

Spring 5-2018

## The Effects of Skin Tone on the Perception of Discrimination in Young African American Women

Danielle T. Stamps  
*University of Southern Mississippi*

Follow this and additional works at: [https://aquila.usm.edu/honors\\_theses](https://aquila.usm.edu/honors_theses)



Part of the [Social Psychology Commons](#)

---

### Recommended Citation

Stamps, Danielle T., "The Effects of Skin Tone on the Perception of Discrimination in Young African American Women" (2018). *Honors Theses*. 590.  
[https://aquila.usm.edu/honors\\_theses/590](https://aquila.usm.edu/honors_theses/590)

This Honors College Thesis is brought to you for free and open access by the Honors College at The Aquila Digital Community. It has been accepted for inclusion in Honors Theses by an authorized administrator of The Aquila Digital Community. For more information, please contact [Joshua.Cromwell@usm.edu](mailto:Joshua.Cromwell@usm.edu), [Jennie.Vance@usm.edu](mailto:Jennie.Vance@usm.edu).

The University of Southern Mississippi

Honors College Thesis: The Effects of Skin Tone on the Perception of Discrimination in  
Young African American Women

by

Danielle Stamps

A Thesis  
Submitted to the Honors College of  
The University of Southern Mississippi  
in Partial Fulfillment  
of the Requirement for the Degree of  
Bachelor of Science  
in the Department of Psychology

May 2018



Approved by:

---

Elena Stepanova, Ph. D., Thesis Advisor  
Department of Psychology

---

D. Joe Olmi, Ph.D., Chair  
Department of Psychology

---

Ellen Weinauer, Ph.D., Dean  
Honors College

## Abstract

This research focuses on the perceived discriminatory experiences (i.e. colorism and racism) that young African American women report as a function of their actual and perceived skin tone. Colorism is a form of internalized racism when individuals with darker skin tones are discriminated against by others. Each participant ( $N = 76$ ) was given the Pantone Skin Tone guide and asked to find the best color (varying on undertone and lightness) that matched closely to their skin tone without feedback from any reflective surfaces and with a handheld mirror. Following that, the researcher identified the participant's skin tone. In addition, participants completed several research questionnaires assessing perceived racism and discrimination. Participants did report discrimination and biases that they regularly experience based on their skin tone and race. Interestingly, there was no relationship between skin tone and reported discrimination. While qualitative data suggests that colorism does exist, the quantitative data did not establish a link between lightness of one's skin tone and levels of perceived discrimination. However, individuals who reported a high frequency of experiencing racism in their lives also perceived their skin tone darker without the mirror than with it. This finding establishes a link between negative race-based experiences and one's self-perception of skin tone. While self-esteem did not moderate or mediate the skin tone-discrimination relationship, it was strongly related to reports of racism and colorism.

Keywords: colorism, racism, discrimination, skin tone, young African-American women

## **Dedication**

My parents and friends:

Thank you for encouraging and supporting me throughout this entire process of creating and completing my thesis. I could not have finished this thesis without you.

## **Acknowledgements**

I would like to take a moment to thank my thesis advisor, Dr. Elena Stepanova, for her fortitude and passion in helping me complete this project. This honors thesis would not have been created or completed without your aid. Thank you for all that you have done.

Additionally, I would like to thank Jinhao Chi, a graduate student in the Social Cognition and Behavior Lab, for his patience and generosity during this research process. I could not have completed my study without you.

I would also like to send many thanks to the faculty of the Honors College for their contribution to the creation and completion of my honors thesis. With your help, I became a primary researcher of my own study. I believe that I have the best foundation needed to continue my education into graduate school.

## Table of Contents

List of Tables .....	ix
List of Figures .....	x
List of Abbreviations .....	xi
Chapter 1: Introduction .....	1
Chapter 2: Literature Review .....	2
Colorism.....	2
History.....	3
Skin Tone, Standards of Beauty, and Colorism .....	4
Familial Issues .....	5
Presences in African American Fraternities and Sororities .....	6
Impacts of Colorism.....	7
Skin Tone Associations, Preferences, Identification .....	7
Self-Hate/ Excessive Skin Bleaching .....	8
Gender Differences and Perception of Discrimination in African Americans .....	9
Treatment in Healthcare Settings .....	9
Self-esteem.....	11
The Current Study.....	11
Chapter 3: Method .....	12
Participants.....	12



Materials .....	13
Procedure .....	17
Chapter 4: Results .....	19
Discrimination Measures and Skin Tone .....	19
Role of Self-esteem.....	22
Chapter 5: Discussion .....	23
Limitations and Future Directions .....	26
Conclusion .....	28
References.....	29
Appendices.....	40
Appendix A: List of Open-Ended Questions Assessing the Effects of Colorism..	40
Appendix B: Inclusive List of Emerging Themes Present in the Open-ended Questions Survey .....	41
Appendix C: Informed Consent Form .....	47
Appendix D: Debriefing .....	49
Appendix E: Institutional Review Board Approval.....	51

## List of Tables

Table 1. Demographic characteristics of participants.....	37
Table 2. Correlations between self-esteem, measures of discrimination, undertone, and lightness of skin tone (self-identified with mirror, without mirror and identified by the experimenter).....	38
Table 3. Correlations between self-esteem and subscales of measures of discrimination.....	39

## List of Figures

Figure 1. Red and yellow undertones in the Pantone Skin Tone guide.....	35
Figure 2. Reported levels of racism in different skin tone groups.....	36

## **List of Abbreviations**

APA	American Psychological Association
EDS	Everyday Discrimination Survey
PEDQ-CV	Perceived Ethnic Discrimination Questionnaire-Community Version

# The Effects of Skin Tone on the Perception of Discrimination in Young African American Women

## **Chapter 1: Introduction**

My research project focuses on colorism, specifically the possible negative effects of colorism. Colorism is a form of internalized racism when individuals with darker skin tones are discriminated against by others including in-group members of the same race (Colorism, 2017). This is an important issue that is global. Every nationality is negatively impacted by the effects of colorism (Dawson & Quiros, 2013; Howard, 2011). This is seen in social media, excessive skin bleaching, and pure self-hatred within an individual (Duke & Berry, 2011). Some individuals hate their skin tone due to colorism, because what is lighter is deemed better and more beautiful. Colorism creates conflicts within an individual and others around them (Fultz, 2013; Howard, 2011). The internalization of colorism can cause a tremendous amount of psychological, emotional, and physical damage once it becomes a part of the human psyche. It can lead to low self-esteem, low self-confidence, self-hatred, economic disadvantages and political disadvantages (Duke & Berry, 2011; Howard, 2011). The possible and current damage of this phenomenon is exactly what this thesis investigates. Specifically, the focus was on the experiences that young African American women report (i.e., perceived discrimination in various spheres of life, including health care settings) as a function of their actual and perceived skin tone.

There are not any studies, to my knowledge, that assessed both actual and perceived skin tones using an objective measure such as the Pantone Skin Tone guide. This research was conducted by utilizing a skin tone guide that has one hundred and ten

shades which is designed to cover a wide range of skin tones. Using a skin tone guide to match the participant's skin is more likely to lessen bias amongst participants (Dent, Hagiwara, Stepanova, & Green, in press). The identification of the skin tone is the foundation of my research, because the participant's and researcher's choice of skin tone was compared and related to perceived discrimination levels reported by the participant. In addition to the Skin Tone Guide comparison, the participants completed several research questionnaires assessing their socioeconomic status, self-esteem, and perceived discrimination. The goal of this work was to assess the effects of skin tone on perceived discrimination and identify potential moderators of this relationship, such as self-esteem.

## **Chapter 2: Literature Review**

### **Colorism**

Alice Walker, a novelist and poet, first described colorism as the “prejudicial or preferential treatment of same-race people based solely on their color” in 1982 (para. 6 as cited in Njeri, 1988). Colorism has affected individuals internationally with the growth of skin bleaching and self-hatred within various ethnic groups (Dawson & Quiros, 2013; Howard, 2011). Research has been conducted on several issues relating to colorism in adults, children, young adults, teenagers, and families (Blake et al, 2017; Bryant, 2013; Howard, 2011). According to several research studies, individuals with lighter complexions become wealthier and receive advanced college degrees on more occasions than those with darker skin tones (for review, see Hunter, 2007). Even though colorism is observed within a racial group when members of the same group (e.g., African Americans) hold negative attitudes and stereotypes toward ingroup members with darker skin tones, it also occurs amongst different ethnicities (Howard, 2011; Hunter 2007). For

example, any individual may subconsciously favor lighter skin tones over darker skin tones without realizing it, because he or she is not discriminating based on race (Hunter, 2007). Colorism is especially prominent in the African American community; this concept originated after the creation of slavery in the United States and continued with the growth of racial discrimination into today's world (Bryant, 2013; Hunter, 2007).

## **History**

During slavery, the African slaves were divided into two groups—house slaves and field slaves. The house slaves usually possessed lighter skin tones than the field slaves who tended to be of a darker complexion (Duke & Berry, 2011; Hunter, 2007). The field slaves had to perform hard labor while the house slaves took on household chores. As house slaves, these individuals had more chances to become educated and learn how to read than the field slaves. Just as during slavery, in today's world, individuals with lighter complexions have more advantages than individuals with darker complexions even if those individuals are a part of the same ethnicity (Fultz, 2013; Hunter, 2007). In addition to the classification of slaves, some of the field slaves and house were repeatedly raped by their Caucasian slave owners producing offspring that possessed light skin tones. On some occasions, those children were treated better (i.e. teaching the children to read and feeding them better quality food) than their mothers due to the children's Eurocentric features of their biological father (Shepherd, 1988). This division of house slaves and field slaves led to a creation of a caste system in which individuals with the lighter skin tones have more power (Harvey, Gocial, LaBeach, & Pridgen, 2005) These forms of discrimination manifested and continued in African slaves even after they became free men and women.

After slavery ended, former African slaves became subject to even more dehumanizing rituals such as the “paper bag test” and the “comb test” by other African Americans (Bryant, 2013; Thompson & Keith, 2001). These tests were utilized when an individual wanted to become a part of a sophisticated African American organization or African American institutions such as historically black colleges and/or universities. If the individual was lighter than the paper bag, he or she was worthy enough to be invited into the organization. However, if the individual was darker than the brown paper bag, that individual was not invited to become a part of an exclusive organization unless he or she was highly educated. The results of the paper bag test occurred as a direct result of slavery, because most field slaves were not being granted educational opportunities unlike the house slaves. Another test created by African Americans was called the “comb test” in which the individuals hair had to pass through the comb without force (Bryant, 2013). Individuals with Afrocentric features had a kinky texture of hair (and a darker skin tone), and their hair would only pass through with a constant amount of force. However, lighter skinned individuals who possessed some Eurocentric features had curly hair that could pass through a comb (Bryant, 2013). Bryant (2013) declared that exclusivity was granted to those who were either educated, had a lighter skin complexion, or both.

### **Skin Tone, Standards of Beauty, and Colorism**

There is a strong preference for light skin tones in today’s society which can be seen in media throughout the world. Individuals depicted in advertisement and social media represent the current standard of beauty. Various studies (e.g. Thomas et al., 2011; Wallace, Townsend, Glasgow, & Ojie, 2011) have been conducted to analyze the societal beauty standards and the impact of those standards in several countries and nations (e.g.



Japan, United States, India, several Middle Eastern countries, Jamaica, and several African countries). According to Bryant (2013), American beauty standards have a greater impact on African American women than on Caucasian women. Because of colorism, beauty is equated with having a lighter skin tone, curly or straight hair, and other Eurocentric features (Bryant, 2013; Duke & Berry, 2011; Fultz, 2013). Fultz (2013) found that individuals who represent the previously mentioned category were seen in advertisements on more occasions than the individuals who have a darker skin tone and a kinkier hair texture during the mid to late twentieth century. Recently, Fultz (2013) concluded, “[the] representations tended to be more balanced [between dark skin tones and light skin tones] in editorials, descriptors such as ‘pretty, lovely, and beautiful’ were substantially more likely to be paired with images of lighter, more Eurocentric looking women” (p. 19). Even though advertisements are becoming more inclusive, color bias is still present within media and in American beauty standards.

### **Familial Issues**

Colorism is a learned behavior and this concept is acquired by children and adolescents through interactions with family members and their local communities but primarily their parents during the early ages (Bryant, 2013; Duke & Berry, 2011). Some parents were heavily impacted by color bias. During the parents’ childhoods, they received preferential treatment from African American and Caucasian communities unlike darker skinned individuals; they wanted their light skin tone feature to stay within the family (Duke & Berry, 2011). Thus, they married other individuals who had a fair skin tone similar to them. Once these individual produce offspring, the parents pushed their children to continue the cycle of wanting to produce more fair offspring. They

continued this cycle since possessing fair skin is equated with beauty, intelligence, and more advantages that darker skin tones do not experience (Bryant, 2013). According to a research study conducted by Landor and colleagues (2013), African American families show “preferential treatment toward offspring based on skin tone” and the type of treatment depends on the gender, as well (p. 817). Landor’s study concluded that dark skinned males and light skinned females received preferential treatment from the parents. Both groups received preferential treatment to prepare them for the future due to the possible negative effects that their skin tone may lead to such as aggressiveness for dark skinned men and pompousness for light skinned females (Landor et al, 2013).

### **Presence in African American Fraternities and Sororities**

Colorism has continued to be an issue with African Americans especially within the local black communities (Bryant, 2013). Examples of the negative effects in black communities can be displayed in historically black organizations such as African American fraternities and sororities. Concepts of color bias are being utilized when members of the organizations are selecting and recruiting new members for these fraternities or sororities (Bryant, 2013). Bryant (2013) declared that each organization has specific stereotypes that can be used to identify different members of the fraternities or sororities. These fraternities and sororities tend to select new members who match the stereotypical skin tone, personality, and hair texture of that specific organization. As college students, colorism appears to affect our childhood experiences and continues into our adulthood experiences.

### **Impacts of Colorism**

Colorism has negatively affected the various aspects of life African Americans along with other ethnic/racial groups. Colorism has caused low self-esteem, low self-confidence, self-hatred, excessive skin bleaching, economic disadvantages, educational disadvantages, familial issues, poorer health outcomes, and political disadvantages (Bryant, 2013; Dawson & Quiros, 2013; Duke & Berry, 2011; Howard, 2011; Hunter, 2007; Njeri, 1988). As described above, the internalization of colorism can cause a tremendous amount of psychological, emotional, and physical damage once it becomes a part of the human psyche.

### **Skin Tone Associations, Preferences, and Identification**

Awareness of certain concepts of colorism begins during childhood. A study conducted by Anderson and Cromwell (1977) led to the discovery of how African American children, who were 11-12 years old, associate different qualities with dark and light skin tones. The study concluded that these adolescents associated darker skin tones with negative personality traits and associated positive personality traits with lighter skin tones and light brown skin tones (Fultz, 2013). In addition to associating personality characteristics, each African American student had to select a specific skin tone preference, and most individuals selected lighter skin tones. These adolescents learned this color bias from either their families, local communities, media, or a combination of all three (Duke & Berry, 2011). Identifying with a skin tone is an essential part of growth as a child. Fultz (2013) stated, “During adolescence, [children] become more aware of [their] bodies and [their] level of satisfaction can create consonance (a cohesive sense of self) or dissonance (a discrepant sense of self)” (p.13). In other words, children can either learn to love who they are (i.e. consonance) or dislike who they are (i.e. dissonance). By

creating this dissonance within the human psyche, life for that child can become difficult in various manners. Fultz (2013) discovered that something as superficial as the color of an individual's skin tone has determined their general childhood experiences with African American community and the Caucasian community, discrimination levels, or group of friends. All skin tones receive varying levels of discrimination from in-group members as well as out-group members, for example, African Americans who possess light skin tones are more likely to feel disconnected and discriminated against by other African Americans (Fultz, 2013; Veras, 2016). Research has also found African Americans who have dark skin tones are more likely to make less money and receive lower levels of education (Fultz, 2013). Other negative effects of colorism are manifested through such behaviors as skin bleaching.

### **Self-Hate/Excessive Skin Bleaching**

Excessive skin bleaching is a direct consequence of colorism and self-hatred for an individual's skin tone (Charles, 2011). Skin bleaching occurs in North America, Latin America, Asia, Caribbean, Africa, and Middle East (Duke & Berry, 2011; Charles, 2011). However, this phenomenon is predominantly common in Jamaica. Research conducted by Charles (2011) in Jamaica discovered that women and men are bleaching their skin only to be considered more attractive despite the harmful effects of excessively using skin lightening creams. Hypotheses for the excessive bleaching is still being contested throughout Jamaica (Charles, 2011). According to Charles (2011), most researchers believe this growing phenomenon is due to self-hate, which is described as, "an identity crisis among Blacks [that] is manifested in the colorized beauty contests based on White standards" (p. 380). When participants in Charles's study were asked the reasoning for

the skin lightening, they responded with a myriad of answers. Nevertheless, the responses attribute to the fact of the desire to being lighter or social acceptance from others.

### **Gender Differences and Perception of Discrimination in African Americans**

As shown above, the negative consequences of colorism affect both men and women. Although this may be true, women are more negatively affected by color bias. Fultz (2013) reveals “studies have shown that African American women are more likely to have an impact on self-concept and self-esteem [compared to African American men]” (p. 4). Not only do the long-lasting effects of men and women differ, the driving force behind the effects of colorism differ, as well. Veras (2016) reveals that African American women are most influenced by the color bias concepts of family members, while African American men are most influenced by their immediate peers. When a male or female perceives discrimination, that individual can cope with that level of stress in various ways. Some of the negative coping strategies can physically or mentally affect the body leading to health issues such as depression or anxiety for both men and women (Borrell, Diez-Rouz, Gorden-Larsen, Kiefe, & Williams, 2006; Pascoe & Richman, 2009).

### **Treatment in Healthcare Settings**

Racial discrimination is one of many factors that affect the treatment of patients in hospitals and health clinics (Abramson, Hashemi, & Sánchez-Jankowski, 2015). For individuals who have experience high levels of discrimination from doctors, nurses, and other healthcare staff, the probability of those specific patients returning to that healthcare setting to receive more treatment significantly decreases (Abramson, Hashemi, & Sánchez-Jankowski, 2015). Thus, the patients’ health will worsen because he or she is not seeking healthcare or receiving best quality healthcare to lessen the symptoms of the

illness. In addition, research has revealed that lower socioeconomic status correlates with higher levels of discrimination in healthcare settings as well as in everyday life (Dent et al., in press).

Research has also found that African Americans receive less pain medication and are undertreated for pain compared to Caucasians (Hoffman, Trawalter, Axt, & Oliver, 2016). These biases are partially driven by certain beliefs about African Americans found in the medical community. For example, Hoffman and colleagues (2016) reported that some white medical students and residents believed, “black people’s skin is thicker than white people’s skin” (p. 4296). Even though there is no factual evidence behind this belief, those individuals who believe in this concept, will give African Americans less pain medication compared to Caucasians.

Staton et al. (2007) discovered that some physicians would rate their patients’ pain lower and would not give those patients the appropriate amount of pain medication. During the study, the patients and physicians had to rate the level of pain for the patient. Staton et al (2007) concluded that “physicians were still significantly more likely to underestimate pain in black compared to other races” (p. 535).

While studies reviewed focus on race-based discrimination in healthcare providers, given how prevalent colorism is, it is possible that its effect might be manifested in healthcare settings, as well. These effects of colorism in healthcare settings are largely unexplored in psychological literature, even though there is some evidence that dark skin is associated with poorer outcomes in mental health (e.g., Williams & Williams-Morris, 2000) and physical health (e.g., Sweet, McDade, Kiefe, & Lui, 2007). Therefore, this study also addressed the effects of colorism in healthcare settings.

## **Self-esteem**

Researchers believe self-esteem operates as a protective factor to defend against stressful events (Crocker & Major, 1989; Dent et al., in press; Dumont & Provost, 1999; Feng & Xu, 2015). According to Dumont and Provost (1999), individuals with higher self-esteem will react to the discrimination more positively by viewing it as a conflict that can be solved. While individuals with lower self-esteem will react to the discriminatory experience more personally by concentrating on the feelings. In other words, participants will either internalize or externalize their discriminatory experiences which will lead to lower self-esteem or higher self-esteem, respectfully (Crocker & Major, 1989). As acknowledged by Crocker and Major (1989), “self-esteem is one of many variables that are likely to be affected by prejudice and discrimination” (p. 624). In addition, newer work has shown (e.g., Dent et al., in press) that self-esteem can mediate the relationship between skin tone and self-reported mental and physical health. Therefore, this study also addresses the role of self-esteem in the relationship between skin tone and reported discrimination.

## **The Current Study**

This research study is unique; it employed the self-identification of skin tone by participants and the objective assessment of actual skin tone by researchers. The self-identification of each participant’s skin tone and the objective identification of the participant’s skin tone made by the researcher was achieved by utilizing the Pantone Skin Tone Guide. This skin tone guide permitted the participant and researcher to choose a shade with a unique undertone and level of lightness to best fit each participant’s skin tone. Most prior studies assessed the perception of skin tone by utilizing general ratings

such as “very dark or very light skinned” (e.g., Thompson & Keith, 2001), with one notable exception, when researchers measured the amount of light that reflects off the skin by utilizing spectrometers or reflectometers (e.g., Dent et al., in press). In addition to the central focus of how skin tone affects everyday discriminatory experiences in young African American women, this study has become one of the first to test for the effects of skin tone on perceived discrimination in healthcare settings. This study tested the following hypotheses:

*H*<sub>1</sub>: Participants would report discrimination based on skin tone and race.

*H*<sub>2</sub>: Individuals with darker skin tone would report more experiences of race-based discrimination and colorism.

*H*<sub>3</sub>: The discriminatory experiences would affect the participant’s identification of their perceived (i.e. identified without mirror) skin tone.

*H*<sub>4</sub>: Self-esteem would moderate or mediate the relationship between perceived discriminatory experiences and skin tone.

## **Chapter 3: Method**

### **Participants**

Participants were 76 self-identified African American women ( $M_{age} = 20.29$ ;  $SD_{age} = 4.17$ , age range = 18-51 years old) who were college students at the University of Southern Mississippi. The sample ( $n = 76$ ) consisted of freshmen ( $n = 31$ ; 40.8%), sophomores ( $n = 9$ ; 11.8%), juniors ( $n = 20$ , 26.3%), and seniors ( $n = 16$ ; 21.1%). Regarding ethnic identification, a large portion of the sample identified exclusively as African American ( $n = 73$ ; 96.1%), while the rest identified as African American with additional racial/ethnic categories ( $n = 3$ ; 3.9%). Those include the following: Asian,



Native Hawaiian or another Pacific Islander, Hispanic or Latino, American Indian, and Caucasian. Participants also identified their sexual orientation. Most identified their sexual orientation as heterosexual ( $n = 58$ , 76.3%), followed by as homosexual ( $n = 4$ , 5.3%), bisexual ( $n = 4$ , 5.3%), or pansexual ( $n = 1$ , 1.3%). A portion of the participants did not respond to question concerning sexual orientation ( $n = 9$ ; 11.8%). The rest of participant's demographics are reported in Table 1 including parents'/guardians' education levels, parents' general skin complexions, and participants' general skin complexions. All skin tone measures reported in Table 1 are based upon self-reports in the demographic questionnaire.

## **Materials**

**Skin tone.** The skin tone was objectively measured by using the Pantone Skin Tone Guide which contains 110 different shades. These shades of skin tones were created by scientists that compared various human skin tones (Pantone, 2017). Each shade in the Skin Tone Guide was identified by corresponding numbers (1-110, from lightest to darkest). Each shade has a unique undertone and lightness; those undertones ranged from yellow to red (see Figure 1). The undertone of each shade is represented as a number (1-5) and a letter (Y or R). The lightness is scaled from 1 to 15. For example, one shade is identified as 5R01 which as a deep red undertone and a lightness of one. For the ease of interpretation, each number/letter combination was recoded to a number, from 1 (5R) to 10 (5Y) on the red-yellow undertone continuum.

**Self-esteem.** Rosenberg's self-esteem scale (1965) was utilized to objectively measure each participant's self-esteem levels. The scale consisted of ten statements that each female participant could strongly agree, agree, disagree, or strongly disagree with.

Examples of these statements include: “I can do things as well as most other people” and “Overall, I am satisfied with myself.” The average scores determined the level of self-esteem. Any score under fifteen identified an individual with low self-esteem, and any score above twenty-five indicated an individual with high self-esteem.

**General perceived (racial) discrimination.** This construct was measured by several questionnaires. One of the measures was the Everyday Discrimination Survey (EDS, Williams, Yu, Jackson, & Anderson, 1997). The EDS describes daily situations that may be influenced by race including interactions with people, levels of intelligence, service at restaurants, and character. This survey measures personal experiences of discrimination. The second part of the Everyday Discrimination Survey asked participants to identify the main reason(s) for everyday discrimination such as gender, sexual orientation, weight or other reasons.

Discrimination in various environments and various situations based on race/ethnicity was assessed with questions originated from a perceived discrimination survey known as the Brondolo’s Brief Perceived Ethnic Discrimination Questionnaire-Community Version (Brondolo et al, 2005) and several additional created questions. The survey (modified Brief PEDQ-CV-race) consisted of 19 scaled questions with 17 of those 19 scaled questions coming from the Brondolo’s questionnaire. The response options for the 19 scaled questions ranged from one (never happens) to five (always happens). Examples of these questions include: “Because of your race/ethnicity, how often have you been treated unfairly by teachers, professors, or other staff at school/college?” and “Because of your race/ethnicity, how often have others threatened to hurt you (ex: said they would hit you)?” Two of those 19 scaled questions were created to ask about

possible discrimination found in the healthcare system. Examples of those scaled questions concerning healthcare are as follows: “Because of your race/ethnicity, how often have you been treated unfairly in healthcare settings such as a hospital or health clinic?” and “Because of your race/ethnicity, how often have you received improper care in healthcare settings such as a hospital or health clinic?” Higher averaged scores indicated more experiences of discrimination.

At the end of this survey, two more questions were asked to allow the participants to share their relative experiences and ratings related to general racial discrimination, respectively. Those questions were as followed: “If you would like to tell us more about your experiences of discrimination because of your race/ethnicity, please write your experiences here” and “On a scale from 1 (Not at All) to 5 (Very Often), please select the choice that best represents your beliefs. - Overall, how often has racism affected your life?”

**Discrimination based on skin tone.** This construct was measured by utilizing the modified Brondolo’s Brief Perceived Ethnic Discrimination Questionnaire-Community Version (the modified brief PEDQ-CV-skin tone, Brondolo et al, 2005) to assess the levels of discrimination in various environments with the focus of discrimination being on skin tone. These questions either originated from the perceived discrimination survey mentioned above or were created. This survey consisted of 19 scaled questions with 17 of those 19 scaled questions coming from the Brondolo’s questionnaire. Just like the previously mentioned survey, response options for the scaled questions ranged from one (never happens) to five (always happens). Overall, the same questions were asked as for the previous questionnaire, but the beginning phrases were altered to allow the focus to

be on skin tone. An example of a question from this survey was “Because of your skin tone, how often have others thought you couldn’t do things or handle a job?” The healthcare questions mentioned above were included, as well.

The additional open-ended question to assess skin tone-based discrimination was the following: “If you would like to tell us more about your experiences of discrimination because of your skin tone, please write your experiences here.” This question allowed the participant to mention any experiences relevant to the idea of colorism.

**Discrimination by ingroup members.** This construct was assessed by two questions assessing participants’ discriminatory experiences by fellow African Americans. This question was described as “Do you believe that members of your race (fellow African Americans) are discriminating against you based on your skin tone (i.e. shade)? This was a yes-no response question. If answered as “yes”, it was indicative of discrimination by fellow African Americans. In addition, participants were asked: “If you believe that members of your race are discriminating against you based on your skin tone, please describe below.”

**Effects of colorism.** This construct was assessed by utilizing several questions. These questions covered topics relating to overall experience of colorism, understanding of colorism, experiences with bleaching, experiences with tanning, colorism being a minor or major issue, and the relevant experiences to each question. Please see Appendix A for a complete list of these questions.

**Demographics.** The last survey that each participant took was the demographics survey. The race(s)/ethnicity, age, sexual orientation, college classification, birthplace, household income, parent(s)/guardian(s) education levels, parent(s)/guardian(s) general

skin complexions, and participant's general skin complexion. Both income and education levels were assessed. The income was measured on a five-point scale and education levels was measured on a seven-point scale. Participants were asked the following question about income: "What would you estimate as your parent(s)/guardian (s) combined income?" Participants responded by selecting either 1) Below \$25,000, 2) \$25,501-\$50,000, 3) \$50,001-75,000, 4) \$75,001-\$100,000, or 5) Over \$100,000. Education level was assessed by the following question: "What is the highest level of education your mother/father (or corresponding guardian) has obtained?" Participant responded by selecting either 1) Less than high school, 2) Some high school, 3) High school, 4) Some college, 5) Bachelor's, 6) Master's, & 7) Doctorate. The higher numbers for income and education levels corresponded to a higher socioeconomic status.

### **Procedure**

African American women were recruited through the SONA Experiment Management system. They were instructed to come to the lab without makeup on their face. Each participant entered the lab and was presented with a long consent form by an African American female researcher. After the consent form was read and signed, the participant was asked to have her makeup removed if any was present on her face with makeup remover and cotton pads.

Next, the participant completed skin tone identification measure herself and the researcher completed the participant's skin tone identification as well. The order of identification of the individual's skin tone by the participant and researcher was chosen at random before the participant entered the lab to dismiss any order effects. For some

participants, the researcher indicated the skin tone shades first. In those moments, the participant was asked to close her eyes after they have removed the makeup.

For the self-identification, the participant was given the skin tone guide and asked to find the best color that matched closely to their skin tone without any feedback from any reflective surfaces and to record the identifying numbers on a separate sheet of paper given by the researcher. After the participant recorded the identifying numbers on a separate sheet of paper, then she was asked to turn the paper over. Thus, the researcher did not receive any feedback before she determined the skin tone of the participant. Then, the participant repeated the same tasks while using a handheld mirror. The researcher identified the participant's skin tone by using the same skin tone guide on the areas of the face that is makeup free and record the identifying numbers on a sheet of paper.

Following the skin tone identification procedures, the female participant completed the Rosenberg Self-Esteem Scale (1965). Then, the female participant was asked to complete several surveys in a random order: the modified Everyday Discrimination Survey (Williams, Yu, Jackson, & Anderson, 1997), two versions the modified Brief Perceived Ethnic Discrimination Questionnaire-Community Version (Brief PEDQ-CV, Brondolo et al., 2005), one for race/ethnicity and the second for the skin tone; and several additional questions. At end of the experimental session, she filled out the demographics survey. Following that, the participant was debriefed and if she had any questions those questions were answered to the best of the experimenter's abilities. All the questionnaires and debriefing were administered online using the Qualtrics system. Following the completion of the study, participants were given an option of applying makeup in the lab.

## **Chapter 4: Results**

For each of the hypotheses, the study tested overall effects of discrimination and racism, as well as discrimination in different settings, as measured by the following subscales in the modified Brief PEDQ-CV-race and modified Brief PEDQ-CV-skin tone: work/school area, criminal justice system, threat or aggression area, exclusion or rejection area, stigmatization or devaluation area, and healthcare. For each of the scales and subscales (including the healthcare subscales that were created in the modified Brief PEDQ-CV-race and modified Brief PEDQ-CV-skin tone) the total and average scores for each participant were computed.

### **Discrimination Measures and Skin Tone**

**Discrimination based on skin tone and race-quantitative data.** Participants did report discrimination on the basis of race and skin tone. For example, on the EDS, measured on a scale from 1 (never) to 6 (almost every day), participants indicated an average level of discrimination that was significantly different from 1 (never):  $M = 2.58$ ,  $SD = .90$ ,  $t(75) = 15.35$ ,  $p < .001$ . Most indicated that discrimination was based on race (85.5%) and shade of skin tone (65.8%).

Analogously, on the modified brief PEDQ-CV-race, measured on a scale from 1 (never) to 5 (almost), participants indicated a level of discrimination significantly different from 1 (never):  $M = 1.69$ ,  $SD = .54$ ,  $t(74) = 11.00$ ,  $p < .001$ . On the modified brief PEDQ-CV-skin tone, measured on a scale from 1 (never) to 5 (almost), participants indicated a level of discrimination significantly different from 1 (never):  $M = 1.60$ ,  $SD = .48$ ,  $t(75) = 11.08$ ,  $p < .001$ . When asked “On a scale from 1 (Not at All) to 5 (Very Often), please select the choice that best represents your beliefs. - Overall, how often has racism affected your life?” participants indicated a level of racism significantly different

from 1 (Not at All):  $M = 2.68$ ,  $SD = .91$ ,  $t(75) = 16.09$ ,  $p < .001$ . 51.3% of participants believed that members of their own race (fellow African Americans) are discriminating against them based on skin tone. Similarly, 51.3% of participants believed that members of other ethnic groups are discriminating against them based on skin tone.

**Discrimination based on skin tone and race-qualitative data.** The experimenter also reviewed answers on the open-ended questions asking participants about their experiences of discrimination based on their skin tone and race. The most common following themes emerged for discrimination based on skin tone: lighter skin = good, darker skin = bad; lighter skin = beautiful, darker skin = ugly; name-calling; feeling like an outsider or not belonging; discrimination at social events including but not limited to stores, restaurants or fairs; discrimination in educational settings by faculty and/or students (See Appendix B for the inclusive list).

The most common themes focusing on race-based discrimination were racial stereotypes of being loud, ghetto, or thieves, the battle between inferiority versus superiority, black tax, and segregation (See Appendix B for the inclusive list). Each theme gave insight to specific ways to how the participants were discriminated against. Therefore, it was concluded that discrimination on the basis of skin tone and race was reported and Hypothesis 1 was confirmed.

**Relationship between skin tone identification and discrimination measures.** The relationship between each of the perceived discrimination/racism measures and lightness and undertone of skin tone (self-identified with mirror, self-identified without mirror, and identified by the experimenter) were examined. There were no statistically significant relationships between participants' identification of skin tone/how the



researcher identified participants' skin tone and each measure of her life experiences with discrimination based on race or skin tone (all  $ps > .01$ ) (see Table 2). Specifically, there were no significant relationship between each of the skin tone measures (participants' identification of lightness with mirror, participants' identification of lightness without mirror, experimenter's identification of participant's lightness, participants' identification of undertone with mirror, participants' identification of undertone without mirror, experimenter's identification of participant's undertone) and each of the scales (Table 2).

To examine whether lightness of skin tone predicted discrimination by ingroup members, a series of logistic regression models was ran, always with a dichotomous outcome variable (Yes-No), an answer to "Do you believe that members of your race (fellow African Americans) are discriminating against you based on your skin tone (i.e. shade)? One predictor at a time was entered in a model (participants' identification of lightness with mirror, participants' identification of lightness without mirror, experimenter's identification of participant's lightness, participants' identification of undertone with mirror, participants' identification of undertone without mirror, experimenter's identification of participant's undertone). None of the models produced significant results. Consequently, there was no empirical support for Hypothesis 2.

**Skin tone identification with and without mirror.** However, individuals who perceived their skin tone darker without the mirror than with it reported more frequent experiences of racism ( $M = 2.93$ ,  $SD = .83$ ) than those who perceived it lighter without the mirror ( $M = 2.25$ ,  $SD = .97$ ),  $F(2,73) = 3.53$ ,  $p < .001$ , when racism was measured by the following question: "Overall, how often has racism affected your life?" (see Figure 2). Hypothesis 3 was partially supported.

### **Role of Self-esteem**

The relationship between lightness of skin tone (self-identified with mirror, self-identified without mirror, and identified by the experimenter) and each of the perceived discrimination/racism measures was not moderated or mediated by self-esteem (all  $ps > .01$ ). Two types of analyses were ran to test this: a moderation and classical mediation. Two types of linear regression models were employed using the PROCESS Macro in SPSS (Hayes, 2013), Model 1 to test self-esteem as a moderator and Model 4 to test self-esteem as a mediator of the skin tone-discrimination relationship. Each model included one of the measures for skin tone (self-identified with mirror, self-identified without mirror, and identified by the experimenter), and one of the measures of the perceived discrimination/racism. Self-esteem was entered as either the moderator (Model 1) or mediator (Model 4) for each of the analyses.

While Hypothesis 4 was not supported, self-esteem was strongly related to measures assessing racism and skin tone-based discrimination (see Tables 2 and 3). The modified Brief PEDQ-CV-race, modified Brief PEDQ-CV-skin tone, and overall racism question were all significantly related to self-esteem. The following subscales for both versions of the PEDQ-CV were significantly related to self-esteem: exclusion or rejection area, discrimination at work or school area, and threat or aggression area. Self-esteem was also significantly related to the healthcare subscale in the modified Brief PEDQ-CV-race questionnaire. All significant correlations reported were positive indicating that individuals who reported higher self-esteem also reported higher levels of discrimination.

## **Chapter 5: Discussion**

The current study intended to determine if skin tone identification was related to the participant's discriminatory experiences based on their race and skin tone. As hypothesized in Hypothesis 1, the participants did report discrimination and biases based on their skin tone and race, as evidenced by both qualitative and quantitative data. Such biases were reported by the participants in many spheres of their lives, including healthcare settings, which was a novel finding.

General race-based discrimination has existed since the creation of slavery, and colorism is a consequence of the creation of slavery in America (Hunter, 2007; Bryant, 2013). The blatant racism has morphed into systematic racism which makes it harder to recognize, because it has become more ingrained into our society (Chapman-Allison, 2016). Nevertheless, skin tone bias has become pervasive in society; it affects multiple areas of an individual's life. Colorism has been linked to self-hatred, political disadvantages, and economic disadvantages (Duke & Berry, 2011; Howard, 2011). Therefore, the findings that both racism and colorism affect lives of young African-American women in the South call for action.

Furthermore, there was no relationship between skin tone and reported discrimination, disconfirming Hypothesis 2. Even though our data suggests that colorism does exist, this work did not establish a link between lightness of one's skin tone and levels of perceived discrimination.

Hypothesis 3 received only partial support. It was originally hypothesized that the discriminatory experiences would affect the participant's identification of their perceived (i.e. identified without mirror) skin tone. Yet, there were no differences in skin tone identifications in individuals with differing levels of discrimination. Skin tone

identification may be independent of the personal impact of discriminatory events. In today's world, a lighter skin tone may be the ideal skin tone of African American women as shown in various forms of media including TV shows, music videos, advertisements, and social media. Skin tone bias and racism do not affect young African American women in Mississippi as deeply as originally thought, compared to other areas, such as Jamaica. Jamaica has been plagued with young citizens excessively skin bleaching due to self-hatred of their skin tone (Charles, 2011). Nevertheless, perhaps young African Americans are not dramatically affected by these standards of beauty as originally thought in the hypothesis. The discriminatory experiences did not affect the participant's identification of their perceived skin tone.

However, individuals who perceived their skin tone darker without the mirror reported more frequent experiences of racism than those who perceived it lighter without the mirror. Due to the correlational nature of this study, two alternative explanations of this effect are possible: (a) knowledge that individuals with dark skin tone experience more discrimination led the participants who reported high levels of discrimination to believe that they possess darker skin tone than they are or (b) the participants who perceived themselves as darker (and hence as less attractive) somehow act in ways that elicit more discriminatory negative treatment from others. Yet the author tends to favor the first explanation, given support received for Hypothesis 1.

Perhaps unfair treatment alters one's self-perception of skin tone, given how pervasive knowledge of colorism is. The affiliation between negative characteristics and skin tone is learned early in childhood (Anderson & Cromwell, 1977). These participants could have internalized negative thoughts pertaining to their skin tone during their

childhood and tend to make correspondent attributions to their skin tone (i.e., it must be dark) on the basis of negative experiences in their lives.

While self-esteem did not moderate or mediate the skin tone-discrimination relationship, as predicted in Hypothesis 4, it was strongly related to reports of racism and colorism. This is consistent with prior work showing that individuals with higher, as opposed to lower, self-esteem can cope better when facing discrimination (Feng & Xu 2015; Corning 2002; Umaña-Taylor et al. 2008; Wei, Ku, Russell, Mallinckrodt, & Liao, 2008). As mentioned earlier, this study confirms that self-esteem is related to discrimination, and it is consistent with an earlier study conducted by Crocker and Major (1989). Even if the cause of a negative event is not based on racial discrimination, self-esteem may be used as a protective factor to shift the blame of a negative event on the race of an individual instead of the individual's personal capabilities (Crocker & Major, 1989). Self-esteem may protect an individual from experiences of racial discrimination and negative experiences that appear to originate from racial discrimination.

Corning (2002) emphasized self-esteem acting as a buffer when confronting discrimination in women. In Cassidy's and O'Conner's study (2004) and Fischer's and Shaw's study (1999), self-esteem was not considered to be a buffer for teenage minorities and young adults, respectively. As previously mentioned, the results for self-esteem acting as a protective buffer is mixed. Since personal self-esteem was determined by utilizing the Rosenberg's Self-Esteem scale and the coping strategies were not determined, this current study cannot definitively deny or confirm whether self-esteem acted as a buffer when handling discriminatory experiences.

Furthermore, according to research conducted by Umaña-Taylor, Vargas-Chanes, Garcia, & Gonzales-Backen, (2008), self-esteem is related to discrimination as well the strength of the ethnic identity. Individuals who possess a strong ethnic identity and high self-esteem can cope with discrimination in a positive way to soften the impact of the discrimination. Researchers (Umaña-Taylor et al, 2008) believe a strong ethnic identity allows an individual to utilize strategies to fight discrimination. In return, those experiences build the self-esteem, but the direct relationship between self-esteem and discriminatory experiences has never been confirmed. Nevertheless, the strength of the ethnic identity is related to the coping strategies utilized, and the coping strategies affect the self-esteem level. However, the experimenter of the current study did not assess the strength of the ethnic identity for the participants to test such a relationship.

### **Limitations and Future Directions**

The current study only included young African American females from the University of Southern Mississippi. This sample was one of convenience for the researcher, and it is not representative of all the African American females across the country. There was a variety of skin tones present within the sample, yet the experimenter did not get a range of skin tones to capture an accurate and full representation of skin tone in the African American community. The results of this study cannot be generalized to all African Americans across the country because it focused on the experiences of young African American females in Mississippi. The experiences of discrimination vary from state-to-state, and those experiences should be addressed in future research.

Another limitation of this study was the heavy reliance on self-reports. The results were determined based on the information the participants choose to divulge. Some

individuals choose to give a lot of details while others choose to not share their experiences while completing the surveys. More measures should be taken to allow the participant to disclose a lot of information during the self-report. In addition, some participants may not have felt comfortable enough to divulge information during the self-report. One of those reasons could be that the experimenter had a dark skin tone. Even though the experimenter is an African American female, just like all the participants, the participants who possessed lighter skin tones may not have felt comfortable during the study when answering questions about discrimination in the presence of an African American female with dark skin tone. They might have also used her skin tone as an anchor during the skin tone identification procedure in different, unique to each participant ways, thus obscuring the relationship between their skin tone and reported discrimination.

The final limitation of this study is a lack of measures related to self-esteem such as the strength of the ethnic identity and coping strategies. Those variables can determine if there is a relationship between self-esteem, perceived discrimination, ethnic identity, and coping strategies. Such measures should be incorporated in future studies using the original methodology of this work.

## **Conclusion**

The current study focused on the perceived discriminatory experiences (i.e. colorism and racism) that young African American women report as a function of their actual and perceived skin tone. This work confirmed that colorism and race-based discrimination are prominent in American society throughout various settings such as healthcare, school, work, and restaurants. This study has also determined that self-esteem is related to skin tone bias and racism. Conversely, the impact of skin tone on experiences of colorism and racism was not established. It is refreshing to know that there is a lack of relationship between skin tone and reported discrimination in young African American women in Mississippi. Nevertheless, racism and skin tone bias are still important social issues that need to be resolved. The next generations should not grow up in a society where individuals feel inferior due to their race or skin tone.



## References

- Abramson, C. M., Hashemi, M., & Sánchez-Jankowski, M. (2015). Perceived discrimination in U.S. healthcare: Charting the effects of key social characteristics within and across racial groups. *Preventive Medicine Reports*, 2, 615-621. doi: 10.1016/j.pmedr.2015.07.006
- Anderson, C., & Cromwell, R. L. 1977. "'Black Is Beautiful' and the Color Preferences of Afro-American Youth." *Journal of Negro Education* 46 (1), 76-88. doi: 10.2307/2966874
- Blake, J. J., Keith, V. M., Luo, W., Le, H., & Salter, P. (2017). The role of colorism in explaining African American females' suspension risk. *School Psychology Quarterly*, 32(1), 118-130. doi:10.1037/spq0000173
- Borrell, L., Diez-Roux, A., Gorden-Larsen, P., Kiefe, C., & Williams, D. (2006). Self-reported health, perceived racial discrimination, and skin color in African Americans in the CARDIA study. *Social Science & Medicine*. 63, 1415-1427. doi: 10.1016/j.socscimed.2006.04.008
- Brondolo, E., Kelly, K. P., Coakley, V., Grodon, T., Thompson, S., Levy, E., . . . Contrada, R. J. (2005). Perceived Ethnic Discrimination Questionnaire--Community Version. *PsycTESTS Dataset*. doi:10.1037/t07436-000
- Bryant, Patience D. (2013). *The impact of colorism on historically black fraternities and sororities*. (Doctoral dissertation). Retrieved from [http://nsuworks.nova.edu/shss\\_dcar\\_etd/20](http://nsuworks.nova.edu/shss_dcar_etd/20).
- Cassidy, C., & O'Connor, R. (2004). Perceived discrimination and psychological distress:

- The role of personal and ethnic self-esteem. *Journal of Counseling Psychology*, 51, 329–339. doi: 10.1037/0022-0167.51.3.329
- Chapman-Allison, M. (2016). *Disparities and systematic racism policies and practices related to healthcare reform, employment, and incarcerations: A multi-faceted analysis of contemporary experiences in the united states*. Retrieved from ProQuest Dissertations & Theses database. (Order No. 10127523).
- Charles, Christopher A.D. (2011). Skin bleaching and the prestige complexion of sexual attraction. *Sexuality and Culture*. 1(4), 375-390. doi: 10.1007/s12119-011-9107-0.
- Colorism [Def. 1]. (n.d.). In *Oxford Dictionaries*. Retrieved January 25, 2017, from <https://en.oxforddictionaries.com/definition/us/colorism>
- Corning, A. F. (2002). Self-esteem as a moderator between perceived discrimination and psychological distress among women. *Journal of Counseling Psychology*, 49(1), 117-126. doi:10.1037//0022-0167.49.1.117
- Crocker, J., & Major, B. (1989). Social stigma and self-esteem: The self-protective properties of stigma. *Psychological Review*, 96(4), 608-630. doi:10.1037//0033-295x.96.4.608
- Dent, R., Hagiwara, N., Stepanova, E. V., & Green, T. (in press). The role of feature-based discrimination in driving health disparities among Black Americans. *Ethnicity and Health*. doi: 10.1080/13557858.2017.1398314
- Duke, B., & Berry, D. C. (Directors). (2011). *Dark Girls* [Motion picture on DVD]. United States: Image Entertainment.
- Dumont, M., & Provost, M. A. (1999). Resilience in adolescents: Protective role of social

support, coping strategies, self-esteem, and social activities on experience of stress and depression. *Journal of Youth and Adolescence*, 28(3), 343-363.

doi:10.1023/A:1021637011732

Feng, D., & Xu, L. (2015). The relationship between perceived discrimination and psychological distress among Chinese pulmonary tuberculosis patients: The moderating role of self-esteem. *Psychology, Health & Medicine*, 20(2), 177-185.

doi:10.1080/13548506.2014.958505

Fischer, A., & Shaw, C. (1999). African Americans' mental health and perceptions of racist discrimination: The moderating effects of racial socialization experiences and self-esteem. *Journal of Counseling Psychology*, 46(3), 395-407.

doi:10.1037//0022-0167.46.3.395

Fultz, Lauren A. (2013). *The psycho-social impact of colorism among African American women: crossing the divide*. (Doctoral dissertation).

Harvey, R. D., LaBeach, N., Pridgen, E., & Gocial, T. M. (2005). The intragroup stigmatization of skin tone among Black Americans. *Journal of Black Psychology*, 31(3), 237-253. doi:10.1177/0095798405278192

doi:10.1177/0095798405278192

Hayes, A. F. (2013). *Introduction to mediation, moderation, and conditional process analysis: A regression-based approach*. New York: The Guilford Press.

Hoffman, K. M., Trawalter, S., Axt, J. R., & Oliver, M. N. (2016). Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites. *Proceedings of the National Academy of Sciences of the United States of America*, 113(16), 4296-4301.

doi:10.1073/pnas.1516047113

- Howard, Angelique. (2011). *An exploration of colorism and its effects on African American and white American communities*. (Master's Thesis, California State University). Retrieved from <http://csusdspace.calstate.edu/bitstream/handle/10211.9/1334/2008%20MSW%20Thesis-%20The%20Prevalence%20and%20Effects%20of%20Colorism%20Within%20the%20African%20American%20Community%20%28Full%20Compiled%20Thesis%29.pdf?sequence=2>
- Hunter, M. (2007) The persistent problem of colorism: skin tone, status, and inequality. *Sociology Compass* 1(1), 237-54. doi: 10.1111/j.1751-9020.2007.00006.x
- Landor, A. M., Simons, L. G., Simons, R. L., Brody, G. H., Bryant, C. M., Gibbons, F. X., & ... Melby, J. N. (2013). Exploring the impact of skin tone on family dynamics and race-related outcomes. *Journal of Family Psychology*, 27(5), 817-826. doi:10.1037/a0033883
- Njeri, I. (1988, April 24). Colorism: In American society, are lighter-skinned blacks better off? Retrieved February 17, 2017, from [http://articles.latimes.com/1988-04-24/news/vw-2472\\_1\\_skin-color](http://articles.latimes.com/1988-04-24/news/vw-2472_1_skin-color)
- Pantone SkinTone™ Guide. (n.d.). Retrieved March 23, 2017, from <https://www.pantone.com/pantone-skintone-guide>
- Pascoe, E. & Richman, L. (2009). Perceived discrimination and health: A meta-analytic review. *Psychological Bulletin*. 135(4). 531–554. doi: 10.1037/a0016059
- Quiros, L., & Dawson, B. A. (2013). The color paradigm: The impact of colorism on the

racial identity and identification of Latinas. *Journal of Human Behavior in The Social Environment*, 23(3), 287-297. doi:10.1080/10911359.2012.740342

Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University Press.

Shepherd, G. (1988). *The rape of black women during slavery*. (Doctoral dissertation).

Retrieved from

<http://lynx.lib.usm.edu/login?url=http://search.proquest.com/docview/303645952?accountid=13946>

Staton, L. J., Panda, M., Chen, I., Genao, I., Kurz, J., Pasanen, M., . . . Cykert, S.. (2007).

When race matters: disagreement in pain perception between patients and their physicians in primary care. *Journal of the National Medical Association*, 99(5),

532-537. Retrieved April 21, 2017, from

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2576060/pdf/jnma00204-0066.pdf>.

Sweet, E., McDade, E., Kiefe, C., & Liu, K. (2007). Relationships between Skin color, income, and blood pressure among African Americans in the CARDIA study. *American Journal of Public Health*, 97 (12): 2253–59.

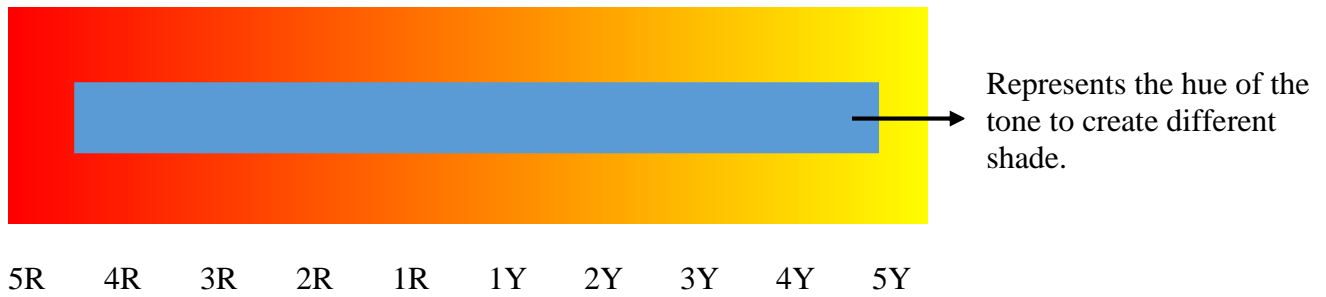
doi:10.2105/AJPH.2006.088799.

Thomas, A. J., Hacker, J. D., & Hoxha, D. (2011). Gendered racial identity of Black young women. *Sex Roles*, 64(7-8), 530-542. doi:10.1007/s11199-011-9939-y

Thompson, M. S., & Keith, V. M. (2001). The Blacker the berry: Gender, skin tone, self-esteem, and self-efficacy. *Gender & Society*, 15(3), 336-357.

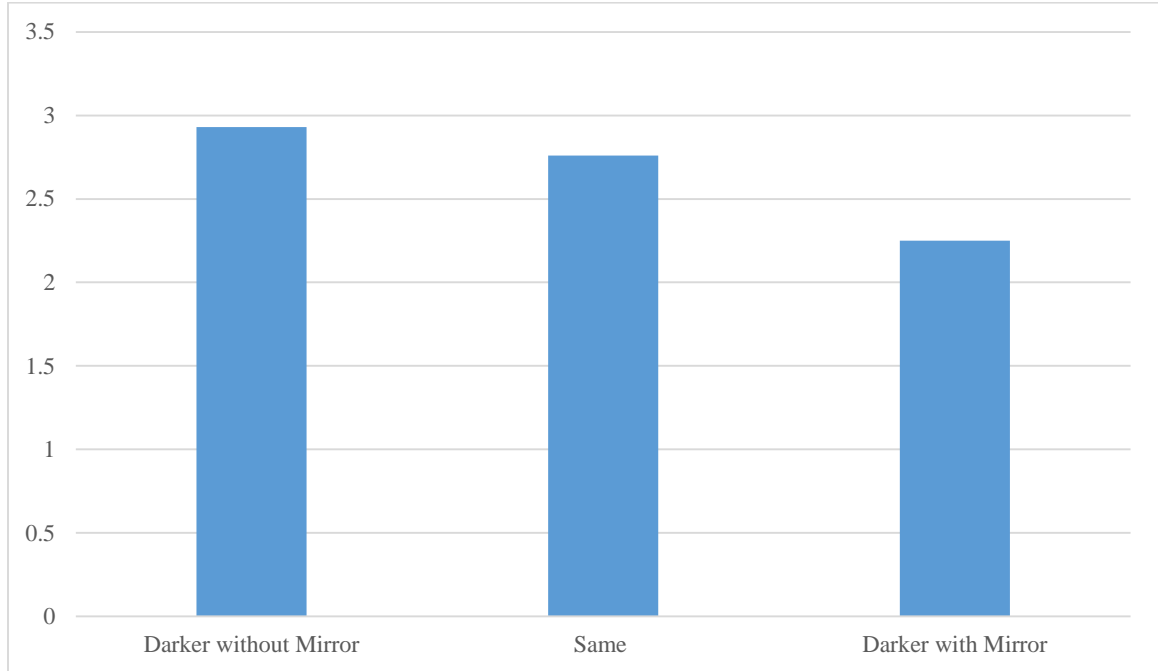
doi:10.1177/089124301015003002

- Umaña-Taylor, A. J., Vargas-Chanes, D., Garcia, C. D., & Gonzales-Backen, M. (2008). A longitudinal examination of Latino adolescent's ethnic identity, coping with discrimination, and self-esteem. *The Journal of Early Adolescence*, 28(1), 16-50. doi:10.1177/0272431607308666
- Veras, Edlin. (2016). *He's dark, dark; colorism among African American men*. (Master's Thesis). Retrieved from [http://scholarworks.gsu.edu/aas\\_theses/33](http://scholarworks.gsu.edu/aas_theses/33)
- Wei, M., Ku, T., Russell, D. W., Mallinckrodt, B., & Liao, K. Y. (2008). Moderating effects of three coping strategies and self-esteem on perceived discrimination and depressive symptoms: A minority stress model for Asian international students. *Journal of Counseling Psychology*, 55(4), 451-462. doi:10.1037/a0012511
- Wallace, S. A., Townsend, T. G., Glasgow, Y. M., & Ojie, M. J. (2011). Gold diggers, video vixens, and jezebels: Stereotype images and substance use among urban African American girls. *Journal of Women's Health*, 20(9), 1315-1324. doi:10.1089/jwh.2010.2223
- Williams, D., & Williams-Morris, R. (2000). Racism and mental health: The African American experience, *Ethnicity & Health*, 5 (3-4): 243-68. doi:10.1080/713667453
- Williams, D. R., Yu, Y., Jackson, J. S., & Anderson, N. B. (1997). Racial differences in physical and mental health: Socio-economic status, stress and discrimination. *Journal of Health Psychology*, 2(3), 335-351. doi:10.1177/135910539700200305



*Figure 1.* Red and yellow undertones in the Pantone Skin Tone Guide.

The undertones are represented by a “Y” or “R” to indicate the primary undertone and number to indicate the level of that undertone.



*Figure 2.* Reported levels of racism in different skin tone groups. Darker without mirror = participants rated lightness of their skin tone darker without than with mirror. Same = participants rated lightness of their skin tone the same with and without mirror. Darker with mirror = participants rated lightness of their skin tone darker with than without mirror. Higher numbers indicate more frequent experiences of racism as measured by the following question: “Overall, how often has racism affected your life?”



**Table 1***Demographic characteristics of participants.*

	<i>N</i>	<i>%</i>
<u><i>Parent's Combined Income</i></u>		
Below \$25000	17	22.4
\$25,001-\$50000	21	27.6
\$50,001- \$75,000	22	28.9
\$75,001- \$100,000	13	17.1
\$100,000 +	2	2.6
<u><i>Mother's Education</i></u>		
Less than high school	3	3.9
Some high school	3	3.9
High school	16	21.1
Some college	15	19.7
Associate's degree	11	14.5
Bachelor's degree	16	21.1
Master's degree	11	14.5
Doctoral degree	1	1.3
<u><i>Father's Education</i></u>		
Less than high school	2	2.6
Some high school	7	9.2
High school	18	23.7
Some college	23	30.3
Associate's degree	13	17.1
Bachelor's degree	7	9.2
Master's degree	6	7.9
Doctoral degree	0	0
<u><i>Participant's General Skin Tone – reported on demographics questionnaire</i></u>		
Very Light	2	2.6
Light	17	22.4
Medium	44	57.9
Dark	13	17.1
Very Dark	0	0
<u><i>Mother's General Skin Tone</i></u>		
Very Light	7	9.2
Light	21	27.6
Medium	29	38.2
Dark	18	23.7
Very Dark	1	1.3
<u><i>Father's General Skin Tone</i></u>		
Very Light	2	2.6
Light	14	18.4
Medium	24	31.6
Dark	28	36.8
Very Dark	8	10.5

**Table 2**

*Correlations between self-esteem, measures of discrimination, undertone, and lightness of skin tone (self-identified with mirror, without mirror and identified by the experimenter).*

<u>Measure</u>	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.
1. Self-esteem	1	.14	.29*	.39**	.41**	-.09	-.06	-.17	-.06	.13	.13	.16	.24*
2. Everyday Discrimination Scale	.14	1	.65**	.63**	.59**	.04	.20	.05	-.11	.01	-.23	.44**	.34*
3. PEDQ-CV skin tone sum	.29*	.65**	1	.81**	.52**	.07	.14	.02	-.08	.05	-.12	.57**	.54**
4. PEDQ-CV race sum	.39*	.63**	.81**	1	.55**	.10	.10	.03	-.15	-.02	-.18	.36**	.36**
5. Overall, how often has racism affected your life?	.41**	.59**	.52**	.55**	1	.07	.19	-.04	-.14	.13	.02	.35**	.37**
6. Experimenter's identification of participant's skin tone lightness	-.09	.04	.07	.10	.07	1	.61**	.78**	-.42**	.53	.58**	-.01	-.10
7. Participant's identification of skin tone- lightness without mirror	-.06	.19	.14	.10	.19	.61**	1	.81**	-.59**	-.56**	-.51**	.04	.07
8. Participant's identification of skin tone- lightness with mirror	-.17	.05	.02	.03	-.04	.78**	.81**	1	.57**	-.68**	-.58**	-.06	-.01
9. Participant's undertone without the mirror	-.06	-.11	-.08	-.15	-.14	-.42	-.59	-.57	1	.62**	.28*	.06	.032
10. Participant's undertone with the mirror	.13	.01	.05	-.02	.13	-.53**	-.56**	-.68**	.62**	1	.44**	.13	.04
11. Experimenter' identification for participant's undertone	.13	-.23	-.12	-.18	-.02	-.58**	-.51**	-.58**	.28*	.44**	1	-.04	-.03
12. Healthcare discrimination – Skin Tone Sum	.16	.44**	.57**	.36**	.35**	-.01	.04	-.06	.06	.13	-.04	1	.84**
13. Healthcare discrimination – Race Sum	.24*	.34*	.54**	.36**	.37**	.04	.07	-.01	.03	.04	.03	.84**	1

\*\* Correlation is significant at the 0.01 level (2-tailed).

\* Correlation is significant at the 0.05 level (2-tailed).

**Table 3***Correlations between self-esteem and subscales of measures of discrimination.*

<u>Measure</u>	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.
1. Self-esteem	1	.39**	.13	.42**	.29*	.24*	.21	.29*	-.06	.31**	.34**	.16	.26*
2. Exclusion or rejection area – PEDQCV Race	.39**	1	.52**	.74**	.40**	.37**	.41**	.81**	.33*	.74**	.21	.37**	.37**
3. Stigmatization or disvaluation area. – PEDQCV Race	.13	.52**	1	.51**	.51**	.12	.52**	.54**	.82**	.48**	.43**	.19	.43**
4. Discrimination at work/school area– PEDQCV Race	.42**	.74**	.51**	1	.59**	.48**	.60**	.66**	.24*	.88**	.43**	.44**	.49**
5. Threat or aggression area. – PEDQCV Race	.29*	.40**	.51**	.59**	1	.01	.53**	.26*	.13	.49**	.46**	.07	.21
6. Discrimination in healthcare area – PEDQCV Race	.24*	.37**	.12	.48**	.10	1	.27*	.45**	.15	.47**	.32**	.84**	.38**
7. Discrimination in the criminal justice system. – PEDQCV Race	.21	.41**	.52**	.60**	.53**	.27*	1	.38*	.29*	.55**	.35**	.28*	.77**
8. Exclusion or rejection - PEDQCV Skin Tone	.29*	.81**	.54**	.66**	.26*	.45**	.38**	1	.52**	.74**	.32**	.47**	.39**
9. Stigmatization or disvaluation - PEDQCV Skin Tone	-.06	.34**	.82**	.24*	.13	.15	.29*	.52**	1	.32**	.20	.24*	.35**
10. Discrimination at work or school area - PEDQCV Skin Tone	.31*	.74**	.48*	.88**	.49**	.47**	.55**	.74**	.32**	1	.40**	.46**	.46**
11. Threat or aggression area - PEDQCV Skin Tone	.34*	.21	.24*	.43*	.46**	.32**	.35**	.32**	.20	.40**	1	.27*	.37**
12. Discrimination in healthcare - PEDQCV Skin Tone	.16	.37**	.19*	.44*	.07	.84**	.28*	.47**	.24*	.46**	.27*	1	.37**
13. Discrimination in the criminal justice system - PEDQCV Skin Tone	.26*	.37**	.43**	.49**	.21	.38**	.77**	.39**	.35**	.46*	.37**	.37**	1

\*\*Correlation is significant at the 0.01 level (2-tailed).

\*Correlation is significant at the 0.05 level (2-tailed).

## Appendix A

### List of Open-Ended Questions Assessing Effects of Colorism

1. Have you ever had any experience where you feel you were treated different because of your skin tone?
  - a. If so, please describe.
2. What is your definition of colorism? Please describe below.
3. Do you feel that colorism is an issue today?
  - a. Why?
  - b. Why not?
4. At any point in your life, have you ever wished that you were a different skin tone?
  - a. If so, approximate the age range & feelings/actions associated with that event.
5. Have you ever thought about bleaching or have bleached your skin?
  - a. If so, approximate the age range & feelings/actions associated with that event.
6. Have you ever thought about tanning or have excessively tanned your skin?
  - a. If so, approximate the age range & feelings/actions associated with that event.
7. Do you feel that colorism has had a minor or major effect on your life?
8. Describe your skin tone in your own words.

## Appendix B

Inclusive List of Emerging Themes Present in the Open-ended Questions Survey

*If you would like to tell us more about your experiences because of your race/ethnicity, please write your experiences here.*

1. Stereotypes
2. Privileges in White Culture
3. Inferior VS Superior
4. Interracial Relationships
5. Segregation
6. Black Tax
7. N/A

*If you have had experiences where you were treated differently because of your skin tone (i.e. shade).*

1. Lighter skin = good, darker skin = bad
2. Name-calling
3. Discrimination at work (because of race and skin tone)
4. Lighter skin = beautiful, darker = ugly
5. Choosing to segregate at events by race
6. Constant battle between shades (light skin VS dark skin)
7. Discrimination in educational settings by faculty
8. Discrimination in educational setting by students
9. Discrimination at social events (shopping, restaurants, fairs)
10. Punishments based on race

11. Lighter skin = smarter, Darker skin = dumber
12. Feeling like an outsider
13. Both discrimination in education settings by faculty & students
14. Bleaching
15. N/A

*If you would like to tell us more about your experiences of discrimination because of your skin tone, please write your experiences here:*

1. Name-calling
2. Feeling like an outsider/ not belonging
3. Lighter skin = beautiful, darker skin = ugly
4. Faking the belief of inclusivity
5. Discrimination in education settings by faculty & students
6. Discrimination at social events (shopping, restaurants, fairs)
7. Racial stereotypes (loud, ghetto, thieves)
8. Segregation
9. Lighter skin = smarter, Darker skin = dumber; Lighter skin = beautiful, darker = ugly
10. Name-calling and discrimination by in-group members
11. Discrimination at work
12. N/A

*If you believe that members of your races are discriminating against you based on your skin tone, please describe below.*

1. Lighter skin = good, darker skin= bad

2. Lighter skin = beautiful, darker skin= ugly
3. Both Lighter skin = good, darker skin= bad & Lighter skin = beautiful, darker skin= ugly
4. Stereotype of light = conceited
5. Lighter skin = smarter, Darker skin = dumber
6. Makeup for certain skin tones
7. Constant Battles between shades (Light skin VS Dark Skin)
8. Social Class
9. Both Constant Battles between shades (Light skin VS Dark Skin) & Lighter skin = good, darker skin= bad
10. Racial Profiling
11. N/A
12. Parents recognizing the shade differences
13. Both Stereotype of light = conceited & Lighter skin = beautiful, darker skin= ugly
14. Stereotype of light = conceited + Lighter skin = good, darker skin= bad + Lighter skin = beautiful, darker skin= ugly

*Why do you feel that colorism is an issue, today?*

1. Lighter skin = good, Darker skin = bad
2. Don't feel this issue is important enough to be resolve
3. Used to divide people (superior VS inferior)
4. Media favors light-skin
5. Constant battle between shades
6. Lighter skin = beautiful, darker = ugly

7. Both media favors light-skin & Lighter skin = good, Darker skin = bad
8. Discrimination based on race
9. Slavery
10. Both slavery + Lighter skin = good, Darker skin = bad
11. Both Lighter skin = beautiful, darker = ugly & Lighter skin = good, Darker skin = bad
12. Jealousy
13. Both Media favors light-skin & Lighter skin = beautiful, darker = ugly
14. N/A

*Why do you not feel that colorism is not an issue, today?*

1. Same people, Same history
2. Uninformed about history
3. Becoming more accepting of dark-skin individuals
4. N/A

*Description of your skin tone in your own words and in detail.*

1. Shades
2. Food
3. Shades + Food
4. N/A

*Describe the age range associated with that event of wishing you were a different skin tone.*

1. Adolescence (11- 18)
2. Preadolescence (before 11)



3. Young Adults (19-25)
4. N/A

*Describe the feelings/actions associated with that event of wishing you were a different skin tone.*

1. Lighter skin = good, dark skin = bad
2. Feeling like an Outsider
3. Lighter skin = beautiful, Darker skin = ugly
4. Media favors light skin
5. Lighter skin is a trend
6. Hair texture
7. Name- calling/ jokes
8. N/A

*Describe the age range associated with that event of the thought of bleaching your skin or the act of bleaching your skin.*

1. Adolescence (11- 18)
2. Preadolescence (before 11)
3. Young Adults (19-25)
4. N/A

*Describe the feelings/actions associated with that event of the thought of bleaching your skin or the act of bleaching your skin.*

1. Lighter skin = good, Dark skin = bad
2. Media favors lighter skin
3. N/A

*Describe the age range associated with that event of the event of tanning your skin or excessively tanning your skin.*

1. Adolescence (11- 18)
2. Preadolescence (before 11)
3. Young Adults (19-25)
4. N/A

*Describe the feelings/actions associated with that event of the event of tanning your skin or excessively tanning your skin.*

1. Feeling like an outsider
2. Darker = beautiful, lighter = ugly
3. Darker = better, lighter = bad

*What do you think is the main reason/reasons for these experiences? If you selected "Some Other Aspect of Physical Appearance" or "Other" for the previous, please explain below.*

1. Body shape
2. Clothing
3. Personality
4. Facial features/hair
5. Pregnancy
6. Walking position
7. Both facial features/hair + clothing
8. N/A

# Appendix C

## Informed Consent Form



### INSTITUTIONAL REVIEW BOARD STANDARD INFORMED CONSENT

STANDARD INFORMED CONSENT PROCEDURES
<p>This completed document must be signed by each consenting research participant.</p> <ul style="list-style-type: none"><li>• The Project Information and Research Description sections of this form should be completed by the Principal Investigator before submitting this form for IRB approval.</li><li>• Signed copies of the long form consent should be provided to all participants.</li></ul> <p style="text-align: right;"><small>Last Edited March 13<sup>th</sup> 2017</small></p>

Today's date:
<b>PROJECT INFORMATION</b>
Project Title: Skin Tone and Everyday Experiences in Young African American Women
Principal Investigator: Danielle Stamps      Phone: 601-266-4342      Email: stamps.danielle@usm.edu
College: University of Southern Mississippi      Department: Psychology
<b>RESEARCH DESCRIPTION</b>
<p><b>1. Purpose:</b></p> <p>The purpose of this research is to assess the effects of skin tone on everyday experiences in young African American women and identify potential moderators of this relationship.</p>
<p><b>2. Description of Study:</b></p> <p>African American women will be recruited and instructed to come to the lab without makeup on their face. Each participant will enter the lab and be presented with a consent form by an African American female researcher. After the consent form is read and signed, the participant will be asked to have her makeup removed if any is present on her face with a makeup wipe. The participant will be given the skin tone guide and asked to find the best color that matches closely to their skin tone (a) without any feedback from any reflective surfaces and (b) with a handheld mirror and record the identifying numbers on a separate sheet of paper given by the researcher. The researcher will also identify the participant's skin tone by using the same skin tone guide on the areas of the face that is makeup free and record the identifying numbers on a sheet of paper. The order of identification of the individual's skin tone by the participant and researcher will be chosen at random. Following that, the female participant will complete several surveys assessing their everyday experiences, including discrimination. Next, the participant will complete a self-esteem scale and demographics. Finally, the participant will be debriefed and if she has any questions those questions will be answered to the best of the researcher's abilities. The entire process should take no longer than 45 minutes.</p>
<p><b>3. Benefits:</b></p> <p>Participants recruited through SONA will receive three SONA credit points for any psychology course by participating in this study. They will also be entered in a \$25 gift card drawing.</p>
<p><b>4. Risks:</b></p> <p>Although the risk for research participants in this study is minimal, we will actively monitor the study for risk and adverse events. If a participant should become upset, our research staff members are available to talk with the participants, and we will make an appropriate referral (e.g., guidance counselor, low cost psychological services) as needed. To ensure that the participant is comfortable at all times, the research</p>

administrator will always be an African American female. As a result, the participant will be less likely to feel judgement from the researcher who is also identifying their skin tone.

**5. Confidentiality:**

No identifying information will be collected and only the consent forms will contain participants' names. Therefore, individual responses to the surveys cannot be identified. Data will be kept in a filing cabinet with a secure lock in a locked office & on the lab's locked computers. Only the principal investigator and research assistants will have access to the office where the data will be stored.

**6. Alternative Procedures:**

The participants will not be penalized for withdrawing from the study or refraining from answering any questions due to the voluntary nature of this study.

**7. Participant's Assurance:**

This project has been reviewed by the Institutional Review Board, which ensures that research projects involving human subjects follow federal regulations.

Any questions or concerns about rights as a research participant should be directed to the Chair of the IRB at 601-268-5997. Participation in this project is completely voluntary, and participants may withdraw from this study at any time without penalty, prejudice, or loss of benefits.

Any questions about the research should be directed to the Principal Investigator using the contact information provided in Project Information Section above.

**CONSENT TO PARTICIPATE IN RESEARCH**

Participant's Name: \_\_\_\_\_

Consent is hereby given to participate in this research project. All procedures and/or investigations to be followed and their purpose, including any experimental procedures, were explained to me. Information was given about all benefits, risks, inconveniences, or discomforts that might be expected.

The opportunity to ask questions regarding the research and procedures was given. Participation in the project is completely voluntary, and participants may withdraw at any time without penalty, prejudice, or loss of benefits. Unless described above and agreed to by the participant, all personal information is strictly confidential, and no names will be disclosed. Any new information that develops during the project will be provided if that information may affect the willingness to continue participation in the project.

Questions concerning the research, at any time during or after the project, should be directed to the Principal Investigator with the contact information provided above. This project and this consent form have been reviewed by the Institutional Review Board, which ensures that research projects involving human subjects follow federal regulations. Any questions or concerns about rights as a research participant should be directed to the Chair of the Institutional Review Board, The University of Southern Mississippi, 118 College Drive #5147, Hattiesburg, MS 39406-0001, (601) 268-5997.

\_\_\_\_\_  
Research Participant

Date

\_\_\_\_\_  
Person Explaining the Study

Date

## Appendix D

### Debriefing Form

*Debriefing will be electronically delivered after the completion of the experiment (i. e., last computer screen of the study. Participants will also receive a hard copy of this debriefing).*

We would like to provide you with a little bit more information about the study. The reason we didn't tell you everything in the beginning is because if we had, it may have influenced your responses. So now that the study is done, we'd like to provide you with additional information.

In the recent years, colorism has become growing issue around the world, --specifically the possible negative effects of colorism. Colorism is defined as a form of internalized racism when individuals with darker skin tones are discriminated against by others including in-group members. This is seen in social media, excessive skin bleaching, and self-hatred within an individual. Some individuals dislike their skin tone due to colorism, because what is lighter is deemed better and more beautiful. The internalization of colorism can cause a tremendous amount of psychological, emotional, and physical damage once it becomes a part of the human psyche. It can lead to low self-esteem, low self-confidence, self-hatred, economic disadvantages and political disadvantages.

In this present study, the researcher's primary focus is on the possible and current effects of colorism in young African American women in the South. Thus, we assessed your various experiences as a young African American woman including perceived discrimination (based on race and skin tone) in several spheres of your life. We hypothesized that for those individuals who have been dramatically affected by colorism, their skin tone identification will be lighter than their actual skin tone and they will report more discrimination. To test this hypothesis, you had to compare your skin tone to a skin tone guide and pick a shade without any help from any reflective surface. Then, you were given a mirror to utilize and pick shade with the same skin tone guide to capture your perception of your skin tone on both occasions. When your eyes were shut, the researcher also determined your skin tone as well. Your identified shade of skin tone will be compared to the researcher's shade to determine if they are lighter, darker, or matched.

In addition to the Skin Tone Guide comparison, you completed several research questionnaires assessing your socioeconomic status, demographics, self-esteem levels, general knowledge of colorism, and discriminatory experiences based on your race and skin tone. Please note that your individual responses are anonymous. Data from this study, in aggregate, will be used to determine if and/or how colorism affects lives of young African American women.

Because this research is potentially important, we ask that you please do not discuss it outside this room. This is something that we spent a lot of time on and if other people hear about it and then participate, they might not respond naturally. If you would like

more information about this study, you may contact the faculty advisor or the principal investigator, respectfully:

Dr. Elena Stepanova; Elena.Stepanova@usm.edu; 601.266.4342.

Danielle Stamps; Danielle.Stamps@usm.edu

- If you or anyone you know is experiencing distress, you have the option to contact some of our local health centers:
  - University of Southern Mississippi Counseling Center **(601) 266-4829**
  - Pine Belt Mental Healthcare **(601) 544-4641**
  - Pine Grove Recovery Center **(800) 821-7399**
  - Forrest General Psychology Services **(601) 288-4900**
  - Lifeway Counseling Service Incorporated **(601) 268-3159**
  - Behavioral Health Center **(601) 268-5026**
  - Hope Center **(601) 264-0890**

Thank you so much being a participant in this study!

## Appendix E

### Institutional Review Board Approval



#### **INSTITUTIONAL REVIEW BOARD**

118 College Drive #5147 | Hattiesburg, MS 39406-0001

Phone: 601.266.5997 | Fax: 601.266.4377 | [www.usm.edu/research/institutional.review.board](http://www.usm.edu/research/institutional.review.board)

### **NOTICE OF COMMITTEE ACTION**

The project has been reviewed by The University of Southern Mississippi Institutional Review Board in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health and Human Services (45 CFR Part 46), and university guidelines to ensure adherence to the following criteria:

- The risks to subjects are minimized.
- The risks to subjects are reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered regarding risks to subjects must be reported immediately, but not later than 10 days following the event. This should be reported to the IRB Office via the “Adverse Effect Report Form”.
- If approved, the maximum period of approval is limited to twelve months.  
Projects that exceed this period must submit an application for renewal or continuation.

PROTOCOL NUMBER: 17091204

PROJECT TITLE: Skin Tone and Everyday Experiences in Young African American Women

PROJECT TYPE: Honor's Thesis Project

RESEARCHER(S): Danielle Stamps

COLLEGE/DIVISION: College of Education and Psychology

DEPARTMENT: Psychology

FUNDING AGENCY/SPONSOR: USM Honors College

IRB COMMITTEE ACTION: Exempt Review

Approval PERIOD OF APPROVAL: 09/15/2017 to  
09/14/2018

**Lawrence A. Hosman, Ph.D.**  
**Institutional Review Board**