, Lynch, and Chen (2010), the Baron and Kenny (1986) method, using serial multiple regressions to test the prerequisites for mediation, was deferred in favor of estimating all hypothesized parameters simultaneously with structural equation modeling (SEM). SEM was conducted using AMOS (Version 25; Arbuckle, 2014) to evaluate the hypothesized model with scores on the SMESS as predictors of the criterion variable (i.e., scores on the single factor modified PCL-5) explained through scores on the SCS and the IMS. The analysis involved a two-step process that examined the measurement model and then the structural model (Anderson & Gerbing, 1988). The overall fit of the measurement model was assessed via confirmatory factor analysis (CFA). In the second step, the viability of the structural model was assessed with a bias-corrected bootstrap procedure using a 95% confidence interval (CI) and 2,000 bootstrap samples to determine the significance and magnitude of hypothesized direct and indirect effects. The model is generally considered substantial if it accounts for 5% or more of the variance in the dependent variables (Tabachnick & Fidell, 2013).

Model fit was assessed by examining the chi-square statistics, comparative fit indices (CFI), root-mean-square of error of approximation (RMSEA), square root mean square residual (SRMR), and adjusted goodness of fit index (AGFI). Acceptable model fit is demonstrated by a non-significant chi-square statistic (Barrett, 2007), CFI $\geq$ .95 (Hu & Bentler, 1999), RMSEA $\leq$ .07 (Steiger, 2007), SRMR $\leq$ .08 (Hu & Bentler, 1999), and

AGFI ≥ .90 (Hooper, Coughlan, & Mullen, 2008). Notably, since χ^2 values and significance are susceptible to large sample sizes, the other indices were regarded as better model fit indicators (Tabachnick & Fidell, 2013).

Measurement Model

To assess the fit of the measurement model, a confirmatory factor analysis (CFA) was conducted. The χ^2 of the measurement model was significant, χ^2 (183, N = 370) = 687.507, p < .001. The CFI of .912 was fair, the RMSEA of .086 was fair, the SRMR of .056 was good, and the AGFI of .808 was poor. Although SRMR was acceptable, CFI, RMSEA, and AGFI did not meet the thresholds for good fit. Taken together, the indices suggest somewhat fair model fit. Post-hoc analyses were conducted using modification indices to inform potential respecification. In total the model was respecified four times (see Table 4) and model fit after each modification is provided in Table 4.

Table 4. *Measurement Model Specification and Fit Indices*

Model	Comparison Model	χ^2	*Df*	CFI	RMSEA	SRMR	AGFI	Δdf	$\Delta\chi^2$	ΔCFI
Baseline	-	687.507	183	.912	.086	.056	.808	-	-	-
Model 1	Baseline	634.181	182	.921	.082	.056	.818	1	-53.326*	+.009
Model 2	Model 1	550.332	181	.936	.074	.056	.836	1	-83.849*	+.015
Model 3	Model 2	514.717	180	.942	.071	.056	.844	1	-35.615*	+.006
Model 4	Model 3	485.857	179	.947	.068	.055	.854	1	-28.860*	+.005

Note. * $p < .001$

Modification indices (MI) were examined and showed that the modification index for error23 (PCL item 10) and error24 (PCL item 11) was high (M.I. = 50.782), suggesting that the model should include a covariance between these error terms. Because the items overlap in content (i.e., they represent PTSD cluster D), the suggested modification was deemed theoretically justified and included in the respecified model, after which model fit improved. The next MI suggested a covariance should be added between error7 (SCS Mindfulness) and error4 (SCS Judgement; M.I. = 46.922). Given that in the five-facet mindfulness scale (Baer, Smith, Hopkins, Krietemeyer, & Toney, 2006) non-judging is a subfacet of mindfulness, it is reasonable that judgment would be related to mindfulness in the SCS. Therefore, the implied error covariance was deemed theoretically justifiable and added to the model.

The third highest MI suggested adding a covariance between error22 (PCL item 7) and error21 (PCL item 6; M.I. = 33.664). Because the items represent cluster C of PTSD, the error covariation was deemed theoretically justified and included in the model. The fourth suggested respecification was adding a covariance between error17 (PCL item 2) and error18 (PCL item 3; M.I. = 27.313), with both corresponding to cluster B of PTSD. Thus, with the items overlapping content and large MI it was considered theoretically justifiable to covary their errors.

The fifth and final MI (MI = 23.287) suggested covarying errors 6 (SCS Isolation) and 8 (SCS Over-identification); however, no defensible theoretical rationale could be made for this adjustment. Thus, no additional modifications were made. No further respecifications were made. The final measurement model (model 4) demonstrated good overall fit as shown in Table 4. Furthermore, all the indicators had statistically significant

standardized regression weights ranging from .644 to 1.039, and squared multiple correlations ranging from .415 to 1.079 (see Table 5). With the measurement model specified, the structural model and the hypothesized relationships among the study variables were examined.

Table 5. *Measurement Model Unstandardized, Standardized Factor Loadings, and Squared Multiple Correlations*

Variable	Unstandardized Factor Loadings	SE	*Z*	Standardized Factor Loadings	Squared Multiple Correlations
Sexist Microaggressions					
Frequency	1.000			0.819	0.671
Stress Appraisal	1.822	0.109	16.784	1.039	1.079
Internalized Misogyny					
Devaluing of Women	1.000			0.857	0.735
Distrust of Women	1.088	0.073	14.968	0.754	0.568
Valuing of Men	1.155	0.074	15.658	0.793	0.629
Self-Compassion					
Over-identification	1.000			0.779	0.607
Mindfulness	1.013	0.058	17.373	0.842	0.708
Isolation	1.088	0.066	16.406	0.771	0.595
Humanity	0.822	0.062	13.183	0.644	0.415
Judgment	1.399	0.076	18.437	0.879	0.773
Kindness	1.257	0.071	17.728	0.819	0.671
Traumatic Stress					
PCL Item1	1.000			0.850	0.723
PCL Item2	0.738	0.044	16.722	0.736	0.542
PCL Item3	0.836	0.042	19.871	0.821	0.674
PCL Item4	1.080	0.048	22.684	0.885	0.783
PCL Item5	1.021	0.049	20.948	0.847	0.717
PCL Item6	1.025	0.051	20.248	0.831	0.690
PCL Item7	0.973	0.051	19.072	0.802	0.643
PCL Item10	0.960	0.054	17.865	0.769	0.591
PCL Item11	0.983	0.052	18.962	0.798	0.637
PCL Item 17	0.856	0.059	14.487	0.664	0.441

Note. $N = 370$. Standard errors are based on unstandardized factor loadings. All factor loadings are significant at the $p < .001$ level.

Structural Model

A bootstrap analysis with 2,000 samples was conducted to assess the structural model. Model fit, direct effects, and indirect effects were evaluated to test the study's hypotheses. The χ^2 coefficient was significant, χ^2 (221) = 564.471, $p < .001$. The CFI of .940 was adequate, RMSEA of .0645 was good, SRMR of .0719 was good, and AGFI = .851 was fair. Taken together, the indices suggest adequate structural model fit (see Figure 2).

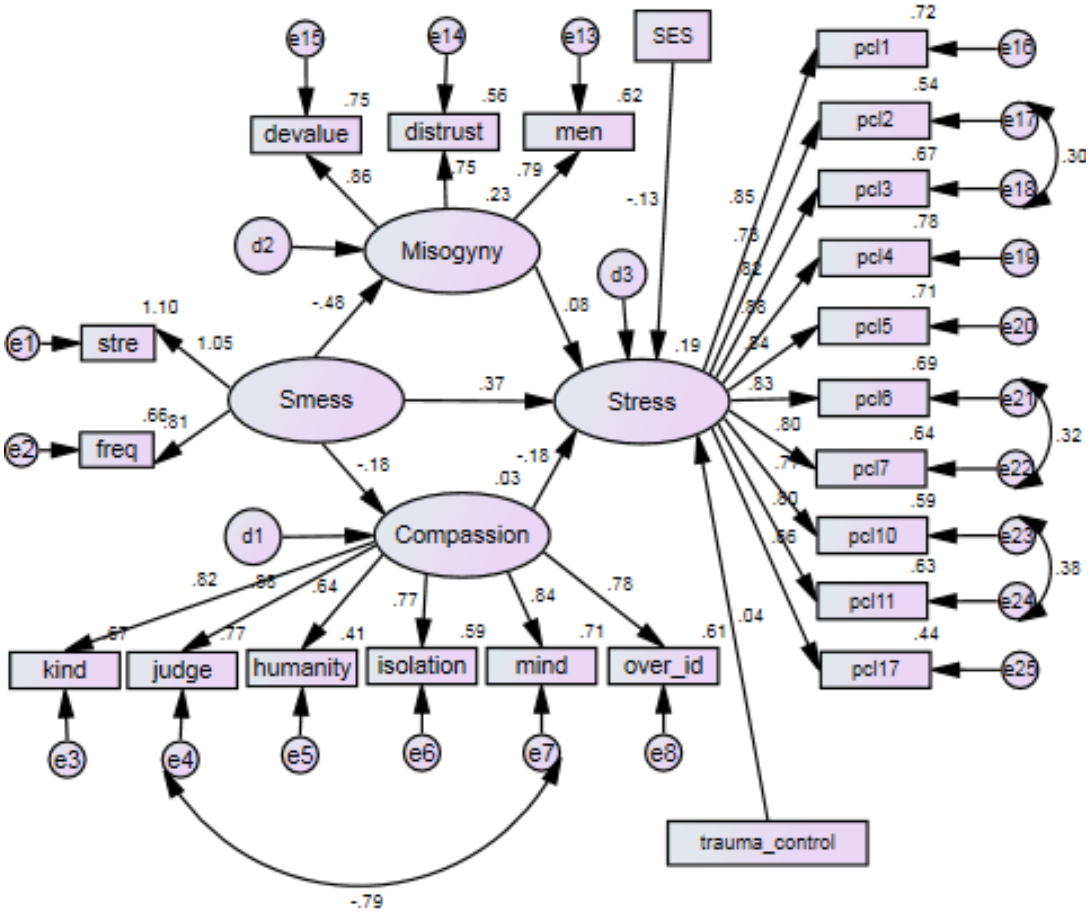

Figure 2. The structural model examining the mediating effects of internalized misogyny and self-compassion on the relationship between sexist microaggressions and traumatic stress after controlling for socioeconomic status and exposure to potentially traumatic events.

Direct Effects

To evaluate the magnitude and significance of the direct effects, unstandardized regression weights, standardized regression weights, squared multiple correlations, and bootstrap confidence intervals from the structural model were assessed. All indicator regression weights, except for internalized misogyny to traumatic stress and general trauma (LEC-5 scores) to traumatic stress, were statistically significant, and ranged from .017 to .176 (see Table 6), indicating that each significant hypothesized pathway was interpretable. Squared multiple correlations (SMCs) were calculated to determine the how much variance the predictors accounted for in their respective endogenous variables. Five percent or more variance is generally considered to be substantial (Tabachnick & Fidell, 2013). SMCs of the endogenous variables ranged from .031 to .226 (see Table 6), indicating that variances of the endogenous variables were mostly substantial. Only self-compassion's endogenous variance was insubstantially accounted for by its predictor (i.e., SMESS).

Specifically, the highest standardized direct effect was between sexist microaggressions and internalized misogyny (B = -.143, SE = .019, β = -.475, p < .001, 95% CI for B [-.179, -.104]), which indicated that for each standard deviation sexist microaggressions increased, internalized misogyny decreased by nearly half of a standard deviation. The predictor (i.e., SMESS) accounted for 22.6% (r^2 = .226) of the variance in internalized misogyny. The direct effect between sexist microaggressions and traumatic stress had the next highest standardized regression coefficient (B = .023, SE = .005, β = .374, p < .001, 95% CI for B [.012, .031]), which indicated that for each standard deviation sexist microaggressions increased, traumatic stress increased by approximately

one third of a standard deviation. Together, the predictors (i.e., SMESS, IMS, and SCS) accounted for 18.9% (r^2 = .189) of the variance in traumatic stress.

The self-compassion and traumatic stress pathway had the third largest beta coefficient (*B* = -.064, SE = .023, β = -.2181, p < .001, 95% CI for *B* [-.112, -.022]). The specific variance in traumatic stress accounted for by self-compassion could not be determined, as it could not be isolated in the model from the other predictors of traumatic stress. The relationship between sexist microaggressions and self-compassion was fourth highest (*B* = -.03, SE = .009, β = -.176, p < .001, 95% CI for *B* [-.048, -.011]). The predictor (i.e., SMESS) accounted for 3.1% (r^2 = .031) of the variance in self-compassion.

The pathway between internalized misogyny and traumatic stress was not statistically significant and had the smallest beta coefficient (*B* = .017, SE = .015, β = .084, p = .267, 95% CI for *B* [-.014, .045]). Like that of self-compassion, the specific variance in traumatic stress accounted for by internalized misogyny could not be determined, as it could not be isolated from the other predictors of traumatic stress.

Indirect Effects

Because there were two mediators included in the model, the phantom modeling method was utilized to gather specific indirect effects (see Macho & Ledermann, 2011). One drawback of phantom modeling is that standardized indirect effects cannot be calculated (Macho & Ledermann, 2011). Thus, they are omitted from reporting. The indirect effect of sexist microaggressions on traumatic stress through internalized misogyny was not statistically significant (*B* = -.002, SE = .002, p = .234, 95% CI for *B* [-.006, .002]). However, the indirect effect of sexist microaggressions on traumatic stress

through self-compassion was statistically significant (B = .002, SE = .001, p < .001, 95% CI for B [.001, .004]). See Table 6 for a summary of all path results.

Table 6. *Structural Model Bootstrap Analysis of Statistical Significance and Magnitude of Direct and Indirect Effects*

Independent Variable	Mediator	Outcome	*B*	SE[a]	*β*	*z*	95% CI[b] (Lower, Upper)
SMESS		Compassion	-0.030**	0.009	-0.176	-3.527	-.048, -.011
SMESS		Misogyny	-0.143**	0.019	-0.475	-9.046	-.179, -.104
SMESS		Traumatic Stress	0.023**	0.005	0.374	6.538	.012, .031
Compassion		Traumatic Stress	-0.064**	0.023	-0.181	-3.571	-.112, -.022
Misogyny		Traumatic Stress	0.017	0.015	0.084	1.356	-.014, .045
Trauma exposure		Traumatic Stress	0.176	0.181	0.040	0.825	-.167, .547
Socioeconomic Status		Traumatic Stress	-0.069*	0.032	-0.127	-2.633	-.133, -.010
SMESS	Misogyny	Traumatic Stress	-0.002	0.002	-	-	-.006, .002
SMESS	Compassion	Traumatic Stress	0.002**	0.001	-	-	.001, .004

Note. Standardized indirect effects were unavailable with phantom modeling (Macho & Ledermann, 2011). [a]Values are based on bootstrap unstandardized standard errors. [b]Bootstrap confidence intervals based on unstandardized regression coefficients,
* p <.01, ** p < .001

Control Variables

Despite the theorized influence of exposure to general (i.e., not just sexism-based) potentially traumatic events, general trauma was not significantly related to sexism-based traumatic stress. On the other hand, socioeconomic status was significantly related to sexism-based traumatic stress (B = -.069, SE = .032, p < .001, β = -0.127, 95% CI for B [-.133, -.010]).

Hypothesized Relationships

It was hypothesized that sexist microaggressions would be significantly positively related to sexism-based trauma symptoms, and that this relationship would be significantly mediated by internalized misogyny and self-compassion. The overall model fit was adequate, and all hypothesized relationships were statistically significant except the direct effect of internalized misogyny on traumatic stress and the indirect effect of sexist microaggressions on traumatic stress through internalized misogyny. Additionally, squared multiple correlations indicated the model predictors (i.e., SMESS, IMS, and SCS) accounted for a sizeable portion of approximately 18.9%, of the variance in traumatic stress (r^2 = .189), supporting the main effect hypothesis.

Regarding the specific hypothesized pathways, the present study found that sexist microaggressions were significantly and substantially positively related to traumatic stress, and significantly and substantially negatively related to both internalized misogyny and self-compassion. Notably, the negative relationship between sexist microaggressions and internalized misogyny was inverse to the directional hypothesis, whereas the negative relationship between sexist microaggression and self-compassion supported the original hypothesis. Internalized misogyny was not significantly related to

sexism-based traumatic stress, which did not support the hypothesized relationship. However, self-compassion was significantly positively related to traumatic stress, which supports the hypothesized pathway.

Lastly, only one of the mediation hypotheses was supported as indicated by the indirect effects. Specifically, the relationship between sexist microaggressions and traumatic stress through internalized misogyny was not significant, suggesting that internalized misogyny was not a significant mediator of the hypothesized relationship. On the other hand, the relationship between sexist microaggressions and traumatic stress through self-compassion was significant. Taken together, these results partially support the hypothesized model – that the relationship between sexist microaggressions and traumatic stress was partially mediated by self-compassion but not internalized misogyny.

CHAPTER IV

DISCUSSION

The purpose of the present study was to develop an empirically supported model of sexist microaggressions as a traumatic stressor, and to evaluate the mediating role of internalized misogyny and self-compassion in the development of sexism-based traumatic stress. It was expected that exposure to sexist microaggressions would be associated with increased sexism-based traumatic stress and internalized misogyny as well as decreased self-compassion. It was also expected that increased internalized misogyny would be associated with increased sexism-based traumatic stress and that decreased self-compassion would be associated with increased sexism-based traumatic stress. Further, it was expected that part of the relationship between sexist microaggressions and sexism-based traumatic stress would be explained through each internalized misogyny and self-compassion. The results were partially consistent with these expectations. The overall model fit was adequate, suggesting that the proposed model aligns well with the data. Moreover, the overall fit suggests that the hypothesized model accurately addresses some of the shortcomings in previous attempts to conceptualize sexism-based traumatic stress (i.e., Kira, Hanaa, et al., 2015) such as arbitrary indicator variable selection, indiscriminate model respecification, and measurement using unreliable instruments. The model also helps to understand a previously unaddressed type of posttraumatic stress and offers sexist microaggressions, a

traumatic stressor that women uniquely experience, as a possible explanation for why women report higher rates of PTSD than men.

As hypothesized, women who indicated experiencing a higher frequency of stressful sexist microaggressions tended to report higher levels of sexism-based traumatic stress. Not only were sexist microaggressions related to lower self-compassion, self-compassion was also inversely related to sexism-based traumatic stress. Further, self-compassion mediated the relationship between sexist microaggressions and sexism-based traumatic stress. This finding was not only consistent with trauma theory (see McFarlane & Girolama, 1996; Nightingale, 2001), but also advances the extant literature by empirically demonstrating that this relationship exists for sexism in relation to traumatic stress. However, not all of the specific hypotheses were supported.

Unlike those related to self-compassion, the role of internalized misogyny as a mediator was not supported. First, the relationship between sexist microaggressions and internalized misogyny was inverse of the hypothesized direction. Second, internalized misogyny was not significantly related to sexism-based traumatic stress. Third, internalized misogyny did not mediate the relationship between sexist microaggressions and sexism-based traumatic stress.

One explanation for the unexpected inverse relationship between internalized misogyny and sexist microaggressions is that internalized misogyny may alter one's perception of sexist microaggressions. For example, women who are more aware of sexist microaggressions, for one reason or another, may perceive and report more sexist microaggressions, but at the same time possess lower degrees of internalized misogyny. The Feminist Identity Development Model (Downing & Roush, 1985) offers promising

explanations for this occurrence. In one study of perceived sexist events, feminist identity development (FID), and psychological distress, Moradi and Subich (2002) found that lower passive acceptance (FID stage 1) and higher revelations scores (FID stage 2) were related to reporting more encounters with sexist experiences. The study findings indicate that as FID progressed, awareness and reporting of sexist experiences increased (Moradi & Subich, 2002). Given that internalized misogyny is conceptually comparable to FID stage 1, it is thus possible that individuals lower in internalized misogyny were more able, developmentally, to report sexist events, and vice versa.

Regarding the nonsignificant relationship between internalized misogyny and sexism-based traumatic stress, one interpretation of the present study's findings is that regardless of the level of internalized misogyny, perceived sexist microaggressions are related to sexism-based traumatic stress. This interpretation could also account for why internalized misogyny's mediation effect was nonsignificant. Another possibility, particularly given the unexpected, inverse relationship between internalized misogyny and sexist microaggressions, is that internalized misogyny may be a moderator rather than a mediator. According to Baron and Kenny (1986), it is common that when relationships between predictor and outcome variables are inconsistent or unexpectedly weak, a moderation hypothesis may be implied. That is, internalized misogyny would theoretically change the strength or direction of the relationship between sexist microaggressions and sexism-based traumatic stress. For example, it is possible that the extent to which misogynistic attitudes are internalized may render sexist microaggressions to be nonissues or commonplace accepted realities, thus functionally muting the impact or detection of sexist microaggressions.

Despite two of the present study's hypotheses being unsupported, the results partially supported the proposed model of sexism-based traumatic stress. As such, the present study provides a foundation for future research to develop further inquiry into how other constructs, such as feminist identity development, may operate in the model. The results of the present study should be considered in the context of its strengths, limitations, and implications.

Strengths

The present study had several strengths. First, it explicitly examines the relationship between sexist microaggressions and trauma symptoms, a relationship that previously remained implied, but untested throughout the extant literature. Another strength is that, in assessing the relationship between sexist microaggressions and trauma symptoms, the present study controlled for the influence of socioeconomic status and potentially traumatic events, which reduced biases in variance accounted for by study variables. As well, the sample obtained lent to the strengths of the present study, as it was reasonably distributed across age and education, contributing to the external validity of the findings.

To focus on sexism-based traumatic stress, the present study modified the PCL-5 and asked participants to rate traumatic stress symptoms specifically related to their experience(s) with sexism. The benefits of this were two-fold. First, it served to help minimize the inflation of sexism-based trauma that would have occurred if a standard general trauma inventory was used to estimate sexism-based traumatic stress. Second, modifying the PCL-5 to assess specifically for sexism-based traumatic stress made a case and laid the groundwork for a scale of sexism-based traumatic stress.

Since the results of the study partially supported the hypotheses, another strength of the present study is that it adds to the current literature the foundations for a theoretically and empirically tenable model of sexism-based trauma that emphasizes the deleterious effects of the systemic oppression of women. The model also provides a basis for interventions to target mechanisms underlying the relationship between sexist microaggressions and trauma symptomology. By demonstrating that sexist microaggressions are significantly related to sexism-based traumatic stress, the present model also adds to the literature highlighting the limitations of trauma as defined by criterion A of the DSM-5. Findings of the present study provide theoretical justification and empirical evidence for trauma symptoms occurring outside the contexts covered by Criterion A.

The statistical techniques used in the present study were also strengths. For example, SEM allows for relationships between the constructs to be estimated while accounting for measurement error, thus improving internal and statistical conclusion validity. Moreover, an a priori power analysis was conducted in order to determine an adequate sample size that maintains statistical power and maximizes internal validity and statistical conclusion validity. The final sample size of 370 exceeded the minimum sample required to protect statistical power and minimize Type II error. Power was also protected by using a Bonferroni correction to account for Type I error inflation. High internal consistency reliabilities of each of the measures utilized in this study increased the internal validity of the results. Finally, prior to testing the model, the assumptions of the general linear model were assessed, which improved the statistical conclusion

validity; however, there were a few concerns regarding the assumptions and overall limitations of the study.

Limitations

Concerning the assumptions of the general linear model, there were issues with the assumption of homoscedasticity and absence of multicollinearity. Specifically, the data were somewhat heteroscedastic, which Tabachnick and Fidell (2013) have indicated can weaken interpretability of the results when not addressed. Concurrently, there was mild multicollinearity between sexist microaggression frequency and stress appraisal that, though small, could have negatively influenced statistical validity. For instance, related to this degree of multicollinearity, there was a standardized regression coefficient that exceeded one. Recommendations in the literature (see Deegan, 1978) suggest reporting such instances rather than revising the model, because multicollinearity does not bias estimated coefficients, whereas specifications errors derived from making reparative post hoc adjustments to models can bias all model estimated coefficients and result in spurious interpretations. Future research should attend to these issues; recommendations are outlined in the research implications. In addition to concerns regarding statistical assumptions, the present study had some design and measurement limitations.

As an ex post facto design, causality could not be established. Study design limitations also included: potential self-report bias, mono-method bias, and mono-operation bias (relying on a single measurement technique for assessing variables). All of the variables in the study were assessed via self-report measures, and each construct was represented by only one measure. Taken together, these biases may threaten the internal validity of the study. Future research should address these biases. The study sample,

though reasonably distributed across age and education, was fairly homogenous and was primarily composed of White, heterosexual, upper-middle class, Christian-identified women and may not generalize across other identities. Future research should recruit more heterogeneous samples to increase generalizability.

In terms of measurement limitations, within the model, the latent variable sexist microaggressions was estimated with only two indicators when at least three indicators per latent variable are generally recommended. As well, sexist microaggressions are only one of many ways to conceptualize and measure sexism as a whole. Thus, the traumatic effects of sexism at large may not be represented fully by the present study's findings. This is coupled with limitations to the SMESS measure itself which, though promising and versatile, has yet to undergo extensive confirmatory factor analysis to support the structure of the scale, and could weaken statistical conclusion validity. A third measurement limitation is the lack of a specific measure of sexism-based traumatic stress. At the time of this study, there was no scale designed to specifically examine the traumatic effects of sexism. Without a way to isolate trauma symptoms related to encounters of sexism, any detected trauma symptoms may be related general trauma. This issue was mitigated by modifying the PCL-5, but future studies would benefit from creating or using trauma assessments specifically designed to capture trauma phenomena native to the experience of sexism. Addressing each of these measurement limitations will increase the internal reliability and validity of test of the model.

Implications for Research

Building upon the strengths and limitations of the present study, there are several implications for research and practice. One significant step that future research could

attend to is the establishment of sexism-based traumatic stress measures. The modified PCL-5 provided a start for assessing sexism-based traumatic stress. However, it is likely that since the modified PCL-5 was based on a general trauma inventory rather than developed from the ground up, it may be excluding crucial and unique characteristics of sexism-based traumatic stress. Future research would benefit from both further testing the modified PCL-5 in the short-term and ground-up development of a more comprehensive sexism-based traumatic stress scale in the long-term.

To strengthen empirical support for sexist microaggressions as a traumatic stressor, future studies must address some of the limitations (e.g., multicollinearity and limited indicators) related to how the SMESS was used in the present study. One efficient way of addressing this issue would be for future research to consider using the proposed seven factors for the SMESS frequency scale and SMESS stress appraisal scale as indicators of SMESS. The present study was unable to accommodate this due to sample size constraints. If appropriate samples cannot be achieved to test such an elaborate model, then future research should examine alternative models to account for this issue. For example, models of sexist microaggression frequency and stress appraisal could be examined separately and compared to see which of the two variables is the stronger predictor of sexism-based traumatic stress. Future research should also seek to address potential self-report bias, mono-method bias, and mono-operation bias through adjusting how the data are obtained to minimize these potential biases (e.g., using multiple scales to assess each variable, assessing implicit attitudes, having participants electronically interact with a fictional sexist microaggression scenario, or monitoring biofeedback

responses to witnessing a simulated sexist microaggression scenario). Inclusion of more diverse samples would also increase the generalizability of the findings.

Results of the present study can also inform future research on interventions for sexism-based traumatic stress. Of the two mediation hypotheses, only that of self-compassion mediated the relationship between sexist microaggressions and sexism-based traumatic stress. Future research may benefit from focusing on clarifying this relationship by examining what effects if any self-compassion interventions have on sexism-based traumatic stress. Finally, future research might test alternative models where internalized misogyny operates as a moderator. It may be similarly prudent to test models that include The Feminist Identity Development Scale in conjunction with or in lieu of internalized misogyny. The present study and related studies that follow will also help to inform psychological practice.

Implications for Practice

Findings in the present study suggest that sexist microaggressions are related to internalized misogyny and sexism-based traumatic stress, and that the latter relationship is mediated by self-compassion. From this, a few practice recommendations can be made.

Trauma theory propose that prolonged exposure to oppression has traumatic effects on the targets of oppression (Brown, 2013; Holmes et al., 2016). It was reasoned that, as a form of oppression, sexist microaggressions would have traumatic effects for women. The present study adds empirical support to these assertions and lends to psychological practice a model of sexism-based trauma that can help accurately account for PTSD that may otherwise be overlooked or misdiagnosed. In other words, when mental health personnel encounter women who do not meet criteria A of the DSM-5 but

seem to present with symptoms of trauma, they may want to consider thoroughly assessing for frequency, duration, and intensity of exposure to sexist microaggressions.

Understanding sexism-based trauma is important because it can inform PTSD interventions and aid in adapting them to women's unique needs while ameliorating some of the psychological, physical, and economic costs of previously unaddressed PTSD. In particular, interventions, such as self-compassion techniques, that focus on mending distortions of self-regard that follow from prolonged exposure to sexist microaggressions may be useful in treating sexism-based traumatic stress. Practice implications may also be drawn from the role of internalized misogyny in the proposed model.

Although internalized misogyny was related only to sexist microaggressions, it speaks to important contextual treatment factors as well. In essence, mental health professionals should be mindful that internalized misogyny may influence the degree to which clients perceive sexist microaggressions. When coupled with Moradi and Subich's (2002) finding that stage one of feminist identity development, passive acceptance, was significantly related to psychological distress, it is possible that women who are higher on internalized misogyny perceive less sexist microaggressions, but still experience residual psychological distress from them. Under such circumstances, it may be appropriate to implement awareness-building or empowerment-focused interventions.

In sum, the present study developed a model of sexism-based traumatic stress. The results suggested that sexist microaggressions are related to both internalized misogyny and sexism-based traumatic stress. Moreover, self-compassion was found to be a mechanism through which sexist microaggressions are related to sexism-based

traumatic stress. Finally, the present study contributes to the field of oppression-based trauma by providing a new model and future research directions.

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APPENDIX A

DEMOGRAPHIC QUESTIONNAIRE

1. Please indicate your gender
    a. Male
    b. Female
    c. Trans male/Trans man
    d. Trans female/Trans woman
    e. Gender queer/Gender non-conforming
    f. Different Identity (please state) _____

2. What sex were you assigned at birth, meaning on your original birth certificate?
    a. Male
    b. Female

3. How do you identify your race/ethnicity? Please check all that apply:
    a. Native American/Alaskan Native
    b. Asian/Asian American
    c. Biracial/Multiracial
    d. Black/African American
    e. Hispanic/Latino(a)
    f. Native Hawaiian/Pacific Islander
    g. White, non Hispanic/Latino(a)
    h. Different Identity (please state) _____

4. What is your partnership status (please indicate the item that best describes your situation)?
    a. Single, never married
    b. Single, in a committed relationship
    c. Cohabitating
    d. Married
    e. Separated or Divorced
    f. Widowed
    g. Remarried
    h. Different Status (please state) _____

5. What is your age? _____

6. How would you identify your sexual orientation?
    a. Heterosexual
    b. Bisexual
    c. Gay/Lesbian
    d. Pansexual
    e. Asexual
    f. Different Identity (please state) _____

7. With what religion do you most closely identify?
    a. Buddhism
    b. Catholicism
    c. Christianity
    d. Hinduism
    e. Islam
    f. Judaism
    g. Sikhism
    h. Other (please specify) _____
    i. None

8. Please indicate your highest level of education:
    a. Undergraduate freshman
    b. Undergraduate sophomore
    c. Undergraduate junior
    d. Undergraduate senior
    e. Master's degree
    f. Doctoral degree
    g. Other (please specify) _____

9. Are you a student
    a. Yes
    b. No

10. If you are a student what is your current GPA? _____

11. Think of this ladder as representing where people stand in their communities. People define communities in different ways; please define it in whatever way is most meaningful to you. At the top of the ladder are people who have the highest standing in their community. At the bottom of the ladder are the people who have the lowest standing in their community. Where would you place yourself on this ladder? There are 10 rungs on the ladder, numbered from 1 (those with the lowest standing) to 10 (those with the highest standing); please select the number associated with the rung on the ladder which represents where you think you stand at this point in your life, relative to other people in your community.

Which rung of this ladder represents where you think you stand at this point in your life, relative to other people in your community?

a. 1 (Those with the lowest standing)
b. 2
c. 3
d. 4
e. 5
f. 6
g. 7
h. 8
i. 9
j. 10 (Those with the highest standing)

12. Think of this ladder as representing where people stand in the United States. At the top of the ladder are those who are the best off - those who have the most money, the most education, and the most respected jobs. At the bottom are people who are the worst off - who have the least money, the least education, and the least respected jobs or no job. The higher up you are on this ladder, the closer you are to the people at the very top; the lower you are, the closer you are to the people at the very bottom. Where would you place yourself on this ladder? There are 10 rungs on the ladder, numbered from 1 (those who are the worst off) to 10 (those who are the best off); please select the number associated with the rung on the ladder which represents where you think you stand at this point in your life, relative to other people in the United States.

Which rung of the ladder represents where you think you stand at this point in your life relative to other people in the United States?

a. 1 (Those who are the worst off)
b. 2
c. 3
d. 4
e. 5
f. 6
g. 7
h. 8
i. 9
j. 10 (Those who are the best off

APPENDIX B

SEXIST MICROAGGRESSIONS EXPERIENCES AND STRESS SCALE

Sexist Microaggressions Experiences and Stress Scale (SMESS; Derthick, 2015)

Instructions: This survey consists of statements that describe experiences some women have in their lives. Please read each statement carefully and then rate each statement based on your personal experiences. First, rate how often you have had this experience in your own life. Second, rate how stressful each experience is for you when you do experience it.

Please use the following scale:
How often: 0 = Never 1 = A few times 2 = Many times 3 = Most of the time
How stressful: 0 = Not at all stressful/NA 1 = Minimally stressful 2 = Moderately stressful 3 = Extremely stressful

	How often have you experienced this?				How stressful is this experience for you?			
1. You have attempted to 'overcompensate' for being female	0	1	2	3	0	1	2	3
2. You have attempted to appear assertive at work or school so that your colleagues do not dismiss you because you are a female	0	1	2	3	0	1	2	3
3. You have attempted to hide your emotions at work or school in order to not appear too emotional	0	1	2	3	0	1	2	3
4. You have intentionally dressed in ways considered less feminine (swapping a skirt for pants, etc.)	0	1	2	3	0	1	2	3
5. You have been catcalled or whistled at by male strangers	0	1	2	3	0	1	2	3
6. The first compliment someone has given you was related to how you look (“you’re so pretty,” etc.)	0	1	2	3	0	1	2	3
7. A male stranger has complimented your body	0	1	2	3	0	1	2	3
8. You have received unsolicited comments about your physical appearance	0	1	2	3	0	1	2	3
9. A male has greeted you by saying “hey sexy”	0	1	2	3	0	1	2	3
10. You have noticed someone looking at your body instead of listening to you talk	0	1	2	3	0	1	2	3
11. You have been referred to as a body part (“tits,” etc.)	0	1	2	3	0	1	2	3
12. You have been told you are “too pretty” to do something (to frown, to be mad, etc.)	0	1	2	3	0	1	2	3

13. You have overheard other females being referred to as a body part (“tits,” “piece of ass,” etc.)	0	1	2	3	0	1	2	3
14. You have overheard males talking about other females in degrading terms (“bitch,” “slut,” etc.)	0	1	2	3	0	1	2	3
15. You have seen images of female bodies in the media that do not reflect your own body	0	1	2	3	0	1	2	3
16. You have overheard males being told to “not act like a girl” or to “be a man”	0	1	2	3	0	1	2	3
17. You have been told there is no longer a need for a women’s rights movement	0	1	2	3	0	1	2	3
18. You have been told women no longer experience discrimination	0	1	2	3	0	1	2	3
19. You have expressed concerns about sexism and, you were told that sexism does not exist	0	1	2	3	0	1	2	3
20. You have expressed concern about sexist discrimination, and you were told that you were too sensitive, too crazy, or wrong	0	1	2	3	0	1	2	3
21. You have discussed sexist discrimination with someone, and that person told you that they were not sexist	0	1	2	3	0	1	2	3
22. You have heard women referred to as “femi-nazis”	0	1	2	3	0	1	2	3
23. You have heard someone in a position of authority (news pundit, politician, teacher, etc.) say that women are to be blamed when they are sexually assaulted.	0	1	2	3	0	1	2	3
24. You have overheard others joking about rape	0	1	2	3	0	1	2	3
25. You have been told that women have all the same rights as men	0	1	2	3	0	1	2	3
26. You have overheard others complaining about women’s liberation	0	1	2	3	0	1	2	3
27. You have been asked when you want to get married before you were asked if you want to get married at all	0	1	2	3	0	1	2	3
28. You have been asked when you are going to have children before you were asked if you want any children at all	0	1	2	3	0	1	2	3
29. You have been asked how many children you want before you were asked if you want any children at all	0	1	2	3	0	1	2	3
30. You have been asked about your “dream wedding”	0	1	2	3	0	1	2	3

31. You have been asked why you are not married	0	1	2	3	0	1	2	3
32. You have been told “you will make a great wife someday”	0	1	2	3	0	1	2	3
33. You have been told you need to change your body in some way in order to be attractive to men	0	1	2	3	0	1	2	3
34. You have been told you need to watch your weight	0	1	2	3	0	1	2	3
35. You have been told “you would be so pretty if you. . . ” (smiled more, lost weight, changed something about your appearance)	0	1	2	3	0	1	2	3
36. You have been in a work, school, home, or social setting where the person in charge asked only males to provide feedback	0	1	2	3	0	1	2	3
37. You have been in a work, school, home, or social setting where a male was automatically allowed to dictate the agenda	0	1	2	3	0	1	2	3
38. Someone has assumed a male was responsible for work you actually did	0	1	2	3	0	1	2	3
39. A male has ignored or dismissed your contribution at work, school, home, or in a social setting	0	1	2	3	0	1	2	3
40. You have been in a work, school, home, or social setting where the more complicated tasks were assigned to males	0	1	2	3	0	1	2	3
41. You have been passed over for an important project or promotion for which you were qualified, and the role was given to a male instead	0	1	2	3	0	1	2	3
42. A male has spoken for you at work, school, home, or in a social setting	0	1	2	3	0	1	2	3
43. A male peer, family member, coworker, or fellow student was the only member praised for group work you contributed to	0	1	2	3	0	1	2	3
44. You have been in a group at work, home, school, or in a social setting where a male automatically assumed the leadership role	0	1	2	3	0	1	2	3

APPENDIX C

THE INTERNALIZED MISOGYNY SCALE

The Internalized Misogyny Scale (IMS; Piggot, 2004)

1 2 3 4 5 6 7
(strongly disagree) (strongly agree)

1. Women exaggerate problems they have at work
2. Women are too easily offended
3. Women seek to gain power by getting control over men
4. When women lose to men in a fair competition they typically complain about being discriminated against
5. It is generally safer not to trust women too much
6. When it comes down to it a lot of women are deceitful
7. I think that most women would lie just to get ahead
8. I am sure I get a raw deal from other women in my life
9. Sometimes other women bother me by just being around
10. I believe that most women tell the truth
11. When I am in a group consisting of equal numbers of men and women and a woman dominates the conversation I feel uncomfortable
12. I am uncomfortable when I hear a woman speaking with authority on male dominated topics such as football or horseracing
13. I prefer to listen to male radio announcers than female
14. The intellectual leadership of a community should be largely in the hands of men
15. I prefer to work for a male boss
16. If I were to beat another woman for a job I would feel more satisfied than if I beat a man
17. Generally, I prefer to work with men

APPENDIX D

SELF-COMPASSION SCALE

Self-Compassion Scale (SCS; Neff, 2003)

HOW I TYPICALLY ACT TOWARDS MYSELF IN DIFFICULT TIMES

Please read each statement carefully before answering. To the left of each item, indicate how often you behave in the stated manner, using the following scale:

Almost always				Almost never
1	2	3	4	5

1. I'm disapproving and judgmental about my own flaws and inadequacies.
2. When I'm feeling down I tend to obsess and fixate on everything that's wrong.
3. When things are going badly for me, I see the difficulties as part of life that everyone goes through.
4. When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world.
5. I try to be loving towards myself when I'm feeling emotional pain.
6. When I fail at something important to me I become consumed by feelings of inadequacy.
7. When I'm down and out, I remind myself that there are lots of other people in the world feeling like I am.
8. When times are really difficult, I tend to be tough on myself.
9. When something upsets me I try to keep my emotions in balance.
10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.
11. I'm intolerant and impatient towards those aspects of my personality I don't like.
12. When I'm going through a very hard time, I give myself the caring and tenderness I need.
13. When I'm feeling down, I tend to feel like most other people are probably happier than I am.
14. When something painful happens I try to take a balanced view of the situation.
15. I try to see my failings as part of the human condition.
16. When I see aspects of myself that I don't like, I get down on myself.
17. When I fail at something important to me I try to keep things in perspective.
18. When I'm really struggling, I tend to feel like other people must be having an easier time of it.
19. I'm kind to myself when I'm experiencing suffering.
20. When something upsets me I get carried away with my feelings.
21. I can be a bit cold-hearted towards myself when I'm experiencing suffering.
22. When I'm feeling down I try to approach my feelings with curiosity and openness.
23. I'm tolerant of my own flaws and inadequacies.
24. When something painful happens I tend to blow the incident out of proportion.
25. When I fail at something that's important to me, I tend to feel alone in my failure.
26. I try to be understanding and patient towards those aspects of my personality I don't like.

APPENDIX E

THE POSTTRAUMATIC STRESS CHECKLIST - 5

The Posttraumatic Stress Checklist - 5 (PCL-5; Weathers, Litz, et al., 2013)

Instructions: Below is a list of problems that people sometimes have in response to an experiencing a distressing sexist event. A sexist event could include, but is not limited to: Experiencing "catcalling," unsolicited physical contact; being excluded from activities because of your sex; being told that you are too sensitive when confronting sexual harassment or a sexist joke; being told that sexism no longer exists; or receiving less acknowledgement than your male peers.

Please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month **specifically related to your experience(s) of sexism**.

In the past month, how much were you bothered by:

Not at all	A little bit	Moderately	Quite a bit	Extremely
0	1	2	3	4

1. Repeated, disturbing, and unwanted memories of the stressful experience?
2. Repeated, disturbing dreams of the stressful experience?
3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?
4. Feeling very upset when something reminded you of the stressful experience?
5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?
6. Avoiding memories, thoughts, or feelings related to the stressful experience?
7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?
8. Trouble remembering important parts of the stressful experience?
9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?
10. Blaming yourself or someone else for the stressful experience or what happened after it?
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?
12. Loss of interest in activities that you used to enjoy?
13. Feeling distant or cut off from other people?
14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?
15. Irritable behavior, angry outbursts, or acting aggressively?
16. Taking too many risks or doing things that could cause you harm?
17. Being "superalert" or watchful or on guard?
18. Feeling jumpy or easily startled?
19. Having difficulty concentrating?
20. Trouble falling or staying asleep?

APPENDIX F

THE LIFE EVENTS CHECKLIST - 5

Life Events Checklist – 5 (Weathers, Blake, et al., 2013)

Instructions: Listed below are a number of difficult or stressful things that sometimes happen to people. For each event check one or more of the boxes to the right to indicate that: (a) it happened to you personally; (b) you witnessed it happen to someone else; (c) you learned about it happening to a close family member or close friend; (d) you were exposed to it as part of your job (for example, paramedic, police, military, or other first responder); (e) you're not sure if it fits; or (f) it doesn't apply to you. Be sure to consider your *entire life* (growing up as well as adulthood) as you go through the list of events.

Event	Happened to me	Witnessed it	Learned about it	Part of my job	Doesn't apply
1. Natural disaster (for example, flood, hurricane, tornado, earthquake)					
2. Fire or explosion					
3. Transportation accident (for example, car accident, boat accident, train wreck, plane crash)					
4. Serious accident at work, home, or during recreational activity					
5. Exposure to toxic substance (for example, dangerous chemicals, radiation)					
6. Physical assault (for example, being attacked, hit, slapped, kicked, beaten up)					
7. Assault with a weapon (for example, being shot, stabbed, threatened with a knife, gun, bomb)					
8. Sexual assault (rape, attempted rape, made to perform any type of sexual act through force or threat of harm)					
9. Other unwanted or uncomfortable sexual experience					
10. Combat or exposure to a war-zone (in the military or as a civilian)					
11. Captivity (for example, being kidnapped, abducted, held hostage, prisoner of war)					
12. Life-threatening illness or injury					
13. Severe human suffering					
14. Sudden violent death (for example, homicide, suicide)					
15. Sudden accidental death					
16. Serious injury, harm, or death you caused to someone else					
17. Any other very stressful event or experience					