Beyond Survival: Reframing Resilience and Protective Factors Among Black Youth Exposed to Trauma and ACEs

Tasia Curry. BSW

University of Illinois at Urbana-Champaign

Abstract

Adverse Childhood Experiences (ACEs) and trauma exposure have profound effects on the mental health and wellbeing of Black youth, particularly in the context of structural inequities such as racism, poverty, community violence, and limited access to supportive resources. While resilience is often portrayed as a positive outcome in the trauma literature, traditional resilience narratives can inadvertently reinforce masking, emotional suppression, and survival-based coping. The current study is a review of the literature, critically examining how dominant understandings of resilience may obscure the distinction between surviving adversity and authentic healing from it. Instead of viewing resilience only as strength, endurance, or adaptability, this paper considers how culturally rooted protective factors can support the wellbeing of Black youth who have experienced trauma and ACEs. The review particularly highlights the role of communal and familial support, spirituality, racial identity, social support, and healing-centered engagement. Findings suggest protective factors are most effective when they promote emotional safety, belonging, vulnerability, and collective care instead of encouraging youth to "tough it out." From this review, it is proposed that social work practice, policy, and future research should move beyond resilience-only frameworks, and favor culturally responsive, healing-centered approaches that support authentic wellbeing among Black youth.

Keywords: adverse childhood experiences; African American; resilience; trauma; cultural competency, culturally responsive

About the author: *Tasia* recently earned her BSW and will begin UIUC's MSW program in the Fall 2026. Her research interests include adverse childhood experiences within Black communities, culturally responsive approaches to trauma, and healing-centered frameworks that support Black youth beyond survival-based resilience.

Introduction to ACEs and Trauma in Black Communities

Adverse Childhood Experiences (ACEs) are defined as traumatic or stressful events that one experiences before the age of 18 (Felitti et al., 1998). The specific variables used to measure ACEs include various forms of abuse, including physical, emotional, and sexual abuse; dysfunctional household experience factors such as caregivers or household members experiencing mental illness or substance abuse, having incarcerated relatives or household members, exposure to intimate partner violence, and having parents or caregivers divorce or separate (Starecheski, 2015). ACEs are linked to a host of negative outcomes throughout childhood and into adulthood (Bellis et al., 2017). African American youth report higher rates of ACEs than their White and Hispanic counterparts. For instance, Hampton et al. (2021) found Black youth's report of ACEs surpasses Latinx individuals in ACE prevalence. ACEs have a significant impact on African Americans' mental health; those who have experienced four or more ACEs are 3.69 times more likely to report depression and 2.59 times more likely to express anxiety than those who have not (Assini-Meytin 2022).

While it is important to acknowledge the traditional ACEs as stated above, there is another set of variables that contribute to childhood adversity. These variables are known as "structural ACEs." Homelessness, food hardship, exposure to neighborhood violence, and limited access to high-quality healthcare and education are considered structural or expanded ACEs (Lê-Scherban et al., 2018; Merrick et al., 2018). Black children and families are disproportionately exposed to ACEs, including adversities resulting from structural and systemic inequities (Hampton-Anderson et al., 2021). An analysis of nationally representative data from the 2016 National Survey of Children's Health found 61% of non-Hispanic Black children had experienced at least one measured ACE, compared with 40% of non-Hispanic White children.

Additionally, 33% of Black children had experienced two to eight ACEs, compared with 19% of White children (Sacks & Murphey, 2018). Thus, understanding ACEs and structural ACEs within Black and African American communities is a critical area of research. The current study reviewed the literature on resilience and culturally rooted protective factors, aiming to synthesize research in these areas to inform social work practice, policy, and research.

Traditional Resilience Narratives

Researchers who focus on the link between trauma and mental health often frame ***resilience*** as an individual's ability to endure and adapt to hardship and adversity in order to continue functioning despite experiences that could be potentially traumatic (Masten et al., 2007). In addition, traditional resilience frameworks frequently emphasize traits such as strength, perseverance, emotional toughness, and adaptability (Luthar, 2006). In many cases, resilience is often praised as the ability to "push through" one's suffering and overcome obstacles by oneself. While resilience can serve as an important protective factor, these narratives may oversimplify the experiences of marginalized communities such as the Black community by equating survival with healing (Hampton-Anderson et al., 2021; Watkins, 2025).

Recent literature has begun to critically analyze the way resilience is discussed within Black communities. This discussion occurs particularly when resilience becomes associated with emotion suppression and masking. Masking refers to concealing emotional distress and suppressing vulnerability to maintain an outward appearance of strength, self-reliance, and emotional control (Watkins, 2025; Woods-Giscombé, 2010). Watkins (2025) works to challenge dominant understandings of resilience by arguing resilience can be socially enforced rather than an act of free choice. Similarly, Woods-Giscombé (2010) explains the superwoman schema that is imposed on Black women. Woods-Giscombé explains how Black women are often expected to

appear emotionally strong, self-reliant, and unaffected by adversity even while experiencing significant psychological distress. These expectations can create pressure to suppress vulnerability and emotional pain in order to maintain an image of strength.

As a result, survival is still seen as healing. Black youth who are exposed to trauma are praised for their ability to endure hardship while their emotional well-being remains to be neglected. Although the narratives of resilience intend to be empowering, unintentionally they can reinforce the idea of masking, untreated trauma, and the normalization of suffering rather than promoting authentic healing and emotional safety (Watkins, 2025; Woods-Giscombe, 2010).

Literature Gap

Existing literature surrounding trauma and ACEs among Black youth frequently emphasizes pathology, deficits, and survival outcomes. For example, the majority of the research focuses on the prevalence of trauma exposure, mental health disparities, behavioral outcomes, and Black youth's ability to endure adversity despite systematic barriers (Felitti et al., 1998; Hampton-Anderson et al., 2021). While this research remains critically important, fewer studies examine whether traditional notions of resilience truly support authentic well-being and emotional healing.

Resilience is often discussed through an individualistic framework that prioritizes perseverance and endurance rather than prioritizing emotional safety, vulnerability, and collective healing. In addition, healing-centered approaches have received limited attention, as well as culturally grounded protective factors such as community and familial support, spirituality and religion, racial identity, and emotionally affirming relationships. Due to these

factors, there is a need for research that critically examines resilience-based narratives while also exploring protective factors supporting genuine well-being rather than survival (Watkins, 2025).

Thesis Statement

While in many settings, resilience is viewed as a positive outcome among Black youth who are exposed to trauma and ACEs, the framework of traditional resilience can unintentionally reinforce masking, emotional suppression, and coping mechanisms based in survival. Instead of equating endurance with healing, protective factors grounded through culture such as communal support, spirituality, racial identity, and emotionally affirming relationships opens space for more healing-centered pathways that contribute to authentic well-being. By reframing resilience through culturally adapted and trauma-informed perspectives, helping professionals can better support vulnerability, emotional safety, and long-term well-being of Black youth.

Traditional Notions of Resilience and Their Limitations

Traditional resilience frameworks often are rooted in Eurocentric and individualistic interpretations of coping and adversity (e.g., Luthar, 2006; Masten et al., 2007). Western trauma literature frames resilience as an individual's ability to overcome hardship through perseverance, emotional strength, and self-discipline. These frameworks frequently add an emphasis on personal responsibility. Furthermore, these narratives champion the capacity to "push through" adversity while frequently neglecting the profound systemic inequities and structural conditions that facilitate trauma exposure. Consequently, traditional resilience is typically quantified by an individual's ability to maintain productivity amidst profound suffering, rather than evaluating whether they have been afforded the necessary access to emotional safety and authentic healing-centered support.

For Black children and adolescents, these approaches can be limiting as they fail to account for the radicalized and structural adverse childhood realities that shape traumatic experiences. Exposures to community violence, intergenerational trauma, economic inequities, and racism are not just hardships but instead are connected to larger forms of systematic oppression (Hampton-Anderson et al., 2021). Watkins (2025) critiques traditional resilience approaches by arguing that resilience has been historically constructed through a colonial and individualistic lens. Watkins argues these lenses prioritize adaptation over collective wellbeing. Similarly, approaches based on healing justice challenge the idea that healing should occur solely at an individual level and instead add emphasis on collective care, relational healing, and the importance of addressing systemic harm.

Watkins (2025) describes resilience as a paradox in which cultural strength and survival coexist alongside psychological harm. Her work argues that resilience can function as a form of physical violence. This is because individuals are expected to continuously adapt to oppression without opportunities for rest, healing, or emotional expression. Comparably, Woods-Giscombé's (2010) Superwoman Schema concept explains how Black individuals may create an internal demand leading one to believe they must remain strong, care for others, and suppress distress despite experiences of trauma and chronic stress. Although this framework is primarily discussed in relation to Black women, Black youth can experience similar internal demands surrounding emotional strength and survival. However, there remains a significant gap in the literature examining the long-term effects of adverse childhood experiences (ACEs) and how they relate to masking and trauma suppression across gender among Black youth. Addressing this gap can contribute to a broader understanding of resilience among Black youth.

These resilience expectations can create harmful outcomes because it normalizes emotional suppression as strength. Black youth exposed to trauma may learn to hide emotional pain, internalize stress, and avoid seeking help with their mental health. This transitions resilience from a protective factor into a survival strategy that prioritizes endurance of adversity over one's emotional wellbeing.

Survival Versus Healing

Survival and healing are often treated as interchangeable within resilience literature, but Watkins (2025) challenges this assumption by framing resilience as a paradox that can represent both cultural strength and psychological harm. Survival refers to the ability to endure hardship and continue functioning in the face of trauma, while healing involves emotional processing, vulnerability, safety, and long-term wellbeing. Many resilience narratives emphasize survival outcomes by praising individuals for enduring suffering, rather than examining whether emotional healing has actually occurred.

Coping methods for Black youth exposed to trauma and ACEs may include survival-based behaviors such as emotional repression, hyper-independence, hiding suffering, or avoiding vulnerability to maintain beliefs of strength. While these tactics may assist individuals to survive hazardous circumstances in the short term, they may also lead to untreated trauma, emotional isolation, burnout, and long-term mental health difficulties (Woods-Giscombé, 2010). The prioritization of endurance in literature narratives of resilience risk normalizing suffering as a sign of wellness, as the capacity to tolerate pain is conflated with posttraumatic growth.

Healing-centered practices counter this notion by emphasizing emotional safety, collaborative care, and real wellbeing, not just surviving. Healing-centered frameworks ask not if Black youth can survive adversity, but if Black youth are given the support, acceptance, and

tools to heal from adversity. This difference should be considered when thinking about protective variables because not all forms of resilience are necessarily related to long-term emotional wellness.

Reframing Protective Factors Through a Healing-Centered Lens

Recent literature has increasingly added emphasis to the importance of culturally grounded protective factors. These factors support authentic wellbeing among Black youth who have been exposed to trauma and adversity. Rather than prioritizing hyper-independence or emotional suppression, healing-centered approaches focus on collective care, emotional validation, and supportive relationships. Reed (2020) Conducted a systematic review that identified various protective factors associated with positive outcomes among African American youth. These factors include strong family relationships, community support, mentorship, spirituality, and positive social connections. These findings suggest resilience is not strengthened through forced self-reliance but instead is strengthened through relational systems that promote emotional safety, belonging, and collective healing.

Likewise, Boyd (2025) argues that conversations surrounding Black youth and mental health and suicide prevention must move beyond narratives that solely focus on deficits and instead aim to amplify culturally grounded strengths and protective factors. Boyd adds an emphasis on the importance of supportive community relationships, culturally affirming spaces, and a sense of emotional connectedness that all promote mental wellbeing among Black youth. These approaches challenge the traditional resilience narratives that overlook psychological distress and unmet mental health needs while praising endurance and emotional toughness. Rather than enforcing survival onto Black youth, Boyd advocates for approaches that

acknowledge vulnerability, emotional expression, and relational support as critical variables of wellbeing.

Mashonga and Henneberger (2020) further support the importance of relational protective factors. It was found social support systems and emotional connectedness are strongly associated with positive mental health outcomes. Their findings reinforce the idea that protective factors are most effective when they create opportunities and spaces for emotional validation, belonging, and supportive interpersonal relationships. Collectively, this literature suggests authentic resilience is not rooted in silent endurance or hyper-independence, but in access to communal care, affirming relationships, and environments that allow Black youth to heal without shame.

Culturally Grounded Protective Factors and Healing

In addition to relational support systems, these protective factors play important roles in supporting emotional well-being in trauma-exposed Black youth. For example, Walker & Hill (2016) discovered spirituality and faith-based coping have been consistently identified as impactful sources of emotional grounding, giving hope, encouraging one's purpose in life, and community togetherness among Black communities.

Boyd (2025) also identifies spirituality and cultural identity as important protective factors that contribute to resilience and suicide prevention among Black youth. Instead of only acting as coping mechanisms for survival, these culturally grounded supports promote emotional affirmation, self-worth, and psychological wellbeing. Positive racial and cultural identity may also buffer against the harmful effects of systemic oppression and trauma by fostering pride, creating resistance to internalized stereotypes, and fostering belonging (Seaton et al., 2019). Through racial socialization and identity affirmation, Black youth may develop stronger emotional resilience and a greater sense of self-worth despite exposure to adversity.

However, literature also brings caution to how we approach these culturally protective factors to avoid reinforcing the harmful narrative of endurance. Woods-Giscombé's (2010) work on the Superwoman Schema demonstrates how cultural expectations surrounding strength and self-sacrifice can sometimes contribute to emotional suppression and chronic stress. Similarly, spiritual or cultural frameworks that prioritize enduring hardship without emotional expression may unintentionally reinforce masking and survival-based coping. Therefore, protective factors should not simply encourage Black youth to tolerate adversity, but rather create opportunities for emotional safety, vulnerability, healing, and authentic wellbeing.

Healing-centered engagement frameworks further support this distinction by shifting the focus away from trauma alone and toward collective healing, culture, identity, and restoration (Ginwright, 2018). Ginwright argues healing-centered approaches move beyond asking, "What happened to you?" and instead ask "What is right with you?" while recognizing the importance of culture, spirituality, relationships, and community in the healing process. This perspective challenges resilience frameworks rooted solely in survival by emphasizing emotional restoration, collective care, and long-term wellbeing rather than merely the ability to endure suffering.

Implications for Social Work Practice

In review of this literature, the critiques of conventional resilience frameworks have significant implications for social work practice with Black youth exposed to trauma and ACEs. Social workers should be wary of assuming that a young person's ability to function, succeed academically, meet behavioral expectations, or remain emotionally composed indicates emotional well-being. If resilience is defined only as endurance, practitioners might miss signs of masking, emotional suppression, untreated trauma, and hyper-independence. This point is particularly true when working with Black youth who have already experienced the burden of

racialized expectations to be strong, act mature, and be unaffected by adversity. A strengths-based approach should not romanticize suffering but instead recognize the difference between survival-based coping and authentic well-being (Saleeby, 2013; Miller, 2017)

Trauma-informed practice and healing-centered practice require a created safe space where Black youth can feel comfortable enough to be vulnerable without shame or fear of judgment (Wilson, 2025). Social workers should ask Black youth not only how they have survived but also what support they need, what they need to feel safe, and what connections would be most helpful. Through the lens of cultural humility, social workers can avoid assuming resilience reflects healing and instead create safe spaces for Black youth to define their own needs, strengths, and pathways toward recovery. In practice, this can include incorporating culturally responsive protective factors into assessment, intervention, and planning. The culturally protective factors social workers should aim to implement are familial and communal support, spirituality, racial identity, and affirming relationships (Boyd, 2025). Ginwright's (2018) healing-centered engagement framework can be especially useful as it aids in shifting the focus from trauma exposure alone to culture, identity, collective care, and restoration. In practice, this means supporting Black youth as whole people connected to their families, communities, histories, and cultural strengths, not just as individuals who have experienced harm.

In addition, social workers need to be aware of the framing of protective factors. Pathways to healing include spirituality, family support, and racial identity, which validate emotions, foster belonging, and create meaning. But these same factors can be negative if they reinforce silence, endurance, or the expectation that Black youth must simply "be strong." So cultural practice needs to be able to hold both strength and vulnerability. Rather than helping

Black youth appear resilient, the goal should be to facilitate their emotional safety, access to care, and long-term well-being (Bollers, 2025; Ginwright, 2018).

Policy Implications for Future Research

Policy efforts should be directed toward culturally grounded mental health services that support Black youth before trauma becomes a crisis (Alvarez, 2022). This includes increased funding for school-based mental health programs, Black-led community organizations, mentoring programs, and accessible trauma-informed services in communities that experience structural ACEs at a higher rate. Policies also should target the larger conditions that create the need for resilience in the first place, including racism, poverty, housing instability, community violence, and unequal access to healthcare and education. Supporting Black youth is not only about promoting individual coping but also reducing systemic harm that leads to repeated exposure to adversity.

From this literature review, several future research directions are recommended. Future research needs to continue to explore resilience from a more critical and culturally responsive perspective. Further research is needed on masking, emotional suppression, hyper-independence, and survival-based coping among Black youth exposed to trauma. Research also needs to explore how protective factors such as spirituality, racial identity, family support, and community connection can promote authentic well-being, rather than just helping youth cope with adversity. Moreover, future work should center the voices of Black youth themselves to further understand how they frame resilience, healing, safety, and support in their lives.

Conclusions

This literature review examined how traditional conceptualizations of resilience might unintentionally perpetuate survival-based coping, masking, and emotional suppression in Black youth exposed to trauma and ACEs. Resilience is often talked about as a good thing, but we need to ask ourselves if resilience is about healing or just rewarding toughness. This expectation of strength for Black youth can mask emotional distress and hinder deeper attention to vulnerability, safety, and well-being.

Protective factors in culture like communal support, spirituality, racial identity, and emotionally affirming relationships offer more healing-oriented ways toward well-being. But these protective factors should be interpreted with caution. They make space for emotional expression, belonging, collective care, and authentic healing and are most protective in this space. Black youth should not have to mask their vulnerability or endure suffering to be considered resilient. The real measure of resilience is not how much pain people can withstand but whether individuals and communities have the support, resources, and safety to heal and to thrive.

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