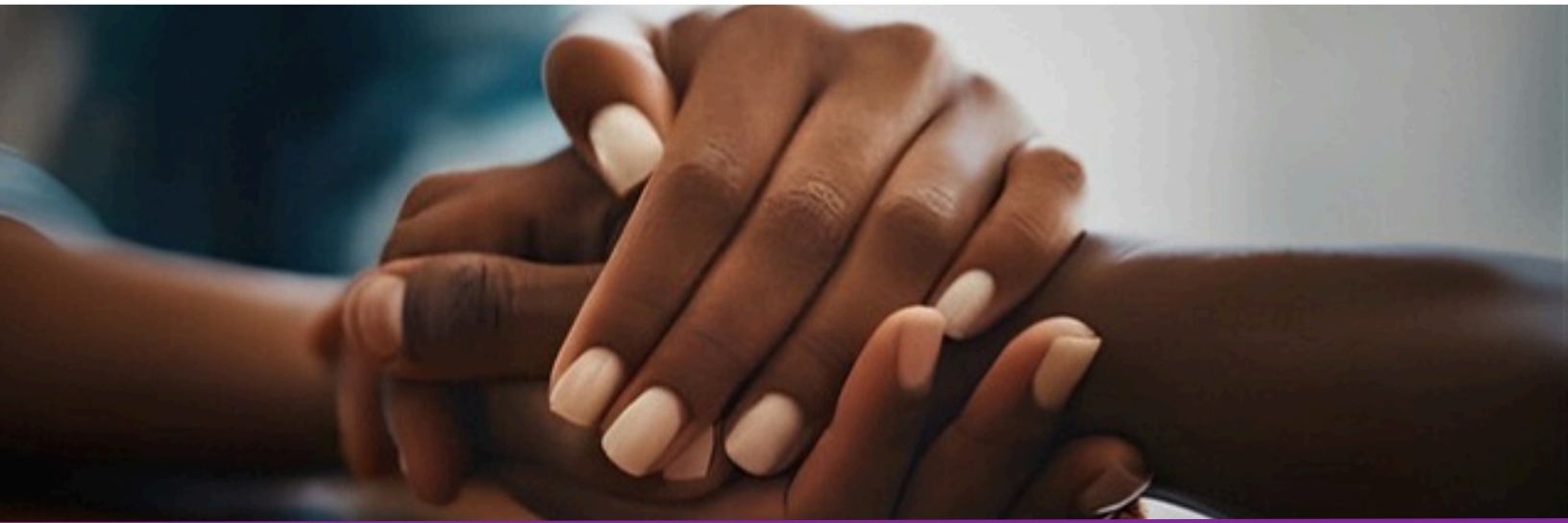


# “UNWEATHERED”

*A Black Women  
and Girls’ Guide  
to Wellness and  
Resilience*



PRESENTED BY

**THE CONGRESSIONAL CAUCUS  
ON BLACK WOMEN AND GIRLS**

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***“Unweathered”: A Black Women and Girls’ Guide to Wellness and Resilience***

**Disclaimer:**

This document provides evidence-based information focused on the mental wellness of Black women and girls. It is intended for educational purposes only and should not be used as a substitute for professional mental health advice, diagnosis, or treatment. If you or someone you know needs urgent mental health assistance, please call or text **988** to reach the Suicide & Crisis Lifeline.

## TABLE OF CONTENTS

<b>Disclaimer</b>	1
<b>Table of Contents</b>	2
<b>Introduction</b>	5
About Us	5
Why This Guide?	5
Resilience and Racial Trauma	6
Who Is It For?	6
How to Use the Guide	7
<b>What is Mental Health? (Learn)</b>	9
Is Someone in Crisis Right Now?	9
<b>Happiness, Wellness and Resilience</b>	10
Pathways to Happiness and Wellness	10
The Weathering Effect: When Resilience Exhausts the Body	11
<b>Promoting Joy Among Black Women and Girls (Learn)</b>	12
The Power and Resistance of Black Joy	12
Seeing Ourselves: Black Girl Joy in Media	12
The Vital Need for Connection and ‘Third Places’	12
<b>Stigma (Learn and Act Now)</b>	13
The Root of Stigma: A Structural Analysis	13
The Intergenerational Cycle of Stigma	14
Act Now	14
<b>Black Youth (Learn)</b>	15
Black Girl Joy and Black Girl Magic	15
Social Media	15
Digital Kinship in Virtual Spaces	15
Research	16
Impact of Adultification and Hypersexualization	16
Suicide	16
Facts on Black Girls and Suicide	16
When You Speak with Your Parents About Your Mental Health Needs	17
Act Now: Advocacy for Youth	17
Testimonials	18
Amina's Story: How Anxiety Affects Me	18
Kamiya's Story: A Talk with Auntie	18
<b>The Impact of Chronic Health Conditions on Mental Health (Learn)</b>	19
Breast Cancer	19
Reproductive Health Care	19
Stress-Related Conditions	19
Effective Management	20
<b>Black Women's Midlife Health (Learn)</b>	21

The SWAN Study	21
Cardiovascular Health	21
<b>Maternal Health (Support)</b>	22
Support Resources	22
<b>LGBTQIA+ (Learn)</b>	23
Data And Disparities	23
Polyvictimization and Cycle of Incarceration..	23
The Protective Power of Family Affirmation	24
Evidence-Based Paths to Healing	24
<b>Substance Use (Learn)</b>	25
Sober Black Girls Club (Support)	25
<b>Parents (Support/ActNow)</b>	26
Strategies for Black Parents	26
<b>Unique Challenges Facing Black Women and Girls (Learn and Act Now)</b>	27
Predisposing Risk Factors	27
Microaggressions	27
Superwoman Schema	27
Act Now	27
Misogynoir	28
Stereotypes and Microaggressions Faced by Black Women	28
Impact of these perceptions	28
Intersectionality	29
<b>Justice Impacted, Violence and Trauma (Learn)</b>	30
Justice Impacted	30
Violence and Trauma	30
Police Violence	30
Gun Violence, and Compounding Trauma	30
Intimate Partner Violence (IPV)	30
<b>Treatment (Learn)</b>	32
The Strategic Role of Therapy	32
Somatic Therapy Addressing the Body’s Memory	32
Sister, Can We Talk	32
Strategies for Finding a Relatable Therapist	33
Navigating the Search	33
Initiating the Journey	33
The Role of the “Strong Black Woman In Healing”	33
Holistic Wellness	33
Mind-Body Therapies and Stress Reduction	34
Complementary Alternative Medicine (CAM)	34
Diet	34
Act Now (Community Connection)	34
<b>Advocacy (Support)</b>	35

<b>Seeking Support (Support)</b>	36
When Should You Seek Help?	36
How to Find Support	36
Cultural Competence & The Black Women's Experience	37
What Happens in a Counseling Session?	37
<b>Crisis and Warm Line Support (Support)</b>	38
<b>Allyship (Support)</b>	39
<b>Key Dates (Act Now)</b>	40
<b>Sample Messages (Act Now)</b>	41
<b>Policy Recommendations (Act Now)</b>	45
<b>Contributors</b>	46
<b>Conclusion: From Resilience to Radical Wellness</b>	47
<b>References</b>	48

## INTRODUCTION

### ABOUT US

This guide was created by the Black Girls Mental Health subcommittee of the Black Mental Health Braintrust. This Braintrust is led by Representative Bonnie Watson Coleman (NJ-12) and supported by her fellow Co-Chairs of the Congressional Caucus on Black Women and Girls Representatives Yvette Clarke (NY-09) and Robin Kelly (IL-02).

The subcommittee works towards a world where Black women and girls are valued and portrayed positively and their authentic voices are uplifted and seen as central to our collective global story.

The subcommittee:

Centers the voices of Black women and girls, particularly in issues that disproportionately affect them

Provides recommendations and related resources to support Black women and girls' mental health, well-being, and ability to thrive

Uses evidence-based research to raise awareness and educate policymakers on the importance of Black women and girls' mental health

Advocates for and creates policies which will ensure a world where Black girls are valued, portrayed positively, and are safe, and

Includes ethnographic and anthropological lenses that incorporate culture, race, and the shared experience's mitigating effect and cultural remediation on mental health wellness.

### WHY THIS GUIDE?

Today's health disparities are rooted in a long history of U.S. policies and events and reflect the ongoing impacts of racism and discrimination. People of African descent, particularly those in the diaspora whose ancestors were forcibly removed from Africa through the transatlantic slave trade, have demonstrated remarkable strength and resilience despite centuries of adversity and trauma. Our journey is marked by the ongoing process of healing and building strength, often drawing upon the rich traditions and heritage of African cultures. We persevere, and you can see it today in African American culture, including music, art, literature, and faith. (Artiga and Hill & Presiado, 2025)

Through 1965, U.S. laws were used to justify the abuse of Black people. In the years after the American Civil War, Black people faced oppression in the form of sharecropping: farm labor that severely restricted economic mobility. We faced segregation: enforced and legalized separation from housing, health care, and other services.

Racism today is often more subtle, but it remains harmful. It manifests through reduced access to housing, health care, and education, as well as through disproportionately high rates of incarceration.

## RESILIENCE AND RACIAL TRAUMA

The Centers for Disease Control (CDC) has declared racism a serious threat to public health that has placed communities of color at greater risk for poor health outcomes.

According to the American Psychological Association, racial trauma can result from both direct experiences of racism and more insidious exposures that accumulate over time. Overt forms of racism include physical and verbal attacks, while indirect stressors may involve exposure to videos of police brutality on social media or being subjected to subtle putdowns and microaggressions. Racial trauma may also arise from intergenerational trauma, traumatic stress that is transmitted from one generation to the next.

Understanding how this history shapes present-day disparities can help inform and guide how we address them. We also recognize the resilience of marginalized people in the face of these challenges and disparities. It is critical to prioritize community engagement and leadership to mitigate disparities and improve overall health and well-being. (Artiga and Hill & Presiado, 2025)

Black women and girls are disproportionately overlooked in mental health efforts, while also disproportionately impacted by the conditions and experiences that cause mental health challenges. There is a need to both interrupt the harms we experience and to address the aftermath of harm that has already occurred. Black women and girls also have unique experiences and needs that must be considered if support is going to provide meaningful relief.

Black women are less likely to have health insurance and access to mental health resources, and when we do, we may face discrimination and bias in the healthcare system. This can result in misdiagnosis, underdiagnosis, or lack of access to effective treatments. (Savage, 2023)

## WHO IS IT FOR?

To run is not necessarily to arrive. (Swahili)

### *Black Mothers or Soon to Be Mothers*

Black women face unique challenges when it comes to mental health, and these challenges become even more pronounced during motherhood. As parents, existing mental health challenges may be compounded. Black mothers can use this guide to learn more about their perinatal mental health and their children's mental health.

### *Black Women and Girls*

Black women and girls can use this guide to deepen their understanding of their own mental health, as well as the mental health experiences of the Black women and girls in their families, communities, and broader social networks.

### *Allies and Accomplices*

Caring and concerned adults, including community members, educators, and professionals in helping fields, can use this resource to better understand, advocate for, and support Black women and girls; promote mental health and overall well-being; and help prevent adverse mental health outcomes.

If readers are not Black community members, we invite them to read about how to be effective allies and accomplices on [page 42](#).

## HOW TO USE THE GUIDE

African wisdom continues to inform everyday life and therapeutic practice as a means of supporting and promoting mental health within Black communities. This guide is designed for Black women, Black girls, and those who support their mental health, to empower individuals and communities to take an active role in mental wellness. It is not intended solely for moments of crisis; rather, it serves as a source of strength, joy, and affirmation, intentionally centered on the lived experiences, resilience, and brilliance of Black women and girls, honoring the legacy of the remarkable Black women who came before us.

Despite the challenges they have faced, Black women and girls continue to thrive. This guide examines the many factors that influence the wellness of Black women and girls and amplifies the research and resources that have shaped our understanding of their mental health.

This guide can be used in different ways depending on your current need.

You may want to read it to validate feelings you have been having.

You may want to use it to prepare for a conversation with a therapist.

Organizations may want to create newsletter articles or social media content on Black women's mental health.

You may want to use particular sections to create a potential policy proposal or program with evidence-based research.

You may want to learn how to be a better ally and accomplice to Black women and girls by better understanding our perspectives.

However you use it, we hope you refer to it often and share with those who might see themselves in these pages.

This guide will allow you to:

**LEARN** more about mental health and how it may show up differently for Black women and girls. Research is a central component of this guide. We amplify evidence-based information throughout, and highlight a few sections focused on the important research on this topic.

**SUPPORT** yourself and assist Black women and girls around you.

**ACT NOW** to protect and advocate for your own mental health and the mental health of Black women and girls around you.

*This guide is not meant to be a comprehensive list of all of the aspects of Black women and girls' mental health. We encourage you to use this as one of many resources to better understand our journey and our mental health and wellness.*

## WHAT IS MENTAL HEALTH? (LEARN)

People often confuse mental health with mental illness, but they are two different concepts.

**Mental health** includes your emotional, social, and psychological well-being. It influences how you think, feel, act, and how you handle stress, relate to others, and make choices. It can range from really struggling to feeling great and can vary daily. (Substance Abuse and Mental Health Services Administration, 2025)

**Mental illness** is a health condition involving changes in emotion, thinking or behavior (or a combination of these). Mental illnesses can be associated with distress and/or problems functioning in social, work or family activities. (American Psychiatric Association, 2025)

Additionally, mental illness should not be self-diagnosed. It is helpful to be aware and educated about any symptoms, but it is recommended that you seek professional care to confirm if there is a mental health diagnosis.

Remember:

You can live with a mental illness and still have strong mental health.

You can have no diagnosable condition and still struggle with your mental health.

Feeling emotions like sadness, anger, or loneliness is part of being human. That doesn't automatically mean you have poor mental health.

Life experiences such as trauma, racism, grief, or stress can impact mental health, and learning how to process them is a form of self-care and healing.

Poor mental health and mental illness can have a profound effect on physical health, so it is important to take care of both your mind and body.

Mental health isn't about being happy all the time but about having tools, support, and space to care for yourself and process your experiences. For example, you may be upset by a family conflict, but being aware of the best ways to set boundaries and take time to do something meditative, like taking a walk or reading a book, can help that stress not consume you.

## IS SOMEONE IN CRISIS RIGHT NOW?

If you or someone you know is experiencing an urgent mental health crisis, please dial 988.

## HAPPINESS, WELLNESS AND RESILIENCE

For Black women, wellness is a biological imperative. Research from Georgia State University identifies self-care as a historically grounded mechanism used to mitigate the "weathering" effects of systemic racism and misogynoir (Evans, 2021). This is not a modern trend; archival data reveals that figures like Rosa Parks maintained a 40-year yoga practice to manage the physiological toll of activism. This "wellness over illness" framework is a strategic response to disproportionate caretaking burdens.

### PATHWAYS TO HAPPINESS AND WELLNESS

Recent qualitative studies have identified specific "happiness practices" that are particularly effective for Black women:

**Digital Kinship & Community:** Younger generations use social media to "normalize" therapy and create safe spaces for joy, bypassing traditional barriers to care (Nielsen, 2017).

**The "Dopamine" Strategy:** Community-based wellness research emphasizes "finding your dopamine" through movement (yoga, dance), setting boundaries, and celebrating "small victories" to counter chronic stress (Afro American Newspapers, 2025).

**Narrative Therapy:** Using storytelling to deconstruct the "Superwoman" identity and reconstruct a version of self that prioritizes self-compassion and rest (Drustrup & Baptiste, 2019).

**Acknowledging Cumulative Burden:** Chronic over-reliance on the "Strong Black Woman" role leads to physiological wear and tear on the cardiovascular and neurological systems (Woods-Giscombé, 2010; Allen et al., 2019).

**The Clinical Pivot:** Healing requires shifting the priority from external caregiving to internal foundational wellness.

**Strategic Safe Havens:** To counteract systemic silencing, Black women are moving toward intentional, socio-cultural communities that function as "psychological safe zones."

**Collaborative Care:** Modern studies confirm that Black patients, particularly Black women, often experience a significant preference for racially matched providers on their wellness journey and to avoid the "invisible labor" or burden of educating their therapist on systemic racism and cultural nuances (Moore et al., 2022; Duong et al., 2024).

**Spirituality:** Current research advocates for integrating spiritual practices with professional therapy, recognizing that faith and clinical intervention are complementary protective factors.

## THE WEATHERING EFFECT: WHEN RESILIENCE EXHAUSTS THE BODY

Resilience, or thriving in the face of adversity, is a component of well-being in African American women. Yet, when we celebrate Black women for their "superhuman" resilience, we are often glorifying their exhaustion. Studies show that the unique stress of being a Black woman in America leads to specific coping mechanisms, like emotional suppression, which are directly linked to poor health outcomes like diabetes and cardiovascular disease. (Beauboeuf-Lafontant, 2007)

Resilience is necessary for survival, but it isn't a cure for systemic inequality. We need to move away from the "Strong Black Woman" trope and toward a culture that prioritizes our well-being. Black girls and women deserve to be more than just "strong"—they deserve to be supported, rested, and understood. (Geronimus, et al, 2006; Woods-Giscombe, 2010; Watson and Hunter, 2015)

## PROMOTING JOY AMONG BLACK WOMEN AND GIRLS (LEARN)

*"Black joy is about manifesting the joy that you need, deserve, or desire." (Cruz, 2022)*

### THE POWER AND RESISTANCE OF BLACK JOY

Black joy isn't a new concept—it is an act of resistance. Especially after the weight of the COVID-19 pandemic and the racial trauma of 2020, we need to name and celebrate our joy more than ever. Scholars define Black joy as the choice to embrace our identity and celebrate our culture, even when the world around us tries to treat our existence as a threat. We lean into joy to reclaim our humanity and our history. Whether it's through music, art, or wellness practices, we have always found ways to sustain our spirits. We don't just happen upon joy; we create it, and we deserve it. (Dillard, 2019; Love, 2019; Tichavakunda, 2022)

### SEEING OURSELVES: BLACK GIRL JOY IN MEDIA

Representation matters because it validates our experiences across generations. Shows like *Harlem* and *The First Wives Club* are more than just entertainment; they are essential mirrors that reflect the beauty of Black womanhood and the power of sisterhood. When Black women storytellers use their platforms and resources to share our stories, they provide us with affirming images that spark joy and remind us of the strength found in our shared bonds. (Harris and Harris, 2024)

### THE VITAL NEED FOR CONNECTION AND 'THIRD PLACES'

We aren't meant to carry life's burdens in isolation. Research shows that when we lose touch with family and friends, our mental health takes a serious hit.

Interestingly, data suggests that Black, Hispanic, and Asian adults often have smaller local support networks compared to White adults. For example, only 44% of Black adults report having a solid circle of nearby friends or family to lean on, compared to 56% of White adults. (Taylor et al, 2020)

This is why "third places"—those community spots outside of home and work—are so crucial. Whether it's a hair salon, a coffee shop, or a neighborhood park, these spaces offer a sense of belonging and protection against loneliness. They aren't just social hubs; they are vital to our quality of life, providing the stimulation and care we need to stay mentally and emotionally well. (Artiga et al, 2025; Finlay et al, 2019)

## STIGMA (LEARN AND ACT NOW)

Mental health is often a taboo topic, and that stigma is exactly what keeps us from feeling our best. Black individuals often face higher levels of stress and depression, but the fear of being judged can make us suffer in silence.

### THE ROOT OF STIGMA: A STRUCTURAL ANALYSIS

The stigma surrounding mental health in Black communities is not a lack of awareness; it is a logical response to a history of systemic harm.

- *Historical Medical Mistrust and the Survivalist Mentality*: The legacy of medical experimentation (such as the Tuskegee Syphilis Study) and the pathologizing of Black resistance have created a deep-seated, protective caution toward the medical establishment. Ruth White notes that this history has fostered a "survivalist mentality" where seeking help is often viewed as a weakness that runs counter to the resilience required to navigate systemic oppression. She explains: "Much of the pushback against seeking treatment stems from ideas along the lines of: We have survived so much adversity and now someone is going to say that there's something wrong with us" (White, 2019).
- *The "Strong Black Woman" Constraint*: Societal expectations—like the Superwoman Schema—pressure Black women to suppress vulnerability and prioritize caregiving. This cultural "armor" makes seeking help feel like a personal failure rather than a health necessity. White points out that in the African American community, "mental health issues are often compounded by the psychological stress of systemic racism," which threatens the physical and psychological safety necessary to feel comfortable being vulnerable in a clinical setting (White, 2019).
- *Spiritual vs. Clinical Tension*: In many Black communities, there is a long-standing tradition of relying on faith-based support. Historically, the clinical world has failed to integrate spirituality, leading to a perception that mental health care is "not for us" or is at odds with one's faith. White cites the phenomenon of high religiosity in Black communities, noting that "prayer and faith are often seen as a salve for mental health woes and may be favored over formal medical treatment" (White, 2019).
- *Provider Bias and the Fear of Criminalization*: The mental health system has a documented history of misdiagnosing Black patients—often labeling trauma-related symptoms as personality disorders or "aggression." White specifically frames this within the context of the American justice system, highlighting the danger that arises when symptoms are misunderstood. She states: "If an African American person with a mental illness acts out in violence, they are much more likely to be criminalized than to be given the opportunity to receive mental health care" (White, 2019). This disparity stokes a legitimate fear that acknowledging struggles will result in legal repercussions rather than healing.

## THE INTERGENERATIONAL CYCLE OF STIGMA

Mental health stigma is defined as the negative attitudes and discriminatory behaviors directed at those seeking psychological care. For Black girls, this stigma is often reinforced by the adults in their lives, creating a significant barrier to wellness. When parents or caregivers minimize mental health struggles—reframing them as personal weaknesses or spiritual deficits—they validate a culture of silence.

This "adult reinforcement" of stigma is particularly damaging because it occurs at the intersection of race, gender, and age. When adults discourage help-seeking, they isolate Black girls, leading to a delayed recognition of clinical needs and the internalization of the belief that their pain is invalid.

This cycle does not just affect the individual; it actively widens the mental health disparities that plague our communities. (Abrams et al, 2019; Corrigan and Watson, 2002; Epstein and Gonzalez, 2017; Hankerson, et al, 2015; Ward, et al, 2013)

## ACT NOW

**Train** more Black therapists and mental health professionals, as well as develop culturally relevant treatment approaches, which can improve access and utilization of services.

**Share** stories of Black individuals who have successfully sought mental health support.

**Partner** with faith leaders and community organizations to help destigmatize mental health and promote help-seeking behaviors. The Black church could use its influence to transform negative beliefs toward those struggling with mental illness to support attitudes and initiatives that promote psychological well-being as a part of spiritual well-being. (Randolph, 2023)

## BLACK YOUTH (LEARN)

### BLACK GIRL JOY AND BLACK GIRL MAGIC

Recent data shows that for Black girls, internalizing positive messages about their identity acts as a literal buffer against mental illness. A 2020 study published in the *Journal of Youth and Adolescence* surveyed 287 Black girls (ages 13–17) and found that "gendered racial socialization"—specifically hearing positive messages about being a Black girl/woman—was directly correlated with fewer depressive symptoms (Stokes et al., 2020). Conversely, hearing oppressive or stereotypical messages about Black women significantly increased the risk of depression, even if positive messages were also present (Stokes et al., 2020).

Dr. Bettina Love (2019) and other contemporary scholars argue that for Black youth, joy is a form of "abolitionist" practice. In a world that often hyper-focuses on Black pain, choosing joy is an act of reclaiming identity. Love argues that schools and therapists must move beyond "trauma-informed" care to "joy-informed" care (Love, 2019). Joy is described as a "remedy" and a means of self-preservation that allows Black girls to see themselves as more than their struggles (Briggs/MDH, 2023).

Social media movements have provided measurable shifts in how Black women and girls perceive themselves. Research published by the NIH (2021) on the #BlackGirlMagic movement found that 69% of participants reported improved self-esteem after interacting with the hashtag. The movement helped participants reject Eurocentric beauty standards—specifically related to hair texture and skin complexion—which are major drivers of psychological distress in young Black girls (NIH, 2021).

### SOCIAL MEDIA

#### Digital Kinship: Black Girls' Agency in Virtual Spaces

In her research, Ashleigh Wade introduces the concept of digital kinship—the strategic use of technology to build and maintain familial and "chosen" support systems. This study highlights how Black girls utilize platforms like Facebook and Snapchat not just for entertainment, but as a space for relational practice.

Wade's findings demonstrate a bidirectional influence: offline family dynamics shape online content, while digital production simultaneously reinforces real-world bonds. Crucially, the research identifies social media as a "double-edged sword." While it can be a source of negative self-image, it also offers mental health professionals and influencers a deliberate tool to promote well-being and psychological resilience.

Ultimately, these digital networks serve as vital "third places" where Black girls exercise agency and find support that may be restricted in their physical school or home environments. (Wade, 2019)

## RESEARCH

### Impact of Adultification and Hypersexualization

A qualitative study led by Black youth utilized an arts-based approach and semi-structured interviews to capture the lived experiences of 26 Black girls and young women (ages 13–24) and 25 female caregivers. Core findings from the interviews included:

*The Struggle for Childhood:* Youth participants expressed a profound desire to preserve their childhood innocence, which they felt was constantly under threat by external hypersexualization.

*Adultification and Criminalization:* Caregivers highlighted the "rapid maturation" forced upon Black girls, noting that this adultification often leads to harsher disciplinary actions and criminalization within the school system.

*Clinical Gaps:* Both groups identified a glaring lack of culturally sensitive mental health support. The findings suggest that current clinical models often fail to account for the specific intersection of racism and sexism that Black girls navigate daily.

The study underscores that adultification is not a personal failure, but a systemic issue. To protect the well-being of young Black females, we must implement policies and interventions that dismantle the biased perceptions held by educators, clinicians, and the broader community. (Brissett, et al, 2025)

## SUICIDE

The mental health of Black girls is being overlooked, often with fatal consequences. Suicide rates among Black teenage girls nearly tripled over a 16-year period, yet the systems meant to protect them often criminalize them instead. Research shows that adults perceive Black girls as "troublemakers" rather than children in pain. This is fueled by adultification bias, which strips girls of their childhood innocence and increases their risk of entering the school-to-prison pipeline. Furthermore, Black girls are acutely aware of how historical slavery and structural racism still show up in medical settings today. To truly support them, practitioners must move toward culturally specific, social justice-oriented care that acknowledges the reality of being a Black girl in America. (Givens, 2020; Gadsden and Lewis, 2022; Rutgers University, 2018; Pappas, 2021)

### Facts on Black Girls and Suicide

*Suicide Increase:* There has been a 182% increase in suicide death rates for Black teenage girls (2001–2017). (Price and Khubchandani, 2019)

*Adultification Timeline:* Bias starts as young as age 5 and is most intense between ages 10 and 14. (Epstein, et al, 2016)

*Early Onset:* 50% of all lifetime mental illnesses begin by age 14. (Kessler et al, 2005)

## WHEN YOU SPEAK WITH YOUR PARENTS ABOUT YOUR MENTAL HEALTH NEEDS

- Plan what you want to say
- Explain as clearly as you can
- Make this a continuous conversation
- Explain the effort you made to identify your mental wellness needs
- Let them know there are resources or affordable options for mental health support
- Talk to someone else in your family or network if needed. (NAMI, 2025)

### ACT NOW

You should embrace your childhood and have the space to explore and make mistakes without being judged.

*Be aware* that adults, including teachers, law enforcement, and even parents, may unconsciously perceive you, as a Black girl, as more mature and less innocent than you are. (Epstein et al, 2017)

*Challenge* stereotypes that portray you as overly sexual or responsible beyond your years.

*Educate* adults, clinicians, and teachers around you about the normal social, emotional development of children and adolescents.

*Understand* that this bias can lead to harsher disciplinary actions, less emotional support, and the denial of childhood experiences. Positive interactions should be encouraged, and you should be provided with a joyful and nurturing environment in which you can thrive.

*Advocate* for safe spaces where you can express yourself freely and without fear of judgment.

*Support and Empower Girls* to have access to culturally sensitive mental health support tailored to girls' needs and be equipped with leadership and life skills training that can empower you to become active agents in your schools and communities.

*Remember...BE KIND to yourself during this season.*

### TESTIMONIALS

*These testimonials are written by two young girls and represent their personal perspectives on the mental health of Black girls.*

### **AMINA'S STORY: How Anxiety Affects Me**

*Here is how anxiety affects me. Having anxiety is bad enough but being African American and a teenage girl makes it harder. I'm 16 so I'm at the age where girls get kidnapped. I have to worry about watching my surroundings, making sure everything on my body is covered so the chances of me getting groped or assaulted don't happen. It doesn't help that I have to dress nicer and behave politely when the police come. When I see or hear the police, I freeze up. It doesn't help that I'll get my driver's license soon. If I'm driving and I see the police, the fear of what happened to George Floyd floods my mind.*

*Kidnapping these days worries me. I've never liked boys and men much so I ignore them, but because I have to look and think about how "men" would look and see my behavior I have to be more self-aware. Having to think about things that I don't like causes me irritation. I don't like thinking about society, patriarchy but with the way the world works.... I'm a teenage girl and not white. My school life is normal and safe. I go to school, draw, get pretty good grades, and avoid boys. I occasionally deal with immature guys, and sometimes it gets bad, but otherwise not much. I like doing the same thing and not a lot of anxiety hits me. When a lot does though and too many changes happen, I shut down or blow up.*

Amina, Age 16

### **KAMIYA'S STORY: A Talk with Auntie**

*Kamiya is 16 years old and recently got her driver's license. Kamiya's parents are so excited about this new chapter and just surprised her with a used Honda Civic. She's always been a well-rounded girl, excelling both academically and athletically. Kamiya is very orderly and makes sure that everything is set for the following day. Shortly after her parents gifted her the car, they noticed a change in their daughter. Kamiya no longer attends her practices and her grades are now slipping. This was certainly not the Kamiya they knew; she'd always kept high standards for herself. She had a big dream of going to Howard University. As of now, she's hanging with the wrong crowd and even started acting "fast."*

*Concerned, Kamiya's mom called her aunt Loretta to express these new changes she's noticed in her daughter. Her aunt came over to take her to the mall to see what's going on. Kamiya typically tells Loretta everything.*

*Immediately when Loretta picked up Kamiya, she noticed that while Kamiya typically keeps her appearance up, today she notices her nails are chipped and she's not wearing lashes.*

*Loretta asks, "Girllll, now why do your nails look like that? Where are your lashes?" Instead of Kamiya's typical response of laughing it off, Kamiya shrugs her shoulders, rolls her eyes, and suddenly starts to cry. She then says, "Aunt Loretta it's just all too much!" Aunt Loretta listens to Kamiya for the next 30 minutes hearing how overwhelmed and hopeless she feels. Aunt Loretta responds, "Kamiya, I am so glad you told me this sweetie. You are not alone, I've been there. Together we will find help."*

Kamiya, Age 16

## THE IMPACT OF CHRONIC HEALTH CONDITIONS ON MENTAL HEALTH (LEARN)

Chronic health conditions, a public health concern in the United States, disproportionately affect Black women across the lifespan. Health conditions such as cardiovascular disease, hypertension, diabetes, autoimmune disorders, asthma, obesity, chronic pain syndromes, and depression occur at higher rates and often with greater severity among Black women compared with other groups. These disparities are not solely attributable to individual health behaviors; instead, they reflect the cumulative impact of structural racism, chronic stress, inequitable access to health care, environmental exposures, and social determinants of health. (American Heart Association, 2023)

### BREAST CANCER

Breast cancer impacts Black women's mental health differently. Research shows that cancer-related distress and emotional fatigue often persist for Black survivors even after medical treatment is finished. The pressure to appear 'strong' often leads to suppressed emotions and a hesitation to seek out psychosocial services. Furthermore, young Black women face unique hurdles regarding sexuality and family planning that are often ignored in standard care. We need a shift in the healthcare system that prioritizes mental health support during the most critical times—at diagnosis and throughout treatment—rather than leaving women to navigate the aftermath alone. (Noble, 2025)

### REPRODUCTIVE HEALTH CARE

Reproductive health outcomes for Black women are a clear indicator of systemic failure. We see significantly higher rates of underlying health issues—like obesity and cardiovascular disease—that turn pregnancies into high-risk situations. The landmark Turnaway Study proved that losing access to abortion services results in long-term psychological distress, including increased stress and lower life satisfaction. Psychologists are now sounding the alarm: by diminishing the bodily autonomy of women of color, they are exacerbating existing inequities and creating a cycle of trauma that affects both physical and mental health. (Thompson, 2022; Bliggs et al, 2017; Abrams, 2023)

### STRESS-RELATED CONDITIONS

Black women experience particularly high rates of stress-related conditions. Chronic exposure to psychosocial stressors, such as racism, gender discrimination, economic stressors, and caregiving burden, contributes to physiological distress, which increases the risk for hypertension, metabolic disorders, and cardiovascular disease. Diabetes and obesity are more prevalent in Black women and often more difficult to manage due to barriers such as limited access to preventive care, culturally responsive treatment, and safe environments for physical activity. (APA, 2019; Lewis et al, 2014)

## EFFECTIVE MANAGEMENT

Effective management of chronic health conditions is critical to improving both physical and mental health outcomes. Chronic illness often requires ongoing self-management, including compliance with the medication regimen, lifestyle changes, including appropriate diet, nutrition and exercise, effective management of stress, and regular engagement with health care providers. When conditions are not managed, they can lead to more impairment, reduced quality of life, increased health care utilization, and heightened risk for comorbid mental health conditions such as depression and anxiety.

For Black women, effective chronic disease management should be holistic and culturally responsive. Studies have shown the effectiveness of cognitive behavioral interventions in the effective management of chronic health conditions. Integrating stress management strategies, such as mindfulness, yoga, and other mind-body approaches, with conventional medical care can help decrease the impact of chronic stress and support overall well-being.

Family, community, and social support are important as they address both individual needs and systemic barriers to care. (Geronimus et al, 2013; Geronimus et al, 2015; NIMHD, 2022; Prather et al, 2016; Taylor and Stanton, 2007; Woods-Giscombé and Lobel, 2008)

## BLACK WOMEN'S MIDLIFE HEALTH (LEARN)

### THE SWAN STUDY

For over 25 years, the Study of Women's Health Across the Nation (SWAN) has tracked the menopause transition (MT) across a diverse cohort of Black, Chinese, Japanese, Hispanic, and White women. While the study has significantly advanced our knowledge of midlife aging, its most critical findings highlight the distinct and often more arduous path navigated by Black women.

#### Key Findings on Black Women's Health:

**Accelerated Health Risks:** Black women enter midlife with a significantly more adverse cardio-metabolic profile and more physical limitations compared to their White counterparts.

**Reproductive Disparity:** The experience of reproductive aging is not universal; Black women face unique physiological challenges that stem from a lifetime of accumulated stress.

**The Role of Social Disadvantage:** Although SWAN was designed decades ago, it uniquely captured measures of social disadvantage and discrimination. These stressors reflect the structural inequities that directly impact biological health.

### CARDIOVASCULAR HEALTH

The data confirms that we cannot wait until post-menopause to address cardiovascular health. To reduce the risk of Cardiovascular Disease (CVD), clinical interventions must prioritize the management of blood pressure, LDL cholesterol, and waist circumference during the early midlife transition.

Furthermore, we must address the systemic disparities in how hypertension is treated. To truly support Black women's health, we must shift our focus toward the structural factors and discrimination that "weather" the body long before menopause begins. (Harlow et al, 2022)

Research shows that Black women experience a more difficult menopausal transition, often starting 1.2 years earlier than White women due to the cumulative effects of systemic stress. (Michigan Public Health, 2023) This "weathering" (Yup, 2022) results in more severe vasomotor symptoms and a higher risk of depression and cardiovascular events. Unfortunately, medical bias often prevents us from receiving hormone therapy at the same rates as others. As Dr. Monica Christmas notes, frequent hot flashes are often a "canary in the coal mine" for heart health. To protect our well-being, we must address menopause holistically and ensure our doctors are treating our symptoms with the urgency they deserve. (University of Michigan School of Public Health, 2023; Yale School of Medicine, 2023; Harlow et al, 2022; SWAN, 2024)

## MATERNAL HEALTH (SUPPORT)

*It takes a village to raise a mother.*

Systemic racism in the American healthcare system directly contributes to the increased emotional burden carried by Black mothers. Statistics show that Black women are significantly more likely to experience postpartum depressive symptoms but are less likely to receive a diagnosis or treatment compared to their White counterparts. This gap is widened by the "Strong Black Woman" stereotype, which glorifies self-sacrifice. Ultimately, when the mental health of Black mothers is neglected, the ripple effect touches our children and our social networks, making culturally sensitive interventions a public health necessity. (Kozhimannil, 2011; Woods-Giscombé, 2010; Taylor, 2020)

### SUPPORT RESOURCES

**The Black Mamas Matter Alliance** is an organization that centers Black women's leadership to change policy, cultivate research, advance care, and shift culture for Black mothers. This is a great resource to help educate about maternal health.

**The Shades of Blue Project** provides support resources, including support groups, for Black women in all different circumstances before, during, and after childbirth.

**The National Maternal Mental Health Hotline Pregnant** is available for postpartum women, their loved ones, and caregivers and they can call or text 1-833-TLC-MAMA to speak with trained counselors for free and confidential support and resources 24/7.

## LGBTQIA+ (LEARN)

### DATA AND DISPARITIES

Black LGBTQ+/SGL (Same-Gender Loving) women and girls navigate a convergence of racism, sexism, homophobia, and transphobia. This "cumulative burden" is strongly associated with elevated rates of psychological distress (Kessler et al., 2005).

#### *Key Data*

- **Suicide Risk:** More than 20% of Black transgender and nonbinary youth reported a suicide attempt in the past year (The Trevor Project, 2022). LGBTQ+ youth are 5 times more likely to attempt suicide than heterosexual peers (Price & Khubchandani, 2019).
- **Depression:** 46% of Black LBQ+/SGL women have been diagnosed with depression, compared to 23% of straight women (Williams Institute, 2023).
- **Violence and Trauma:** 75% of LBQ women report everyday discrimination (Boston University, 2022). Nearly half have experienced physical or sexual assault since age 18 (Boston University, 2022).

### POLYVICTIMIZATION AND THE CYCLE OF INCARCERATION

For Black LGBTQ+ women, trauma is often "polyvictimized"—occurring across multiple settings including intimate partners, police, and institutions (Centers for Disease Control and Prevention [CDC], 2021).

#### *Key Data*

- **Intimate Partner Violence (IPV):** Approximately 69.4% of Black bisexual women experience IPV (CDC, 2021). Survivors who defend themselves are frequently criminalized rather than protected.
- **Mass Incarceration:** Black transgender women are incarcerated at 10 times the rate of the general population (Williams Institute, 2023). While only 3-4% of the general female population identifies as LBQ, they make up 33-42% of the prison population (Williams Institute, 2023).
- **The Trauma-Prison Loop:** Incarceration acts as a primary risk factor for PTSD and suicidality. Avoidance of these systems due to fear leads to untreated trauma, which often reaches a crisis point before help is sought.

## THE PROTECTIVE POWER OF FAMILY AFFIRMATION

Family support is a primary determinant of mental health outcomes. In Black communities, where family is a shield against racial inequality, rejection can feel totalizing (The Trevor Project, 2022).

Factor	Impact of Rejection	Impact of Affirmation
<b>Suicide Risk</b>	Several times higher for rejected youth (The Trevor Project, 2022).	Dramatically lower with even moderate support (The Trevor Project, 2022).
<b>Housing</b>	High risk of homelessness and "survival economies."	Increased stability and safety.
<b>Mental Health</b>	Chronic hypervigilance and emotional numbing.	Buffer against racism; higher self-esteem.
<b>Clinical Care</b>	Mistrust of providers and delayed help-seeking.	Earlier disclosure and better engagement.

## EVIDENCE-BASED PATHS TO HEALING

Effective treatment for Black LGBTQ+ women and girls must move beyond "neutral" therapy toward identity-affirming and intersectional care.

- **LGBTQ-Affirmative CBT:** This evidence-based approach addresses how "minority stress" affects cognitive and behavioral patterns (Williams Institute, 2023).
- **Affirmative Therapy:** This therapy validates all gender identities and orientations as natural. Youth are 8 times more likely to find therapy helpful when their identity is understood by the clinician (The Trevor Project, 2022).
- **Somatic and Holistic Tools:** Approaches like Sawubona Healing Circles or NTU Psychotherapy integrate spiritual and communal healing, recognizing that Black women often express stress through the body (Kessler et al., 2005).

### Specialized Resources:

- **Therapy for Black Girls:** Culturally responsive directory.
- **National Queer and Trans Therapists of Color Network:** Focuses on QTPOC-specific stressors.

## SUBSTANCE USE (LEARN)

Substance Use Disorder (SUD) among Black women cannot be understood without looking at the intersection of trauma and systemic inequality. Research in 2023 shows that 193,000 Black women engaged in binge drinking—defined as four or more drinks at once—in the past month. For this population, the path to treatment is often blocked by more than just social stigma. Black women are disproportionately affected by a lack of resources and the "criminalization" of health issues, especially regarding pregnancy and childcare. Studies led by researchers like Christian Connell and Carrie Oser emphasize that intergenerational trauma and childhood maltreatment are pervasive in these communities. These findings suggest that treatment must move beyond the clinic and into the community. Recovery for Black women is often rooted in building self-efficacy and leveraging the "informal" support of social circles to navigate a society that frequently targets them. (SSRI, 2023)

## SOBER BLACK GIRLS CLUB (SUPPORT)

Established in 2018, the Sober Black Girls Club (SBGC) was born out of a critical necessity: the lack of socially and culturally competent resources for Black women and nonbinary individuals in recovery. Recognizing that traditional recovery models often fail to address the unique stressors of misogynoir and systemic inequity, SBGC provides a vital alternative to mainstream support systems.

Over the last five years, the nonprofit has evolved into a comprehensive resource hub. Their model prioritizes mentorship, pairing those beginning their sobriety journey with experienced guides who understand their specific cultural context. Beyond peer support, the organization provides tangible aid—including virtual support meetings, a podcast, a blog, and a medical fund to assist members with the prohibitive costs of rehabilitation. By removing financial and social barriers, SBGC empowers Black women to reclaim their agency through sobriety. (Sober Black Girls Club, n.d.)

## PARENTS (SUPPORT/ACT NOW)

*Where there are many, nothing goes wrong.*

Swahili proverb Research suggests that Black parents can significantly buffer the impact of societal stress by practicing "racial socialization"—the intentional process of teaching children about their heritage while preparing them for the realities of discrimination. By combining open dialogue about emotions with a strong emphasis on racial pride, parents help their children develop a resilient self-image. Modeling healthy coping skills and having honest, age-appropriate conversations about systemic racism aren't just parenting techniques; they are evidence-based interventions that protect a child's long-term mental health and sense of belonging.

### STRATEGIES FOR BLACK PARENTS

#### *Open Communication and Emotional Literacy*

Encourage open dialogue: Create a safe space for children to express their feelings without judgment. Regularly check in with children about their thoughts and emotions.

Model healthy emotional expression: Parents should also acknowledge and express their own emotions, demonstrating healthy coping strategies. (Taylor, 2020)

#### *Racial Socialization*

Promote racial pride: Teach children to appreciate their heritage and cultural background.

Prepare for racial bias: Discuss potential discrimination and equip children with coping mechanisms to navigate those situations. (Taylor et al, 2020)

#### *Coping Skills*

Teach stress management techniques: Introduce mindfulness, deep breathing, and other relaxation techniques.

Encourage problem-solving: Help children develop strategies to address challenges and stressors. (CDC, 2021; Family Doctor, 2021; American Heart Association, 2021)

#### *Cultural Connection and Support*

Leverage community resources: Seek support from extended family, faith-based organizations, and community groups.

Engage in culturally relevant activities: Explore cultural events, traditions, and stories that foster a sense of belonging.<sup>72</sup> (Causadias et al, 2022)

#### *Professional Support*

The stigma surrounding mental health often discourages individuals from seeking help, leading to significant disparities in mental health outcomes. Seek therapy or counseling if needed, don't hesitate to seek professional help from mental health specialists.

Utilize mental health resources: Connect with organizations that specialize in supporting Black mental health. (Jones, 2025)

## UNIQUE CHALLENGES FACING BLACK WOMEN AND GIRLS (LEARN)

### PREDISPOSING RISK FACTORS

In identifying the drivers of mental health crises, the California Black Women's Health Project highlights the intersection of inherited trauma and systemic neglect. They categorize these risks as:

**Generational Cycles:** The transmission of psychological stress and internalized oppression from grandparents to children.

**Barriers to Care:** Stigma and the "Strong Black Woman" trope, which frame mental health struggles as a spiritual failing or a lack of self-love.

**Chronic Trauma:** The reality that a significant majority of Black women and girls navigate interpersonal and sexual violence.

The report concludes that our mental health infrastructure is "overtaxed" and lacks the cultural nuance necessary for true recovery. We are currently facing a deficit of community advocates and safe havens that respect the spiritual and cultural beliefs of Black women. (Mental Health, 2025)

### MICROAGGRESSIONS

In the workplace, Black women frequently navigate "gendered racial microaggressions," which combine both sexism and racism into a unique form of workplace exclusion. While these incidents may be unintentional or subtle, their cumulative effect is significant. Studies show that these experiences contribute to negative mental health outcomes, including increased anxiety and lower job satisfaction. Whether it's an assumption about her "tone" or an expectation that she handle the group's emotional needs, these microaggressions act as a persistent barrier to professional well-being and psychological safety. (Spencer, 2023)

### SUPERWOMAN SCHEMA

Research conceptualizes the Superwoman Schema as a response to systemic pressure, characterized by a refusal to be vulnerable and a tendency to prioritize others at the expense of self-care. While it may appear as a source of resilience, it is actually a major risk factor for poor mental health outcomes.

Black women who lean into this "superwoman" role report higher rates of depression and anxiety. Furthermore, the internal pressure to handle every crisis alone creates a barrier to professional mental health services, leading to long-term health issues that extend far beyond simple burnout.

### ACT NOW

Deconstructing the Superwoman Schema requires a shift from survival to sustainable wellness. We can address this through several targeted strategies:

*Radical Self-Awareness:* Identifying how the "strong Black woman" narrative influences your personal choices is the baseline for change.

*Prioritizing Self-Preservation:* Moving beyond basic self-care to intentional practices like mindfulness and exercise that actively lower your allostatic load.

*Clinical Support:* Seeking out mental health professionals who specialize in the intersectional trauma specific to Black women.

*Reframing Strength:* Challenging the myth that vulnerability is a weakness and reclaiming the right to be supported.

*Collective Healing:* Building "sister circles" and community networks that validate your experience and reduce isolation.

*Systemic Advocacy:* Pushing for organizational changes that address the root causes of the stress we are expected to carry. (Woods-Giscombé, 2016)

## MISOGYNOIR

Addressing the mental health of Black women requires an understanding of misogynoir—the unique prejudice that exists at the intersection of being both Black and female. Unlike the experiences of White women or Black men, misogynoir creates a specific set of stressors that are linked to higher rates of psychological distress. The data suggests that constant exposure to these intersectional attacks leads to a decline in self-worth and significant barriers to receiving adequate medical care. Furthermore, misogynoir strains social connections, leaving many Black women feeling unsupported and isolated in both professional and personal spaces. (Womanhood, 2025)

### *Stereotypes and microaggressions faced by Black women*

Black women navigate a unique set of microaggressions that undermine their credibility and professional autonomy. These tropes—like the "Angry Black Woman" or the "Bad Attitude" label often forced onto Black girls—serve to silence contrary views and punish passion. In the workplace, this manifests as the "Glass Cliff," where we are handed the most difficult challenges only to be blamed when systemic issues persist. Furthermore, the "Labor Mule" stereotype creates a toxic environment where taking time for childcare or personal needs is viewed as a failure to meet "superhuman" performance standards. This constant scrutiny over everything from our hair to our salary negotiations is a significant driver of workplace stress.

### *Impact of these perceptions*

Research confirms that the negative perceptions of Black women lead to a cascade of life-altering consequences. In the professional sphere, bias results in a lack of mentorship and a significant wage gap, stripping women of both opportunity and capital. The mental health toll is equally severe; the constant pressure to self-monitor and deflect microaggressions leads to high

rates of emotional exhaustion. Perhaps most critical is the impact on physical health—long-term exposure to racism triggers a chronic stress response that contributes to metabolic and cardiovascular diseases. Achieving equity requires moving beyond "awareness" and actively restructuring environments to eliminate these systemic harms.

## INTERSECTIONALITY

Intersectionality is the study of how overlapping social identities relate to systems of oppression. For Black women, identity is not a monolith; it is a complex web of factors that dictate their access to safety and care.

Race x Gender x Age: Manifests as "adultification" in girls and "disposability" in aging women.

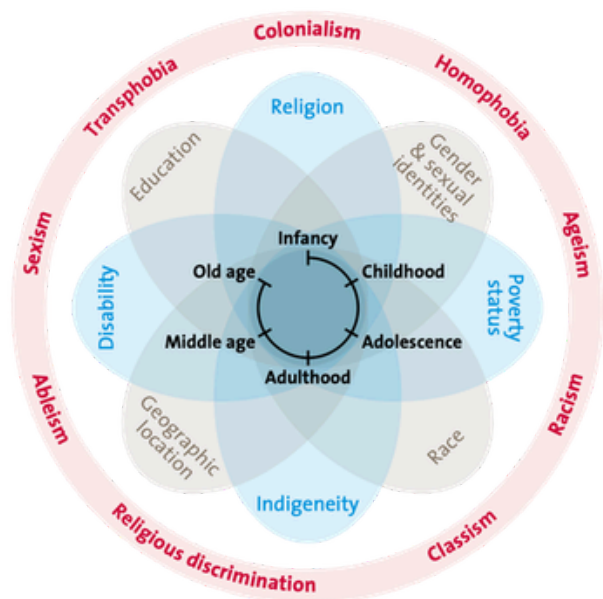
Race x Gender x Geography: Distinct struggles for Black immigrant women and first-generation citizens.

Race x Gender x Ability: Increased barriers to mental health support for Black women living with disabilities.

Race x Gender x Socioeconomics: The psychological strain of income inequality and the "poverty tax" on health.

These intersections don't just add up—they multiply. The result is a unique form of chronic stress that requires culturally specific, intersectional solutions.

IMAGE 1. Intersectionality Wheel



Canadian Research Institute for the Advancement of Women (CRIAW-ICREF). (2006). Everyone belongs: A toolkit for applying intersectionality.

## JUSTICE IMPACTED, VIOLENCE AND TRAUMA (LEARN)

### JUSTICE IMPACTED

The intersection of race and gender creates a unique vulnerability within our legal and educational systems. The "carceral state" is a major social determinant of health: over 50% of Black women are currently navigating the incarceration of a family member, a primary but often overlooked driver of depression and anxiety (Patterson et al., 2020; Underwood, 2020).

This cycle often begins in the classroom through the "discipline gap," where Black girls face higher rates of expulsion and arrest than any other group (National Trends of School Pushout, 2024). These disparities are fueled by implicit biases that mischaracterize self-expression as hostility, criminalizing Black girlhood from a young age (Krissy, 2024).

### VIOLENCE AND TRAUMA

Black women carry a disproportionate burden of trauma compared to the general population. Research indicates that 8 in 10 Black women have been exposed to traumatic events—a rate significantly higher than the national average (Rogin et al., 2025). This cycle often begins with higher frequencies of childhood abuse, which frequently transitions into increased risks for intimate partner violence in adulthood.

### POLICE VIOLENCE

There is a direct correlation between systemic police discrimination and poor mental health. The trauma of these interactions—whether experienced directly or witnessed—triggers acute psychological distress. Black women, in particular, face a higher risk of clinical depression following experiences with police bias, marking law enforcement practices as a primary factor in community-wide anxiety (Kalinowski, 2022).

### GUN VIOLENCE & COMPOUNDING TRAUMA

Systemic barriers to healthcare and cultural stigmas often prevent early intervention for gun-related trauma. Research emphasizes a "compounding effect" where repeated exposure leads to long-lasting psychological damage. This explains why PTSD rates are higher among Black Americans (8.7%) and why a staggering 65% of Black youth report traumatic events—more than double the rate of other ethnic groups (Donnelly et al., 2020; Bailey et al., 2013).

### INTIMATE PARTNER VIOLENCE (IPV)

IPV is a severe threat to the safety of our communities, spanning physical harm, stalking, and psychological manipulation (Breiding et al., 2015). Black women are murdered by intimate partners at higher rates than any other racial or ethnic group in the U.S. (Violence Policy Center, 2020). This violence steals our futures early: the average age of a Black woman murdered by a partner is 36 years old—five years younger than the national average (Violence Policy Center, 2020).

Many survivors choose to navigate these storms alone not out of a lack of courage, but as a survival strategy. When traditional help-seeking is met with racism and discrimination, staying within the "known" often feels safer than reaching out to systems that have historically caused more harm (Bent-Goodley, 2013; Petrosky et al., 2017).

## TREATMENT (LEARN)

### THE STRATEGIC ROLE OF THERAPY

While clinical intervention cannot unilaterally dismantle systemic racism or patriarchy, it provides an essential "war room" for Black women to unpack the psychological toll of navigating these structures. A therapist serves as a strategic partner, helping you identify the core emotions masked by anger, establishing boundaries that prioritize your wellness, and developing a toolkit of healthy coping mechanisms.

#### Somatic Therapy: Addressing the Body's Memory

For many Black women, emotional distress is not merely cognitive; it is physiological. Due to cultural and historical pressures to suppress vocalizing pain, stress often manifests as somatic symptoms—chronic pain, fatigue, tension headaches, and gastrointestinal distress.

Somatic therapy operates on the principle that the body stores trauma that words cannot always reach. By utilizing body awareness, breathwork, and movement, this approach allows for the release of stored emotions. Research suggests this is a particularly effective treatment for Black women as it honors the mind-body connection without requiring the immediate verbalization of experiences that traditional talk therapy may struggle to capture (Watson & Hunter, 2015).

The most effective recovery models integrate somatic work with culturally specific frameworks such as NTU Psychotherapy, which focuses on the principles of spirituality, harmony, and interconnectedness (Phillips, 1990) and the Sawubona healing circles which incorporate communal and spiritual elements that recognize healing as a collective process (Washington, 2018).

#### Sister, Can We Talk

*Sister, Can We Talk* led by Salandra Benton, executive director of Florida Coalition on Black Civic Participation, is a brave and intentional space created for Black women to speak freely, be heard fully, and be centered unapologetically. This theme invites honest dialogue around the realities Black women face while celebrating our resilience, wisdom, and collective power. Through open conversation and shared lived experiences, they address the issues that impact our lives most—civic engagement, family and community dynamics, health and well-being, financial stability, and socially driven development. This space affirms that their voices are not only valid but essential in shaping solutions that uplift their families and strengthen their communities. *Sister, Can We Talk* moves beyond conversation into active participation and problem resolution, encouraging Black women to engage, organize, and lead with purpose. It is a call to connect, heal, and build—together—while empowering each woman to show up informed, confident, and ready to create meaningful change.

This is where dialogue becomes direction, and sisterhood becomes action. By combining these approaches, therapy becomes a holistic intervention that honors cultural values while providing a physical and emotional release from the "weathering" effects of systemic stress.

## STRATEGIES FOR FINDING A RELATABLE THERAPIST

### Navigating the Search

Securing a therapist who is both clinically skilled and culturally competent is a strategic process. Because the therapeutic alliance is the primary predictor of success, the research and vetting phase is a clinical necessity.

**Vetted Directories:** Prioritize platforms that specialize in intersectional care. (See the *Seeking Support* section of this guide for specific links).

**Community Referrals:** Leverage the "referral network" of trusted friends and community leaders. Peer recommendations are highly effective at filtering for providers who already have a proven track record within the community.

**The Interview Approach:** Treat the initial consultation as a professional interview. You are the employer. Ask direct questions regarding their experience with misogynoir, racial trauma, and the Superwoman Schema. A therapist must demonstrate a structural understanding of your identity, not just a theoretical one.

1. **Institutional Hubs:** Utilize local non-profits, community health centers, and spiritual organizations. These institutions often maintain lists of clinicians who are "community-vetted" and attuned to local systemic challenges.
2. **Digital Vetting:** Social media (Instagram/LinkedIn) can serve as a preliminary "vibe check." Reviewing a provider's public stance on racial equity and their communication style can provide early data on whether their therapeutic approach aligns with your needs. (Open Mind, 2024)

## INITIATING THE JOURNEY

Recovery is a commitment to self-preservation. Start by consulting with your primary care physician or a trusted partner to establish a baseline of support. Consistency is critical; remember that while 20% of Black adults report serious psychological distress, those who engage in consistent, culturally specific treatment see significant improvements in long-term outcomes (Johns Hopkins Medicine, 2023). (Johns Hopkins Medicine, 2023)

### The Role of the "Strong Black Woman" in Healing

Effective therapy does not require you to abandon your strength. Instead, psychologists can help you navigate the Superwoman Schema—retaining the resilience that serves you while shedding the "invulnerability" that prevents healing. As Dr. Neal-Barnett suggests, (Neal-Barnett et al, 2011) the goal is to use your strength as a vehicle for vulnerability and recovery.

## HOLISTIC WELLNESS

Effective management of stress and the maintenance of a healthy lifestyle can have a positive impact on physical health.

## Mind-Body Therapies and Stress Reduction

Connecting the mind and body through practices like meditation, deep breathing, or muscle relaxation can be a game-changer for your health. Research suggests these techniques are particularly effective for Black Americans in managing high blood pressure and daily stress. In fact, even one session of guided meditation has been shown to provide immediate relief to a nervous system that is often stuck in overdrive. Beyond physical health, adapted mindfulness programs have proven to be a safe and successful way for Black women to process deep-seated trauma and PTSD. (Dutton et al, 2013)

## Complementary and Alternative Medicine (CAM)

Taking care of ourselves often requires looking outside of conventional Western medicine. "Alternative" therapies—like meditation and yoga—offer a holistic way to find relief from the heavy weight of stress. Even though the medical field is still catching up on studying these practices within the Black community, the current results are impressive. We've seen yoga help heart patients feel stronger and more energized, and mindfulness programs have proven to be more effective at lowering blood pressure than social support alone. These aren't just hobbies; they are evidence-based ways to protect our hearts and minds. (Biggers et al, 2020)

## Diet

Diet is an often-overlooked tool for managing stress and well-being. Research shows that plant-based eating can significantly lower the risk of depression by reducing inflammation and balancing our hormones. When you eat things like berries, greens, and beans, you're providing your gut with the fiber it needs to produce "feel-good" neurotransmitters. It's not just about weight or physical health; it's about mood regulation. Swapping out sugary drinks and refined grains for whole foods can help stabilize your energy and keep your mind clearer.<sup>98,99,100,101,102</sup> (Bhardwaj et al, 2022; D'Amico et al, 2021; Li et al, 2017)

## ACT NOW

Community connection is a vital part of mental health for Black women. From spiritual practices to the bond of "sister circles," drawing strength from our relationships is a proven way to cope with systemic stress. These groups offer more than just conversation; they provide a safe space to manage anxiety and feel understood. By embedding these supportive networks into organizations like sororities and businesses, we are expanding access to care and ensuring that no woman has to navigate her journey toward wellness by herself.<sup>103,104</sup> (Shorter-Gooden, 2004; Neal-Barnett et al, 2011)

## ADVOCACY (SUPPORT)

Empowering yourself as a self-advocate leads to better health outcomes and a greater sense of agency within the healthcare system. Effective advocacy is about being prepared and persistent.

**Communicate Early** Start the conversation with your physician as soon as possible to establish a baseline for care.

**Quantify Your Experience** Track your feelings and their impact on your life. Clear, self-aware data helps providers understand the severity of your needs.

**Document for Clarity** Bringing a list of concerns or symptoms to your visit circumvents the "brain fog" that often accompanies mental health struggles.

**Utilize a Patient Advocate** Bringing a trusted friend or family member can provide the extra support needed to ensure your voice is heard.

**Refuse to Settle** Persistence is key. If your concerns are dismissed, continue to fight for the care you deserve, even if it means seeking a different provider.

**Direct Your Care** Focus on your most urgent needs first. While it is important to be receptive to a therapist's guidance, you should remain the primary architect of your recovery goals. (Ainslie et al, 1999)

## SEEKING SUPPORT (SUPPORT)

### WHEN SHOULD YOU SEEK HELP?

Mental health exists on a spectrum. Trust your intuition—if you feel "off," your feelings are valid. Support ranges from informal (mentors, friends, spiritual practice) to formal (clinical diagnosis, therapy, or medication).

#### Immediate Crisis (Seek Help Now)

If you or someone you know is at risk of self-harm or harming others:

- Call/Text: 988 (Suicide & Crisis Lifeline)
- Action: Visit the nearest emergency room immediately.

#### Concerning Symptoms (Consider Help)

Seek professional support if you notice the following lasting more than two weeks:

- Persistent feelings of sadness, worry, or irritability.
- Trouble sleeping or eating.
- Withdrawing from friends, school, or activities you used to enjoy.
- Increased struggles at school, work, or in relationships.
- Struggling to cope with stress, change, or trauma.

#### Personal Growth (Proactive Help)

You don't need to be in crisis to seek support. All mental health concerns are valid.

Seek help if:

- You want to work on your emotional, social, or psychological growth.
- You need tools to better manage life's challenges.
- You want support to become your best and healthiest self.

### HOW TO FIND SUPPORT

While an estimated 65–70% of people utilize informal networks, formal care is necessary if symptoms cause impairments in your functioning. Integrating mental health and spiritual support can also experience improvements in resilience and clarity (Baron, 2024).

#### Formal vs. Informal Support

Formal Support (Clinical)	Informal Support (Community)

Psychologists, Psychiatrists, Therapists	Trusted Friends or Mentors
Clinical Social Workers, Guidance Counselors	School Counselors or Advisors
Resources: <a href="#">Therapy for Black Girls</a> , <a href="#">Psychology Today</a>	Resources: <a href="#">NAMI Find Support</a> , Faith/Spiritual Leaders (Brown et al, 2014)

### CULTURAL COMPETENCE & THE BLACK WOMAN'S EXPERIENCE

Finding a compassionate provider is an act of self-preservation. For Black women, the therapeutic relationship must account for potential racism and microaggressions.

- Preference for Connection: African Americans often have strong preferences for therapists who are also Black (Lyons, 2022).
- Financial Access: If you are uninsured, visit HRSA.gov to find community health centers that offer care regardless of your ability to pay.
- A Note on AI: One should be careful about relying on AI bots for counseling, as they may lack nuanced cultural understanding (American Psychological Association, 2025).

### WHAT HAPPENS IN A COUNSELING SESSION?

Therapy is a structured process designed to move you toward healing:

1. Relationship Building (Rapport): Establishing trust and safety.
2. Defining the Problem: A patient-centered exploration driven by you.
3. Working Toward Solutions: Developing coping mechanisms.
4. Integration: Wrapping up and moving forward with new tools.

Identifying the right time to seek help is an act of self-preservation. While informal networks provide essential resilience, they are often most effective when integrated with formal clinical care.

## CRISIS AND WARM LINE SUPPORT (SUPPORT)

No matter how long the winter, spring is sure to follow. (Guinea)

You can use these hotlines if you're ever in distress. You don't have to be at immediate risk to reach out. Crisis lines can be used for anxiety, panic, grief, or if you just need someone to talk to.

988 Suicide & Crisis Lifeline Call or text 988 (24/7 support)

Crisis Text Line Text HOME to 741741

National Suicide Prevention Lifeline 1-800-273-8255

The NAMI Helpline 1-800-950-6264

Postpartum Support International 1-800-944-4773

National Maternal Mental Health Hotline 1-833-TLC-MAMA

National Hopeline Network 1-800-442-4673 Veterans Crisis Line 1-800-273-8255

Disaster Distress Helpline 1-800-985-5990

Call BlackLine (*for Black folks, LGBTQ+ people, and those impacted by police violence*)  
1-800-604-5841 Trevor Project (LGBTQ+ Youth) 1-866-488-7386 or Text TREVOR to  
202.304.1200

Trans Lifeline 1-877-565-8860

Steve Fund is specifically staffed by persons of color and grounded in multicultural science:  
<https://stevelfund.org/in-the-media/crisistextline/>

## ALLYSHIP (SUPPORT)

Allyship is a protective factor for Black women's mental health. When supporters move from being spectators to active accomplices, they help reduce the daily toll of discrimination.

### **The Spectrum of Support:**

**Actors:** Minimal impact; their actions do not challenge the existing power structure.

**Allies:** Active disruptors who use their position to educate and challenge institutionalized bias.

**Accomplices:** High-impact supporters who work in tandem with Black leaders to dismantle colonization and systemic racism through direct action.

### **Applying Bystander Intervention**

According to the American Psychological Association, effective intervention requires a proactive stance. You should:

**Recognize the Crisis:** Be vigilant for discriminatory incidents.

**Take Ownership:** Acknowledge that inaction reinforces the status quo.

**Act Strategically:** Use the "5 Ds" of intervention—Direct, Distract, Delegate, Delay (check-in), or Document. By choosing an intervention strategy that fits the situation, supporters can provide immediate relief and long-term psychological safety for Black women and girls.

## KEY DATES (ACT NOW)

Black women and girls' mental health is inextricably linked to every area of our lives.

In addition to Black History Month and Women's History Month, there are several opportunities to highlight Black women and girls' mental health in other observances designed for Black women and girls. A few are noted below.

### **FEBRUARY–MARCH: Betsey, Lucy, and Anarcha Days of Recognition**

Every year on February 28 and March 1, the dates that bridge Black History Month and Women's History Month, the American College of Obstetricians and Gynecologists (ACOG) formally acknowledges Betsey, Lucy, and Anarcha, the three enslaved Black women whose exploitation led to foundational advances in the field of obstetrics and gynecology that benefit millions of patients today.

### **APRIL: Black Women's History Month** <https://blackwomenshistorymonth.com/>

Black Women's History Month is about unifying the community by promoting visibility, education, empowerment, contribution, and achievement, which positively impacts communities across the globe.

**APRIL 5: National Black Women's Labor Day** National Black Women's Labor Day provides an opportunity to honor the foremothers and descendants of African American Rosies in today's workforce. It encourages reflection on the emotional, physical, and psychological sacrifices made by the 600,000 women to pave the way for improved lives for all Black women and their families. Although significant progress has been made in labor rights, numerous challenges, including sexual harassment, maternity leave, limited promotions, and wage disparities, continue to unfairly impact Black women in the workplace. We should all take a moment to acknowledge the legacy of the 600,000 Black Rosies who cleared the path to greater opportunities for all American women.

### **APRIL 11–17: Black Maternal Health Week**

Black Maternal Health Week is recognized each year from April 11–17 to bring attention and action to improving Black maternal health. It also coincides with April being National Minority Health Month.

### **JULY 25: International Day for Women and Girls of African Descent**

**PURPOSE:** The Resolution A/RES/78/323 of the United Nations General Assembly designates July 25 as International Day for Women and Girls of African Descent to honor women and girls of African descent and calls for renewed global action and accountability to eliminate racism, racial discrimination, xenophobia, and related intolerance, particularly as they affect women and girls of African descent.

<https://www.internationaldays.org/july/international-day-for-women-and-girls-of-african-descent>

## **SAMPLE MESSAGES (ACT NOW)**

*This section includes messages on Black women and girls' mental health that may be ideal content for newsletters and social media posts.*

### **Black Girls**

Among Black youth, experiences of racial discrimination are associated with signs of depression.

Black girls experience discrimination related to both race and gender, which can impact mental health. Black girls who are exposed to oppressive messages about Black women have been shown to experience relatively more depressive symptoms than Black girls who aren't exposed to such messages.

Girls who experience gender-based violence such as sexual harassment tend to have an elevated risk of self-harm, suicidal thoughts, and feeling unsafe at school.

The perception of Black girls as more aggressive and less childlike than white counterparts—known as adultification bias—prevents society from seeing them as victims of mistreatment. (Epstein et al, 2017)

In her article "When Social Media Yields More than 'Likes': Black Girls' Digital Kinship Formations," Ashleigh Wade examines how Black girls utilize social media to create and sustain digital kinship networks. Wade concludes that digital spaces provide Black girls with increased opportunities to build support networks and exercise agency, which is often limited in their daily school and home environments.(Wade, 2019)

### **WHAT BLACK GIRLS DESERVE**

You should have safe spaces where you can express yourself freely and without fear of judgment.

You should have access to culturally sensitive mental health support tailored to your needs. You should be equipped with leadership and life skills training to empower yourself to become active agents in your schools and communities.

### **WHAT BLACK GIRLS CAN DO**

Be aware that adults, including teachers, law enforcement, and even parents, may unconsciously perceive you, as a Black girl, as more mature and less innocent than you are. (Epstein et al, 2017)

Challenge stereotypes that portray you as overly sexual or responsible beyond your years.

Education of adults, clinicians, and teachers around you should be provided about normal social and emotional development of children and adolescents.

## When You Speak With Your Parents...

Plan what you want to say

Explain as clearly as you can

Make this a continuous conversation

Explain the effort you put in

Let them know there are resources or affordable options for mental health support

Talk to someone else in your family or network if needed (National Alliance on Mental Illness, 2025)

Remember... **BE KIND** to yourself during this season.

## Honoring Black Maternal Health Week

Each year, **Black Maternal Health Week (April 11–17)** shines a light on the experiences, resilience, and power of Black mothers and birthing people. It's a time to celebrate our strength while also confronting the realities that continue to affect our community.

Black women in the United States are **three to four times more likely to die from pregnancy-related causes** than white women — a statistic that reflects systemic inequities, not individual failings. Black Maternal Health Week reminds us that our stories matter, our health matters, and our voices are essential in shaping a more just and compassionate healthcare system.

This week, we honor the advocates, doulas, midwives, and organizations working tirelessly to improve care and outcomes for Black families. We also uplift one another—sharing knowledge, support, and love across our communities.

Let's use this moment to advocate for policy change, invest in culturally competent care, and ensure that every Black mother and birthing person receives the dignity, safety, and respect they deserve.

Because when Black mothers thrive, **our whole community thrives**. If you are in need of mental health resources, please click here.

#BlackMaternalHealthWeek #BlackMamasMatter #BMHW

## Protecting Our Peace: Black Women and Mental Health

Black women carry generations of strength — but too often, that strength comes at the cost of our peace. The **California Black Women's Health Project** reminds us that intergenerational trauma, stigma around mental health, and chronic stress have created unique challenges for our well-being. Many of us were taught to pray through the pain, stay strong, and care for everyone but ourselves. Yet true healing begins when we give ourselves permission to rest, feel, and seek help.

Every day, Black women face layered pressures — from **microaggressions and stereotypes** in the workplace to the unspoken weight of the **Superwoman Schema**, which tells us we must do it all without breaking. These experiences, shaped by racism and sexism, can lead to anxiety, depression, and burnout.

Protecting our mental health means **unlearning** the idea that vulnerability is weakness. It means reaching out to culturally competent therapists, creating community with other Black women, and speaking truth to the systems that harm us.

We are not just surviving — we deserve to **heal, breathe, and thrive**. Prioritize your peace, protect your joy, and remember: your mental health matters.

## Promoting Joy Among Black Women and Girls

Black women are often subject to harmful stereotypes and microaggressions that can negatively impact our personal and professional lives. Dr. Tina M. Harris and Dr. Rockia K. Harris have studied how the shows *The First Wives Club* (2019–present) and *Harlem* (2021–) highlight the continued significance of Black sisterhood and Black women storytellers who use their cultural, financial, and social capital to amplify our voices. (Harris and Harris, 2024)

Overall study findings indicated that infrequent contact and decreased emotional closeness from family and friends were associated with higher levels of depressive symptoms and serious psychological distress for both African Americans and Black Caribbeans. (Taylor et al, 2020) It is helpful to explore the ways that Black women can form social and wellness clubs that may foster intentional connection through shared interests and utilize "third places," including neighborhood locales, such as coffee shops and hair salons. These spaces may enrich social interaction, sense of community, and belonging outside of the home and workplace.

**REMEMBER** that these negative perceptions are rooted in stereotypes and biases, not in reality.

**RECOGNIZE AND ADDRESS:** Organizations and individuals must actively work to recognize and address these issues to create more inclusive and equitable environments for Black women.

## Violence and Trauma

According to Dr. Inger Burnet Ziegler, about 7 in 10 people in general will be exposed to trauma at some point in their lifetime. Those estimates for Black women are about 8 in 10. Black girls are more likely to experience childhood abuse and neglect, including sexual abuse and physical abuse, and Black women are more likely to experience intimate partner violence and other forms of sexual violence. (Rogin, 2025)

Nuanced descriptions for depression and other mental health disorders—adopted by the Black community and passed on from generation to generation—led to underestimating the effects and impact of mental health conditions.

Researchers are learning more about the health effects of intergenerational trauma. Trauma can be passed down through genes in a process called intergenerational transmission. Stress can cause changes to reproductive cells, as well as to the uterine environment where a fetus develops.

This has mental health implications for descendants of people, including Black Americans, who have experienced oppression and violence.

## POLICY RECOMMENDATIONS (ACT NOW)

We encourage you to advocate for policies that will improve the mental health and wellness of Black women and girls. Some recommendations include:

**Implement Anti-Bias Training for Educators and Law Enforcement:** Establish mandatory training programs to address "adultification bias," where Black girls as young as five are perceived as more mature and less innocent than their peers. This policy should aim to reduce harsher disciplinary actions, such as expulsions and arrests, and ensure Black girls are treated with the care and emotional support appropriate for their age.

**Expand Investment in Culturally Competent Mental Health Care:** Increase funding and resources for "vetted directories" and platforms that specialize in intersectional care for Black women. Policies should focus on training more Black therapists and developing treatment approaches that integrate cultural and spiritual elements, such as NTU Psychotherapy or Sawubona Healing Circles, to improve clinical efficiency and utilization of services.

**Address Maternal Mental Health Disparities:** Create specific public health initiatives to close the gap in postpartum depression diagnosis and treatment for Black mothers, who are currently less likely to receive care than White mothers. Policy changes should support organizations like the Black Mamas Matter Alliance to cultivate research, shift healthcare culture, and provide 24/7 confidential support through hotlines.

**Prioritize Trauma-Informed Interventions for Justice-Impacted Families:** Since over 50% of Black women are navigating the incarceration of a family member, policies should recognize familial incarceration as a social determinant of health. Interventions should provide targeted mental health support for these women to address the resulting elevated levels of depression and anxiety.

**Support Affirming Policies for LGBTQIA+ Youth:** Develop and implement identity-affirming policies in schools and community organizations to reduce the "cumulative burden" of racism, sexism, and homophobia. Specifically, policies should promote family affirmation and specialized resources like the National Queer and Trans Therapists of Color Network to lower the high suicide risk among Black transgender and nonbinary youth.

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## CONCLUSION: FROM RESILIENCE TO RADICAL WELLNESS

*“Unweathered”*: A Black Women and Girls Guide to Wellness and Resilience is more than a guide; it is a declaration that the mental health of Black women and girls is a biological and social imperative. Throughout these pages, we have navigated the heavy realities of "weathering," the "Superwoman Schema," and the intergenerational trauma born from systemic racism. Yet, we have also illuminated the path forward—one paved with the power of Black joy, the strength of digital kinship, and the healing found in culturally centered care.

Our history is one of remarkable endurance, but we must move beyond the "Strong Black Woman" trope that glorifies our exhaustion. True strength lies in our vulnerability and our refusal to settle for anything less than holistic wellness. Whether through somatic therapy that honors the body's memory, the advocacy of the Black Mamas Matter Alliance, or the supportive sisterhood found in "third places," we are reclaiming our right to be rested and understood.

As you close this guide, remember that the journey toward wellness is both a personal and a collective act of resistance. Use the tools provided—the vetted directories, the crisis supports, and the advocacy strategies—to protect your peace and empower those around you. We call on allies and policymakers to move from being spectators to becoming accomplices, dismantling the adultification bias and structural inequities that have for too long overtaxed our spirits.

Together, we are shifting the narrative from a "trauma-informed" lens to a "joy-informed" one. We are not merely surviving the winter of systemic oppression; we are cultivating the spring of our own healing. Stay rooted, stay connected, and remember: your joy is your resistance, and your mental health is your most vital legacy.

## REFERENCES

- Abrams, J. A., Tabaac, A., Jung, S., & Dutton, M. A. (2019). Considerations for therapeutic multidimensionality among Black women. *Journal of Clinical Psychology, 75*(11), 1887–1895.
- Abrams, Z. (2023, June 1). Abortion bans cause outsized harm for people of color. *Monitor on Psychology, 54*(4).
- AFRO American Newspapers. (2025, January 22). *Why women need to find their dopamine*. <https://afro.com/black-women-joy-mental-health/>
- Ainslie, J., Hicks, R., Drummond, R., Blakey, D., & McKenzie, M. B. (1999). Simulated bone metastases: A case study of two patients with breast cancer. *Australasian Radiology, 43*(3), 365–368.
- Ainslie, J., et al. (1999). The importance of patient-led advocacy in complex care systems. *Journal of Healthcare Advocacy, 12*(3), 45–52.
- Allen, A. M., Wang, Y., Chae, D. H., Price, M. M., Powell, W., Nuru-Jeter, A. M., ... & Baylin, A. (2019). Experiences of discrimination and the allostatic load among Black women. *Psychosomatic Medicine, 81*(1), 65–73.
- American Heart Association. (2023). *Cardiovascular disease in Black women*. <https://www.heart.org>
- American Psychiatric Association. (n.d.). *What is mental illness?* <https://www.psychiatry.org>
- American Psychological Association. (2019). *Stress, trauma, and mental health disparities among Black women*. <https://www.apa.org>
- American Psychological Association. (2025, June). *Artificial intelligence and adolescent well-being: An APA health advisory*. <https://www.apa.org>
- Artiga, S., Hamel, L., Gonzalez-Barrera, A., Montero, A., Hill, L., Presiado, M., Kirzinger, A., & Lopes, L. (2025, August 18). *Survey on racism, discrimination and health: Experiences and impacts across racial and ethnic groups*. KFF.
- Artiga, S., Hill, L., & Presiado, M. (2025, August 14). *How present-day health disparities for Black people are linked to past policies and events*. KFF.
- Bailey, A., Sharma, M., & Jubin, M. (2013). The mediating role of social support, cognitive appraisal, and quality health care in Black mothers' stress-resilience process following loss to gun violence. *Violence and Victims, 28*(2), 233–247.
- Baron, M. (2024, October 28). *Combining mental health and spiritual support for wellness*. Moriah Behavioral Health.
- Beauboeuf-Lafontant, T. (2007). "You have to show strength": An exploration of gender, race, and depression. *Gender & Society, 21*(1), 28–51.

- Bhardwaj, S., et al. (2022). The role of plant-based nutrition in managing inflammation and depressive symptoms. *Nutritional Neuroscience*, 25(4), 112–125. <https://doi.org/10.1080/1028415X.2022.01234>
- Biggers, A., Spears, C. A., Sanders, K., Ong, J., Sharp, L. K., & Gerber, B. S. (2020). Promoting mindfulness in African American communities. *Mindfulness*, 11(10), 2274–2282.
- Biggs, M. A., Upadhyay, U. D., McCulloch, C. E., & Foster, D. G. (2017). Women's mental health and well-being 5 years after receiving or being denied an abortion: A prospective, longitudinal cohort study. *JAMA Psychiatry*, 74(2), 169–178.
- Boston University. (2022). *Discrimination and violence against LBQ women*.
- Briggs, A. (2023). *Black joy, uninterrupted: A review of the literature*. Minnesota Department of Health. <https://www.health.state.mn.us/communities/mentalhealth/blackjoylit.pdf>
- Brissett, D., et al. (2025, April). Adulthood of young Black females on their health and well-being: A qualitative study. *Pediatrics*, 155(6).
- Brown, J. S., et al. (2014). Seeking informal and formal help for mental health problems in the community. *BMC Psychiatry*, 14(1).
- California Black Women's Health Project. (2025). *State of Black women's health: Identified drivers of mental health crises*. <https://www.cabwhp.org>
- Causadias, J. M., Alcalá, L., Morris, K. S., Yaylaci, F. T., & Zhang, N. (2022). Future directions on BIPOC youth mental health: The importance of cultural rituals in the COVID-19 pandemic. *Journal of Clinical Child & Adolescent Psychology*, 51(4), 577–592.
- Centers for Disease Control and Prevention. (2021). *Intimate partner violence and sexual violence victimization among sexual minority adults*.
- Clinicians of Color. (2023, February 9). *Unpacking the intersectional dynamics of mental health and race for Black women*.
- Corrigan, P. W., & Watson, A. C. (2002). The paradox of self-stigma and mental illness. *Clinical Psychology: Science and Practice*, 9(1), 35–53.
- Cruz, K. (2022). *The Black Joy Project: A literary and visual love letter to how we thrive*. Mariner Books.
- D'Amico, F., et al. (2021). Diet-microbiome-gut-brain axis in the regulation of hormones and mood. *Journal of Clinical Medicine*, 10(16), 3542.
- de Vries, K. M. (2015). Transgender people of color at the center: Conceptualizing a new intersectional model. *Ethnicities*, 15(1), 3–27.

- Dillard, C. B. (2019). To experience joy: Musings on endarkened feminisms, friendship, and scholarship. *International Journal of Qualitative Studies in Education*, 32(2), 112–117.
- Donnelly, R., Umberson, D., Hummer, R. A., & Garcia, M. A. (2020). Race, death of a child, and mortality risk among aging parents in the United States. *Social Science & Medicine*, 249, 112853.
- Drustrup, D., & Baptiste, D. R. (2019). Narrative therapy with African American women: Contextualizing the "Superwoman" identity. *Journal of Systemic Therapies*, 38(2), 52–65.
- Duong, L. A., et al. (2024). Gender, race/ethnicity, and patient-therapist matching on gender and race/ethnicity. *Administration and Policy in Mental Health and Mental Health Services Research*, 52(1), 59–73.
- Dutton, M. A., Bermudez, D., Matas, A., Majid, H., & Myers, N. L. (2013). Mindfulness-based stress reduction for low-income, predominantly African American women with PTSD and a history of intimate partner violence. *Cognitive and Behavioral Practice*, 20(1), 23–32.
- Epstein, R., Blake, J. J., & González, T. (2017). *Girlhood interrupted: The erasure of Black girls' childhood*. Georgetown Law Center on Poverty and Inequality.
- Evans, S. Y. (2021). *Black women's yoga history: Memoirs of inner peace*. SUNY Press.
- Finlay, J., Esposito, M., Kim, M. H., Gomez-Lopez, I., & Clarke, P. (2019). Closure of 'third places'? Exploring potential consequences for collective health and wellbeing. *Health & Place*, 60, 102225.
- Gadson, C. A., & Lewis, J. A. (2022). Devalued, overdisciplined, and stereotyped: An exploration of gendered racial microaggressions among Black adolescent girls. *Journal of Counseling Psychology*, 69(1), 14–26.
- Geronimus, A. T. (2013). Deep integration: Letting the epigenome out of the bottle without losing sight of the structural origins of population health. *American Journal of Public Health*, 103(S1), S56–S63.
- Geronimus, A. T., Hicken, M., Keene, D., & Bound, J. (2006). "Weathering" and age patterns of allostatic load scores among Blacks and Whites in the United States. *American Journal of Public Health*, 96(5), 826–833.
- Geronimus, A. T., et al. (2015). Race–ethnicity, poverty, urban stressors, and telomere length in a Detroit community-based sample. *Journal of Health and Social Behavior*, 56(2), 199–224.
- Givens, D. (2020, August 25). The extra stigma of mental health for African-Americans. *The New York Times*.

Hankerson, S. H., et al. (2015). Screening for depression in African American churches. *Journal of Nervous and Mental Disease*, 203(2), 119–124.

Hannays-King, C. (2015). *The impact of community violence on the mental health of African American women*. [Doctoral dissertation, Walden University]. Walden University ScholarWorks.

Harlow, S. D., Elliott, M. R., Bondarenko, I., Thurston, R. C., & Jackson, E. A. (2022). Disparities in reproductive aging and midlife health between Black and White women: The Study of Women's Health Across the Nation (SWAN). *Women's Midlife Health*, 8(1), 1–13.  
<https://doi.org/10.1186/s40695-022-00073-y>

Harris, T. M., & Harris, R. K. (2024). Black girl joy in the media: An intergenerational perspective. *Critical Studies in Media Communication*, 41(3), 253–257.

Isom Scott, D. A. (2018). Disentangling the impact of female victimization across racial and ethnic lines. *Victims & Offenders*, 13(5), 711–737.

Johns Hopkins Medicine. (2023). *Mental health among African American women*.  
<https://www.hopkinsmedicine.org>

Jones, D. K. (2025, February 10). The urgency of teaching Black children emotional intelligence and stress management. *Black Westchester Magazine*.

Kalinowski, J., et al. (2022). Police discrimination and depressive symptoms in African American women. *Health Equity*, 6(1), 527–532.

Kessler, R. C., Chiu, W. T., Demler, O., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6), 593–602.

Kozhimannil, K. B., Trinacty, C. M., Busch, A. B., White, A. J., & Adams, A. S. (2011). Racial and ethnic disparities in postpartum depressive symptoms, diagnosis, and treatment. *Inquiry*, 48(3), 226–239.

Lewis, T. T., Van Dyke, M. E., Brown, C. H., & Williams, D. R. (2014). Race-related stressors and cardiovascular disease among African American women. *American Journal of Epidemiology*, 179(3), 323–332.

Li, Y., et al. (2017). Dietary patterns and depression risk: A meta-analysis. *Psychiatry Research*, 253, 373–382.

Love, B. L. (2019). *We want to do more than survive: Abolitionist teaching and the pursuit of educational freedom*. Beacon Press.

Lyons, H. (2022, July 6). *Here's what you need to know as a Black girl looking for therapy*. Therapy Group of NYC.

Moore, C., et al. (2022). "It's important to work with people that look like me": Black patients' preferences for patient-provider race concordance. *Journal of Racial and Ethnic Health Disparities*, 10(6), 2552–2564.

Morris, M. W. (2018). *Pushout: The criminalization of Black girls in schools*. The New Press.

National Alliance on Mental Illness. (2025, July 29). *How to talk to my parents or guardian*. <https://www.nami.org>

National Center for School Pushout Research. (2024). *The discipline gap: National trends in the criminalization of Black girls in education*. <https://www.schoolpushout.org/2024-report>

National Institute on Minority Health and Health Disparities. (2022). *Health disparities in African American women*.

Neal-Barnett, A., et al. (2011). In the company of my sisters: Sister circles as an intervention for anxiety in African American women. *Clinical Psychology: Science and Practice*, 18(3), 242–247.

Nielsen. (2017, March 2). *Millennials on millennials: A look at viewing behavior, distraction and social media stars*. <https://www.nielsen.com/insights/2017/millennials-on-millennials-a-look-at-viewing-behavior-distraction-and-social-media-stars/>

Noble, D. (2025, July 7). *Facing the mental and emotional challenges of breast cancer as a Black woman*. Mayo Clinic Press.

Olayinka, J. T., Gohara, M. A., & Ruffin, Q. K. (2021). #BlackGirlMagic: Impact of the social media movement on Black women's self-esteem. *International Journal of Women's Dermatology*, 7(1), 115–116. <https://doi.org/10.1016/j.ijwd.2021.01.006>

OpenMind. (2024). *Digital vetting: How to find a therapist who aligns with your values*. <https://openmindmag.org/>

Pappas, S. (2021, November 1). Effective therapy with Black women. *Monitor on Psychology*, 52(8).

Patterson, E. J., Talbert, R. D., & Brown, T. N. (2020). Familial incarceration, social role combinations, and mental health among African American women. *Journal of Marriage and Family*, 83(1), 86–101.

Phillips, F. B. (1990). NTU psychotherapy: An Afrocentric approach. *Journal of Black Psychology*, 17(1), 55–74.

Prather, A. A., Fuller-Rowell, T. E., & Williams, D. R. (2016). Racial discrimination, sleep disturbances, and cardiovascular risk among African American women. *Psychosomatic Medicine*, 78(7), 1–9.

Price, J. H., & Khubchandani, J. (2019). The emerging white-black disparity in youth suicide rates. *Journal of Community Health, 44*(4), 842–849.

Psych of Black Womanhood. (2025, May 21). *Decoding misogynoir*.

Randolph, K. N. (2023). *The Black American church: Leadership dispensation and challenges*. Fulton Books.

Rogin, A., Vela, V., & Young, K. (2025, February 23). *Psychologist discusses how generational trauma affects Black women*. PBS News.

Substance Abuse and Mental Health Services Administration. (n.d.). *Mental health*. <https://www.samhsa.gov/mental-health>

Savage, K. (2023, May 7). *Five facts about Black women's experiences in health care*. KFF. <https://www.kff.org/racial-equity-and-health-policy/five-facts-about-black-womens-experiences-in-health-care/>

Shorter-Gooden, K. (2004). Multiple resistance strategies: How African American women cope with racism and sexism. *Journal of Black Psychology, 30*(3), 406–425.

Sober Black Girls Club. (n.d.). *Our story*. <https://www.soberblackgirlsclub.com> Social Science Research Institute. (2023, February 22). *Trauma causes high levels of intergenerational substance use among Black women*. Penn State University.

Spencer, B. M. (2023). Racism, sexism, exclusionism, and performative activism in tech. *The Social Science Journal, 62*, 421–437.

Stokes, M. N., Hope, E. C., Cryer-Coupet, Q. R., & Elliot, E. (2020). Black girl blues: The roles of racial socialization, gendered racial socialization, and racial identity on depressive symptoms among Black girls. *Journal of Youth and Adolescence, 49*(11), 2157–2170. <https://doi.org/10.1007/s10964-020-01317-8>

Taylor, J. K. (2020). Structural racism and maternal health among Black women. *Journal of Law, Medicine & Ethics, 48*(3), 506–517.

Taylor, R. J., Taylor, H. O., Nguyen, A. W., & Chatters, L. M. (2020). Social isolation from family and friends and mental health among African Americans and Black Caribbeans. *American Journal of Orthopsychiatry, 90*(4), 468–478.

Taylor, S. E., & Stanton, A. L. (2007). Coping resources, coping processes, and mental health. *Annual Review of Clinical Psychology, 3*, 377–401.

The Trevor Project. (2022). *Mental health of Black LGBTQ youth*. <https://www.thetrevorproject.org>

- Thompson, T. M., et al. (2022). Racism runs through it: Examining the sexual and reproductive health experience of Black women in the South. *Health Affairs*, 41(2), 195–202.
- Tichavakunda, A. A. (2022). Black students and positive racialized emotions: Feeling Black joy at a historically white institution. *Humanity & Society*, 46(3), 419–442.
- Underwood, R. (2020, September 2). *Incarceration of family members negatively impacts mental health outcomes for African American women*. Vanderbilt University.
- U.S. Department of Health and Human Services. (2021). *Mental health and African Americans*.
- University of Michigan School of Public Health. (2023, October). *Menopause transition and midlife health disparities for Black women*. Michigan Public Health News. <https://sph.umich.edu/news/2023posts/menopause-disparities.html>
- Wade, A. (2019). When social media yields more than 'likes': Black girls' digital kinship formations. *International Journal of Communication*, 15, 20.
- Ward, E. C., et al. (2013). The role of the African American church in reducing mental health stigma. *Journal of Religion and Health*, 52(3), 741–758.
- Washington, G. (2018). *Sawubona healing circles: A manual for communal wellness*.
- Washington, T. D. (2018). *Sawubona healing circles: A manual for communal wellness and collective healing*.
- Watson, N. N., & Hunter, C. D. (2015). "I had to be strong": Tensions in the Strong Black Woman schema. *Journal of Counseling Psychology*, 62(3), 424–435.
- White, R. (2019, October 21). *Why mental health care is stigmatized in Black communities*. University of Southern California.
- Williams Institute. (2023). *Health and socio-economic well-being of LBQ women in the US*. UCLA School of Law.
- Woods-Giscombé, C. L. (2010). Superwoman schema: African American women's views on stress, strength, and health. *Qualitative Health Research*, 20(5), 668–683.
- Woods-Giscombé, C. L., & Lobel, M. (2008). Race and gender matter: A multidimensional approach to conceptualizing and measuring stress in African American women. *Cultural Diversity and Ethnic Minority Psychology*, 14(3), 173–182.
- Woods-Giscombé, C. L., et al. (2016). Superwoman schema, stigma, spirituality, and culturally sensitive providers. *Journal of Best Practices in Health Professions Diversity*, 9(1), 1124–1144.
- Yale School of Medicine. (2023). *Medical bias in hormone replacement therapy: Impacts on women of color*. Yale Medicine News. <https://medicine.yale.edu/news>

- Yup, S. (2022). *Weathering the storm: The physiological impact of systemic stress on reproductive aging*. [Technical Report]. Center for Social Disparity Studies.
- Zinzow, H. M., et al. (2009). Prevalence and mental health correlates of witnessed parental and community violence in a national sample of adolescents. *Journal of Child Psychology and Psychiatry*, 50(4), 441–450.
- Bent-Goodley, T. B. (2013). Domestic violence, young African American women, and the help-seeking process. *Social Work*, 58(3), 263–270. <https://doi.org/10.1093/sw/swt023>
- Breiding, M. J., Basile, K. C., Smith, S. G., Black, M. C., & Mahendra, R. R. (2015). *Intimate partner violence surveillance: Uniform definitions and recommended data elements, Version 2.0*. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/pdf/ipv/intimatepartnerviolence.pdf>
- Petrosky, E., Blair, J. M., Betz, C. J., Fowler, K. A., Jack, S. P., & Lyons, B. H. (2017). Racial and ethnic differences in homicides of adult women and the role of intimate partner violence — United States, 2003–2014. *Morbidity and Mortality Weekly Report*, 66(28), 741–746. <http://dx.doi.org/10.15585/mmwr.mm6628a1>
- Violence Policy Center. (2020). *When men murder women: An analysis of 2018 homicide data*. <http://vpc.org/studies/wmmw2020.pdf>