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Vigilance and Protection: How Asian and Pacific Islander, Black, Latina, and Middle Eastern Women Cope with Racism

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Abstract

Background Research is needed to fully investigate the differential mechanisms racial and ethnic groups use to deal with ongoing intersectional racism in women's lives. The aim of this paper was to understand how Asian American and Pacific Islander, Black, Latina, and Middle Eastern women experience racism—from personal perceptions and interactions to coping mechanisms and methods of protection.

Methods A purposive sample of 52 participants participated in 11 online racially/ethnically homogeneous focus groups conducted throughout the USA. A team consensus approach was utilized with codebook development and thematic analysis.

Results The findings relate to personal perceptions and interactions related to race and ethnicity, methods of protection against racism, vigilant behavior based on safety concerns, and unity across people of color. A few unique concerns by group included experiences of racism including physical violence among Asian American Pacific Islander groups, police brutality among Black groups, immigration discrimination in Latina groups, and religious discrimination in Middle Eastern groups. Changes in behavior for safety and protection include altering methods of transportation, teaching their children safety measures, and defending their immigration status. They shared strategies to help racial and ethnic minorities against racism including mental health resources and greater political representation. All racial and ethnic groups discussed the need for unity, solidarity, and allyship across various communities of color but for it to be authentic and long-lasting.

Conclusion Greater understanding of the types of racism specific groups experience can inform policies and cultural change to reduce those factors.

Keywords Racism · Asian American and Pacific Islander · Black · Latina · Middle Eastern · Women · Coping

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Introduction

Racism and Intersectionality

Racism is a fundamental determinant of health: not only does it play an active role in shaping the systems, policies, and practices which affect health, but it also has a direct effect on physical and psychological well-being [1–3]. Racism is multifaceted. Institutional racism is discriminatory policies and practices within institutions (e.g., medical facilities) rooted in structural racism that fosters racial discrimination through historical and contemporary inequitable systems in society [1]. These inequities can fuel interpersonal racism, which is when personal racial biases affect individuals' interactions with each other, and can involve racially driven acts of violence [2]. Racism can also operate through indirect experiences. Vicarious racism is when

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others hear about racist experiences and attacks against their own racial group [3]. Racism is a social determinant of health that systematically impacts the distribution of risks, resources, and opportunities across the life course [4]. Across time, racism can have compounding and cumulative effects as disadvantages mount, which can increase the risk of a variety of adverse health, social, economic, and political outcomes [5, 6]. Also, other identities interlock and shape an individual's perspectives and experiences of racism; therefore, an intersectionality lens is powerful. Bowleg [7] defines intersectionality within a public health framework as "a theoretical framework for understanding how multiple social identities…intersect at the micro level of individual experience to reflect interlocking systems of privilege and oppression… at the macro social-structural level" (p. 1273).

Various minoritized groups with intersectional identities report accounts of racism. A study of immigrants/refugees in Minneapolis demonstrated how individuals struggled with experiences of microaggressions and systemic racism, specifically 39% of Asians, 38% of Blacks, and 27% of Latinx adults in the sample [8]. Asians reported over 6603 incidents of verbal harassment, shunning, physical assaults, civil rights violations, and online harassment over a 2-week period to the nationwide coalition, STOP Asian American Pacific Islanders (AAPI) Hate [9]. Across AAPI groups, racism has been linked with worsened psychological and physical health outcomes, such as pain conditions, cardiovascular conditions, other chronic health conditions, and overall, higher mortality [10]. Yet simultaneously, institutional racism and harmful stereotypes like the model minority myth often means that the needs of vulnerable Asian populations are overlooked [11]. Middle Eastern people experience racism in the context of historical trauma, institutional discrimination, and a hostile national context [12]. They are often times conflated with being Muslim and can experience both religious and xenophobic discrimination.

Gender is another identity that is important to consider in the context of racism. For example, Black women experience racialized pregnancy stigma—stereotypes that devalue Black pregnancies and motherhood—in everyday interactions, healthcare settings, and social services [13]. Stereotypes of Black women include the assumption that they are dependent on government resources, unmarried, and have multiple children, regardless of their marital status or socioeconomic position [13, 14]. Similar stereotypes are present for Latinas, including many children, lower socioeconomic position, as well as not having documentation papers [14, 15]. Asian women experience racialized sexism via oriental fetishes, which has been linked to violent acts [16, 17]. Middle Eastern women are often stereotyped as powerless and perceived as Muslim, which has been linked to violence as well [18, 19]. There are large and persistent racial disparities in maternal and child [20, 21]. However, there is limited research investigating women's experiences of racism, especially across multiple racial groups.

Coping with Racism and Discrimination

With these negative health outcomes, coping strategies could offer protection. There are several documented coping mechanisms in the literature that minoritized racial and ethnic groups have employed to deal with ongoing and sometimes daily experiences of racism. Based on a review of the literature, Brondolo et al. [22] discuss three broad categories of coping mechanisms used for experiences of interpersonal racism: racial identity development, social support seeking, and anger suppression and expression.

As a mechanism to cope with experiences of racism, racial identity development acts more as "armor" in that racial identity is established prior to the experience of racism. Despite some debate about the distinction between racial identity and ethnic identity, both terms describe a person's identification with belonging and pride for their particular racial and ethnic group [22–24]. Studies done with different racial and ethnic groups demonstrate some support, with mixed results, for the hypothesis that racial and ethnic identity development may act as a buffer against the harms of racist experiences [25–28]. Social support seeking refers to the social support and networks (friends and family) a person can call upon to communicate and discuss their experiences [22, 29, 30]. As a coping mechanism for experiences of racism, social support seeking can help situate individuals' experiences as similar to those experienced by others within their support system and promote a sense of connection and belonging, increasing psychological and physical health [31, 32].

Experiences of racism can produce feelings of anger, and previous literature has described the ways in which individuals cope with that anger, usually through external expression (confrontation) or suppression (internalization) [22, 33, 34]. As a coping mechanism, external expressions of anger from a racist experience can be "calling out" the behavior in real time, thereby confronting the racist act directly. Yet, in some circumstances, external expressions of anger when a racist event occurs may prompt retaliation, harm relationships, or may escalate into a potentially dangerous situation. As a result, anger from a racist experience may be suppressed or internalized to preserve safety. The stress associated with either external expression or suppression of anger is highly variable and dependent on the context in which the racist event occurs [22, 33, 35]. For example, if an individual confronts the perpetrator of a racist event, this may diffuse the anger they feel from the situation, but jeopardize their relationship with the perpetrator (e.g., colleague or friend), causing stress.

A Call to Address Racism

Along with coping for individuals, larger societal issues need to be addressed. Statements released by the American Public Health Association and American Medical Association, historically and in the present, have addressed racism as a threat to public health; however, their policy recommendations often go unimplemented or have limited impact on improving health outcomes [36–38]. In the wake of George Floyd's murder in 2020, over 180 declarations have been made across US public health institutions, counties, cities, and states to raise awareness about how structural racism and inequities have impacted population health [38]. Paine et al. [38] emphasize that despite these declarations, local, state, and federal public health authorities lack the data to make decisions for equitable policy and resource allocation.

Study Aim

To address the public health threat of racism, it is important to hear from multiple voices of minoritized communities. This study is part of a companion study about maternal health, including a focus on the impact of online and offline racism on pregnancy and birthing experiences. Our study sample provided an opportunity to explore intersectionality from the lens of gender and race/ethnicity. Originally, intersectionality focused on Black women [7], and our study provides insight from women from four different racial/ethnic categories so we can closely examine similarities and differences across groups. The aim of this paper was to understand how Asian American and Pacific Islander, Black, Latina, and Middle Eastern women experience racism—from personal perceptions and interactions to coping mechanisms and methods of protection.

Methods

We recruited a purposive sample of 52 participants by posting flyers via social media (Twitter and Facebook) and by contacting student and community organizations. Participants were identified from a companion study about racism (online and offline) and maternal health [17], with the following eligibility requirements: women who were at least 18 years old; identified as AAPI, Black, Latina, or Middle Eastern; use social media; have had children or are open to having children in the future; and were available to participate in a 90-min focus group via Zoom. Those interested were invited to complete a brief online survey to collect basic demographic information including race, regions of residence, contact information, and their availability to participate at the scheduled locations and times.

This study was approved by the University of California San Francisco Institutional Review Board (18–24,593). We used a semi-structured focus group guide (Table 1), developed based on a review of the literature and our research aims, to explore their perceptions of their experiences based on race/ethnicity, coping mechanisms, and ways to protect themselves and others. The 90-min focus groups were conducted via Zoom, with participants recruited throughout the USA. We recruited women who identify as AAPI, Black, Latina, and Middle Eastern during June–August 2021. There were 11 focus groups with a total of 52 participants. The focus groups were homogeneous by race and ethnicity. Demographic information was collected after the focus group. All participants received a $50 gift card. Focus group moderators used the same developed guide, which allowed for comparison of similarities and differences in experiences and perspectives of women across the focus groups.

To prepare for analysis, the sessions were audio-recorded, transcribed, translated into English for two groups (one in Spanish and one in Vietnamese), and de-identified. The codebook was based on categories from the focus group guide, and additional codes were added based on group discussion based on the data. We used the codebook to code the transcripts and NVivo to organize the data. The team discussed coding disagreements and came to a consensus to reach a complete coding agreement to prepare the data for theme development. We had 11 focus groups with separate transcripts, and we compiled the coding reports by race/ethnicity, with one report for the AAPI, Black, Latina, and Middle Eastern participants. We analyzed the NVivo coding

Table 1 Focus group questions

- How do you think your race or ethnicity plays a role in your daily life? Can you give us some examples either if you think it does or does not?
- Thinking about racism, do you think that there are other things about you that also impact your experiences? For example, like your gender, religion, sexual orientation, or any other thing about your identity. Please share.
- Do you think there is racism or discrimination between different communities of color? Why or why not? (Probe: Is there anti-blackness? Why or why not?)
- Based upon different race-related events, how has unity been impacted between communities of color?
- Do you think there is racism or discrimination within some communities of color? Explain. (Probe: Colorism)
- What are some steps you have taken to protect yourself or somebody else from the impact of racism?
- What are resources that you think could help protect someone from the impact of racism?

reports through a series of team meetings to establish themes and connections across themes [39]. To bolster trustworthiness, we had study team members from various racial/ethnic backgrounds represented.

Results

We sampled individuals approximately equally across the USA with the exception of the Midwest. The mean age of our 52 focus group participants was 35 years old. The majority of participants were highly educated, with 75% having a bachelor's or graduate degree. We had 15 Black participants (29%), 8 Latina participants (15%), 8 Middle Eastern participants (15%), and 21 AAPI participants (37%). AAPI participants included 7 Vietnamese participants (14%), 9 Korean participants (17%), 2 Pacific Islander participants (4%), and 3 South Asian participants from the Indian diaspora (6%). All the groups reported being impacted by racism at varying levels, from personal to vicarious experiences. The Korean AAPI group reported physical attacks while some members of the Vietnamese group did not feel that racism impacted them directly. Black groups shared that racism was a pervasive issue in their lives based on lived experiences and deaths of Black people through police brutality. Latina groups indicated that they felt discriminated against based on immigration status and language. Similarly, the Middle Eastern groups reported racism based on immigration status as well as religion. This paper focuses on their response to racism through coping and methods of protection against racism.

Personal Perceptions and Interactions Related to Race and Ethnicity

Focus group participants shared differing perspectives on the role of race, ethnicity, and racism in their lives. In response to a question about their perception of the role of race and ethnicity in their daily lives, participants discussed a multitude of topics, including descriptions of cross-cultural interactions, vigilance, racial socialization parenting practices, and experiences of alienation/lack of belonging. The section below highlights these findings by racial/ethnic group.

Some AAPI groups felt acceptance from others racial/ethnic groups. The AAPI Vietnamese group reported about racial/ethnic groups that were nice to them: "White Americans were very helpful towards me" and "I go to work there is a lot of Asians since the place I work at has Chinese people from Hong Kong or Taiwan. They are very nice and treat me well. There are a few Mexicans and White workers that are also kind and gives me many things" (Vietnamese FG5, translated).

The Black group participants reported a constant need for vigilance. They acknowledged that race has always been a relevant factor in their lives based on lack of representation in many spaces. They reported that they need to have an activated sense of readiness to interpret and respond to potentially upsetting interactions based on race. One participant shared about requesting a service at a grocery store in which the store employee reported they could not perform it, even though this participant has seen this service performed for White women:

> Why? I couldn't figure out if it was self-induced or if it wasn't true…. Like, are they being racist? I'm always like questioning, Is it because I'm black? Is it because of who I am or is this how people function in the world? Then you get somebody walk up after you and they're like, Hey Bill, how you doing? It's like, Wait, that's not me. This is real. This is not a sham – this is the world (Black FG3).

Based on interactions like the one above and others, the Black focus group participants share about the conflicting feelings of when to discuss race issues with their children: "And so that's a tension that we're dealing with as we prepare [our child] for kindergarten. And how do we break down race to a child that hasn't figured it out themselves but then also we shouldn't have to" (Black FG1). Then, they ultimately choose to have the conversation "because it's like we're sending you into the wolves' den if you have nothing to prepare you for what's about to happen" (Black FG1). In addition, participants reported the need to self-censor in their everyday interactions in order to navigate their spaces, such as deciding whether or not they should address a potentially problematic issue pertaining to race.

The Latina focus group participants reported that people were always trying to "figure out where they were from," and they had to constantly navigate how they would respond to them. They had to decide whether to educate, defend, or ignore the interrogation and insensitive comments. One Latina participant discussed her views about educating others: "There are many scenarios and examples, you/yourself, with a lot of patience, tell them like, 'No, look, I'm from South America, it's completely different, and so on'… I have no problem educating them, saying, 'Not everyone is like this,' or 'This happens because of this'" (Latina FG10, translated).

The Middle Eastern focus groups participants shared that they did not feel a sense of belonging. One participant stated, "It's almost as if I knew from when I could first remember that we were different. It almost felt like it was almost everyone's mission to let us know that, and for me personally, I know I internalized a lot of it. Which made me seek validation from those I thought and felt were superior to me" (Middle Eastern FG9). Another participant said, "…with

someone that's a White person, I have to be more professional with them. I'm not sure why I do that, but I just do. I don't know if it plays a role with race. If I'm in an old White classroom, I just feel like … I'm comfortable there yeah, but I feel like I don't belong" (Middle Eastern FG8).

Methods of Protection Against Racism

Every racial/ethnic group had a nuanced approach to protecting themselves and others from racism. Black and Latina focus group participants reported the importance of seeking mental health support. Black, Middle Eastern, and AAPI South Asian participants discussed the need for political representation and action.

The Black focus groups reported the importance of educating their family and others about racism and how to protect themselves from encounters of racism. Some participants indicated specific safety instructions and actions related to police enforcement:

> …I teach my kids, 'If you're in trouble and you're out in public,' honestly I tell my kids, 'Go find another mommy.' And so I don't say, 'Go find a cop.' I don't say, 'Go find a firefighter.' And it makes me sad, but I feel better with my kids running to somebody who looks like a mother versus running to somebody that's supposed to protect and serve us, just because of a history of things that have happened over the last year, recently, and far back (Black FG2).

Another participant explained how she looks out for other Black people:

> …anytime I go somewhere now if I see a person of color, a Black male, a Black woman, that's pulled over and I see that every police officer is white. I almost want to pull over and make sure they're okay. It's almost like, 'Hey, you doing all right. Are you okay?' And I did that one time and I thought about it later (Black FG1).

The Middle Eastern group shared about the importance of educating others to address racist mindsets. One participant said,

> You could have a conversation with anyone and try to get them to know you. Just because someone's racist towards you, you could try to weave their way of thinking or even you just being friends with them, I think would help them realize, 'Oh, maybe they're not all that bad.' That's what I think. Probably we can help directly. That's what I try to do anyway (Middle Eastern FG8).

Another person discussed having discernment about addressing racism:

> I think Muslims don't apply too much pressure because we're too busy and too scared and trying to get in where we fit in kind of thing, and don't want to make too much noise because bringing too much noise brings too much attention, and where there's attention there's possibility of attack in some kind of way (Middle Eastern FG9).

Participants also commented about the importance of having a proper census category to document potential health disparities:

> There has been a push to try to have a MENA, M-E-N-A, Middle East North Africa box in their race category, but up until now we are still considered White. So all of our needs and challenges are lumped up with a lot of the other White people, you know? And it's not the same. We all know that healthcare's always looked at through a White person's lens (Middle Eastern FG9).

In the Spanish-speaking Latina group, several participants indicated the need to assimilate through following the rules and learning English: "If you live in a community where you have to respect the rules, respect them"; "I do think that it is our responsibility to have a civic conduct, in accordance with the rules that you are complying with" and "[I need to] know the places I go, but educate myself and understand the language, where I should or should not be and understand how the community is navigated" (Latina FG10, translated). In addition, several participants from the Latina focus groups noted that racism cannot be avoided, and that cultural pride and self-assurance was vital.

The AAPI groups had varied views about this topic. In the AAPI Vietnamese group, participants reported the importance of learning English. One participant said, "we should learn English to communicate within our community, find work, and not having to ask other people in the community to help us" (Vietnamese FG5, translated). The Korean focus group participants shared about the need to have safe transportation to avoid attacks. The Pacific Islander focus group participants reported the need to have PI representation: "I would say a big thing is to stop accepting API spaces that are primarily East Asian on a policy level, start using NHPI to identify who we are talking about" (Pacific Islander FG6).

Vigilant Behavior Based on Safety Concerns

Vigilant behavior is a salient method of protection for many of the participants. Vigilant behavior can be based upon direct response to interpersonal racism or vicarious racism, and it was a salient method of protection for many groups. In our study, several participants from the AAPI, Middle Eastern, and Black groups reported that they changed their normal routine because they felt unsafe based upon personal

and vicarious racism. Participants in the AAPI and Middle Eastern focus groups reported examples of direct physical and/or verbal attacks due to their racial/ethnic identities. Specifically, two Korean participants reported being physically attacked, a South Asian participant reported being misidentified as Muslim and verbally threatened, and a Middle Eastern participant reported being called a derogatory name and "roughed up." In the AAPI focus groups, Korean and Vietnamese participants reported changing their daily habits based on vicarious racism that they heard through the news. One participant said:

> I wished that I didn't have to be worried about my safety. I wished that I didn't have to stand in the middle of the platform because I'm afraid that someone's just going to randomly come and push me off. And every time my husband commutes to work, we started paying for Lyfts every night because he comes home pretty late. And so we just decided, you know what, we're just going to eat the cost right now because it's not worth stressing out about safety issues (Korean FG4).

Another participant reported:

> I was really worried since the news talked about the Asian community being attacked all the time, and it could be that I listened to the news all the time that I became very worried. In my family, I have elders, so when we go outside, we make sure to always go together and never go alone. I need to be more careful since I do not want any accidents to happen. I want to make sure that my family and I are safe (Vietnamese FG5, translated).

Black focus group participants also reported changed behavior based on vicarious racism reported on the news. One person recounted: "that Ahmaud Arbery situation hit me really hard. …I remember a woman saying that she now follows her husband in her car to provide him an extra level of safety when he runs in their neighborhood so that nothing happens, and I just thought to myself like, 'Wow, this is over 400 years past slavery and we are still dealing with new modern day slavery'" (Black FG3).

Unity Across People of Color

Along with advocating for their own racial/ethnic groups, all the groups discussed the role of unity across various communities of color. Specifically, each group reported an increase of solidarity and allyship based on national events, including the murder of George Floyd and attacks against Asian Americans. One Latina participant said, "[people are] less interested in where you are from, but trying to keep everybody safe" (Latina FG11). A Middle Eastern participant reported, "Once we unite, I think that realization that our struggle is their struggle and that we have to have the solidarity and recognize and understand really who our oppressor is and who our enemy should be" (Middle Eastern FG8).

Some participants expressed concerns about the authenticity of the unity. A Black participant said, "[there is a] perceived image of unity because it's popular right now" (Black FG1). A Korean participant reported:

> We've received very nice support in the last six months or so. This outpouring of love, if you will, towards the Asian community, which we don't necessarily see… And we don't see us do that, reciprocate it back to them… So it's kind of like a short-lived unity. It might be a mile wide but an inch-deep kind of thing. I don't want to be pessimistic about it, or cynical, but I think we have to really see what the future brings in terms of how far we can take this unity, because unity is really the only way we're going to ever get past it. (Korean FG4).

This section represents the mixed responses in how unity across communities of color can be seen as a salient protection mechanism or only a performative, temporary act.

Discussion

This paper provides insights into how Asian American and Pacific Islander, Black, Latina, and Middle Eastern women experience racism—specifically uncovering their personal perceptions and interactions related to race and ethnicity, methods of protection against racism, vigilant behavior based on safety concerns, and unity across people of color. Racism is a daily factor in the lives of racially and ethnically minoritized groups. Racism operates across the life course. Specifically, women in the study reported chronic experiences of racism and discrimination that impacted their and their children's well-being. As mothers, they expressed the desire to protect their children from the harms of racism. A few unique concerns by group included physical violence among AAPI groups, police brutality among Black groups, immigration discrimination in Latina groups, and religious discrimination in Middle Eastern groups. Changes in behavior for safety and protection include altering methods of transportation for AAPI and Middle Eastern groups, avoidance and teaching their children to steer clear of the police for Black people, and defending their immigration status among Latina groups. Strategies to help racial and ethnic minorities against racism include mental health resources and greater political representation. All racial and ethnic groups discussed the need for unity, solidarity, and allyship across various communities of color, but for it to be authentic and long-lasting.

Vigilance as a Method of Protection

To combat the threats of racism, a major theme our study participants discussed was how they behaved vigilantly as a method of protection. AAPI participants in our study expressed a need to change their daily habits. Often this meant walking with the elderly or exercising heightened vigilance. These individual adaptations became operationalized into larger volunteer walking groups across the nation in Asian neighborhoods, an attempt to deter violent racial attacks against AAPI individuals [40]. Increased attacks were attributed to the racialization of the COVID-19 pandemic by elected officials and the rise in xenophobic anti-Asian rhetoric, and hate attacks magnified experiences of vicarious racism in the AAPI community [41].

For Black, Latina, and Middle Eastern women, there was discussion of vigilance in navigating their daily life. The awareness of some significant racialized events changed their behaviors due to safety concerns such as accompanying their loved ones on activities they once did alone, avoiding public transportation, and avoiding police and first responders even when they need help. There were subtleties, opaqueness in interactions, and they expended mental energy in evaluating whether some experiences and treatment received were due to racism.

Black focus group participants emphasized that race was a relevant factor in all aspects of their life, and that they were constantly vigilant and ready to respond to interactions based on race. Previous research found Black women report feeling that they must be hypervigilant and "armored" to protect themselves, their families, and their communities [42]. Allen et al. [43] described this pattern with the superwoman schema (SWS), a framework used to understand how Black women withstand and survive gendered racism. This schema seems particularly relevant to our study, as so many women described protecting others as one of their primary adaptive strategies to racial discrimination or experiences of vicarious racism. Though the SWS is a culture-specific framework, it is a helpful framework to understand the intersectional forces of gendered racism on women. This study also reveals the need for further research on the experiences of particular communities of color, as ethnicity and race play a critical role in the types of coping strategies used and which are effective. Currently, much of the literature on coping with racism focuses on the experiences of Black Americans, but there are few focused on individuals of other racial/ethnic identities.

Regarding the need for vigilance, the most striking contrast was between Vietnamese and Black focus group participants. Vietnamese participants stated that they had had little to no experience with racism, and explicitly identified that White, Asians, and Mexicans were "very nice and treat[ed] [them] well." Many of the Vietnamese participants (group conducted in Vietnamese) indicated that they were first-generation immigrants through the focus group discussion. This raises a few questions. Did these individuals never experience discrimination, or simply did not ascribe discriminatory treatment to their race/ethnicity because of a barrier in language or because individuals were not fully aware of the role of race in US society? There may be an increasing awareness of the role of race with length of residence in the USA. One study found that immigrant Black college students thought US-born Blacks identified negative interactions or incidents were based on race, while US-born Black students felt that immigrant Blacks were unable to accurately identify US racism [35]. Initially, immigrant Black students did not recognize their racial minority status in the USA or tried to ignore it, but after consistent experiences with racial microaggressions and overt racism, some began to see racism as a critical influence on their experiences [44]. People born in the USA may have greater awareness of racial discrimination compared to non-US-born persons. Previous research has found they are more likely to attribute discriminatory experiences to racism/discrimination while foreign-born persons are more likely to attribute it to other causes [45]. This also corresponds with what our study learned from South Asian participants, who described how it was only upon their arrival to the USA that they realized how salient and pertinent race was to the everyday experience.

Our study emphasizes the way in which racism, direct and vicarious, deeply affects everyday realities of individuals of color and creates real behavioral change in the ways that individuals approach their lives. Participants actively worked to protect themselves and their family members from racism, whether it was by accompanying elderly family members on outings or keeping an eye on a husband out running. Literature also identified examples of Muslim women hiding out in their homes after the 9/11 terrorist attacks to protect themselves and their children from violence [19].

Demonstrated Coping Strategies

Through discussions of methods of protection, our participants' responses demonstrated coping through education, reframing the situation, and changing their behavior to support themselves and their family in feeling safer. Specifically, they demonstrated approach-type coping, which is an active and ongoing negotiation with a stressful environment by an individual, including social support seeking, cognitive restructuring, and problem solving [46]. Literature also identifies more passive and avoidant strategies, such as cognitive-emotional debriefing (i.e., distraction, venting, processing with others), which was found to be effective among Black women when coping with racial incidents beyond their control [47]. Our study reflected some similar patterns in terms of individual coping, but the focus group

participants consistently engaged in active strategies to protect their families from harm.

Social support is another major coping strategy with racism, offering an individual a sense of connectedness and understanding their experience of discrimination as a shared experience [22, 48]. Researchers found that uncertainty (e.g., about whether an event was racist or not, consequences of the event) was the biggest motivator for support-seeking behavior with trusted allies [48]. Middle Eastern participants in our study identified a hindrance to ethnic identity and social support, based on the U.S. Census. Individuals who identify as Middle East and North African (MENA) Americans are often described as an "invisible" minority due to a history of shifting categories of classification and the current U.S. Census classification of them as White or Caucasian. However, MENA Americans simultaneously experience hypervisibility from negatively biased media messages about people of MENA descent and their homelands, institutional discrimination (i.e., USA PATRIOT Act, "Muslim ban"), and interpersonal discrimination, which increased after the terrorist attacks of 9/11 (i.e., racial epithets, xenophobic interactions, physical harassment, and social exclusion) [12, 49, 50]. There are large gaps in knowledge about health and mental health disparities of MENA Americans [12, 49].

Strengths and Limitations

Our study is valuable in that it offers qualitative research on what individuals of different racial/ethnic groups have seen to be effective or necessary as coping strategies to direct or vicarious racism. Since the groups were homogenous, some racial/ethnic categories had more representation than others. Yet, the role of qualitative research is for context and not summative about a population. It was helpful to use Zoom to more feasibly connect with people across the USA. However, with Zoom, it is possible that some participants could have misrepresented themselves because some participants did not turn on their video camera. Yet, all participants confirmed their racial/ethnic identity twice throughout our screening process. In addition, we did not collect demographic information about immigrant status, which could have offered additional context to the data. The groups conducted in Vietnamese and Spanish had more participants discuss their status as a first-generation immigrant within the focus group discussions.

Conclusion

The role of racism in the everyday lives of racial and ethnic minorities was apparent in our study. More than just a hassle, our participants reported changing behavior and accruing costs to feel safe. All the racial/ethnic groups have specific nuances of how discrimination and racism impacts them. There is potential to build interventions to focus on allyship across communities of color. There is an opportunity to increase awareness for the type of racism that groups experience in order to change policies and culture to reduce those factors. Some examples include cultural competency and community engagement training in various institutions (e.g., schools, healthcare, policing, worksites), mental health access, and pipeline programs to build diverse political representation. Further, it would be important to excise the policies and everyday practices that perpetuate institutional racism and implement the policies and practices that foster civil rights. Racism is a complex and ubiquitous issue that takes effort from all sectors and people.

Author Contribution Study conception and design was completed by Shaniece Criss, Melanie Kim, Nhung Thai, Gilbert Gee, and Thu T. Nguyen. Material preparation, data collection, and analysis were performed by all authors. The first draft of the manuscript was written by Shaniece Criss, and all authors commented on previous versions of the manuscript. All authors read and approved the final manuscript.

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Data Availability Focus group transcripts are housed with the corresponding and senior authors.

Declarations

Ethics Approval and Consent to Participate This study was performed in line with the principles of the Declaration of Helsinki. Approval was granted by the University of California San Francisco Institutional Review Board (18–24593). Informed consent was obtained from all individual participants included in the study.

Consent for Publication The authors affirm that human research participants provided informed consent for publication of their anonymized quotes.

Competing Interests The authors declare no competing interests.

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