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**Racial Microaggressions:
Experiences Among International Students in Australia and its Impact
on Stress and Psychological Wellbeing**

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Abstract

International students are underrepresented in Australian health literature, and this population is especially vulnerable to the well-documented negative impacts associated with racial microaggressions in their adjustment to settling in the new society, as well as to the many challenges they already face as international students. This study investigated the prevalence of racial microaggressions among international students and its impact on stress and psychological well-being. This research was

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conducted during the COVID-19 pandemic which has been documented to contribute to anti-Asian racism. Participants included 54 international students, of which 72% were Asian. The Racial and Ethnic Microaggressions Scale (REMS), Perceived Stress Scale (PSS) and the Perceived General Wellbeing Indicator (PGWBI) were used to measure the participants' responses. All participants reported experiencing racial microaggression in the last six months, and significant correlations and regression models were found between REMS, certain elements of the PSS scale and time in Australia. Despite the small sample size, this research corroborated outcomes from recent studies and provided insight into the prevalence and impact of racial microaggressions among such populations, highlighting the need for further exploration.

Keywords: racial microaggressions, international students, racism, REMS, microaggressions in Australia, stress, psychological wellbeing

The Australian Government (2020) reported that there were 664,219 international students enrolled in academic institutions in Australia as of August 2020. International students as a cohort experience greater stress compared to domestic students due to the many additional challenges they face, including but not limited to, dealing with cultural differences, adjustment to living in an alien land, problems with verbal and non-verbal communication, loneliness and disconnectedness, heavier repercussions of academic failure due to visa implications, and homesickness (Liamputtong, 2011; Poyrazli & Lopez, 2007; Sakurai, et al., 2010). Furthermore, international students in Australia are subjected to racism and race-related crimes (Graycar, 2010).

With the pandemic of coronavirus disease (COVID-19) that has contributed to xenophobia and anti-Asian racism, there has been an increase in racism incidents targeted towards Asians and people who are of Asian descent worldwide (Human Rights Watch, 2020). The Australian Government (2020) reported that the majority of the international students (57%) are from Asian countries – China (28%), India (17%), Nepal (8%), and Vietnam (4%). With a large number of Asian students in Australia, and prevalent anti-Asian sentiment in the media there might be an increase in racism incidents targeted towards them. In Australia, over 410 COVID-19-related racism incidents were reported by Asians and Asian Australians between April to June 2020 (Asian Australian Alliance & Chiu, 2020).

Sakurai and colleagues (2010) found that interactions and relationships between international students and native students have remained low, where 66% of the 436 participants in their sample reported having issues mixing with local students after 6 months of living in Australia. With the majority of international students in Australia being from Asian countries where group-related values and social support are sources of comfort, such students who experience lower levels of embeddedness into Australia society are more likely to experience loneliness and social isolation (Heu et al., 2018).

With the greater stresses that international students already experience, they could be especially vulnerable to the well-documented negative impact of racism on physical and mental health (Franklin et al., 2006; Poyrazli & Lopez, 2007). Commonly referred to as the “changing face of racism” (Li, 2019, p. 554), expressions of racism in recent times have shifted from blatant and overt forms of discrimination to more subtle and covert forms (Dovidio & Gaertner, 2004). Pierce and colleagues (1977) coined the term *microaggressions* to name such subtle and covert forms of exchanges.

Neo-Racism

Neo-racism is associated with current perspectives on racism, where people from certain regions of the world and race are negatively perceived and discriminated. Traditional racism is based on biology while neo-racism is associated to acculturation within a particular ethnic group (Lee et al., 2017). This is particularly relevant in the current COVID pandemic where certain cultures are linked to the pandemic's origins and consequently are perceived as inferior in the receiving culture. Neo-racism is the new approaches to discrimination where skin colour, culture where people come from, national origin and the interaction between countries play a role in the levels of discrimination (Lee, 2007).

Defining Racial Microaggressions

In modern times, it has become increasingly unacceptable for individuals to be openly or explicitly racist or discriminatory to others (Nadal et al., 2014). This societal shift does not necessarily equate to a decrease in racist ideas or beliefs within society, instead, it suggests that minorities are experiencing discrimination in more discrete, unconscious, and subtle forms (Sue et al., 2007). These less obvious forms of discrimination are called racial microaggressions and can cause emotional distress and feelings of difference that differs from covert racism (Wang et al., 2011).

Dr. Derald Wing Sue has conducted extensive research and contributed largely to microaggressions literature, in which he further defined microaggressions as “brief, everyday exchanges that send denigrating messages to certain individuals because of their group membership” (Sue, 2010). Racial microaggressions are defined as (1) brief and daily exchanges, (2) intentional or unintentional, (3) verbal, behavioural, and environmental indignities that communicate negative, hostile, or derogatory racial insults and slights (Nadal et al., 2014).

According to Dr. Derald Wing Sue and his colleagues (2007), racial microaggressions can occur in three forms: Microassaults (explicit verbal or nonverbal attacks), Microinsults (communications that convey insensitivity and rudeness), and Microinvalidations (communications that nullify and negate the experiential realities of people of colour). In addition, Sue and colleagues (2007) have identified six types of racial microaggression including assumption of inferiority, second-class citizen, and assumptions of criminality, microinvalidations, exoticisation and assumptions of similarity, environmental microaggressions, workplace and school microaggressions. Their model of racial microaggressions assumes commonalities of themes across racial groups.

Although research conducted by Sue and colleagues was based in America, their research has provided important theoretical and empirical bases to understand the experiences of racial microaggressions, especially in countries with White cultural dominance such as Australia. Furthermore, there has been no research conducted to investigate such experiences specific to the Australian population. The model by Sue and colleagues (2007) serves as the basis of understanding this phenomenon, allowing researchers to test the assertion of racial microaggressions among international students in Australia, as well as enabling the investigation of its impacts.

Impact of Racial Microaggressions

Sue and colleagues (2007) noted that racial microaggressions have more profound negative impacts on physical and mental well-being than traditional overt forms of racism because of its invisible and ambiguous nature, making it difficult for victims to call them out in an attempt to address it.

Furthermore, racial microaggressions leave victims with a vague sense of being mistreated, leading them to question their own perceptions, as the verbal messages are technically free of bias but delivered nonverbally in a dismissive or hostile manner (Johnson et al., 2018). Racial microaggressions are harmful as they are chronic stressors that cause a cumulative significant and negative impact on physical and psychological well-being (Torres-Harding et al., 2012).

Using the Racial and Ethnic Microaggressions Scale (REMS) to measure experiences of racial microaggressions, Nadal and colleagues (2017) found that racial microaggressions were significantly linked to worsened physical health conditions such as pain, fatigue, and general health problems. The authors also reported that such experiences were significantly associated with poorer social functioning and emotional well-being (Nadal et al., 2017). Furthermore, among the different types of racial microaggressions in REMS, the authors found that environmental invalidations, as well as school and workplace microaggressions were significant predictors of specific issues including emotional difficulties, impaired social functioning, general health problems, pain and lower energy levels (Nadal et al., 2017). This research is substantial as not only did it find the associations between racial microaggressions and poorer outcomes, but it also found the specific types of microaggressions associated with such outcomes.

Experiences of microaggressions are linked to daily struggles, which are significantly associated with anxiety among college students (Sue, 2010). Blume and colleagues (2012) reported that higher frequencies of racial microaggressions are associated with higher levels of anxiety and alcohol misuse among students of colour, where the authors suggested that alcohol may be consumed to cope with these stresses. High levels of alcohol use have been found to lead to adverse consequences such as health risks and fatalities, declined academic performance, worsened life satisfaction and emotional wellbeing (Bolin et al., 2019; Hingson et al., 2005; Mohamad et al., 2016). The research by Blume and colleagues (2012) highlighted the use of risky health behaviors by college students to cope with stresses caused by racial microaggressions.

The stress from everyday unfair treatment could accumulate over time to trigger physiological and psychological responses (Molina et al., 2013). In research conducted by Schoulte and colleagues (2011), individuals who experienced racial microaggressions reported traumatic stress symptoms such as avoidance, hyperarousal, and intrusion of thoughts. Additionally, racial microaggressions were found to be significantly and positively correlated to traumatic stress, and traumatic stress was found to be a significant mediator in the relationship between microaggressions and depression (Torres & Taknint, 2015). Such findings provided insight into the underlying mechanisms that could explain the link between racial microaggressions and its adverse physical and psychological impact.

Extensive literature has established the link between racial microaggressions and emotional wellbeing. Nadal and colleagues (2014) found that racial microaggressions were significantly correlated with negative affect. Gibbons and colleagues (2012) reported that among African American adolescents, perceived racial discrimination was associated with reduced self-control, which subsequently predicted increase in substance use. Self-control is defined by the ability to regulate one's own emotions and impulses, especially in difficult situations (Metcalf & Mischel, 1999). Although the research by Gibbons and colleagues (2012) was not based on racial microaggressions, it is based on perceived discrimination, which is the essence of racial microaggressions as they rely on one's perceptions and appraisals of experiences.

Racial microaggressions have been widely reported to be associated with depressive symptoms.

To name a recent few, studies conducted by Lilly and colleagues (2018), as well as Williams and Lewis (2019) found consistent links between racial microaggressions and depressive symptoms among students of colour. In their research, Lilly and colleagues (2018) found that the use of disengagement coping, such as avoidance, substance use, and denial, was a significant mediator in the relationship between racial microaggressions and depressive symptoms, further highlighting the use of maladaptive coping strategies among those experiencing racial microaggressions, which subsequently lead to an increase in the risk of poorer health outcomes (Gonzales, 2010). Furthermore, in their investigation of the link between racial microaggressions and suicidality, O’Keefe and colleagues (2015) found that racial microaggressions significantly predicted suicidal ideation through depressive symptoms among students of color. This research is important as it is the first study to establish the link between racial microaggressions and suicide risk (O’Keefe et al., 2015). This further highlights the dangers of racial microaggressions – although they are “micro”, they could have serious consequences for the victims.

Depending on when and where the individual experiences discrimination, it can significantly impact academic performance (Hernández & Villodas, 2019), job performance, and opportunities (Holder et al., 2015; Lander & Santoro, 2017). As discussed previously, decrease in academic performance has higher repercussions to international students due to visa implications, leaving them even more vulnerable to increased stress and the adverse effects on physical and mental health that come with stress. Such discriminatory experiences are also found to decrease the likelihood of an individual reaching out for mental health support (Johnson et al., 2018), leaving the victims feeling alone in their struggles, further worsening their mental health.

The literature reviewed above are largely based on students of colour who are citizens of their respective countries of residence. Although limited, there is research available that focuses on the experiences of racial microaggressions among international students. Houshmand and colleagues (2014) conducted qualitative research to examine the experiences of racial microaggressions among Asian international students in Canada and were able to identify six themes common in this cohort, such as excluded and avoided, environmental microaggressions, and disregarded values and needs. Additionally, international students in America were often racialized and socialized using stereotypes of a racial group ascribed to them by others, and it was also found that international students are highly prone to experiences of overt racism and racial microaggressions (Yeo et al., 2019).

Aims of The Present Research

Currently, there is little research driving understanding on the commonality of the experience of racial microaggressions in Australia and given the importance of its impact, this research hopes to add to this growing body of knowledge. Furthermore, possibly due to their relative short time of residency in Australia, the population of international students tend to be underrepresented in Australian health literature. It is also possible that the COVID-19 pandemic has exacerbated microaggressions towards international students. Given the significant presence of international students in Australia and the rise in racism incidents, the gap in Australian literature investigating experiences of racial microaggressions among international students, and the well-documented detrimental impact of racial microaggressions, research efforts are necessary to investigate the prevalence and impact of such experiences in Australia.

In the present study we aimed to investigate:

1. The prevalence of experiences of racial microaggressions among international students studying in Australia, and
2. The impact of microaggression on stress and wellbeing for international students The impact of such experiences on the students' stress levels and psychological wellbeing.

Research Questions

1. What is the effect of microaggression in the wellbeing of non-white international students?
2. Is there a negative correlation between microaggression and wellbeing?

Methodology

Design

As no research has been done on racial microaggressions among international students in Australia, this research adopted a purely quantitative design to ascertain the correlation between the Racial and Ethnic Microaggressions Scale (REMS) with wellbeing of international students. Quantitative data was collected via online survey to investigate the prevalence of racial microaggressions, as well as the correlations between these variables: racial microaggressions, stress and psychological wellbeing. The online survey comprised of 88 questions that collected self-reported responses. The design of this study was cross-sectional, where data on past experiences of racial microaggressions and current levels of stress and psychological wellbeing were collected.

Ethics

This research was approved by the Murdoch University Human Research Ethics Committee. The researchers adhered to the ethical guidelines stated on the National Statement on Ethical Conduct in Human Research (2007), updated as of 2018 and established by the National Health and Medical Research Council of the Australian Government.

An informational letter of the research was included as the first page in the online survey. This letter clearly explained the aims and purposes of this research, required tasks in participation, voluntary participation and rights to withdrawal, privacy of participation, benefits and risks of participation, as well as contact information of the researchers and their supervisor. As racial microaggression is a sensitive issue that may result in psychological distress, ways of seeking support were provided in the information letter, at the end of the survey, and as a landing page for those who chose to withdraw prior to survey completion.

Participants self-selected to participate in the research and were given rights to withdraw at any time during the completion of survey. Informed consent was obtained prior to participation in the research. No form of compensation was offered for participation. No data was retained for participants who chose to withdraw prior to completion.

Participants

Participants were recruited via third party recruitment. The researchers approached a total of 68 organizations and associations that represent international students across Australia via email. In the email, a recruitment flyer and research information letter were included as recruitment materials to be

disseminated to the target population.

To be included in this study, participants were required to be current international students studying at an Australian university with no limit on age. Individuals benefited from participating in the study through having the opportunity to share and feel validated for their experiences and to gain further understanding of the different presentations of racial microaggressions to empower them.

Participants included 54 international students largely from Asian backgrounds students (24 identified as males, 30 identified as females) from Australian institutions. Participants' age ranged from 18 to 39 ($M = 23.91$, $SD = 4.48$). Based on the nationality reported, there were 39 Asian participants (72.2%), 25 from Southeast Asia (Malaysia, Singapore, Indonesia, Philippines), 8 from South Asia (Bhutan, India, Pakistan, Sri Lanka), and 6 from East Asia (China, Korea, Hong Kong). Nationalities of the non-Asian participants ($n = 15$, 27.8%) included 2 from North America, 2 from the UK (England), 6 from Europe (Czech Republic, France, Germany, The Netherlands, Sweden), 4 from Africa (Zimbabwe, Mauritius, South Africa), and 1 from South America (Trinidad). For the optional question of duration of time spent in Australia, 49 participants answered, with duration ranging from 5 months to 5 years ($M = 2$ years, $SD = 1.13$).

Table 1: Demographic World Region Information of Survey Participants

| | N | % |
|----------------|----|------|
| Southeast Asia | 25 | 46.3 |
| South Asia | 8 | 14.8 |
| East Asia | 6 | 11.1 |
| Africa | 4 | 7.4 |
| Europe | 6 | 11 |
| North America | 2 | 3.7 |
| UK | 2 | 3.7 |
| Caribbean | 1 | 1.9 |

Materials

Demographics questionnaire. Sample items included age, gender, nationality, and ethnicity. A question asking whether the participant is an international student studying in Australia was included to ensure participants match the inclusion criteria.

Racial and Ethnic Microaggressions Scale (REMS). REMS was developed by Nadal (2011) based on the model of racial microaggressions proposed by Sue and colleagues (2007). With a total of 45 items, REMS comprised of six subscales measuring six types of racial microaggressions: (1) Assumptions of Inferiority, (2) Second-class Citizen and Assumptions of Criminality, (3) Microinvalidations, (4) Exoticization and Assumptions of Similarity, (5) Environmental Microaggressions, and (6) Workplace and School Microaggressions. REMS was found to be a reliable measure of racial microaggressions, with Cronbach's alpha of .912 for the overall scale, and subscales ranging from .783 to .873 (Nadal, 2011). Concurrent validity of REMS was also supported (Nadal, 2011). Participants rated each statement on the scale of 0 to 5 based on the frequencies of occurrence in the past six months, with 0 indicating no occurrence and 5 indicating occurrences of 5 or more times. Higher scores would indicate higher

occurrences of racial microaggressions. REMS was used as it could offer insight into what specific types of racial microaggressions are prevalent among the research population.

Perceived Stress Scale (PSS). PSS was used to measure participants' stress levels. Developed by Cohen and colleagues (1983), PSS was found to be a valid and reliable measure of stress, with high internal consistency (Cronbach's alpha ranging from .84 to .86) and adequate test-retest reliability (.85 over two days and .55 over six weeks). PSS comprised of 14 items. Participants rated each statement on a Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree) based on how they feel at the present moment. Higher scores would indicate higher levels of stress.

Psychological General Well-being Index (PGWBI). PGWBI was used to measure participants' perception on their psychological well-being. Developed by Dupuy (1984), PGWBI has high internal consistency (Cronbach's alpha ranging from .90 to .94). In addition, the scale was cross-culturally validated for use in several countries (Grossi & Compare, 2012). With a total of 22 items, PGWBI comprised of six subscales measuring six dimensions including (1) Anxiety, (2) Depressed Mood, (3) Positive Well-being, (4) Self-control, (5) General Health, and (6) Vitality. Participants rated each statement on a Likert scale of 0 to 5, where the meanings assigned to each rating varied among statements. Higher scores would indicate positive options, hence the meanings for the scores meant differently depending on the dimensions measured. For example, a high score in Subscale 2: Depressed Mood would be interpreted as low in depressed mood; whereas a high score in Subscale 3: Positive Well-being would be interpreted as high in positive well-being.

PGWBI was chosen as it measures the variables consistent to the common negative impacts of racial microaggressions reported by the literature reviewed, including physical health. In PGWBI, sample items in Subscale 5: General Health included "how often were you bothered by any illness, bodily disorder, aches or pains during the past month?" and "did you feel healthy enough to carry out the things you like to do or had to do during the past month?"

Procedure

Upon ethics approval, participants were recruited via third party recruitment. The survey was presented in English and was conducted online via Qualtrics, which lasted 15-20 minutes. After reading the information letter and giving consent, participants proceeded to complete the demographics questionnaire, REMS, PSS and PGWBI in the respective orders.

IBM Statistical Product and Service Solutions (SPSS) software was used for data analysis. The researchers excluded responses from those who did not meet the inclusion criteria of international students studying in Australia. The data was cleaned, and various analyses including descriptive analyses, independent samples t-tests, Pearson's correlation coefficients and linear regression analyses were conducted. All data related to this study is stored and available for data verification in a password protected computer at Murdoch University.

Results

Descriptive analyses were performed to investigate the prevalence of racial microaggressions among participants. Independent samples t-tests and correlational tests (Pearson's correlation coefficient)

were further conducted to investigate whether there were significant differences or correlations among different demographic variables and experiences of racial microaggressions.

Correlational tests (Pearson's correlation coefficient) and linear regression analyses were conducted to test the hypotheses: Experiences of racial microaggressions would have a positive relationship with stress levels; and Experiences of racial microaggressions would have a negative relationship with psychological wellbeing.

Prevalence of Experiences of Racial Microaggressions

All participants ($N = 54$) reported experiencing some form of racial microaggressions in the past six months ($M = 1.38$, $SD = .94$). Refer to Table 1 for descriptive findings based on each type of microaggression.

Table 2 also displays descriptive statistics from research conducted by Nadal et al. (2014). Only the means and standard deviations from Asian participants were included in the table as this demographic relates closely to our study demographic. The means in our study for REMS subscales were significantly higher than those found by Nadal et al. (2014).

Table 2: Descriptive Statistics Based on Types of Racial Microaggressions

| Types of racial microaggressions | <i>M</i> | <i>SD</i> | <i>M</i> from Nadal et al. (2014) | <i>SD</i> from Nadal et al. (2014) |
|---|----------|-----------|-----------------------------------|------------------------------------|
| Assumptions of inferiority | 1.11 | 1.38 | .23 | .29 |
| Second-class citizen and assumptions of criminality | .76 | .93 | .21 | .27 |
| Microinvalidations | 1.32 | 1.31 | .32 | .33 |
| Exoticization and assumptions of similarity | 2.04 | 1.27 | .52 | .30 |
| Environmental microaggressions | 1.69 | 1.21 | .54 | .31 |
| Workplace and school microaggressions | 1.12 | 1.18 | .24 | .30 |

Note. Descriptive statistics for 137 Asian participants from research by Nadal et al. (2014) have been included to demonstrate our findings compared to similar research.

Independent samples t-tests were conducted to investigate whether experiences of racial microaggressions, including the different types of microaggressions, differed among participants' demographic variables such as gender and nationality groups (Asians versus non-Asians). The findings were not significant, suggesting that there were no gender nor nationality differences in racial microaggression experiences.

Pearson's correlation coefficient was conducted to investigate if such experiences differed among age and duration spent in Australia. The correlation between age and experiences of racial microaggressions was not significant. Duration spent in Australia and total experiences of racial microaggressions were found to be significantly correlated, $r(47) = .38$, $p < .01$, suggesting that as international students become familiar with the culture of their new country, racial microaggressions become more evident and recognisable.

Racial Microaggressions and Stress

Pearson's correlation coefficient was conducted to test the hypothesis that experiencing racial microaggressions would have a positive relationship with stress levels. Further correlational tests were conducted to investigate the correlations between each subscale of REMS and total PSS. Though positive in direction (except for Environmental Microaggressions where the correlation was negative in direction), no significant correlation was found between total experiences of racial microaggressions and stress levels, nor was it found between the different types of microaggressions and stress levels.

Racial Microaggressions and Psychological Wellbeing

Pearson's correlation coefficients were conducted to test the hypothesis that racial microaggressions would have a negative relationship with psychological wellbeing. In addition to investigating the correlation among total REMS and total PGWBI, further correlational tests were conducted to investigate the correlations among all subscales of REMS and all subscales of PGWBI.

Correlation among Total REMS and total PGWBI. There was a negative, but not significant correlation between total REMS scores and total PGWBI scores, $r(52) = -.19, p = .18$.

Correlation among subscales of REMS and total PGWBI. There were significant and negative correlations among total PGWBI scores and two subscales of REMS scores –Second-class Citizens and Assumptions of Criminality, $r(52) = -.32, p < .05$; and Workplace and School Microaggressions, $r(52) = -.29, p < .05$. The interpretations of these results are as follow: as any of these types of racial microaggressions increases, level of psychological wellbeing decreases.

Correlations among Total REMS and subscales of PGWBI. There were significant and negative correlations among total REMS scores and three subscales of PGWBI scores – Depressed Mood, $r(52) = -.29, p < .05$; Self-control, $r(52) = -.29, p < .05$; and General Health, $r(52) = -.29, p < .05$. Note that as the scoring instructions for PGWBI indicated that higher scores meant more positive options and lower scores meant more negative options, the interpretation of results for the significant and negative correlations would be: As REMS increases, Depressed Mood increases; As REMS increases, Self-control decreases; As REMS increases, General Health decreases. The correlations among total REMS scores and the remainder three subscales of PGWBI were not significant.

Correlations among subscales of REMS and subscales of PGWBI. For Subscale 1 of REMS: Assumptions of Inferiority, significant and negative correlations were found with two subscales of PGWBI – Self-control, $r(52) = -.28, p < .05$; and General Health, $r(52) = -.31, p < .05$.

For Subscale 2: Second-class Citizen and Assumptions of Criminality, significant and negative correlations were found with four subscales of PGWBI – Depressed Mood, $r(52) = -.36, p < .01$; Self-control, $r(52) = -.34, p < .05$; General Health, $r(52) = -.38, p < .01$; and Vitality, $r(52) = -.31, p < .05$.

For Subscale 3: Microinvalidations, significant and negative correlations were found with two subscales of PGWBI –Depressed Mood, $r(52) = -.28, p < .05$; and Self-control = $-.30, p < .05$.

For Subscale 4: Exoticization and Assumptions of Similarity, significant and negative correlation was found with one subscale of PGWBI – General Health, $r(52) = -.30, p < .05$.

For Subscale 5: Environmental Microaggressions, no significant correlations were found among any of the subscales of PGWBI.

For Subscale 6: Workplace and School Microaggressions, significant and negative correlations were found with three subscales of PGWBI – Depressed Mood, $r(52) = -.32, p < .05$; Self-control, $r(52) = -.36, p < .01$; and General Health, $r(52) = -.32, p < .05$.

Refer to Table 3 for all of the intercorrelations of the REMS and PGWBI.

Table 3: Correlation Matrix for the REMS and PGWBI (N = 54)

| Variable | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|------------------------|---|-------|-------|-------|-------|-------|-------|-------|-------|--------|-------|--------|--------|-------|
| 1. Total REMS | – | .87** | .83** | .78** | .84** | .39** | .87** | -.19 | -.07 | -.29* | .06 | -.29* | -.29* | -.18 |
| 2. Inferiority | | – | .79** | .56** | .68** | .16 | .83** | -.16 | -.03 | -.19 | -.01 | -.28* | -.31* | -.11 |
| 3. Second-class | | | – | .52** | .57** | .24 | .84** | -.32* | -.21 | -.36** | -.10 | -.34* | -.38** | -.31* |
| 4. Microinvalidations | | | | – | .63** | .12 | .56** | -.16 | -.03 | -.28* | .03 | -.30* | -.16 | -.19 |
| 5. Exoticization | | | | | – | .16 | .65** | -.10 | -.03 | -.24 | .16 | -.20 | -.30* | -.06 |
| 6. Environment | | | | | | – | .26 | .09 | .04 | .02 | .18 | .11 | .09 | .02 |
| 7. Workplace | | | | | | | – | -.29* | -.18 | -.32* | -.10 | -.36** | -.32* | -.26 |
| 8. Total PGWBI | | | | | | | | – | .88** | .84** | .86** | .75** | .70** | .89** |
| 9. Anxiety | | | | | | | | | – | .65** | .70** | .55** | .58** | .71** |
| 10. Depressed | | | | | | | | | | – | .66** | .60** | .53** | .74** |
| 11. Positive wellbeing | | | | | | | | | | | – | .62** | .49** | .71** |
| 12. Self-control | | | | | | | | | | | | – | .37** | .65** |
| 13. General health | | | | | | | | | | | | | – | .57** |
| 14. Vitality | | | | | | | | | | | | | | – |

Note. *p < .05. **p < .01

Simple linear regression between racial microaggression and wellbeing. A simple linear regression model was used to test whether participants' total REMS scores were significant predictors of PGWBI total scores. Similar to the non-significant correlation between these two variables, the regression analysis found that REMS total scores were not significant predictors of PGWBI total scores. However, further simple linear regression analyses were conducted to determine whether there were significant regressions between total REMS scores and subscales of PGWBI scores. Whereas the total REMS scores were not significant predictors of PGWBI total scores, we found that significant models emerged when the REMS total scores were used to predict PGWBI subscale scores. Depression subscale scores were found to be significantly predicted by REMS total, $F(1,52) = 4.63, p < .05$, with an R^2 of .08. Self-control subscale scores were found to be significantly predicted by REMS total, $F(1,52) = 4.69, p < .05$, with an R^2 of .08. General Health was also found to be significantly predicted by REMS total, $F(1,51) = 4.41, p < .05$, with an R^2 of .08.

Multiple linear regressions between racial microaggressions and well-being. We conducted multiple linear regression analyses using the backward elimination method to investigate whether participants' scores on different REMS subscales predicted PGWBI total or subscale scores, and if so, which REMS subscales were significant predictors for which PGWBI subscales. A significant regression model was found between the Second-Class Citizen and Assumptions of Criminality and total PGWBI score, $F(1,52) = 5.86, p < .05$, with an R^2 of .10. Vitality was predicted by Second-Class Citizen and Assumptions of Criminality, $F(1,52) = 5.41, p < .05$, with an R^2 of .09. Depression was found to be predicted by Second-Class Citizen and Assumptions of Criminality, $F(1,52) = 7.50, p < .05$, with an R^2 of .13. Self-control was found to be predicted by Workplace and School Microaggressions, $F(1,52) = 7.48, p < .05$, with an R^2 of .13. General Health was found to be predicted by Second-Class Citizen and Assumptions of Criminality, $F(1,51) = 8.15, p < .05$, with an R^2 of .14. Prior studies have confirmed school and workplace microaggression with Asian international students as well as most typical predictive outcomes for second-class citizens and assumption of criminality (Nadal, 2011)

Refer to Table 4 for a summary of the multiple regressions between REMS subscales and PGWBI subscales.

Table 4: Multiple Linear Regression Analyses of Significant Models Between REMS and PGWIB Scales

| Predictor Variable | Dependent Variable | Mean Square | SE | R^2 | Adjusted R^2 | df | F | p |
|--------------------|--------------------|-------------|------|-------|----------------|------|------|-------|
| REMSTotal | DEP | 2191 | 3.18 | 0.082 | 0.064 | 1,52 | 4.63 | 0.036 |
| REMSTotal | SC | 1604 | 2.70 | 0.083 | 0.065 | 1,52 | 4.69 | 0.035 |
| REMSTotal | GH | 1289 | 2.51 | 0.080 | 0.062 | 1,51 | 4.41 | 0.041 |

| | | | | | | | | |
|-----|------------|------|------|-------|-------|------|------|-------|
| SCC | PGWBITotal | 1474 | 2.34 | 0.101 | 0.084 | 1,52 | 5.86 | 0.019 |
| SCC | VT | 1788 | 2.68 | 0.094 | 0.077 | 1,52 | 5.41 | 0.024 |
| SCC | DEP | 3377 | 3.13 | 0.126 | 0.109 | 1,52 | 7.50 | 0.008 |
| WSM | SC | 2438 | 2.09 | 0.126 | 0.109 | 1,52 | 7.48 | 0.008 |
| SCC | GH | 2233 | 2.46 | 0.138 | 0.121 | 1,51 | 8.15 | 0.006 |

Note: This table displays only the regression model effects between subscales of REMS and subscales of PGWIB that were significant at the $p < .05$ level.

Discussion

One of the main objectives of this research was to investigate the prevalence of racial microaggressions among international students in Australia. It was found that all participants experienced some form of racial microaggressions in the past six months, with no gender, age or ethnicity differences between experiences. However, it was found that duration spent in Australia was significantly and positively correlated with experiences of racial microaggressions.

The other main objectives of this research were to investigate the impact of racial microaggressions on levels of stress and psychological well-being among international students in Australia. It was hypothesised that experiences of racial microaggressions would be associated positively with stress and negatively with wellbeing. There was no significant association found between racial microaggressions and stress levels. Some significant associations were found among overall and different types of racial microaggressions, and overall and different dimensions of psychological wellbeing. The implications of the research findings followed by the limitations of this research and future directions are discussed in this section.

Prevalence of Racial Microaggressions among Asian International Students in Australia

It is worth noting that all the participants reported experiencing some form of racial microaggressions in the past six months, with an average of 1.38 times in terms of occurrence of microaggressions in this duration. This widespread nature of the experiences is not uncommon and has been shown to span for many years over an individual's life (Johnson et al., 2018)

No significant differences in experiences of racial microaggressions were found between the ethnicities of participants. With the rise of anti-Asian racism in Australia due to the ongoing pandemic, it was expected that racial microaggressions experienced among Asian international students would be higher than non-Asian international students. However, the findings of this research suggested that there were no differences in racial microaggressions experienced by Asian and non-Asian participants. However, the findings may not be representative of the whole population due to the small sample size.

Furthermore, a positive and significant correlation was found between duration spent in Australia and experiences of racial microaggressions, which is supported by the research conducted by Mitchell and colleagues (2017). Using a qualitative approach, Mitchell and colleagues (2017) found that race was not used

as a social construct in many of the participants' countries of origin, and most of the participants reported learning about concepts of race and racism indirectly through media outlets, personal relationships, and lived experiences. Similarly, in research conducted among Asian international students in America, Yeo and colleagues (2019) reported similar interactions between experiences of racial microaggressions and duration spent in America as a result of an increase in understanding of how different their treatment was when compared to native born students.

Furthermore, Australia recognizes that Asian international students are prone to racism, and Australia advocates anti-racism, multiculturalism, and social justice for minority groups (Tran et al., 2020; Australian Human Rights Commission, n.d.). As exposure to concepts of race and racism grew with time spent in Australia, international students may become increasingly aware of racism incidents at the overall community and higher education system levels.

Relationship between Racial Microaggressions and Stress

Although positive in direction, there was no significant correlation between racial microaggressions and stress, as well as other dimensions in psychological wellbeing (i.e., Anxiety and Positive Well-being dimensions). Existing literature found moderating variables that could explain the non-significance of these findings. Hernandez & Villodas (2018) reported the use of collectivistic coping strategies such as social support seeking to successfully cope with stress caused by racial microaggressions. Similarly, adherence to their ethnic identity values, strength of ethnic identity was also found to moderate the experience of stress (Gonzales, 2010). Consistent with Torres & Taknint (2015), the researchers also found that those with stronger ethnic identities were less at risk to the negative consequences (i.e., academic persistence attitudes). Self-efficacy was also reported to be a moderator in the relationship between racial microaggressions and traumatic stress (Torres & Taknint, 2015), and anxiety (Blume et al., 2012).

Relationship between Racial Microaggressions and Wellbeing

While no significant relationship was found between overall racial microaggression and overall wellbeing, significant effects were found between specific types of racial microaggressions and specific wellbeing subtests, which indicates that relationships do exist between particular types of racial microaggressions and psychological wellbeing measurements.

Types of racial microaggressions and psychological wellbeing. Second-class Citizen and Assumptions of Criminality and Workplace and School Microaggressions were significantly and negatively correlated with overall psychological wellbeing. Overall wellbeing was further found to be significantly predicted by experiences of Second-class Citizen and Assumptions of Criminality. Workplace and School Microaggressions were found to significantly predict Self-control, and Second-class Citizen and Assumptions of Criminality were found to significantly predict Vitality, General Health and Depression.

The findings of Second-class Citizen and Assumptions of Criminality could be attributed to the larger percentage of Asian participants in this research and the ongoing pandemic. Tran and colleagues (2020) reported that Asian international students, especially those of Chinese descendants, experienced an increase in racism incidents related to Assumptions of Criminality, as these students were often associated with COVID-19 through connotations such as “coronavirus, Chinese virus” and “you brought the virus”. Their findings were consistent with the COVID-19 anti-Asian racism incident report provided by Asian Australian Alliance & Chiu (2020). Due to the pandemic, these students are also experiencing heightened levels of anxiety, insecurity, and discrimination (Tran et al., 2020).

The findings of Workplace and School Microaggressions could be attributed to the nature of racial microaggressions embedded in everyday practices in various contexts including hospitals, campuses, sports

settings, and in everyday interactions (Li, 2019). This research population consisted of mainly Asian only international students where their everyday interactions primarily take place in school and workplace settings. Interactions in such settings are crucial for students as they could affect students' self-efficacy, sense of acceptance and belonging to a community, as well as social support (Osterman, 2000). Therefore, experiencing high levels of microaggressions in workplace and school settings could lead to worsened psychological wellbeing.

Racial microaggressions and different dimensions of psychological wellbeing. Three dimensions of psychological wellbeing were found to be significantly and negatively correlated to total racial microaggressions experienced (as well as three or more types of racial microaggressions): Depressed Mood, Self-control, and General Health. Furthermore, total racial microaggression experiences were found to predict subsequent Depression, Self-control and General Health. These findings are consistent with the literature reviewed. To offer further possible explanations in relation to these findings, the following section includes some notable research conducted.

In relation to Depressed Mood, Wang and colleagues (2011) suggested that the relationship between racial microaggression experiences and depressive symptoms could be attributed to heightened internalization of such experiences. Furthermore, Asian international students could be perceiving such discriminatory incidents as a natural predisposition of living in a foreign country and hence perceiving the situation as unchangeable, leading to feelings of helplessness (Tran et al., 2020).

In relation to Self-control, this finding could be attributed to the types of coping strategies used among students to cope with distress. Bonazzo and Wong (2007) found that Asian international students frequently used avoidance as a coping mechanism to deal with racism and discrimination. For many groups of international students, emotional restraint, distraction, ethnic identity and spiritual coping are forms of self-control that influence their transactions with the mainstreaming society (Gonzales, 2010). Furthermore, Asian students may also be using substances to cope with the stresses associated with racial microaggressions (Blume et al., 2012; Gibbons et al., 2012). Prior studies (Gonzales, 2010) found that local students were more amenable to denial, substance abuse than Asian international students. It was reported that the use of unhealthy coping strategies such as avoidance and substance use is associated with lower self-control, which in turn leads to worsened physical and mental health (Boals et al., 2011).

In relation to General health, Pascoe and Richman (2009) reported that this link could be attributed to increased participation in unhealthy behaviours and decreased participation in healthy behaviours. In relation to the current research, this could mean that Asian international students who reported more racial microaggressions experiences may be more likely to engage in unhealthy behaviours such as using substance use to avoid negative cognition and affect, and less likely to engage in healthy behaviours such as taking part in sports events and going to the gym/doctor (could be due to the lack in sense of community and belonging, or to avoid experiencing microaggressions in social settings).

Environmental microaggressions. Though not significant, Environmental Microaggressions yielded a positive correlation with racial microaggressions. This subscale was designed to measure the exposure to microaggressions and how these microaggressions were perceived (Nadal, 2011). The present findings could be explained by the qualitative research conducted by Li (2019) on perceptions of and reactions to racial microaggressions among Chinese migrant workers in Australia. Li (2019) found that most of the migrant workers were either not fully aware of microaggressions or did not feel strongly offended. In some scenarios of microaggressions, for example, someone being surprised that their English is good, microaggressions were even interpreted positively as compliments (Li, 2019). Although this research was done on migrant workers, their residency statuses are similar to international students, which could explain

the positive correlation between Environmental Microaggressions and psychological well-being in this research.

Limitations and Future Directions

The present research has several notable limitations. Firstly, correlational and regression analyses did not allow for causal conclusions to be drawn, implying the need for future longitudinal studies. Secondly, this research relied solely on self-reported measures which are subjected to social desirability and/or memory biases (Torres & Taknint, 2015). As racial discrimination is a sensitive issue, racial microaggressions are also less likely to be reported among Asian international students as they might be worried about the implications on their visa or academic enrolment status. Moreover, the small sample size ($N = 54$) suggested that the findings are not representative of the entire target population, hence future quantitative research with larger sample sizes need to be conducted to draw firmer conclusions. However, despite the small sample size, our study is still significant as it contributes to the broader body of similar research findings in Australia on racial microaggressions by Li (2019), Tran, Bui, and Balakrishnan (2020).

Racial microaggression presents itself as a real and difficult challenge that Asian international students have to deal with, necessitating intervention and prevention efforts. The nature of racial microaggressions supplies a limitation as its tendency to be under-reported suggests that the actual experience is greater than what is currently understood (Li, 2019). Furthermore, there is much yet to be known of this phenomenon in Australia, hence rigorous social science studies with extensive and enhanced data collection (both quantitative and qualitative) are needed. As experiences of racial microaggressions differ among racial and ethnic groups, qualitative studies are essential as they allow researchers to open-endedly investigate the experiences of racial microaggressions specific to each group in Australia (Nadal et al., 2014).

Furthermore, REMS is developed based on racial microaggressions experienced by American citizens of colour, and it is important to recognize that experiences of racial microaggressions differ among racial and ethnic groups. REMS was also developed for citizens, whereas this research focused on international students who are not citizens, hence some items in REMS could not be applied to international students. This warrants the need for the development of a racial microaggressions scale specific to international students in Australia.

Nadal and colleagues (2014) highlighted the need of validating experiences of racial microaggressions to enhance the individuals' abilities to cope successfully with such experiences. Although not representative, the findings of this present research asserted the prevalence of racial microaggressions among international students in Australia, and intervention efforts should begin by raising awareness and validation of such experiences.

Though moderating variables could be used to explain the insignificant relationship between racial microaggressions and stress levels as well as other dimensions of psychological wellbeing in this present research, these are merely speculations as no data was collected on moderators found by existing literature. Future studies should aim to identify moderators specific to different ethnic groups of international students in Australia. The investigation on coping mechanisms and other moderators such as self-efficacy could be useful as it may inform individual and institutional efforts to manage the negative impact caused by experiences of racial microaggressions.

Conclusion

Communities have been proactive in challenging racism; however, more subtle means of racism are experienced as microaggressions. The present research aimed to investigate the prevalence of racial microaggressions and its impact on stress levels and psychological well-being among international students in Australia. All participants ($N = 54$) reported experiencing some form of racial microaggressions in the past six months. This research consisted of participants across Australia, suggesting the common prevalence of

racial microaggressions among international students across Australia.

The relationship between racial microaggressions and stress levels were not significant, suggesting that there could be potential mediating factors such as use of coping strategies, level of self-efficacy and ethnic identities. Second-Class Citizen and Assumptions of Criminality, and Workplace and School Microaggressions were found to have a significant and negative association with overall psychological well-being. Regression analysis also revealed estimated predictability between types of racial microaggressions, such as Second-Class Citizen, Assumptions of Criminality and Workplace and School Microaggressions, and wellbeing indicators, such as Depressed Mood, Self-Control and General Health. Such findings fit the status quo relating to the ongoing pandemic, the ethnic composition of research participants, as well as the nature of everyday interactions of the participants. Among the different dimensions of psychological wellbeing, significant and negative associations were found among microaggressions and these dimensions: Depressed Mood, Self-Control, and General Health, which were consistent with existing literature. This finding is noteworthy as it highlighted that experiences of racial microaggressions not only have implications on mental health but on physical health as well.

Although the research sample was not representative of the target population, this research laid some important groundwork and provided important justifications for future research to investigate this phenomenon. The negative consequences on physical and psychological wellbeing associated with racial microaggressions highlighted the need for further investigation, as well intervention and prevention efforts. Due to the invisible and ambiguous nature of racial microaggressions, validation of experiences of racial microaggressions is crucial in reducing the negative consequences of such experiences. Empowering international students by raising awareness on racial microaggressions and encouraging them to exercise their personal agency may also help to reduce the negative consequences associated with racial microaggressions.

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