



Article

Avoiding Allostatic Load: Black Male Collegians and the Quest for Well-Being

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Abstract: The literature suggests that African American/Black males are less likely to seek professional assistance for mental health and other personal concerns than African American/Black females and that they are more likely to seek informal help for mental health problems than professional help. Are there circumstances where African American/Black males would seek professional help over informal help? This research updates what is currently known about African American/Black male collegians' help-seeking behaviors and the circumstances or conditions that might influence professional help-seeking. Secondary data illustrating the help-seeking behaviors of African American/Black male collegians at an urban HBCU was examined to identify patterns or trends during the first semester of 2018 and 2019. De-identified data sheets for 103 African American/Black males were examined to identify referral sources, current mental health concerns, and past mental health concerns. African American/Black male and female collegians sought professional assistance for similar concerns: family problems, couples problems, peer interpersonal problems, depression, anxiety, and stress. Black males were more likely to self-refer for professional assistance than seek informal assistance. Implications for university counseling centers are explored.

Keywords: mental health; physical health; help-seeking; racialized stress; allostatic load; well-being



Citation: Livingston, V.; Jackson-Nevels, B.; Dinnerson, Q.L. Avoiding Allostatic Load: Black Male Collegians and the Quest for Well-Being. *Trauma Care* **2022**, *2*, 298–306. <https://doi.org/10.3390/traumacare2020025>

Academic Editor: Brenda F. Seals

Received: 20 March 2022

Accepted: 24 May 2022

Published: 25 May 2022

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1. Introduction

African American/Black males may be one of the most disadvantaged groups in America with regard to educational achievement, career mobility, discrimination, racial trauma, healthcare disparities, and lethal policing; thus, presenting a complex and serious social problem [1–3]. Disproportionately high incarceration rates and low educational achievement position many African American/Black males for a dismal future. African American/Black males enter and complete higher education at lower rates than African American/Black females, white males, and white females [4]. Furthermore, lethal policing creates situations where young African American/Black males pursuing legitimate avenues for income generation can lose their lives. Washington [3] posed the question, “Is the Black male college graduate becoming an endangered species?” Given what is presented in the literature, African American/Black males are challenged to obtain the necessary skills to earn a livable wage while also being confronted with opportunities to fail.

1.1. Racialized Stress and Allostasis

Stress, depression, and anxiety are common mental health concerns faced by collegians nationwide [5,6]. In addition to those common mental health concerns, discrimination, racialized stress, and lethal policing converge to provide African American/Black male collegians with enhanced opportunities to experience a host of other mental health issues. African Americans/Black collegians are also haunted by the effects of historical trauma and the impact of current racialized political ideologies. The Black Lives Matter movement has brought attention to the over-policing and lethal policing of young African American/Black

males. Innocent African American/Black males become targets simply by leaving their homes with dark skin. This racialized trauma is consistent, and over time, this oppressive atmosphere could result in PTSD, paranoia, and a host of physical health concerns [7,8].

Continued exposure to racism, discrimination, traumatizing practices, and lethal policing has been reported to be detrimental to African American/Black mental health [9]. Racism has been identified as an “important contributor to health inequities via increased negative emotions and predictive allostatic modulation of an acute stress response that is responsible for energy mobilization [10]. Over time, repeated stress activation increases physiological wear and tear above and beyond other forms of life stress via brain-regulated allostatic mechanisms that can come to adversely shift physiological response profiles over time” [10] (p. 31058).

Allostasis represents the body’s attempt to make behavioral or physiological changes in response to changing environmental events in an effort to return to a position of stability or homeostasis. Allostatic processes lead to increases in blood pressure, lipids, glucose, and inflammation which increase health risks. John Henryism is a strategy for coping with prolonged exposure to stresses such as racism and discrimination by expending high levels of coping effort, which results in accumulating physiological costs [7]. Minorities with a college degree or more experience the highest levels of allostatic load [11]. African American/Black collegians are presented with a variety of opportunities to experience racism and discrimination, both of which could lead to allostatic overload, the physiological stress response that leads to health problems, disease, and/or death.

Allostatic load compensation provides compensation for various physical health concerns: compensated heart failure, compensated liver failure, and compensated kidney failure. Allostatic states are tenuous, and decompensation can occur quickly. Interventions to alleviate allostatic load include improving diet, promoting regular physical activity, increasing access to social support and integration, and changing government and private sector policies to improve the quality of life for the disadvantaged groups [7,12,13]. Racism has been identified as an important factor in the development of poor cardiovascular health outcomes in minority individuals [13].

Using National Health and Nutrition Examination Survey data, researchers examined allostatic load scores for adults aged 18–64 years. Geronimus et al. reported that “Blacks had higher allostatic load scores than whites at all ages. The stress inherent in living in a race-conscious society that stigmatizes and disadvantages Blacks may cause disproportionate physiological deterioration” [7] (p. 826). This effect was labeled “weathering”. Geronimus advised that the “weathering” effects of “living in a race-conscious society may be greatest among Blacks most likely to engage in high effect coping” [7] (p. 826).

Johnson et al. [1] conducted a study to expand the implications of physiological weathering through the application of latent profile analysis to stress biomarkers as a means of addressing the limitations of traditional allostatic load calculations. These researchers identified four distinct profiles: low risk, inflammatory risk, cardiovascular risk, and hypertensive risk. The risk profiles were assessed by race/ethnicity, age, gender, and poverty income ratio. Study findings revealed that African Americans/Blacks had higher odds of inflammatory, cardiovascular, and hypertensive risk than Hispanics and Whites. African American/Black males had the highest odds for hypertension risk among all groups. The researchers posited that the identification of such profiles could be helpful in identifying physiological risk patterns among individuals who experience allostatic load early in life, thus allowing professionals to consider how culture-specific interventions could help reduce the inflammatory, cardiovascular, and hypertensive health concerns among individuals displaying certain risk profiles.

The literature suggests that racial discrimination has a significant impact on mental health. Polanco-Roman et al. conducted a research study involving 743 racial and ethnic minority students between the ages of 18 and 29 to explore the relationship between racial discrimination and dissociation [14]. The researchers reported that the frequency of racial discrimination was positively associated with dissociative symptoms and other traumatic

life events. Polanco-Roman et al. concluded that “racial and ethnic minority emerging adults who experience racial discrimination may be more vulnerable to dissociative symptoms” [10,14]. This research also highlighted gender differences in coping strategies and dissociation. Passive coping strategies were more likely to be used by African American/Black males compared to African American/Black females. Participants utilizing more passive coping strategies (males) were more likely to report more dissociative symptoms compared to those using more active coping strategies [14].

The extant literature provides considerable data and other important information related to the potential and actual health impacts that ongoing racialized stress may have on African Americans/Blacks, particularly males [15–17]. The literature also offers an abundance of information to facilitate an understanding of how past trauma, current discriminatory practices, and systemic racism intersect to negatively impact the physical and mental health of African American/Black male and female collegians [18–23].

1.2. Purpose of Current Study

The purpose of this descriptive study was to identify possible factors contributing to an increase in the help-seeking behaviors of African American/Black collegians during the fall of 2018 and the fall of 2019. This research was initiated at the request of the director of a university-based counseling center due to a 124% increase in students seeking help in 2019 compared to 2018.

2. Methods

2.1. Sample

The study participants were drawn from a larger university study investigating an increase in help-seeking behaviors during fall 2018 compared to fall 2019. The original sample of 500 students who sought professional counseling from the university counseling center was reduced to those students identifying their race/ethnicity as African American/Black, resulting in 103 African American/Black males and 325 African American/Black females. The 428 collegians represented every classification and 43 different fields of academic study. The median age for the sample was 21.04 years.

2.2. Data Collection

The current study involved the use of secondary data obtained from the university counseling center at an urban HBCU (Historically Black College/University). A formal request was submitted to and approved by the director of the university counseling center to allow access to 500 de-identified data sheets that provided information on age, race, gender, classification, major, referral source, history of prior mental health concerns, and current mental health concerns. The data were examined for two semesters: fall 2018 and fall 2019. The de-identified data sheets included information provided by students at the time of intake. The first semester for each year was selected to examine the help-seeking behaviors and the mental health concerns of first-time, first-semester college students and students returning during the first semester. For this study, help-seeking was defined as students requesting and receiving assistance for mental health and/or other personal concerns. Due to the secondary nature of the data, IRB approval was not required. A few data sheets reflected missing information: one did not identify gender; 29 did not identify residency; 16 did not identify classification, and 28 did not identify race. The missing data were excluded from the analysis.

2.3. Data Analysis

The current study was descriptive in nature, and the data were analyzed using the Statistical Package for the Social Sciences, version 26 (IBM, Chicago, IL, USA). Data analyses included means, percentages, and frequency distributions. Crosstabulations were also conducted. Chi-square analysis was conducted where possible. The variables examined represented nominal data and did not lend themselves to other statistical analyses.

3. Results

Self-referrals (82%) accounted for the largest number of referrals for professional assistance for African American/Black males and females. Table 1 provides a breakdown of referral sources by gender.

Table 1. Help-seeking and Referral Source by Gender.

Referral Source	Males N = 103	%	Females N = 325	%	Total N = 428
Self	46	44.0	124	38.1	170
Friends	25	24.2	77	23.6	102
Faculty	15	14.5	68	20.9	83
Family/Parent	5	4.8	21	6.4	26
Health Center	1	0.9	2	0.61	3
Residential Life	0	0	6	1.8	6
Athletic Dept.	1	0.9	0	0	1
Disability Services	0	0	1	0.3	1
Enrollment Management	2	1.9	0	0	2
ROTC	0	0	1	0.3	1
Other Staff	2	1.9	4	1.2	6
Total	103	100	325	100	428

A chi-square analysis revealed that students' referral source and couples' problems were statistically significantly associated, $\chi^2(4, N = 428) = 13.35, p = 0.010$. Self-referrals (53.1%) had a higher number of referrals for couples' problems than faculty referrals (18.8%), parent/family referrals (2.3%), and friend referrals (23.4%). African American/Black males were more likely to self-refer than their female counterparts.

Table 2 provides a breakdown of the presenting mental health concerns for African American/Black males and females seeking professional assistance. African American/Black males and females experienced many of the same presenting concerns: family problems, couples problems, peer interpersonal problems, academic difficulties, anxiety, depression, and stress.

Table 2. Presenting Mental Health Concerns.

Presenting Concerns	Male	%	Female	%	Total
Academic Difficulties	25	24.2	77	23.6	102
Alcohol/Drug Abuse	9	8.7	28	0.08	37
Anger Control	9	8.7	44	13.0	53
Anxiety	32	31.0	106	32.0	138
Couples Problems	25	24.3	115	35.4	140
Depression	36	34.9	129	39.6	165
Family Problems	40	38.8	127	39.0	167
Peer Interpersonal Relationships	36	34.9	131	40.0	167
Situational Adjustment Problems	10	9.7	43	13.2	53
Stress Management	32	31.0	84	25.0	116
Suicidal	12	11.0	36	11.0	48

Family problems, couples problems, peer interpersonal relationship problems, depression, stress, and anxiety were found to be the most significant reasons for help-seeking. A chi-square analysis identified a statistically significant relationship between gender and couples' problems, $\chi^2(1, N = 428) = 4.39, p = 0.040$. Among the students who visited the Counseling Center, female students (35.4%) had significantly higher rates for couples problems than their male counterparts (24.3%).

Table 3 provides a breakdown of students' past mental health concerns and experiences prior to seeking assistance from the university counseling center in 2018 or 2019. The existence of prior mental health concerns such as emotional abuse, physical abuse or

assault, and sexual abuse or assault may have exacerbated the academic stressors frequently experienced by new collegians in general.

Table 3. Past Mental Health Concerns.

Previous Mental Health History	Males	%	Females	%	Total
Previous Counseling	47	45.6	137	42.1	184
Suicidal Thoughts	21	20.3	76	23.3	97
Suicidal Attempts	8	7.7	54	16.6	62
Psychiatric Meds	9	8.7	34	10.4	43
Anger Management	28	27.1	68	20.9	96
Family History of Psychiatric Problems	18	17.4	78	24.0	96
Family History of Alcohol/Substance Abuse	1	0.9	10	0.03	11
Psychiatric Hospitalization	8	7.7	25	0.07	33
Physical Assault or Abuse	8	7.7	49	15.0	57
Emotional Abuse	25	24.2	96	29.5	121
Sexual Assault or Abuse	12	11	96	29.5	108

4. Discussion

The most illuminating finding of this study centered around the percentage of African American/Black males who self-referred to professional counseling. This finding was contrary to what has been reported in the literature [9,20–22] regarding African American/Black males' reluctance to seek professional counseling. While a lower number of African American/Black males sought assistance compared to African American/Black females, the percentage of African American/Black males self-referring was proportionately higher than that for African American/Black females, leading to a new question. What factors might have influenced this phenomenon? The literature suggests that African American/Black males prefer to seek informal assistance for personal or mental health concerns, but the literature does not clearly delineate the reasons these males do seek assistance [15,17]. The findings of the current study fill a gap related to the actual help-seeking behaviors of African American/Black males. The findings reported provide a glimpse into the racialized realities of African American/Black males, and this is exemplified in the following personal communications of three African American/Black males during an informal discussion regarding the racialized stress experienced on an almost daily basis.

"I struggle with a world that will never accept my color nor my perspective."
(African American/Black male parent, personal Communication)

"I have learned in my (social work) studies that my feelings are associated with trauma and although this was helpful to understand that my feelings have a name ... it also has been difficult to comprehend all of the continued re-victimization that happens daily." (African American/Black male social work student, personal communication)

"Being a man is honored but being Black and a man in this society is clearly a death sentence." (African American/Black male social work graduate, personal communication)

These personal communications reflect the African American/Black males' level of concern for both personal growth and personal safety. For those unaware of the plight of the African American/Black male, the extant literature and the data presented within this paper suggest the need for enhanced societal awareness and the need to consider external policy initiatives regarding racially motivated hate crimes and discrimination.

African American/Black males and females reported similar past mental health histories and presented with mental health concerns. The past mental health histories reported included emotional abuse, sexual assault or abuse, and physical assault or abuse, events often associated with adverse childhood experiences (ACEs). While it is unknown as to the onset of these reported events, there are long-term stress-related effects for adulthood [24]. Toxic stress is defined as the prolonged activation of the body's stress response to frequent, intense situations and events and is reported to lead to anxiety, depression, and impaired learning and memory [24]. This process is reflective of allostasis.

Though African American/Black males and their allostatic load were the focus of this study, African American/Black females have also been reported to experience high levels of allostatic load, suggesting that attention should also be focused on this group as well. The literature suggests that African American/Black women are more willing to seek professional counseling, and this willingness has been identified as a positive coping strategy [14]. African American/Black women are often plagued by the stereotypical image of the Strong Black Woman. The SBW stereotype describes these women as self-sufficient, independent, and able to survive life's difficulties without assistance, enhancing opportunities to experience allostatic load. In addition to their caregiving roles as wife, partner, and mother, African American/Black females also experience racialized stress and have the additional burden of gender discrimination. The literature offers an abundance of research regarding the high level of allostatic load and the racialized stress experienced by African American/Black females. Just as African American/Black males may be concerned about lethal policing and their survival, the African American/Black female may be concerned not only for their personal survival but also for the survival of their partners and their children.

The percentage of African American/Black male collegians experiencing couples problems, family problems, and peer interpersonal problems may offer an explanation as to why they self-referred for professional counseling. The traditional informal sources of support may not have been available inasmuch as the relationship problems identified could have involved those informal networks [23]. The literature has frequently highlighted the importance of family in African American/Black male academic success [15–17]. It is also possible that the African American/Black male students' past mental health concerns and current mental health concerns converged to provide sufficient personal discomfort to ignite the quest for enhanced well-being.

Despite the stigma, racialized stress, and the need to be self-sufficient, as suggested by the extant literature, African American/Black male collegians made a conscious decision to seek professional counseling. Though not verbalized, the decision to seek professional assistance may, in fact, have implications that could illuminate African American/Black male collegians' need to understand and resolve their various mental health challenges via professional assistance. The opportunity to experience racialized stress coupled with the numerous presenting mental health concerns may have influenced the African American/Black collegian's pursuit of professional help. The potential discomfort associated with their concerns may have enhanced their awareness of a need to address unresolved issues regardless of knowledge of allostatic load. It is important to educate African American/Black males and females about the impact of racialized stress on their health and that their concerns have a specific name—racial trauma—and a specific health outcome—allostatic load. Study findings suggest opportunities for future research to examine, on a national scale, the reasons that African American/Black males seek professional counseling, thus informing the development of programs and services that speak to the issue of racialized stress and its impact on physical health.

Institutions of higher education are advised to train faculty and advisors in trauma-informed instructional approaches that provide a safe, supportive, non-punitive classroom environment helpful in enhancing student mental and physical health [25]. Educating faculty and/or mentors on effective strategies to support African American/Black male academic success via workshops and presentations that address the trauma and the allo-

static load of African American/Black males is advised. Such opportunities for faculty training will enhance their ability to advise, teach, and mentor African American/Black male students. Specifically, these types of training should focus on the correlations of racism, discrimination, stress, anxiety, depression, relationship problems, and various traumas that influence allostatic load.

University counseling centers are advised to provide workshops and forums to educate African American/Black male students about their trauma and to identify effective strategies to reduce allostatic load. University counseling centers are advised to address the need for African American/Black males to have counselors/therapists of color, if possible, since these individuals are more likely to have an enhanced understanding of the African American/Black male dilemma.

It is recommended that colleges and universities consider enhancing curricula to include an acknowledgement of the trauma and pain experienced by African American/Black males to aid in understanding how racialized stress negatively impacts both mental and physical health. Helping African American/Black male collegians identify and understand their discomfort and its potential impact on their physical and mental health may enhance retention thus enhancing opportunities for African American/Black male academic success.

The findings of this study are limited to the 103 African American/Black male collegians who sought professional counseling during the identified semesters. The small sample size does not permit generalization to the general student body, other African American/Black males at the current HBCU, or African American/Black males attending other HBCUs or PWIs. The use of secondary data did not allow researchers to obtain clarifying information from the African American/Black males in the study, making it impossible to identify the factors influencing their stress (racialized or other), depression, the severity of relationship concerns, or specific health concerns. Lastly, the de-identified data sheets did not include questions regarding racial concerns other than having experienced discrimination as a problem. Despite its limitations, the study findings provided valuable information as to the reasons African American/Black males seek professional counseling or assistance. More importantly, this study provided useful information that may be helpful in reducing health inequities resulting from the unaddressed allostatic load.

5. Conclusions

This study highlighted particular challenges faced by African American/Black males at a historically Black university in their quest for personal and professional success. Their quest for professional success may have been influenced by the recognition of their need for enhanced well-being due to the nature of the concerns they were experiencing. While this study originally commenced as an examination of the help-seeking behaviors of African American/Black male and female collegians, African American/Black males surfaced as the gender most likely to self-refer for professional assistance, requiring the researchers to explore possible explanations. Considering the current literature, this phenomenon may represent a shift in African American/Black men's perceptions of professional help-seeking and their understanding of the need for self-care. Whether the African American/Black male college graduate is an endangered species remains a troubling question. The Black Lives Matter movement acknowledged and magnified the acts of over-policing and the dangers of just having dark skin; both appear to be major stressors. Study findings provide valuable insight as to the reasons some African American/Black men seek professional help allowing researchers to compare and contrast the methods of engagement for mental health support. The variables indicated by study findings could easily relate to African American/Black male professionals as the "stress" train does not bypass adulthood but continues toward allostatic load until appropriate interventions, protections, and policies are implemented.

For the professional African American/Black male, many stressors avail from microaggressions and stereotypes to overt racism [18,19]. It is mentally unhealthy to wear many masks, shifting as a chameleon does to fit in or survive and execute a full-time job. More di-

versity, equity, and inclusion training are needed as well as discussions around anti-racism practices to help break down invisible and visible barriers. Secondly, access to mental health by trained clinicians that are culturally aware of bias and cultural expressions is warranted. In this treatise, the personal communications of three African American/Black males are alarming but portray the reality of where we are in society.

Author Contributions: Author contributions for this article are as follows: Conceptualization, V.L.; methodology, V.L.; formal analysis, V.L.; writing—original draft preparation, V.L., B.J.-N., Q.L.D.; writing—review and editing, V.L., B.J.-N., Q.L.D.; project administration, V.L. All authors have read and agreed to the published version of the manuscript.

Funding: This research received no external funding.

Institutional Review Board Statement: An IRB approval was not required due to use of de-identified secondary data. Ethical review and approval not required for this study due to use of de-identified secondary data.

Informed Consent Statement: Patient/client consent was not required due to use of de-identified secondary data.

Data Availability Statement: Not applicable.

Conflicts of Interest: The authors declare no conflict of interest.

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