

OUR STORIES & VISIONS

GENDER IN
BLACK IMMIGRANT
COMMUNITIES





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Acknowledgments



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BAJI'S COMMUNICATIONS DIRECTOR

NEKESSA OPOTI is BAJI's Communications Director. She is an award-winning journalist (recovering), editor, producer, writer, communications strategist, and an immigrant justice organizer. As a multimedia storyteller, she promotes a grassroots' articulation of often ignored and marginalized voices. Through her work, she explores race—specifically anti-Black racism—class, migration and displacement, education, gender, sexuality, identity and belonging from a queer Black femme immigrant lens. She is a co-founder of the Minnesota-based Black Immigrant Collective (BIC) and a member of BLMP (Black LGBTQIA+ Migrant Project).



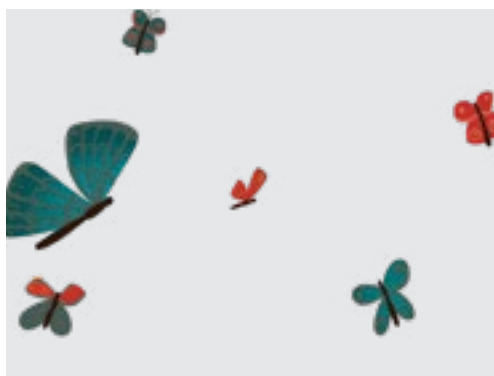
ILLUSTRATOR

AMIR KHADAR is a Sierra Leonean–American multidisciplinary artist and educator from Minneapolis, Minn. Their main mediums are poetry, fibers, and digital art. Regardless of the outlet, their practice has always been grounded through afro-futurism, Black beauty, and ancestral practices. They have done extensive work with the Astraea Lesbian Foundation for Justice, Forward Together, Parenting for Liberation, and Wakanda Dream Lab. Amir is currently a student at Swarthmore College.

GENDER JUSTICE RESEARCH FELLOWS



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JASMIN "JAIYE" SINGLETARY is a creative artist-preneur, passionate about empowering the descendants of the African Diaspora to find unique ways of voicing their stories. Her business, Empressive Expressions™, LLC, is an artistic platform devoted to the art of creative self-expression, where her poetry inspires handcrafted souvenirs and customized beauty accessories. Jaiye also works as a Teaching Artist for a nonprofit organization, S.O.U.L. Sisters Leadership Collective, dedicated to advocating for girls, femme-identified and non-binary youth of color in Miami. In every venture she is part of, Jaiye uses her artistry to express stories of self-love, cultural pride and sisterhood solidarity.



HAWI TEIZAZU is a doctoral student studying public health and sociology at Columbia University. Prior to this, she worked as a public health advisor for the Center for Disease Control and Prevention. Her research focuses on structural racism, racial health inequity, and health communication and policy. These interests are informed by her experiences as a Black immigrant raised in Minnesota, and her work with immigrant and Indigenous communities in the Midwest. She is equally committed to both research and intervention, and studies how health-related policies have the potential to perpetuate and alleviate existing health disparities through her role as a Health Policy Research Scholar at the Robert Wood Johnson Foundation.

Acknowledgments

We would like to extend our appreciation to those who helped us recruit Black immigrant women and femmes to participate in our research. This includes but is not limited to: BAJI staff and members, staff at other non-profit organizations, faith leaders, teachers, students, store owners, event planners, and those who simply helped us recruit by sharing our flyer with their families and friends.

Most importantly, we want to thank our incredible participants for sharing their sacred stories and visions with us. It truly took a village to make this project possible. We could not have done it without you.

THE BLACK ALLIANCE FOR JUST IMMIGRATION (BAJI) educates and engages African American and Black immigrant communities to organize and advocate for racial, social and economic justice. Local BAJI Organizing Committees in New York, Georgia, California and Arizona build coalitions and initiate campaigns among communities to push for racial justice. At the local and regional level, BAJI provides training and technical assistance to partner organizations to develop leadership skills, works with faith communities to harness their prophetic voice, and initiates vibrant dialogues with African Americans and Black immigrants to discover more about race, our diverse identities, racism, migration and globalization.

PREFERRED CITATION

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Finally, we would like to thank Forward Together for their incredible support in bringing this report to life. Deep collaboration is possible when partners are value aligned and intimately listen to each other to inform the collective work.



Guidance on How to Read This Report

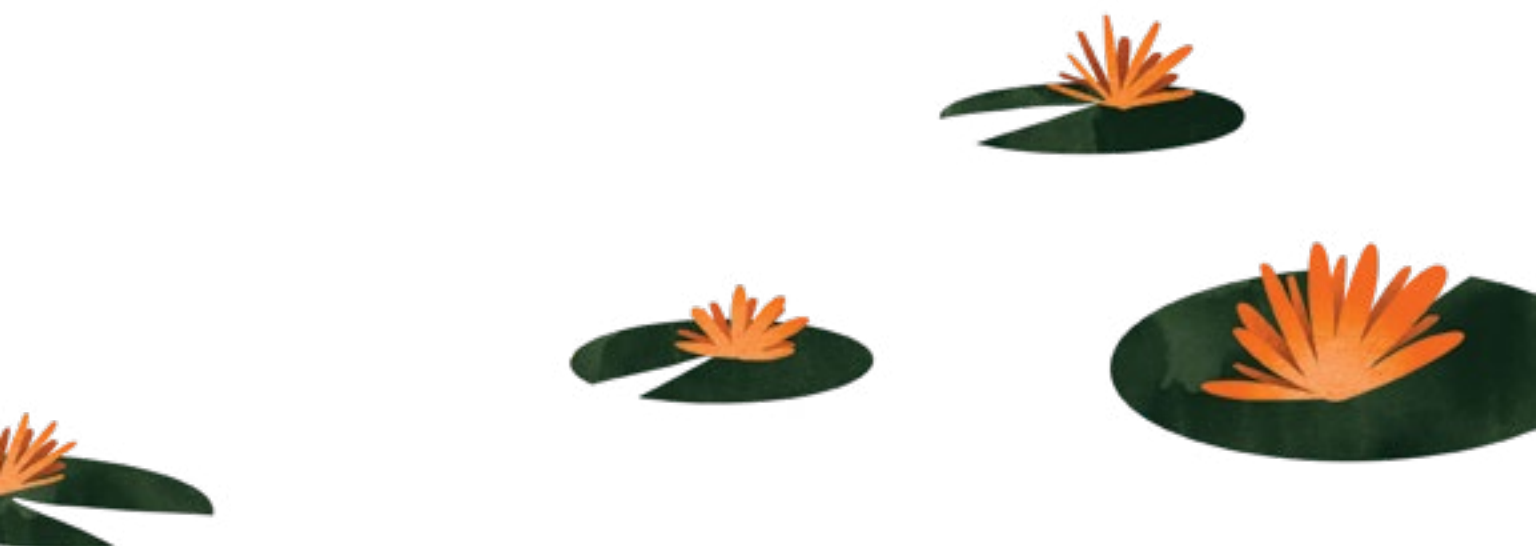
This section will offer suggestions on navigating this report. Throughout the report, you will notice that some words or phrases are underlined like this. Those words or phrases are considered keywords and we define their meaning on pages 6–8.

Because this report discusses topics that some may find triggering, we have broad content warnings for the whole report which include: racism, displacement, civil war, misogynoir, xenophobia, sexual assault, police brutality, immigration enforcement (ICE), deportation as well as mental and physical health. At the beginning of each chapter, section-specific content warnings are also provided.

Below each graph and image, we include descriptive captions for accessibility.

Our report is story-driven, which means that we center the voices and experiences of the individuals that we interviewed. We include quotes from them throughout the report. While we may not necessarily agree with all of the content or the language used in each quote, we include them because we believe they help paint a holistic picture of the stories and visions of Black immigrants. For confidentiality reasons, we have removed most personal identifiers and only refer to participants by their location and age.

Towards the end of the report, we have a works cited page where you can see some of the articles, projects and stories that inspired our research.



Keywords

While the words and phrases listed here have multiple meanings, the definitions that you see are a reflection of the ways in which we are using said terms within the scope of this report. We also recognize that language is always evolving. If the meanings of any of the words that we use becomes derogatory by the time you encounter this report, we apologize for unintended harm caused. We are continuously committed to updating the language that we use to affirm and respect our collective communities.

Acculturation hypothesis: a phenomenon supported by research which indicates that the longer immigrants stay in the U.S., the more their mental health declines

Ageism: prejudice or discrimination on the grounds of a person's age

Anxiety: a mental health disorder characterized by feelings of worry or fear that are strong enough to interfere with one's daily activities

Art Therapy: involves the use of creative techniques such as drawing, painting, collage, coloring or sculpting to help people express themselves artistically and examine the psychological and emotional undertones in their art

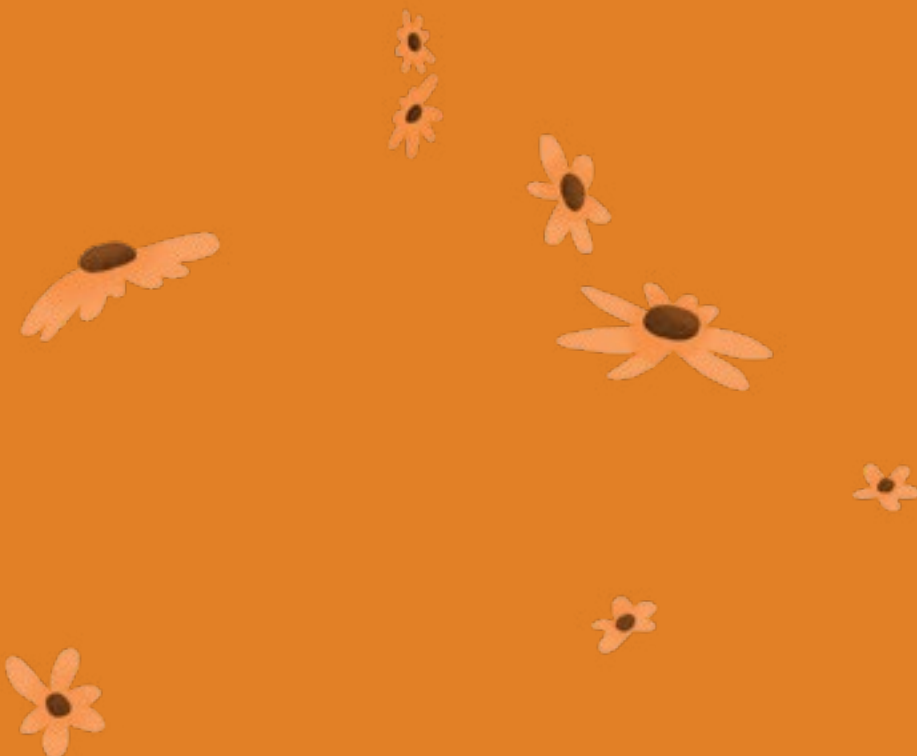
Asexual: a person who experiences a lack of sexual attraction to others, or low or absent interest in or desire for sexual activity

Assimilation: the process by which a person or a group's language and/or culture comes to resemble those of another group

Black immigrants: Black people who self-identify as being immigrants due to either their migration or the migration of their parent(s), or grandparent(s)

Cis-gender: denoting a person whose identity and gender corresponds with the sex they were assigned at birth

Code-switch: adjusting one's speech, appearance, behavior and expression in ways that will optimize the comfort of others in exchange for fair treatment, quality service, and employment opportunities



Cognitive Behavioral Therapy: focuses on challenging and changing unhelpful cognitive distortions and behaviors, improving emotional regulation, and the development of personal coping strategies that target solving current problems

Content warning: are verbal or written notices that precede potentially sensitive content

Crystal Therapy: an alternative medicine technique that uses stones and crystals for healing

Depression: a mood disorder that causes a persistent feeling of sadness and loss of interest and can interfere with your daily functioning

Dyslexia: a learning disorder that involves difficulty reading

Emotional self-care: activities done to find outlets for your feelings such as talking to a therapist, listening to music and journaling

Fatphobia: a system of structural oppression and violence towards fat people or people whose bodies do not conform to social expectations of physical size

Femme: A gender expression or identity that queers or subverts femininity, but is not tied to the category of womanhood. E.g.—People who identify themselves as femme may also identify as non-binary, trans, cis, women, men and/or any other gender.

Gaslighting: manipulating someone by psychological means into questioning their own sanity

Homogenize: make uniform or singular

Individualistic: characterized by being self-reliant and independent

Intellectual self-care: finding ways to practice critical-thinking, grow knowledge and stimulate the mind

Intergenerational trauma: is a psychological term which asserts that trauma can be passed down between generations

Maternal mortality: the death of a person while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes

Mindfulness-based Cognitive Therapy: is an approach to psychotherapy that uses cognitive behavioral therapy methods in collaboration with mindfulness meditative practices and similar psychological strategies

LGBTQ+: refers to individuals who are lesbian, gay, bisexual, transgender, queer and others

Misogynoir: hatred, dislike, distrust and prejudice directed towards Black women

Non-binary: relating to people whose gender identity is more expansive than the binary of male or female. Many, but not all, non-binary people identify as transgender

Non-citizen(s): non-citizen refers to people born outside the U.S. Puerto Rico or other U.S. territories, excluding people who are U.S. citizens

Non-profit industrial complex: is a system of relationships between, the State (or local and federal governments), the owning classes, foundations, and non-profit/NGO social services and social justice organizations that results in surveillance, control, derailment, and everyday management of political movements

Open-ended question: allowing the formulation of any answer, rather than a selection from a set of possible answers

Participation bias: is a phenomenon in which the results of elections, studies, polls, etc. become non-representative because the participants disproportionately possess certain traits which affect the outcome

Physical self-care: activities done for physical wellbeing such as exercising, eating well and sleeping well

Public Assistance (PA): refers to assistance programs that provide either cash assistance or in-kind benefits to individuals and families from any governmental entity. There are two major types of public assistance programs; social welfare programs and social insurance programs. Examples of public assistance include Medicaid, food stamps and housing assistance

Pulmonary embolism: is a blockage of an artery in the lungs by a substance that has moved from elsewhere in the body through the bloodstream

Remittances: a sum of money sent, especially by mail, in payment for goods or services or as a gift

Reiki: a healing technique based on the principle that the therapist can channel energy into the patient by means of touch, to activate the natural healing processes of the patient's body and restore physical and emotional well-being

Relational self-care: strengthening close, familial relationships like the relationship between partners, children and their parents, siblings, and so on

Safety and security self-care: activities done to stabilize personal, environmental and financial security

School-to-prison pipeline: refers to the processes through which children, who are disproportionately Black and brown, are funneled out of schools and into the juvenile and criminal justice system

Sciatica: a pain that radiates along the path of the sciatic nerve, which branches through your lower back through your hips and buttocks and down each leg

Secondary trauma: is defined as indirect exposure to trauma through a firsthand account or narrative of a traumatic event

Self-care: is any activity that we do deliberately in order to take care of our mental, emotional and physical health

Sexual assault: is an act in which a person intentionally sexually touches another person without that person's consent, or coerces or physically forces a person to engage in a sexual act against their will

Sexual harassment: behavior characterized by the making of unwelcome and inappropriate sexual remarks or physical advances in a workplace or other professional or social situation

Sickle cell anemia: a blood disorder that results in an abnormality in the oxygen-carrying protein haemoglobin found in red blood cells

Snowball sampling: is where research participants recruit other participants for a test or study

Social self-care: nurturing relationships outside of family, which includes friendships, relationships with neighbors, and so on

Spiritual self-care: exploring and expressing our beliefs, morals and values such as prayer, reading scripture or being in nature

Supplemental Nutrition Assistance Program (SNAP): the largest federal nutrition assistance program

Support system: a network of people who provide an individual with emotional or practical support

Stigma: a mark of disgrace associated with a particular circumstance, quality or person

Transgender: relating to people whose gender does not correspond with the sex they were assigned at birth

Transphobia: a system of structural oppression and violence towards transgender people or people who do not conform to the gender binary

Undocumented: a foreign born individual who does not have the legal right to be in or remain in the U.S.

Weathering: toxic stress resulting from racism, bias and discrimination

Weaponized: adapted for use as a weapon

Xenophobia: dislike or prejudice of people from other countries

Introduction

The trope that Black women and femmes are unwaveringly strong is killing us. This has become especially apparent at this present moment where we are attempting to survive a pandemic that is disproportionately impacting us while simultaneously being forced deeper into unpaid caregiving roles. From the experiences that Black women and femmes face in interpersonal relationships, to the discrimination we face in the workplace and at the hands of healthcare practitioners, our needs are oftentimes minimalized, or completely ignored. Even positive phrases like “Black girl magic” are weaponized and used to justify the lack of support that we are given. When we have the audacity to show signs of weakness, and assert that we are still human, we are labeled as overdramatic and emotional. We are denied the ability to be seen as complex beings, capable of embodying strength and weakness simultaneously.

As immigrants, we are forced into a space of non-belonging where we are made to feel like spectators in the U.S. Even in spaces with other Black women and femmes, the beauty of our differences can feel heavy. The discrimination we face based on our race, gender, immigration status, and other aspects of our identities has a cumulative toll on our minds, bodies and spirits.

Consequently, we are in search of spaces and relationships that simply allow us to be. We need restorative moments where we can allow our bodies

to take a break from hypervigilance. Moments where safety is unthought of—it just is. Moments where we are held tightly by our communities and carried, if necessary.

We know, however, that our liberation cannot be fully actualized while our loved ones are incarcerated. We know that our liberation cannot be fully actualized when our families are separated at borders. We know that our liberation cannot be fully actualized while we are unable to fully explore our genders and sexualities.

We know that our liberation cannot fully be actualized while we are unable to freely discuss our mental health and receive holistic, quality, affordable care.

BAJI's Gender Justice program was launched because we believe our liberation is possible and that Black women and femmes are the people who will lead us there. This report was created to uplift stories and visions that we believe if listened to, and implemented, could radically transform the experiences of Black immigrant women and femmes in the U.S., and across the globe. Organizing spaces, including spaces that BAJI occupies, are not immune to harming Black women and femmes. As an organization we are committed to being introspective in our complicity and are working to internally and externally dismantle patriarchy and all forms of gender-based violence.

Background

While there are many areas of Black immigrant women and femmes' lives that lack research, we have chosen to focus on mental health. Our research is in part motivated by the acculturation hypothesis—a phenomenon supported by research which indicates that the longer immigrants stay in the U.S., the more their mental health declines. Specifically, research shows that first generation (foreign-born) immigrants

typically have better mental and physical health than immigrants who are U.S.-born.¹ Additionally, foreign-born immigrants who move to the U.S. at an older age have a health advantage over those who move to the U.S. at a younger age. Interestingly, socioeconomic class does not appear to be a buffer as lower class first-generation immigrants have been shown to have better mental health outcomes than wealthier second-

1 Scribner R. (1996). Paradox as paradigm--the health outcomes of Mexican Americans. American journal of public health, 86(3), 303–305. <https://doi.org/10.2105/ajph.86.3.303>

generation immigrants. Many refer to this initial advantage as the “immigrant paradox.”²

A recent study found that the acculturation hypothesis occurs within Black immigrant communities. In this study, researchers discovered that, in comparison to their U.S.-born counterparts, African and Caribbean immigrants who moved to the U.S. at age 13 or older had lower rates of anxiety and mood disorders.³ Conversely, those who moved to the U.S. before 13 years old had the same risk of developing anxiety and mood disorders as their U.S.-born counterparts. Undoubtedly, time of arrival is not the only factor that impacts the mental health of Black immigrants; research has shown that a wide variety of variables such as socioeconomic status, interpersonal relationships, social support, neighborhood context also have significant implications. Furthermore, beyond these factors that have been identified by research, we know that the various forms of systemic violence that Black immigrant women and femmes experience at the hands of actors such as law enforcement, medical practitioners and public benefits administrators also have adverse consequences on their mental health. The Black Women's Blueprint report *The Sexual Abuse to Maternal Mortality Pipeline* demonstrates the link between weathering and mortality in the case of Black women.⁴ Specifically, they refer to research which found that “the stresses associated with living in a race-conscious society may lead to early health deterioration in Black women.”⁵

While some studies highlight that Black immigrants initially have better mental health than their U.S. counterparts, others show that the time when immigrants first come to the U.S. is the most stressful. This is especially true for people who are non-citizens and are oftentimes living in fear of detention or deportation. During this initial adjustment period, the mental health of Black immigrants can also be impacted by the lack of a support system, the lack of access to resources and language barriers.

Whether the stressors come earlier or later in the trajectory of peoples' lives, it is important that we deepen our understanding of mental health for a variety of reasons including how high suicide rates are in Black immigrant communities and how violence is oftentimes the response to Black people in crisis. In 2018, Shukri-Ali, a 37-year-old Somali-American woman, was fatally shot after her family called 911 to get help for her. Cases like Shukri-Ali's underscore how urgent it is that we implement alternatives to policing and are informed about the mental health challenges that people in our communities experience, so that we know how best to respond to their needs.

We are, however, not only interested in learning more about the mental health challenges that Black immigrant women and femmes experience, but also how they survive, and thrive against the odds. Research by Dr. Akinsulure-Smith on West African immigrants found that most respondents, despite experiencing high levels of psychological distress, relied on informal, culturally-informed coping strategies to better their mental health.⁶ Interestingly, only two participants in Dr. Akinsulure-Smith's study reported going to therapy and they both had negative experiences. These findings are supported by Fanm Saj's research on Sacred Healing Circles that found that only 10% of their sample utilized mental health or counseling services.⁷ The rest of their participants engaged in other healing strategies such as reiki, community building and crystal therapy. Consequently, this makes us curious to better understand the effectiveness of different forms of therapy. Furthermore, it makes us curious about the alternate avenues for healing that our people are tapping into.

Lastly, our research contains an imaginative component where we ask our participants to envision the kind of world they would create if they had no financial restrictions. In this section, we ask them to identify the role that their community can play in bringing this dream into fruition. We take these visions seriously and see them as contributing to a larger blueprint for the liberation of Black immigrant women and femmes.

2 Marks AK, Ejasi K, García Coll C. Understanding the US immigrant paradox in childhood and adolescence. *Child Development Perspectives*. 2014;8(2):59.

3 Breslau, J., Borges, G., Hagar, Y., Tancredi, D., & Gilman, S. (2009). Immigration to the USA and risk for mood and anxiety disorders: variation by origin and age at immigration. *Psychological medicine*, 39(7), 1117–1127. <https://doi.org/10.1017/S0033291708004698>

4 Black Women's Blueprint. (2019). *The Sexual Abuse to Maternal Morality Pipeline*. https://drive.google.com/file/d/1S3qcObooCvYcAjtaldgwbH_ErwovSzd/view

5 Ibid.

6 Akinsulure-Smith, A. M. (2016). Resilience in the Face of Adversity: African Immigrants' Mental Health Needs and the American Transition. *Journal of Immigrant & Refugee Studies*, 428–448. <https://doi.org/10.1080/15562948.2016.1238989>

7 Fanm Saj. (2018). *Sacred Healing Circles*.

Methodology



The image above is the flyer we used to recruit participants: On the left is a black and white photo of three women laughing and hugging. On the right, the text reads: Are you interested in being interviewed about mental health and wellness? We welcome anyone who identifies as a Black immigrant woman (first or second generation) aged 18 and over to participate. We strongly encourage all Black non-citizens, LGBTQ, and formerly incarcerated people to take part.

Locations: New York, Minneapolis, Southern California and Miami.

ALL PARTICIPANTS WILL BE COMPENSATED \$50.

Contact: catherine@baji.org for more information.

RECRUITMENT

BAJI hired a Gender Justice Research Fellow in each of the following locations: New York City, Miami, Minneapolis and Los Angeles. They worked under the supervision of the Gender Justice Program Coordinator to assist with recruitment, conduct interviews, write transcriptions, and complete data entry.

BAJI's graphic designer created a flyer to recruit participants. We strongly encouraged Black non-citizen, LGBTQ+ and formerly incarcerated individuals to participate. Furthermore, the flyer stated that all participants would be compensated \$50 and that all interested individuals should email BAJI's Gender Justice Program Coordinator. While the initial graphic called for women to participate in the study, we quickly realized this error and expanded our recruitment to include non-binary individuals. Our interviews took place in New York City, Miami, Minneapolis and Los Angeles—locations that have large and diverse Black immigrant communities. These areas also allowed us to have geographical representation from across the United States and coincided with locations where at least one BAJI staff person is based.

In August 2019, we began sharing our recruitment flyer on social media. We also reached out to organizations and academic institutions in each of our target cities. BAJI staffers were instrumental in the recruitment process as they disseminated information on listservs, contacted BAJI members, and posted the flyer throughout their networks. After our Gender Justice Research Fellows came on board, our recruitment efforts shifted from being mainly online to face-to-face recruitment strategies. In Los Angeles, for example, BAJI was the official non-profit partner for Everyday People LA on October 6, 2019. Through this partnership, we were able to table at their event

and, consequently, recruit participants for our research. In Miami, our fellow led Fanm Saj's healing circle on October 10, 2019 where she was able to recruit additional interviewees. All fellows used snowball sampling as they asked their interviewees if they knew others who would be interested in participating.

Those who found out about our research online were prompted to contact BAJI's Gender Justice Program Coordinator. In response, the Gender Justice Program Coordinator sent them a short Google form to fill out, which asked questions about their sexuality, age, ethnicity and location. In cities where we had more than 25 people interested in being interviewed we prioritized those who belonged to at least one of these groups:

- LGBTQ+
- Over 30 years old
- Not enrolled in an academic institution at the time of the study
- Lived in a borough, or an area that we did not have high representation
- Belongs to an ethnic group that we did not have high representation

Individuals who our Gender Justice Research Fellows recruited in person were added to a spreadsheet, so that the Gender Justice Program Coordinator could ensure that those who met the above criteria were prioritized.

QUESTIONNAIRE DESIGN

We created a questionnaire with 29 questions to assess the mental health and wellness of Black immigrant women and femmes. You can review the

questionnaire in the Appendix on pages 71–72. The first part of our questionnaire examines how the systemic violence that Black immigrant women and femmes experience impacts their mental health and wellness. We asked questions to examine their interpersonal relationships, interactions with law enforcement, public benefit administrators, and more. The latter part of the questionnaire assesses how Black immigrant women and femmes cope with these stressors and the healing mechanisms that they employ. Embedded in this section was a visionary component that allowed interviewees to tell us what they believe should be done to better the state of Black immigrant women in the U.S. and to inform us about the programming that they would create if they did not have financial limitations. Our questionnaire was reviewed and edited by BAJI staff people as well as teachers, academics, and therapists who have expertise in our areas of interest.

INTERVIEW PROCESS

At the beginning of all interviews, our Gender Justice Research Fellows informed participants that the interview would be recorded before proceeding to turn on the voice recorder. After this, they read out the consent form as each interviewee read a written copy. If they agreed with the document, our fellows asked the interviewees to sign the consent form. At the end of the interview, participants were handed a gift card, mental health resource sheet and the contact information of the Gender Justice Program Coordinator. Three of our interviews required translation. In these cases, a BAJI staff person or family member translated to support the interviewer.



DEMOGRAPHICS



National Demographics

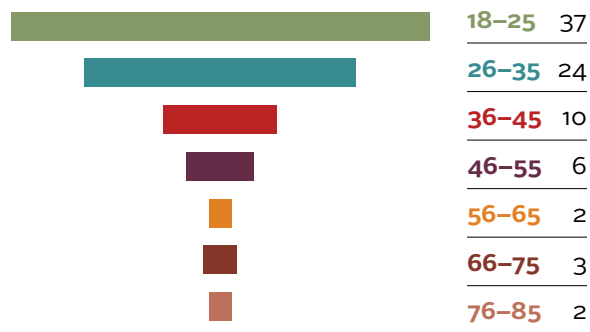
HOW DID YOU HEAR ABOUT THIS RESEARCH PROJECT?



The image above breaks down the different ways that people found out about our research project. The majority of people found out about our research project through a BAJI Staff Person/Research Fellow (31.0%). 23.8% of participants found out about the project through a friend, family member, or coworker. 15.5% of participants found out about the project through social media. 9.5% found out about the project through a variety of email listservs. 8.3% of participants found about the project through student groups and unions. 6.0% of participants found out about our project through a teacher or school administrator. 4.8% of participants found out about the project through external non-profit organizations. 1.2% of participants found about the project through religious institutions.

BAJI STAFF / FELLOW	31.0%
FRIEND/FAMILY/COWORKER	23.8%
LISTSERV	9.5%
NGO	4.8%
RELIGIOUS INSTITUTION	1.2%
SOCIAL MEDIA	15.5%
STUDENT GROUP	8.3%
TEACHER/SCHOOL	6.0%

HOW OLD ARE YOU?



The image on the left is of a bar graph that illustrates the ages of our participants. The majority of our participants (37 people) were between the ages of 18-25. Twenty-four participants were between the ages of 26-35. Ten participants were between the ages of 36-45. 6 participants were between the ages of 46-55. Two participants were between the ages of 56-65. Three participants were between the ages of 66-75. Two participants were between the ages of 76-85. A total of eighty-four people were interviewed for the study.

ARE YOU EMPLOYED?

YES

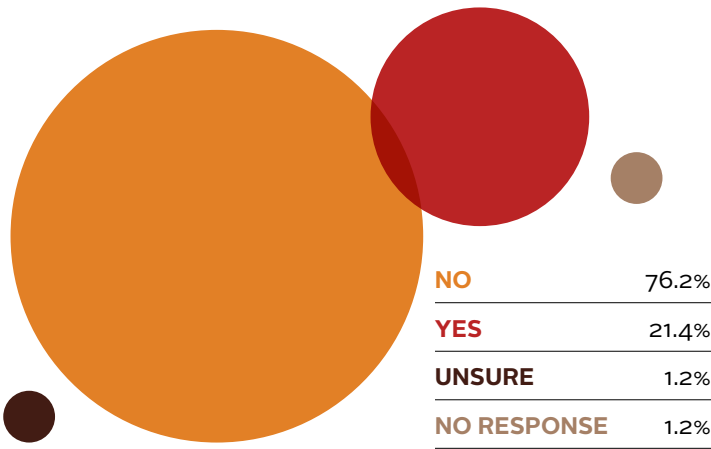
SEVENTY-NINE POINT EIGHT PERCENT

NO

TWENTY POINT TWO PERCENT

The image above breaks down whether our participants were employed or not. 79.8% of the participants identified as having some form of employment. A variety of fields were represented including education, film, child-care, communications, and healthcare. 20.2% stated that they were not employed. Importantly, many of the participants who were unemployed at the time of the interviews shared that they are actively looking for work and that this is a major priority for them.

DO YOU HAVE ANY DISABILITIES THAT YOU WOULD BE COMFORTABLE DISCLOSING TO US?



The image above shows the proportion of our participants that identified as having a disability. 21.4% of our participants shared that they have a disability. The most common disability was depression followed by anxiety and vision issues. Other disabilities that were identified include sickle cell anemia, dyslexia and sciatica. It is important to note, however, that despite saying no to the question above, many later shared physical and mental conditions that make it more difficult for them to do particular activities and to interact with the world around them. 76.2% shared that they do not have a disability. 1.2% shared that they are unsure of whether they have a disability or not. 1.2% did not respond.

WHAT IS YOUR GENDER?

WOMAN

96.4%

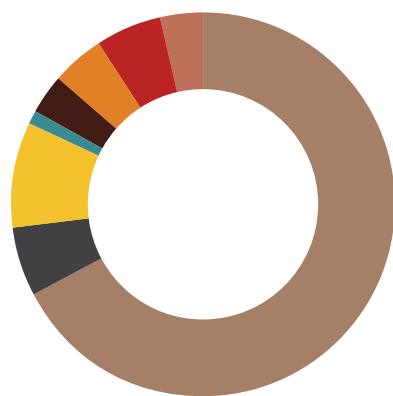
NON-BINARY FEMME

3.6%

The image on the left shows the gender breakdown of our participants. The majority (96.4%) of our participants identified as women with the majority being cisgender and only one participant being transgender. A small proportion (3.6%) of our participants identified as non-binary femmes.

We recognize the lack of gender diversity in our sample as a major limitation of this study. In future, we intend to develop our outreach strategies to ensure that trans and non-binary voices are centered.

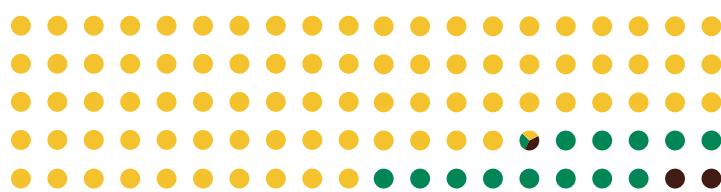
WHAT IS YOUR SEXUALITY?



HETEROSEXUAL	66.7%
FLUID	5.6%
BISEXUAL	8.9%
ASEXUAL	1.1%
QUESTIONING	3.3%
QUEER	4.4%
PANSEXUAL	5.6%
NO RESPONSE	3.3%

The image above is of a pie-chart that breaks down the sexualities of our participants. This was an open-ended question where participants were able to identify, or not identify, with whichever sexualities they saw fit. While the majority of our participants (66.7%) identified as heterosexual, we also had participation from people who are asexual (1.1%), bisexual (8.9%), pansexual (5.6%), fluid (5.6%), queer (4.4%) and questioning (3.3%). A few of our respondents (3.3%) did not respond.

DO YOU HAVE CHILDREN?



NO	84.3%
YES	13.3%
NO RESPONSE	2.4%

The image above is a breakdown of whether our participants have children or not. 13.3% of our participants had children. While the majority of our respondents (84.3%) did not have children, many expressed that they look after their nephews, nieces and other children in their communities. 2.4% gave no response.

WHAT IS YOUR RELATIONSHIP STATUS?



SINGLE	58.0%
MARRIED	10.2%
UNSURE	1.4%
DATING	29.0%
WIDOWED	1.4%

The image above breaks down the relationship status of our participants. The majority of our respondents were single (58.0%). 29% of our respondents shared that they are dating. 10.1% shared that they are married. 1.4% shared that they are widowed. 1.4% shared that they are unsure of their relationship status.

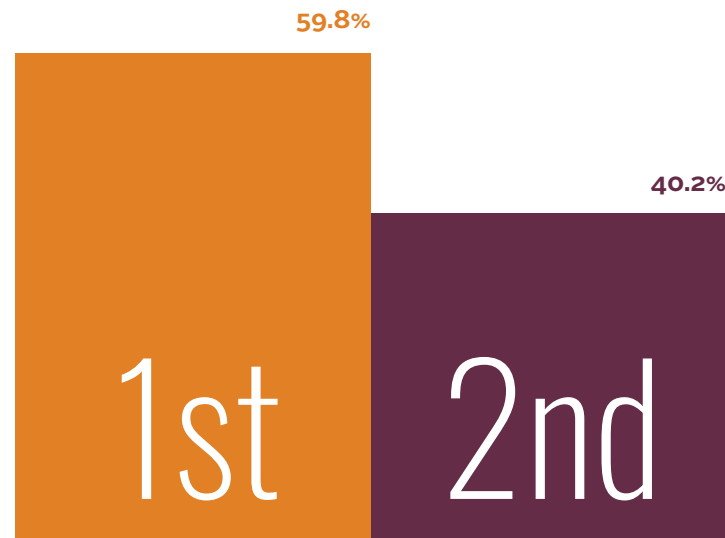
Of those who identified as single, 44.7% stated that they are happy with their relationship. 34% shared that they are neither happy nor unhappy. 8.5% shared that they are both happy and unhappy. There was no response from 10.6% of our single respondents. Only one participant (2.1%) shared that they are unhappy with being single.

39.1% of our respondents are in romantic relationships—29% are dating and 10.1% are married. Of those that are in romantic relationships, 76.9% stated that they are happy. 10.3% shared that they are neither happy nor unhappy. 5.1% shared that they are happy and unhappy. An equal amount (5.1%) shared that they are unhappy. 2.6% gave no response.

WHAT COUNTRY ARE YOU FROM?

	Eritrea	17		Guyana	2		Senegal	1
	Haiti	15		Barbados	1		Sierra Leone	1
	Liberia	7		Botswana	1		South Africa	1
	Kenya	5		Colombia	1		St. Lucia	1
	Trinidad and Tobago	5		Congo	1		Sudan	1
	Dominica	4		Gambia	1		Venezuela	1
	Ghana	4		Guinea	1		Zambia	1
	Nigeria	4		Japan	1		Zimbabwe	1
	Somalia	4		Poland	1			
	Jamaica	3		Puerto Rico	1			

ARE YOU A FIRST OR SECOND GENERATION IMMIGRANT?

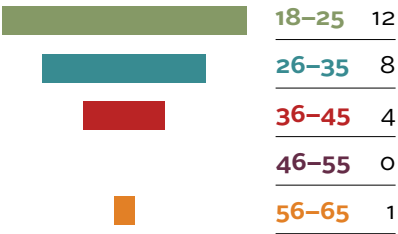


The image on the left breaks down the proportion of our participants who are first generation immigrants and those who are second generation immigrants. 59.8% of our participants were first generation immigrants. 40.2% were second generation immigrants.

New York City Demographics

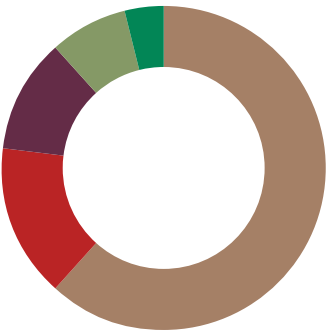
“
I KNOW THAT MY HAPPINESS is directly tied to love and feeling love and sharing love and like helping people, myself included, be better, um, better versions of themselves... I have learned that I need love. Like I'm that person. Like wow, amazing. And not just romantic love. I think people discount friend love and like familial love in a way that is unhealthy. Like I think everyone in my life is deeply important to me.”—New York City, 31

AGE



The image above is of a bar-chart that illustrates the age of our participants in New York City. Twelve of our participants were 18-25. Eight participants were 26-35. Four participants were 36-45. None of our participants in NYC were in the 46-55 age range. One participant was between the ages of 56-65. A total of twenty-five people were interviewed in NYC.

SEXUALITY























HETEROSEXUAL	63.0%
BISEXUAL	14.8%
PANSEXUAL	11.1%
QUEER	7.4%
FLEXIBLE	3.7%

The image above is of a pie-chart that breaks down the sexualities of our NYC-based participants. This was an open-ended question where participants were able to identify, or not identify, with whichever sexualities they saw fit. The majority (63.0%) identified as heterosexual. 14.8% identified as bisexual. 11.1% identified a pansexual. 7.4% identified as queer. 3.7% described their sexuality as flexible.

COUNTRIES REPRESENTED

(Note that some people identified with multiple countries)

	Antigua	1		Guyana	2
	Barbados	1		Haiti	3
	Botswana	1		Liberia	1
	Congo	1		Nigeria	1
	Dominica	2		Senegal	1
	Eritrea	1		Sierra Leone	1
	Ethiopia	3		Sudan	1
	Gambia	1		Togo	1
	Ghana	1		Trinidad	2
	Guinea	1		United States	1

Miami Demographics

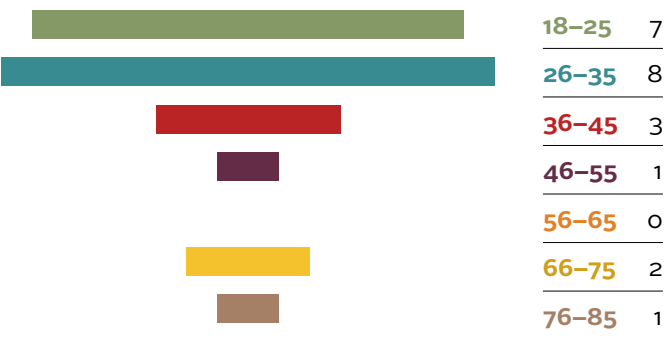
“
HAVE YOU LISTENED to Yolanda Adams...how could you not hear God in that voice if God exists? It's in, you know, it's in the voice of, you know, the African American...the African American woman's throat. That's where [God] exists.”—Miami, 50

COUNTRIES REPRESENTED

(Note that some people identified with multiple countries)

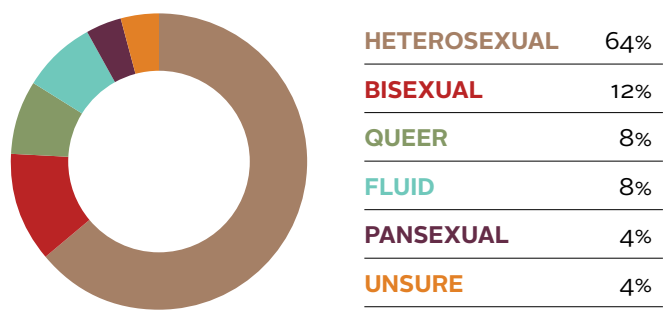
	United States	2
	Bahamas	3
	Dominican Republic	3
	Ethiopia	1
	Haiti	9
	Jamaica	2
	Kenya	1
	Puerto Rico	1
	St. Lucia	1
	Trinidad and Tobago	2
	Venezuela	1

AGE



The image above is of a bar-chart that illustrates the age of our participants in Miami. Seven of our participants were 18-25. Eight participants were 26-35. Three participants were 36-45. One participant was in the 46-55 age range. None of our participants were 56-65. Two of our participants were 66-75. One participant was between the age of 76-85. A total of 22 people were interviewed in Miami.

SEXUALITY



The image above is of a pie-chart that breaks down the sexualities of our Miami-based participants. This was an open-ended question where participants were able to identify, or not identify, with whichever sexualities they saw fit. The majority (64.0%) identified as heterosexual. 12% identified as bisexual. 8.0% identified as queer. 8.0% identified as fluid. 4.0% identified a pansexual. 4.0% stated that they were unsure.

Minneapolis Demographics

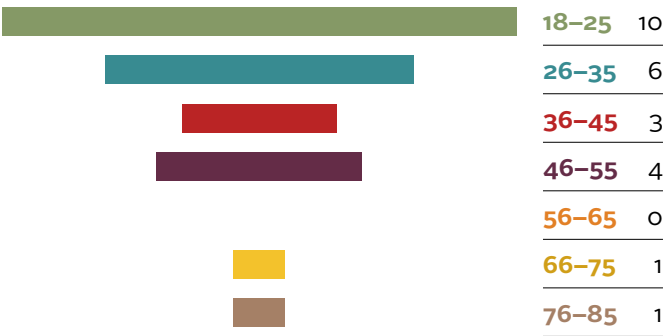
“
WE’RE INTERCONNECTED WITH EACH OTHER and like the earth itself. Um, and that what we, everything that we do eventually has an impact on something else. Whether or not we think it is. So like dropping a cigarette butt might be the cigarette butt that flows into the Mississippi river. It makes it toxic for everybody to not be able to drink. And so interconnected-ness, kindness, generosity were the things that I decided to take from those [religions] rather than fear.”
— Minneapolis, 21

COUNTRIES REPRESENTED

(Note that some people identified with multiple countries)

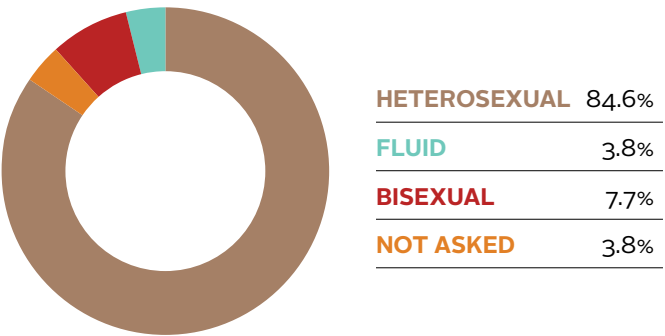
	United States	3
	Ethiopia	9
	Ghana	1
	Haiti	2
	Jamaica	1
	Kenya	3
	Liberia	5
	Nigeria	1
	Poland	1
	Somalia	4
	South Africa	1
	Zimbabwe	1

AGE



The image above is of a bar-chart that illustrates the age of our participants in Minneapolis. Ten of our participants were 18-25. Six participants were 26-35. Three participants were 36-45. Four participants were in the 46-55 age range. None of our participants were 56-65. One participant was in the 66-75 age range. One participant was between the ages of 76-85. A total of 25 people were interviewed in Minneapolis.

SEXUALITY

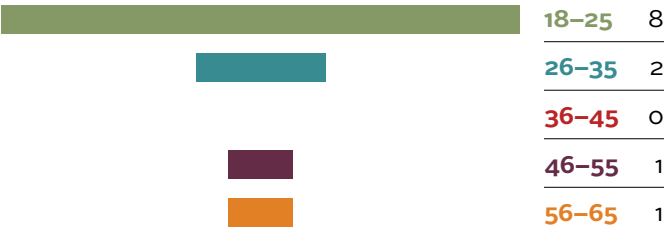


The image above is of a pie-chart that breaks down the sexualities of our Minneapolis-based participants. This was an open-ended question where participants were able to identify, or not identify, with whichever sexualities they saw fit. The majority (84.6%) identified as heterosexual. 7.7% identified as bisexual. 3.8% identified as fluid. 3.8% were mistakenly not asked the question.

Los Angeles Demographics

“
OH THAT BUTTER, YOU KNOW,
the thing in the fridge actually has pins in it or like there's sauce in that thing that's marked oatmeal. Like, Oh, like we can relate to these things...about being first, second gen...or the cookie bin! The cookie bin. That red one! And it's like why? Like why are these coins in here? I thought it was gonna be cookies. I don't even know why I tricked myself like that. Of course it's not going to cookies. When in all my years has it ever been?...Why is the plastic still on the furniture? It's been years! It's been years!...But anyway, that is what we bonded over.”—Los Angeles, 24

AGE



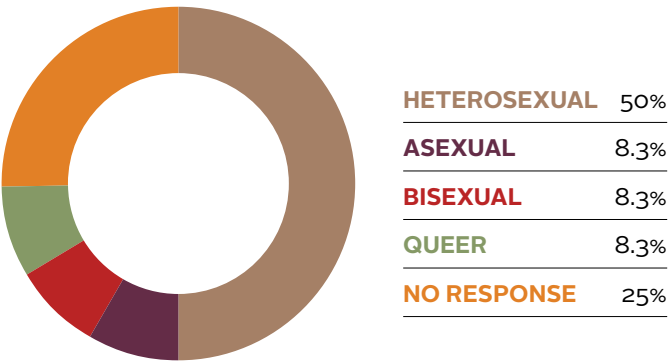
The image above is of a bar-chart that illustrates the age of our participants in Los Angeles. Eight of our participants were 18-25. Two participants were 26-35. None of our participants were between the ages of 36-45. One participant was between the ages of 46-55. One participant was between the ages of 56-65. A total of 12 people were interviewed in Los Angeles.

COUNTRIES REPRESENTED

(Note that some people identified with multiple countries)

	Ethiopia	2
	Ghana	2
	U.S.	2
	Colombia	1
	Haiti	1
	Japan	1
	Kenya	1
	Liberia	1
	Nigeria	1
	Zambia	1

SEXUALITY



The image above is of a pie-chart that breaks down the sexualities of our LA-based participants. This was an open-ended question where participants were able to identify, or not identify, with whichever sexualities they saw fit. 50.0% identified as heterosexual. 25% did not provide a response. 8.3% identified as queer. 8.3% identified as bisexual. 8.3% identified as asexual.



“
I’VE BEEN LEARNING over the past few years how to feel emotion because I totally shut that out. And I think that’s something we do because we’re trying to be resilient and strong and show that we’re these superheroes. We’ve got it handled. And I think that really plays on us and like I had to think, when was the last time I actually cried? Like just made time for real human things?”—Minneapolis, 23

STORIES

Responsibilities, Support and Needs

CONTENT WARNING: political violence, natural disasters, food scarcity, homelessness, abandonment

“

MY PARENTS DON'T DRIVE. *I take the train to school. Sometimes, I wish, I mean...I go to school in the Bronx...it takes two hours to get there. Sometimes I wish I could get a ride from my parents, and you know, call them, 'mommy, you know, can you come pick me up?' And it's cold outside, I'm going to work, and school can be tough because although they provide tutoring for certain classes, I'm not able to stay for tutoring because by the time I go to work and school it's like 8:40pm. By the time I reach home, sometimes it's like 10 o'clock or 11 o'clock. Sometimes I decide to stay in school to finish some of my work because I don't have a laptop, so when I stay and the library closes (it closes at 9:45 or 10 the latest) it usually takes me two hours to get to Brooklyn. So I reach Brooklyn by 1 am in the morning. My parents sometimes don't understand the challenges that I'm facing and they expect me to make doctor's appointments and just everything else. I feel like everything is on my back right now...all of that is just pressure because now the future of the family, the financial future of the family, relies on my back."*

—New York, 22



“ **WHEN I COMPARE IT TO BACK HOME,** *I was supported. I was cared for, I was provided for. But now, when I came here [to the United States], everything is...I have to do that. I have to provide for myself. I have to support myself. I have to do everything for myself. So when I compare that, um, that's the big thing, it matures you, you grow fast, you know, you jump from, you know, being the child to a responsible adult right away when you come here because that circle of support is not there anymore. So, when I compare it, that's the main thing I guess makes me...it's like, um, what do you say?...um, the survival of the fittest everything about to survive. Yeah.*”
—Minneapolis, 52

RESPONSIBILITIES

Many of our participants stated that they are caregivers for their family members, which includes their younger siblings, parents, and grandparents. Some voiced that they are the “glue” to their families—the person who offers advice and connects people to each other. This sentiment appears to especially be true for first-born children and those who are made to assume that role due to the absence of an older sibling. We recognize these responsibilities as a reflection of the unfair burden that is placed on Black women and femmes who are disproportionately forced into unpaid caregiving roles.

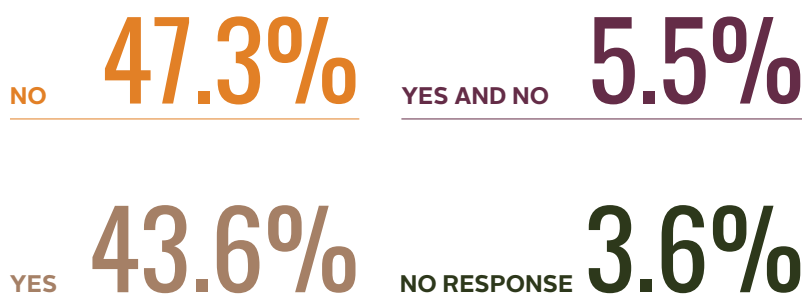
“ **I FEEL LIKE I’M THE GLUE** *of everything. I’m my dad’s and mom’s... I’m the only connection they have. They don’t have any other kids together or anything. So, like when it comes to my mom, I help her with everything. She will call me and be like ‘oh I need this application done.’ She can’t do it herself. Or, if my dad needs an application done, I do it. If she needs something, if she needs money, she asks me. If my dad needs money, I’ll just send it to him... I don’t think they see it as a lot because they have already done a lot for me, but...I do a lot for them.*”
—Miami, 19

Several of those who migrated to the U.S. independently expressed feeling like they had to “prove” that their families’ decision to support their migration was justified. In order to prove this, they oftentimes overwork themselves to succeed academically, professionally and financially. They noted that the lack of room that they are given to make mistakes, or to be human, has resulted in exhaustion, depression, and other adverse health outcomes. Our respondents shared that they feel compelled to prove that their families’ sacrifices are fruitful not only for their own sake, but also for their siblings and cousins back home, whom they are expected to open doors for.

There was great diversity in the responses shared by our interviewees as it relates to their families’ experiences back home. Many shared that their families are struggling due to political instability. Several of our respondents from Haiti shared that their families lives have been disrupted by political violence. A few respondents shared that their family members were either struggling with unemployment, or that they were unable to go to work due to Haiti’s political climate. Similar sentiments were shared by respondents with families in a range of countries including Ethiopia, Liberia and Somalia. One respondent shared

that, at the time of the interview, teachers in Liberia were on strike because they had not been paid in four months. Beyond the high unemployment rates in these countries, our respondents also shared that their families struggle with access to healthcare and food. Many of our respondents with family members in the Caribbean and Puerto Rico shared that their families’ struggles are linked to recent hurricanes. For example, one of our respondents from Puerto Rico shared that her family is completely reliant on donations and that Puerto Rico is treated as though it is not part of the United States.

DO YOU BELIEVE THAT YOUR ISSUES ARE SMALL IN COMPARISON TO WHAT PEOPLE BACK HOME ARE EXPERIENCING?



The image on the left analyzes the following question: Do you believe that your issues are small in comparison to what people back home are experiencing? The largest proportion (47.3%) said no. 43.6% said yes. 5.5% said yes and no. 3.6% gave no response.

Of those who shared that their families back home are struggling, we asked if they believe their issues in the U.S. are incomparable to the issues their families abroad are experiencing. Our motivation for asking this question lies in the fact that we have heard from people who minimize their mental health concerns because they seem insignificant when compared to issues, such as food scarcity, that their families abroad are made to endure.

We find it interesting that there is a close split between those who did not see their issues as significant when compared to their families and those who did. Some elaborated on their responses by sharing that they feel guilty that they have access to healthcare and food when their family back home does not. For this reason, they categorized mental health as insignificant in comparison to the challenges that their loved ones experience. Conversely, a few participants shared that they see their issues as equally important to the issues that their loved ones are experiencing despite the fact that they are different in nature.

Some of our participants, however, shared that their family abroad have no major struggles whatsoever. In speaking to such participants, we learned that financial stability was a major factor. For example, some of our participants shared that members of their family are in high ranked positions in either the army or government of their home countries, which has provided them with wealth and access to resources that the majority of people cannot obtain. Others shared that the source of their families financial stability is not related to their employment, but is instead due to remittances.

Beyond financial reasons, many shared that having community and a support system plays a major role in their family's happiness. Through having people to rely on and to commune with, they are able to share responsibilities, avoid loneliness and have others care for them. Many participants contrasted the support that their families receive back home with their experience in the U.S.—a country that is largely individualistic.

“

LIVING ALONE IS NOT A THING WE DO *back in Africa. We do not live alone. Even if you have one relative with you, that is what it is. But not to be alone. And that seems to be a concern of most of the seniors here, that they live alone. You don't have anyone to help you with anything, except maybe some of your children could come home once a week to see how you are doing, bring you groceries and stuff. Other than that, you go out and buy it yourself and carry it yourself. That is a thing I find that we are having problems with in the community.*

Sometimes you are hurt and can't move, but nobody is there. Maybe the social worker comes in and finds out you are sick and you need help, and they give you four to five hours a week or two hours a day or something like that. And other than that, you are by yourself.”—**Minneapolis, 72**

Importantly, even in cases where participants stated that their family back home is doing well, that did not necessarily indicate that they had a good relationship with them. A few of our participants who are mixed race shared feeling abandoned or unsafe around their non-Black relatives:

“

UM, SO OUR FAMILY IN POLAND, *they did come to visit us...They brought, um, like toy horses and they taught us how to make tea and they taught us how to make pierogi and I didn't know that they were racist until they left...My mom told me that my grandpa spent most of the time like upstairs in her room cause that's where they slept. And they were basically like, we don't want to like, talk to you. We don't want to be around you. We don't know why you had Black kids.”*—**Minneapolis, 21**

“

AND EVEN IN MY FAMILY *I've experienced microaggressions, so it's, I've never really felt... they're my family, but like it's, I don't, I wouldn't say that I could feel completely safe there. Like if I were to experience racism in Japan, like if I was walking down the street and some Japanese guy knew the N word for some reason and like said it to me, my family wouldn't know what to do. They wouldn't know. They don't know anything about Blackness and how we move through the world. Even my mother. So yeah, I don't have a support system in Japan.”*—**Los Angeles, 30**

SUPPORT SYSTEMS

Given the weight of these responsibilities, we were happy to hear that the majority of our participants feel that they have a support system in the U.S.

DO YOU HAVE A SUPPORT SYSTEM IN THE U.S.?

YES

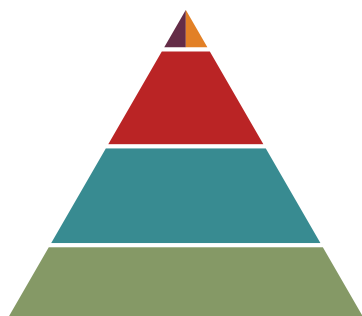
95.2%

NO

4.8%

The image to the left breaks down the participants who feel they have a support system in the U.S. and those who do not. 95.2% stated that they do have a support system and 4.8% stated that they do not. Importantly, we did not only want to analyze whether they had support, we were also curious about the quality of it.

HOW STRONG IS YOUR SUPPORT SYSTEM IN THE U.S.?



VERY STRONG	40.0%
STRONG	37.5%
NEITHER STRONG NOR WEAK	17.5%
WEAK	2.5%
NO RESPONSE	2.5%

The image to the left breaks down the strength of our participants' support systems. 40.0% stated that their support system is "very strong," 37.5% stated that their support system is "strong," 17.5% referred to their support system as "neither strong nor weak," 2.5% referred to their support system as "weak," 2.5% did not respond.

Furthermore, the majority of participants reported having a stronger support system in the U.S. than in their home country. We believe that there are a number of reasons for this including the fact that 40.2% of our participants were second-generation immigrants and many of those who were first-generation immigrants left their home country as children. Additionally, many of our participants stated that they have struggled to maintain familial relationships due to their inability to travel home.

While it appears to be a small number, we are dissatisfied with the fact that 4.8% of our participants do not have a support system at all. Later on in the report, we will share visions, recommendations, and resources that could help ensure that all of our people receive the support that they need.

Outside of formally asking respondents about their support systems, we also asked about their romantic relationships. Several respondents shared that their immigration status heavily influenced how they viewed their relationship. For example, some of our respondents, who are in the U.S. on student visas, voiced feeling stressed about the possibility of having to leave the country, and potentially their relationship, post-graduation. Consequently, they are forced to contemplate marrying their partner even though they would prefer for their relationship to progress at a slower pace.

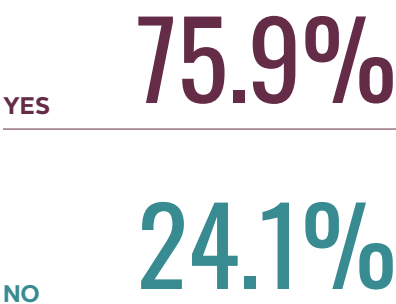
“

I JUST DON'T LIKE THE INSTABILITY THAT I FEEL RIGHT NOW. *I feel like it seeps into all other aspects of my life. I can't even make concrete plans...I don't even like – that's why I don't like dating at this point because it's just kind of like okay, either you disclose that you're undocumented and they can take it however they take it. But then that puts an unneeded pressure into the relationship because it's like the only way I can really get papers at this point is to get married. So, it's like no pressure, but can you marry me? [laughs] Uh...so...not even just that but everything. I want to go to grad school, but I don't even want to look into it until I know what's going to happen—if I have my two years or not. If I can renew it again or not. And I'm even set to graduate school this semester, but I wanted to push it back one more semester until the Spring because I have the opportunity to do some research at my school and gain experience and publish something. But if I can't even...if DACA [Deferred Action for Childhood Arrivals] gets canceled, then my license gets canceled with it and my work permit...then I can't even drive down to school. It literally permeates every aspect [of my life].” —Miami, 28*

While this was not the case in the excerpt on page 27, we understand that due to restrictive immigration policies, many people are forced to marry their abusers. It should tell us a lot about the state of this country that after weighing their abusive relationships against the violence of deportation, many choose marriage.

A further way we analyzed support was by asking participants if they have a space to be around other Black immigrant women and femmes.

DO YOU HAVE A PLACE TO
BE AROUND OTHER BLACK
IMMIGRANT/FEMMES?



The image above breaks down the percentage of participants who stated that they have a space to be around other Black immigrant women and femmes and those who did not. 75.9% stated that they have a space and 24.1% stated that they do not.

For those who stated yes, they elaborated that these spaces also allow them to feel supported, affirmed, and seen. Some of the spaces listed include churches, student unions, and community meetings. Interestingly, a few of our participants identified group chats as spaces for them to connect with other Black immigrant women and femmes. Such a response highlights the importance of virtual gatherings, which is particularly significant given the current reality of the coronavirus pandemic. Many others stated that the space that they have to be around other Black immigrant women and femmes is wherever their friends are. Through such a response, we can see that for many it is community, rather than a fixed location, that is important. For those who responded that they do not have a space to be with Black immigrant women and femmes, there was a clear desire to find such a space. Consequently, they underscored the need to create, or amplify local directories of spaces that center Black immigrants.

The benefits of such spaces are endless. Our interviewees voiced that these spaces were a place for them to rest. Through being in community, they do not have to code-switch, overthink their appearance, or spend an unwarranted amount of time explaining themselves. For once, they do not have to prioritize the needs of others over their own. In these spaces, they are able to center joy, laughter, and liberation in ways that they struggle to on a daily basis given the weight of their responsibilities. Furthermore, through sharing experiences with others in these spaces they are able to see that their stories are valid and their feelings are justified. Others elaborated on the emotional benefits of

gathering with other Black immigrant women and femmes to state that they feel that such experiences are healing and have the ability to better their mental health. All of these benefits are reflected in the frequency in which Black immigrant women and femmes surround themselves with people of similar identities.

HOW OFTEN DO YOU ATTEND SPACES WITH BLACK IMMIGRANT WOMEN AND FEMMES?



The image on the left breaks down how often those who said that they have a space to be around Black immigrant women and femmes attend these spaces. 39.7% responded "often." 36.5% responded "very often." 17.5% stated "sometimes." 6.3% stated "rarely."

GOVERNMENT BENEFITS

“

MY BABY WAS FIVE MONTHS OLD, I gave him to my sister so I could work in the evenings. Housekeeping was my first job...Five months. My son was five months old. And I asked my sister to babysit my kids and I used to work five hours. And my husband...he used to work in the airport. So we like to work. We work very hard.

But a lot of them...my country people, my community, we work very hard. We work very hard. **Even we are ashamed to take like food stamps.** All my family, we never get food stamps. Even when I came, they said you can get money. I told them no, I don't need money if I get insurance. Because I used to stay with my sister in a two-bedroom. Maybe we are five or six people. I used to stay with them instead of taking government money.”—**Minneapolis, 54**

“

WHEN I WAS A KID we would go to get welfare or go on these long lines, you know, for government assistance. And I would be there for my mom to translate, or help her with her documents. I'd see the way the social workers used to talk to my mom, it was one of the reasons that I went into social work before my accident.”—**Miami, 28**

Beyond the support that Black immigrant women and femmes are provided by their loved ones and communities, we also wanted to know if our participants receive government benefits. In asking this, we aimed to assess people's experiences from the moment they enroll to when they are ready to utilize said benefits. Overwhelmingly, our respondents shared that the enrollment process was tedious, bureaucratic and oftentimes involved going to several offices in different locations across the city. Additionally, several respondents described the customer service that they experienced within these offices as abrasive and described having to advocate for their parents in these spaces. This finding is supported by research conducted by the Urban Justice Center on Supplemental Nutrition Assistance Program (SNAP) and Public Assistance (PA) recipients. In their study, 34% of their respondents reported that Human Resource Administrators “always” or “often” spoke to them in a disrespectful manner. Another 33% reported that they “sometimes” received this mistreatment.⁸ In our study, several participants described how they became ineligible for benefits like Medicaid due to a salary increase, despite still having a need for support.



8 Kiana Davis, Helen Strom, Craig Hughes, and Zak Aldridge. The Bureaucracy of Benefits: Struggling to Access Public Assistance and SNAP in New York City. Safety Net Project and Safety Net Activists at the Urban Justice Center. January 2019.

UNMET NEEDS

Given this lack of support, we asked participants if they have any unmet needs at the moment such as housing, clothing, or food.

DO YOU HAVE ANY NEEDS AT THE MOMENT?



The image above breaks down the percentage of participants who stated that they had unmet needs and those that said they do not. 50.6% stated that they have unmet needs and 49.4% stated that they do not.

Despite the fact that many participants initially stated they do not have needs, they later went on to voice unmet needs. Some of these needs included the need for healthcare, citizenship, legal support and financial stability. Their initial silence demonstrates the ways in which Black women and femmes have been made to silence their needs and prioritize the needs of others.

Our needs assessment highlights widespread governmental failures: Why are so many people looking for affordable housing while, as of 2018, 250,000 rental apartments sit vacant in cities like NYC?⁹ The issue is not a shortage of resources, but instead how unfairly they are distributed. Consequently, our needs assessment highlights the need for community-based support and for an adoption of *for us, by us* strategies.

In sum, it is clear that the unmet needs and responsibilities that many Black immigrant women and femmes have outweighs the support that they are given. Given this imbalance, the concept of self-care becomes harder to actualize.

EXPECTATIONS VS REALITY

We wanted to investigate these responsibilities, needs and support systems further by asking participants to compare their current reality to the expectations they had before migrating to the U.S. While some of our participants were too young to have expectations, others recall being fed dreams of what life in the U.S. would be like:

“ **OH YEAH. I WANTED A DISHWASHER** [laughter]. *What else did I want... my biggest chore as a kid was washing the dishes. So I was like, okay, America... a dishwasher. I still ain't got no damn dishwasher [laughter]. Just take your freedom and liberation and all of that and just give me a damn dishwasher! When we came here we were really, really poor. We continued to struggle. But yeah... we were in this refugee camp where somehow these magazines that advertised Rollerblades and dishwashers would find their way in. We were looking through this like, that is really cool. Nice bike. You mean to tell me that people can just put their dishes there and they wash it for them? Wow. Like yeah, it was...and a TV. I did not have an actual cable TV until I was an adult. My mom didn't allow TV in*

CONTINUED >

9 Nonko, E. (2018, March 26). Nearly 250,000 NYC rental apartments sit vacant. Retrieved August 27, 2020, from <https://www.6sqft.com/nearly-250000-nyc-rental-apartments-sit-vacant/>

the house, and I am glad she didn't, because she was like, take your butts to the library. So there was a period in my life where I had a TV, but I haven't had a TV for the past ten years. And those were my main things and then it just hit me like, oh wow. And then coming here, I really, really missed my friends and like, my cousins who weren't able to come here with us. My mom and her sister were best friends. They kind of raised their kids together, and they went through the whole civil war together. We were able to leave but they were left behind. And my cousin who was like...we were like twelve hours apart...I was born at night and she was born in the day. She was like my best friend. We grew up together so it was just one of those...those little things that were just like really accessible. When we came here I was really depressed and I remember my pediatric doctor saying 'why did you bring her if she is not happy?' It was a very stupid doctor [laughter]. And the interpreter told my mom this and my mom got mad and was like 'What do you mean? Did she really say this?' And so also coming to a place where people didn't know where you were coming from and like your struggles and how you had to survive. That was very challenging. From the school system to the health care system. All of that. Nobody was prepared for this group of people who just survived major conflict and violence and lived in a refugee camp. Like trauma wasn't even being discussed at that time. It was like the early '90s. We were the first wave of Somalis that came to Minnesota. The infrastructure was very different. So my expectations were those of a child, but it could easily be linked to the way that the U.S. advertises itself to the rest of the world. American dream."—Minneapolis, 35

Importantly, such recollections point out that while there are material expectations, the expectation of social support is the most significant.

“

MY DAD ACTUALLY DIED BEFORE I WAS BORN. My mom was six months pregnant with me. Um, and basically like my dad died in Denmark... My mom really didn't have any prior expectations. She had no idea that, you know, that my dad would pass away. Upon his passing, that's when my mom had to step up and she opened her own business in Kenya. She remarried two years later and had my little sister, um, but then divorced and that didn't go so well. Um, cause you know, men! Um, so immigrating here, she, I think one of her key expectations wasn't for the U.S., but I think it was for the family that we had here. Um, she thought that they'd be more helpful. Um, they weren't, um, I mean they did help us originally, but then it sort of became like she came here and was doing a lot for them in order to kind of repay them for coming to the U.S and you know, getting our visas and everything. And she was also left on

her own. Like, um, our, we grew up in [name of city], Minnesota, isolated from our family and not a lot of people came to visit my mom or help her out and she stepped up to focus on the family back home. In her core nuclear family, she's the sole provider. Um, so no, like I don't think she had expectations for the U.S. but she had expectations for a family to help her, be more helpful or united.

You think with my mom being a widow and a single mother, that she'd have a lot of people on her side to be there for her. She didn't, she kind of had to make her own and find her way, make friends here and sometimes the friends she made were more valuable to her at the end than the family she had here. I have family members who were actually really wealthy here...who had businesses and never once offered her a job.”

—Minneapolis, 22



Confronting Discrimination in Schools and the Workplace

CONTENT WARNING: criminalization, Islamophobia, poverty, bullying, anti-Semitism

Many of our participants shared that they have experienced discrimination based on their race and gender in school and the workplace. Regardless of the location, their responses illustrated how heavily policed the bodies of Black women and femmes are in professional settings. From passing through metal detectors to enter school to being told that natural hair styles like braids, afros and dreadlocks are unprofessional, Black women and femmes are subjected to constant surveillance and are made to question if they truly have ownership over their bodies. Beyond making people feel as if their bodies are threats, we recognize the assumed criminality of screening Black students as one of the destructive links in the school to prison pipeline. Black immigrant Muslim women and femmes face a unique set of challenges as they oftentimes have to fight for the right to pray during the work or school day and the right to wear a hijab.

“

UM SO FOR US LIKE IMMIGRANT WOMEN who especially practice Islamic faith, we pray five times a day. And sometimes that might fall on like during work time. And if someone is working at a company that cannot accommodate that, it creates a lot of stress. And some people do not feel comfortable to...I have a lot of friends that don't wear the headscarf because they feel like 'I work for so and so company and like I want to move up the ladder, and if I'm covered I might not be able to get promotional opportunities.' So they feel like they have to...they're not forced to but they need to, they need to conform to that company's culture in order for them to get better opportunities or to get promotions. So, I can't imagine like hiding your identity.”—**Minneapolis, 36**

Black immigrants who have limited proficiency in English struggle to navigate professional settings with little to no guidance. Not only does this make their experience extremely isolating and confusing, it can also have terrible consequences on their mental and physical health:

“

I REMEMBER WHEN I CAME HERE. Even my English is not perfect now, but before it's worse. It used to be worse. We work when they tell us. Even we scared to take a break, because we don't know the policy. We don't read. Nobody tells you, so we just scared to take a break. We were scared to go to the bathroom until we go home. Yeah, that affects...and even though the job is very hard or too much, we just do. Because we can't tell them...we scared to tell them 'no' or we don't know how to explain because we don't speak English. We just say yes or no. That's all. That is what we know.”—**Minneapolis, 54**

However, it is not only immigrants who have limited proficiency in English that are overworked. Several of our participants shared how they and their parents are wired to overwork even when it is unnecessary:

“

AND THAT'S SOMETHING THAT I NOTICED with my mom is like...she works...well she used to work two jobs, but now she works like 20 hours a week, but in her mind she still feels like she needs to work so she still gets up at 5:30 and like, does anything she could to occupy her time until she has to go to work. And I'm like, you don't have to be at work until 4.

And yeah, she works four to eight and then when she comes home she sleeps. But like, that's a cycle. Because when she used to work two jobs, she did have to wake up at 5:30 to like, cook and do things before she has to go to work. Um, but she's still, you know, there's still that sense of, I still have to do this because if I don't do it, I may not get done. So yeah, definitely survival mode.”—**Minneapolis, 23**

“ **I REMEMBER AT 17, I was taking an ambulance. The guy was like, what do you do? And so I let him know like, I don't sleep. I was taking PSEO classes. So college courses during high school, I also had an internship and he's like, well, you're only 17. Why are you doing all this? Like that's not normal.**”—Minneapolis, 22

“ **I TEND TO JUST TAKE IT [work] on automatically and just worry about the consequences later. Like my hair falling out...that was body saying hey you went a little far there. I need you to bring it back. But usually I take on first and learn of the repercussions second. Learn from it and backtrack, third...I am opportunistic to a fault, so I think that when I do get opportunities as a minority Black woman, I take it first and ask questions later... And I have built back up plans upon back up plans. I cannot fail. I won't, and that is pressure in itself. I am unable to fail because I know my parents cannot provide.**”—Minneapolis, 31

The unhealthy work ethic that Black immigrants are forced to adopt becomes internalized and makes them fearful of resting given that rest is oftentimes conflated with laziness. Capitalism is destructive and forces Black immigrants to feel as if they have to pay for their right to be in this country with the deterioration of their bodies.

Not only are Black immigrants grossly overworked, they are also chronically underpaid. In 2013, the median annual salary for Black immigrants was \$43,800—which is nearly \$8000 less than the median annual salary for American households and over \$4000 less than the median annual salary of other U.S. immigrants.¹⁰ Consequently, one in five Black immigrants live under the poverty line.¹¹

“ **THERE WERE FIVE OF US in a household and we lived under the poverty line. What I make now as an individual at 28 is almost twice as much as we had in our household growing up as kids in the '90s. So, to live in an environment that way, you know, every day was a struggle.**”—Miami, 28

In a country that criminalizes poverty, poor Black immigrants are left vulnerable to incarceration, deportation, and are unable to access lifesaving goods and services. Consequently, work in itself is not enough to provide Black immigrants with security. Black immigrants need safe workspaces that pay them a living wage and provide them with comprehensive benefit plans that meet their needs.

In schools, many Black immigrants are subjected to verbal abuse and are bullied by their peers, teachers, and administrators:



¹⁰ Anderson, M. (2020, May 30). Statistical Portrait of the U.S. Black Immigrant Population. Retrieved August 27, 2020, from <https://www.pewsocialtrends.org/2015/04/09/chapter-1-statistical-portrait-of-the-u-s-black-immigrant-population/>

¹¹ Ibid.

“

ALSO, UMM IN HIGH SCHOOL I WAS BULLIED because I was Haitian and I had an accent. So it impacted me so much that I started to stutter. My stuttering problem was so bad that my professor wrote me a recommendation letter to go to speech therapy. So I went and got speech therapy...Mentally you start questioning yourself, start doubting yourself. That can happen. Doubt yourself, question yourself. **You might fall into depression just because you realize that you may not be enough.**—New York, 22

“

I WAS A REALLY CONFIDENT LITTLE GIRL, very confident little girl, didn't, didn't know who I was in the world...I had experienced some things. **My first time experiencing racism, it was being told I couldn't swing on the tire swing with the other girls, I had to push it because I was Black, but I didn't know what that meant.** I was like, all right, but that's crazy, but okay, but I'm a good pusher, so fine. So I pushed that tire swing...I was like, I know I'm strong, whatever. But then I was like, mom! And then she was like...that's racism. Let's discuss. She was luckily a TA, a teacher assistant, at that time. Let's just say she discussed it with the other girl, too. And we came out friends 'cause mom was like, this little girl learned things in her home. It's not you. It's from her home. My mom was a teacher's assistant for like one year and that was the year I was in that space. **So luckily my mom was on hand 'cause I would not have told her if she were not there.**—Los Angeles, 24



Several of our interviewees shared that other Black students called them “African booty scratcher”—a derogatory phrase commonly used in the U.S. to compare Black immigrants to primates.

“

I THINK OUR PARENTS HAVE FORGOTTEN about the social aspect of being here and what that means. Like bullying in schools. I just remember oftentimes being upset about being called an African booty scratcher, or people making fun of my name. My parents would always be like, ‘Well you had it better than your siblings. At least you have this opportunity.’ So, it has been good to be here but also hard in the sense of always having that comparison of ‘it could be like this if you were still there.’ So I [haven't been] able to fully express my dislikes because...you know, other people had it worse off.”—Minneapolis, 23

“

I WAS BULLIED because my name was clearly not American so kids called me African Booty Scratcher. For a while that really negatively impacted my self-esteem. People made fun of my features. I remember one kid specifically who said ‘why is your nose so big?’ and I never paid attention to my nose in my life. I would say I'm probably over it now, **but even up until last year like I would stare at my nose and be like ‘why is it so big.’**—New York, 19

In other cases, our interviewees shared that other Black students created, or helped spread, rumors about them. They expected that there would be greater solidarity between Black students from the U.S. and Black immigrants. Unfortunately, they were made to understand how harmful, anti-Black stereotypes, which were created and perpetuated by white people, had been internalized by their classmates.

“

AND I HAD BLACK AMERICANS. *I hate that term, but I had, you know, African Americans and I had white people telling me that I eat cat and it was very confusing. Like I'm like, okay, I understand the white person telling me I eat cat, but sister what are you doing, you know what I'm saying? We look alike, you know?"*
—Miami, 21

“

EVEN WE GOT TREATED BAD BY AFRICAN AMERICANS too...*I thought Black means it is Black and it doesn't matter where you came from...if you are from here or a different country. I see it as the same. But they make sure they teach me that no, it is not the same. There is somebody who said it clearly to me. Completely clear, that we are not the same, and not in a good way. Which is sad. To see that from Black person."*—Minneapolis, 48

Undoubtedly, these sentiments emphasized their feelings of isolation within the U.S. At BAJI, our core mission is to facilitate healing between all Black people. It is clear that we are stronger together and that we need each other to survive.

It is crucial to note, however, that it is not only students who are negatively impacted by discrimination in schools, it is also their parents. Several of our interviewees shared that the first time that they experienced racism it was through the mistreatment of their children:

“

I NEVER COME WITH THAT EXCUSE. *So the first time I experienced that is my first job. I was crying in the morning and my friend, she's Black and she talked to me... 'why are you crying?' Because it's my daughter, my first daughter, she was in, um, a Baptist school, uh, first Baptist school and her teacher, uh, first grade it was, she was first grade. Her teacher used to [use], you know, the timer that [makes the] click, click, click [sound]. When she's testing her, when they are testing the student, she put that timer on her desk, on my daughter's desk and my daughter instead of doing her tests...she's only six. Imagine she gets so nervous about that click, click, click, and she couldn't finish her test. So this happened and she told me once, this is what she does. And that was like, why is she doing? Why isn't she not putting that timer somewhere else? Why not? Why not? And I was just questioning that. And then, uh, after, I think she didn't finish first grade in that school one time they were, we, we were called...her dad and I was called to talk. When we got into the administrative persons office her [my daughter's] stuff was in a paper bag and the teacher told us, you should take her bag and please, um, um, she can go to public school. This is a private school...paid. Uh, she wouldn't do well in public school. I was like, well we are sacrificing trying to invest on her because first of all we are Christian. Second of all, uh, we believe in Christian school and she gets a better education here. And she didn't have much of an excuse. She said no, she will do well in public school. Please take her stuff. I never [thought] of discrimination [until] that day. Seriously. But I cried. Her dad cried too"*—Minneapolis, 52

“

AS WESTERN AS MY MOM IS she didn't know what she was walking into...they [my parents] don't know that inside [school] I'm called an Oreo and my brother was...my brother got it worse because he got it more outright. Um, at one point someone even joked, like, joked, quote unquote, 'You know what two things look good hanging from a tree, apples and Black people' and that kid just had to pick up trash one day, that was it, and that was after my mom argued twice on my brother's behalf and someone drew a Nazi symbol on his locker at another point in high school —this is a different institution, but same, you know, Las Vegas.”
—Los Angeles, 24

Outside of the verbal abuse Black immigrants experience while in school, the institutions that many of them attend are also chronically underfunded:

“

I MEAN GROWING UP...I was in the public school system my entire life and there were times in high school where I was in a room with 42 students—this is New York City public schools—42 students and 32 seats. So, sometimes I would have to sit in the back, like on a table...you know, in between the computers used to be where you would have the big screens? And so imagine, if you're growing up in a one family household, under the poverty line, dealing with, you know a lot of mental illnesses, abuse, sexual abuse, physical abuse...I'm talking about myself, but the individuals in my high school were also in similar backgrounds, similar types of situations, sometimes even worse. And you get to class, and there's not enough seats for you, and there's not enough books for you. I mean maybe we had six to twelve books. They're not even new and we were already an over-populated class for a teacher who was frustrated, you know, how likely are you to learn? How likely are you to stay in the class? I used to cut school. I cut school like a lot of my friends because...what would make you stay? What would make you stay in an environment that way? There was nothing that was, you know, keeping us there...nothing. I felt that it was a waste of time. It wasn't fixing our situation in that moment. So definitely, just a better education system...” —Miami, 28

“

IT'S REALLY NICE. Um, I remember a professor asked us once, she's like, why do all the med[ical] students segregate? And I told her and I was like, as much as I think it's super important for us to like, learn from each other, sometimes I just want to be, I don't want to be teaching anyone...Our relationships with each other I think are safe because we can just be, and that's huge for my mental health where I just feel like I'm just there and I can breathe and I'm fine. I can just be. There's no walls I have to put up. I'm not watching what I say or how I speak. No, there's no code-switching basically.” —Minneapolis, 24

This testimony is supported by research which found that predominately non-white school districts receive \$23 billion less than school districts that predominately white.¹²

Given the degree of mistreatment that Black immigrants experience in schools, they have to find ways to survive the system. From forming cultural and identity-based student groups to forming peer-to-peer support groups, Black immigrants find innovative ways to care for each other amid adversity. Another way that they protect their mental health is by choosing to physically segregate from non-Black students. Through being in all-Black spaces, they do not have to take on the labor of explaining their words, appearance, or behaviors to non-Black students. Furthermore, in these spaces they can be their whole selves without the unwanted pressure of assimilation.



¹² Gunn, D. (2019, February 26). Non-White School Districts Get \$23 Billion Less Funding Than White Ones. Retrieved August 27, 2020, from <https://psmag.com/education/nonwhite-school-districts-get-23-billion-less-funding-than-white-ones>



Criminalization

CONTENT WARNING: ICE raids, police, CPS, detention, deportation, child abuse, sexual assault

We asked our participants how they feel when they hear about ICE raids, detention centers, deportation, and anti-immigrant rhetoric or policies. The majority of our participants expressed anger, frustration and disgust with regards to the mistreatment of Black immigrants. In particular, they were horrified by the images and stories of families being separated at the U.S.–Mexico border and throughout the states. Some of our participants who are documented shared that they live in the fear that their status could be taken away at any time. This fear makes them scared to watch the news, drive, go to the hospital, or even leave their houses. Others who are documented shared feeling afraid for their undocumented loved ones.

As they elaborated on their emotions, some of our participants shared that they find it deeply problematic that billions of dollars are poured into the destruction of Black immigrant lives instead of into underfunded sectors like the arts and education. Our participants also voiced concern about the erasure of Black immigrants in conversations on immigration. This invisibility makes their mistreatment even more horrific as it means that their stories are rarely reported and justice is rarely served. Their stories underscored the importance of solidarity between all Black people—regardless of whether they are immigrants and or not. It is crucial that we amplify each other's stories and work to defend and protect each other.

NOT JUST THE STATISTICS, not just the raid that just happened, but like what was the ripple effect? Like what, what does the loss of a family member do to the community? You know what, what does the fear of being caught or someone coming into your home...taking away your father, your mother, your brother, your sister, and holding them in a pen? Some wouldn't even think it is right for an animal to be in [a cage] for an indefinite amount of time. And even if it doesn't happen, knowing that at any second it could. What kind of long term trauma does that do to a person? Working with the kids I did this past year, knowing some of them though...oh man, it almost makes me wanna cry cause I would think about the way that these little third graders who, you know, they were going through a lot in their own different ways, but like they could so coolly...we were talking, we were learning about government and when I learned about government in school, everyone's eyes were half asleep cause like no one really cared....**But the minute the idea of the President came up, their ears tuned in and they started asking questions that no third graders should feel like they have to ask.** They were asking questions that the teacher didn't know how to respond and she was a Black woman. I was so happy to be paired up with a Black woman as a teacher, cause I never had that...but to see so many kids faces just turn up and be so engaged because this was so relevant to their lives, to their uncles, their aunties, their moms, their dads...like this was their life. These little babies who wanted to learn like the dance moves to Fortnite like that, you know? **Like what kind of childhood is that to be so afraid to be yanked?** Like I just, I don't know. I can't even begin to fully grasp that level of trauma. But when I think about how this will ripple in people for decades to come, no child, even if someone was taken for a day, a day...You know, as a child or as you know, watching it happen to an adult in your life. Having the sense of constant impermanence, having the sense of constant instability, living in fear, covering up, you know, having a parent teach you about truth and honesty and then them feeling ashamed because they know how they have to live in the shadows and them feeling like they couldn't own who they were...That in itself, that's before any kind of, you know, removal. Just, just that existence of fear fucks up a kid. Yeah, fucks up their family, ruins them for generations to come, but then you actually rip them apart. Even if you did it for just one day and you've returned the person, the trauma that comes from that, that doesn't go away.”—Los Angeles, 24

Additionally, our interviewees opposed the idea that anti-immigrant policies started with the Trump administration. They detailed the fear that they lived under before and during the Obama administration. In other cases, despite knowing the steps that BAJI is taking to keep interviews confidential, some participants did not want to elaborate on how they feel about ICE out of fear that they could be deported.

One participant shared that after waiting two years to have status in the U.S., that she is considering leaving the country:

“

AT FIRST, I USED TO BE AFRAID of it [deportation], but now...I've even started thinking I should just self-deport. It's something that I've thought about — to just actively leave. And I'm looking into it because I'm just not, I'm not feeling it right now. I'm not feeling what's going on. And I'm tired of waiting...I'm about to be thirty, in like two years, and I still don't have status.”—Miami, 28

Another participant shared that they are more fearful of the police than they are of ICE. They expanded on their comment by sharing that they know that both agencies collaborate and that if they are brutalized and jailed at the hands of the police they know that they will also be handed over to ICE and potentially deported.

“

SO ONE THING THAT I THINK probably has a lot to do with the fact that my mom didn't get her citizenship until like a year ago and when things did happen [sexual assault], we couldn't really go to the police. And so it was kind of like, how do you navigate this with, um, without involving any like authority and trying to stay under the radar and not let anybody know what's happening or what. So that was always really weird. We experienced, um, I experienced being assaulted by my stepbrother and then my stepdad and then going to school and having to go talk to the school counselor. So for a while I didn't really like therapy. I didn't really like the idea of it because I was like, okay, well if I tell you this, you're going to call CPS. And then my mom is going to come back to Poland and I'm going to be here and I'm not going to know what to do...

Um, but then once I got older, out of middle school and my mental illnesses started to manifest themselves and my mom divorced the man that she was with, um, I ended up going to therapy and there was still that like underlying, um, like I remember my therapist said, well, do you want to report him? Cause he can go to jail, they can both go to jail for what they've done. And I didn't want to because I was like, um, and I don't regret that..I didn't want to because I didn't want anybody else to get in trouble. And I was like, so it was so ingrained in me that trouble means you get sent away forever.

That I was like, I just will never tell. Um, but going to therapy, forgiving. And then I went to church camp one year and that was super awesome because we just did, it wasn't even like a religious thing. It was like a, you would like release these red balloons that had like things that people did to you. So you were like forgiving them. We wrote like letters of forgiveness and stuff like that. And that was really beneficial for me because it was like a tangible way of getting rid of it. Um, and obviously you're never getting rid of your traumas completely, but it's like let me take a piece of it out so that I didn't have to like worry about that or carry it with me anymore. So that was really helpful for me. Being able to like talk about it was really helpful for me.

CONTINUED >

Um, cause I think that for the longest time I felt like I couldn't talk about it because like it was like hush hush. It was like a secret. So my stepbrother assaulted me. Well he raped me for like eight years and I told my mom and um, she told his dad who's who she was married to. So then I got beat because I told and he was like, my son would never do something like that. Like you're liar, why would you lie? And then for the longest time I was like, Oh yeah, I lied. So, like in my head, I didn't know like, like I was like suppressing it for so long. Um, and then yeah, I remember getting one [a beating] for that because then I remember we went to school and um, we had to swim class and I like had to go swimming. And um, I ended up just being like, I'm just not, I didn't want to go swimming.

And then I got home and I got yelled at and then I got whooped again for not going to swimming, but I didn't go because I had welts like up and down my legs. And so then the next day I had to go to school and we had swim class again. And then I had to go swimming. And then my teacher naturally called CPS because that's child abuse. And then they came to our house. And then I remember my mom pulling me into a room and she was like, I'm so sorry that this is happening and I love you, but you have to tell CPS that this didn't happen and you have to lie cause otherwise I'll get sent away. And so for the longest time I thought that when bad things happen, you don't say anything cause someone will get sent away. And I didn't want to like hurt anybody else cause I'd been hurt and I was like, I don't want that."—Minneapolis, 21

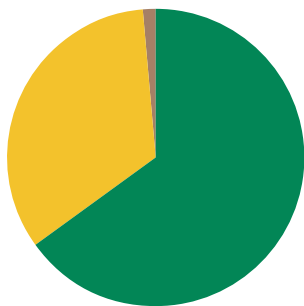




Sexual Assault and Harassment

CONTENT WARNING: sexual assault, sexual harassment, child abuse

HAVE YOU EXPERIENCED SEXUAL ASSAULT OR HARASSMENT?



YES	65.1%
NO	35.7%
NO RESPONSE	1.2%

The image above breaks down the percentage of participants who have experienced sexual assault or harassment. The largest proportion (65.1%) said yes. 35.7% said no. 1.2% gave no response.

More than 65% of our respondents shared that they have experienced sexual assault, sexual harassment, or both. The majority of our participants identified the perpetrator as a man. We also want to recognize, however, the experiences of some of our interviewees who shared that they were raped by a woman family member. While having over half our interviewees share that they have been sexually assaulted or harassed is extremely startling, we believe that this statistic is only a modest representation. We understand how difficult it can be for people to share such sensitive and painful information. Additionally, we recognize that people have different understandings of what sexual assault and sexual harassment is. Importantly, we noticed that many elders responded to our question about sexual assault and harassment with one word answers. Whereas, younger participants were more likely to elaborate on their experiences despite the fact that we did not require them to. Even within our interview process, some respondents who asserted that they had not experienced sexual assault later on shared that they had been touched unconsensually by a family member, partner, or faith leader. Consequently, our findings not only illustrate the prevalence of sexual assault and harassment, but also the boundaries that prevent survivors from sharing the violence that they experienced.

While their research does not focus on Black immigrants specifically, findings from Black Women's Blueprint's Truth and Reconciliation Commission Report revealed that 70% of their participants had been sexually assaulted by the age of 18.¹³ Furthermore, their results showed that the average age that their participants first experienced sexual assault was 5 years old.¹⁴ Such statistics paint a horrific picture of the mistreatment of Black women and femmes—a mistreatment that stems from early childhood and haunts many of them throughout their lives.

Many Black immigrant women and femmes experience sexual assault before they arrive in the United States and are unable to access the healing and justice that they deserve after they migrate:

“
I WAS RAPED DURING THE CIVIL WAR. *Uh, what can you do, over there it's different. You wake up and you've got to go, and your families don't want to talk about it, it's embarrassing for you as a woman to even say, so we don't talk about these things. You're assaulted and you don't talk about it but at least here in the United States you have that option that people pay for the actions sometimes. But even at that it becomes very embarrassing for you as a woman. Cause you gotta go to court, you gotta talk about the act, you got to look at the person, it's your word against theirs, it's not what's happening. And then as an immigrant, too is hard. It's hard. [inaudible] So we are still not something I'm proud of [inaudible]...to talk about.”—Minneapolis, 50*

Unfortunately, many Black immigrant women and femmes, including those who were sexually assaulted in their home countries, are sexually assaulted on their way to the U.S. and while they live here. Disturbingly, several of our participants shared that they were sexually assaulted by a faith leader and that members of the congregation, including their family members, attempted to cover the incident up. Such experiences make it impossible for places of worship to be seen as sanctuaries. Instead, they become sites of trauma, betrayal and non-belonging for many Black immigrants.

Beyond the implications on faith, many Black immigrant women and femmes who experience sexual assault, or harassment are made to re-examine their politics as they seek justice and holistic healing. Specifically, in our research we heard from people who did not want to report sexual assault to the police but instead desired that their perpetrators hold themselves accountable for their actions:

¹³ Black Women's Blueprint. (2016). the Black Women's Truth & Reconciliation Commission Report. <https://www.bwbtraining.org/the-truth-and-reconciliation>

¹⁴ Ibid.

“

IT WAS MY STEPFATHER *[who sexually assaulted me]. I never pressed charges. I never hit the court system or anything like that. And sometimes I feel guilty about it because I think...what if he is doing this to someone else? ...I didn't want to keep acknowledging it or keep bringing it back up. I was embarrassed for many years—maybe until the MeToo movement. I feel less embarrassed because it became more like 'oh wow, there are others out there like myself.'*”—Miami, 28

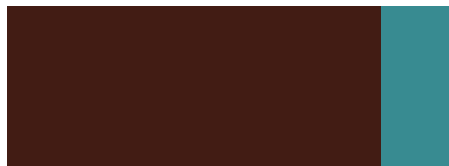
Such testimonies highlight the need to expand upon community-based, survivor-centered accountability processes. We share some of these resources on page 68.



Religious and Spiritual Practices

Most of our respondents identify with a spiritual practice, or religion. For many of them, however, the religion or spiritual practice that they observe is not the same as the one that they were raised under. We found that people learned about their current faith practice through mediums like traveling, their grandparents, or college classes. For those who stated that they still practice the same religion that they were raised under, many had caveats. For example, many Christians stated that they no longer practice Christianity in the way that they did under the influence of their parents. Notably, many shared that they do not go to church given the violence that the church, as an institution, has enacted on Black lives.

DO YOU IDENTIFY WITH A RELIGION OR SPIRITUAL PRACTICE?



The image on the left breaks down the percentage of participants who identified with a religion or spiritual practice (84.3%) and those who did not (15.7%).

“

WE'RE BLACK AND WE'RE PROUD. *Like don't let anybody tell you that your skin is not beautiful. Like look into, like she [my mother] told my brother, look in the water. Like do you see your reflection? That is what God looks like because we're, we were raised Catholic, so the only Jesus we're seeing is white Jesus, white hippie Jesus. Like the only visions of God, or you know, faith are through a white lens and your history is not taught and when it is, it's entirely simplified and skewed to make you seem like you were really in need of colonialism and then you know, and that's part of your history, but then also the history doesn't feel like yours, but like as you get older it starts to feel more like yours, of African American history, and even that's told horribly and makes slavery seem almost like a gift.*—Los Angeles, 24

Additionally, silencing of mental health concerns was repeatedly listed as a form of violence that the church exercises:

“

I JUST KNEW THAT I WAS HAVING SYMPTOMS of deep sadness, anxiety, all of these things. But you couldn't talk about that, you just had to pray about it. All the time, just pray about it. And I really think that as I got older...yes, pray about it. But also get the support and help that you need and don't ignore it. And I don't think that is something that is taken seriously in the church yet. That you can simultaneously pray about it, go to church for it, and also get...see a provider, see a mental health specialist. And it is sad because I know there are people in the church who are dealing with the same things and feel they can't talk about it or put that label on it, because they will be seen as less than. So I have, I have issues with the church. Not only directly about the topic of mental health, but topics related to the injustices that we are seeing around the world. That makes my blood boil, seeing the church ignore it. Seeing the church support the president and the rhetoric that we hear each day. And I think being silent about it is supporting it too.”—Minneapolis, 25

“

I'M THE KIND OF PERSON THAT WANTS TO FIGHT so that other people don't have the same experiences as me. And if I were to follow the religion I grew up in, it would make me not fight. It would make me stay in the same spot and just keep praying that things would change.”—Minneapolis, 23



Conversely, others noted that their churches are predominantly composed of, and in some cases led by, Black immigrants. In these cases, they believe that their church has the capacity to bring people together to create solutions for the issues that impact their mental health. Beyond gathering people, others identified critical resources that they have been able to access through going to church:

“ **LIKE FOR EXAMPLE**, *there are like a couple doctors there [in my church] and they provide checkups for the people that go to the church there, um, like once a month for free. So I think those things are pretty helpful, especially if you can get health care and all of that.*”—**Minneapolis, 18**

We believe that religious institutions are most instrumental when they work not only to ground their congregation in faith but when they also strive to meet the needs of their communities. Through forming support networks, religious institutions have the capacity to provide housing, food, clothing, childcare, healthcare, legal services, and more to their congregations and surrounding communities.

Many of our participants shared that while they do not have a formal religious practice, they have developed a deep sense of spirituality. They elaborated on their response to share that they have been looking back to the Indigenous spiritualities practiced in their home countries for guidance and grounding. It must be said, however, that making the shift from the religion that their parents practice to an exploration of what their ancestors observed does not come without its challenges. Some participants shared that they knowingly or unknowingly combine different faith practices, astrology, science and other forms of knowing to form their own unique spiritual practice. A few participants shared that they were demonized, marginalized and isolated for practicing faiths such as Vodun and Yoruba religion:

“ **SO I TECHNICALLY LEARNED ABOUT IT** *really growing up because it was that one religion that they said never to go to. They were just like, if you practice voodoo, you're the devil and dah, dah, dah. And they just very much demonized it. And funnily enough, I remember when I was in school, I don't know why, but I used to love to play like in the dirt and stuff and I used to always just be like, 'thank you trees, thank you dirt.' They're like, I be thanking the earth for, you know, helping us and people would be like, that's voodoo. And so I was called that voodoo kid for like a couple of weeks and my mom heard about it. She was furious and she was just like don't ever practice it again...*

I learned the real story about it when I was about 16 or so when I met someone who did practice it, I don't know where they went, but I met someone who did practice it and they were, they were very happy. And I'm just like, what? Like, you could have this happiness [outside of] the Christian God? And they were like hell yes. And I was just like how? And they was just talking to me about how, you know, you, you don't worship things that don't look like you.”—**Miami, 20**



Experiences with Healthcare Practitioners

CONTENT WARNING: illness, disease, intergenerational trauma, physical abuse, child abuse, ageism, maternal mortality, fatphobia

EXPERIENCES WITH THERAPISTS

HAVE YOU EVER GONE TO COUNSELING/THERAPY?



YES	57.3%
NO	42.7%

The graph on the left illustrates that while 57.3% of our participants have gone to counseling or therapy, 42.7% have not. Those who have gone to therapy stated that they found their therapist through their schools, families, online directories, and insurance companies.

“

AND I MENTIONED THIS EARLIER, there's like situational and then there's like chronic. Yeah. So you know, I struggled for example, [with] like chronic, like back pain and it has flares and sometimes I'm like perfectly fine, but it's always there. Um, and then I think that mental health too, like sometimes I just have really good times where it's just like, I'm fine. Like, I don't need therapy as much. I'm doing well and then something will happen and they'll go about. And then there are people who are just like, they just have something happen that they do have like a situational period where they're very depressed, like a death or something like that or something happens and they get really, really anxious. But it's something that's very situational and for other people it's like, chronic. —Minneapolis, 24

“

AND THERE'S SO MUCH RESEARCH that has gone into mental health issues and struggles and you know, like the chemical imbalances in your brain, what's going on with your dopamine and serotonin or whatever. But it's deeper than just being like, I want to be happy. Of course most people want to be happy, like it's a human desire. But achieving that happiness is multifactorial. And I think people just see the material part of it and that's what they impart on their kids.” —Minneapolis, 24

“

IT IS HARDER FOR PEOPLE to find a good therapist than to be in a romantic relationship” —Minneapolis, 35

“

WE DON'T REALLY DO THERAPY. I think the first therapist in Haiti...clinic opened 2017? I mean the very first. The number one. And we are a country that has been in existence for...here we are celebrating our hundreds of years of independence and you are telling me this is the first therapist? How backwards right? But that is not what you did. You went to voodooism. Or you went to God. Or you did both, if you were wealthy enough to afford both. But therapy wasn't a thing. So if it is not part of your culture, why would you do it? I think culture blocks it, I guess.” —Minneapolis, 31



Throughout this section and report, we use the word therapy not to homogenize the field, but as an umbrella term for the various forms of therapy that exist. Some types of therapy include: cognitive behavioral therapy (CBT), art therapy and mindfulness-based cognitive therapy (MBCT).

Of those who had positive experiences in therapy, many cited that their therapist is a Black woman and is either an immigrant or has familiarity with the experiences of Black immigrants. They shared that the racial and ethnic background of their therapist was important as it made their sessions feel more comfortable. They felt that there was a mutual understanding that they shared with such therapists, which allowed them to feel seen and safe. Conversely, those who have had bad experiences in therapy shared that their sessions felt very clinical and that they did not feel a connection to their therapist who was oftentimes identified as white.

Beyond the negative experiences that they have had personally, we asked participants if they believed that there are boundaries that prevent Black immigrant women and femmes from accessing therapy. Unsurprisingly, the overwhelming response was that there are plenty of boundaries that reduce the feasibility of therapy. One of the largest boundaries is cost. Those who have health insurance shared that their plan does not

cover enough of the copay to make therapy affordable. Whereas, others shared that their plan did not cover therapy at all or that it did not cover the Black woman therapist that they desired to see.

Outside of cost, others shared that stigma, as projected by their cultures and families, was a large obstacle. Many shared that within their cultures the concept of mental health either “does not exist” or that it is invisibilized. Consequently, if they mention the desire to speak to a therapist they would be seen as a disgrace.

“

YESTERDAY I NEEDED A HUG cause I was just feeling so much. She [my mother] was like, that's the first time you've been sad in five years. And I'm like, no, this is the first time you've seen me sad in five years. You know what I mean? It's like they just think if you don't talk about it you good. You know what I mean? If you don't say anything or if you don't do anything out of line, you good. You know what I mean? They're very much, you'll be fine. Go drink some water. What you sad for you don't pay no bills in this house?"—Miami, 20

“

IT'S INTERESTING BECAUSE MY MY MUM'S A THERAPIST...but I think for my mother, it's, I feel like there's two parts of her, like her being a therapist and like she's told me so many times go and see a therapist, but I think it's like she doesn't want like everyone else to know because of like that negative stigma against it. And so I think it's like, she would want me to go and get help, but then it's like, we have to keep this quiet."—Minneapolis, 19

Interestingly, some participants shared that while their parents do not have the language to discuss mental health in the clinical, Western sense, they would use other words to describe their mental health:

“

DEPRESSION IS WHAT I'M SCARED OF, but that came from, it came from being this...very emotionally, mentally vulnerable little Black girl and these very white spaces and having parents who were very much struggling to understand what I was going, I was going through and then seeing how they were. As I got older and I was able to understand their perspectives of things, seeing how they were struggling to make sense of how to exist in this country with the sense that they thought they knew who they were, but they're being told who they are and what they're worth and having to prove that that's not them, but also learning that the way they're proving it is feeding into, in some ways feeds into the notions of inferiority of Black people in general. Because it, it's playing up to those respectability politics. And so, always just being in tumult over who I am, who we are, it does not give a sense of clarity to thinking and trusting your own thinking."—Los Angeles, 24

“

THEY MAY NOT CALL IT MENTAL HEALTH, but they do call it something else. I think for Haitians especially, and this is actually studied for the Asian community, it like manifests...it's very physical actually, the mental health issues. So they'll always describe it in that way. And I've definitely seen it. Um, so you can translate, right? Like I'm feeling really sad. I feel like, you know, there's Haitian terms for like I feel a weight on my shoulder, but every, yeah, the distinctions are subtle, but I think people understand that."—Los Angeles, 24

“

LIKE THE WORD TRAUMA NEVER CAME UP for my mother. So I had to explain to her what trauma was. I had to explain to her what intergenerational trauma was. Um, which was a very emotional point for her learning that she was very emotional at that point. Um, and also the neurobiology of attachment and having two parents in a home and the importance of that and um, having me and how I, how my father, um, left me at a young age and how that also progressed to, and that followed me as I got older...and how that affected my relationship with men for him leaving the way that he did and the whole neurobiology of it. And that it shows that once you have been [abandoned as a] child, this is what's going to come after if it's not talked about, if it's not resolved. **And that also brought an emotional reaction out of my mom because she would say that if she knew that was going to happen, she would try to stop it.**—Miami, 27

“

THEY HAVE EVOLVED. So it used to be, pray about it and ignore it and it doesn't exist and it is from the devil. Those kinds of rhetoric. I was very surprised after the death of my cousin, my mom saying that we should go to therapy, and that his parents and siblings should see a therapist. I am like what? I was shocked to hear that.”—Minneapolis, 25

Whether verbalized or not, we believe that the majority of our participants deeply desire to have intergenerational conversations about therapy with their families and communities. Our participants were concerned that their parents and grandparents who have experienced wars, colonialism, racism, sexism and other forms of oppression, declare that they have no trauma to unpack. Not only can these bottled up emotions adversely impact the person that harbors them, they can also manifest as intergenerational trauma. Consequently, it is important that elders are not forgotten in conversations about mental health and that we continue to find culturally competent ways to explain the importance of therapy and other forms of healing to them. As the quotes above indicate, many of our loved ones are eager to grow. Equally, it is also important that we are open and ready to receive the wisdom that they have as it pertains to wellness. Regardless of age or experience, we can all assume the role of both teacher and student.

“

I WAS TALKING TO A COUPLE OF MY FRIENDS and we were talking about the idea of whopping children and like the idea...it's abuse, right? But we've been told that like this is how we discipline children and we've like accepted it in a way that it's, it's normalized that culture. But like if you went to talk to a therapist, if you had went to talk to like someone in the medical field, they would just associate it with abuse. And I think that abuse is also what we've learned from, like, colonization, with people coming on our land and the only way they wanted to discipline us was abuse. So it would go their way. And that's what we've had to learn with each other.”—Minneapolis, 19

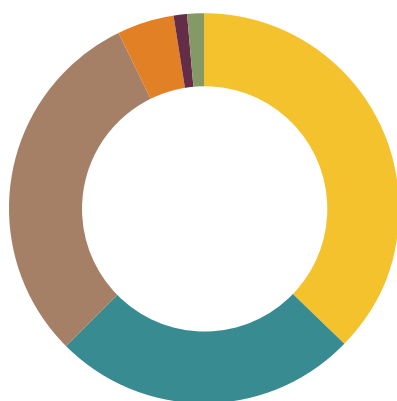


“

I WOULD WRITE IN MY DIARY about how they didn't get it...and I just wrote about how sad and depressed I was. Some days I'd wish I could just step in front of a truck and have the truck kill me like—I would write stuff like that. It was so bad, and they read it. And it was like I don't think they got it, because what they told me in response to me wanting to get run over by a truck was just like, they said um *cough* if that happened to you, they were like if that happened to you, how would it look on us?”—New York, 19

EXPERIENCES WITH MEDICAL PRACTITIONERS

HOW WOULD YOU DESCRIBE YOUR EXPERIENCES WITH MEDICAL PRACTITIONERS IN THE U.S.?



BAD	37.3%
GOOD	25.3%
GOOD AND BAD	30.1%
NEITHER GOOD NOR BAD	4.8%
NO RESPONSE	1.2%
NA	1.2%

The image on the left is of a pie-chart that describes the kinds of experiences that our participants have had with medical practitioners in the United States. 37.3% said that they have had bad experiences with medical practitioners. 25.3% said that they have had good experiences. 30.1% said that they have had both good and bad experiences. 4.8% shared that their experiences are neither good nor bad. One participant (1.2%) shared that they do not go to the doctor. One person (1.2%) did not respond.

The goal of the pie-chart is to present the general sentiments that our participants have towards their medical experiences in the U.S. However, we recognize that classifying things as simply “good” or “bad” is reductionist and does not capture the fullness of their experiences. Below we will delve further into the explanations which led us to categorize their experiences in the way that we did above.

The majority of our participants shared that they are dissatisfied with the medical care that they have experienced in the U.S. They shared stories of how they have been silenced, ignored, and touched without consent in doctors' offices. Several of our participants identified that, due to their race, gender, and immigration status, their complaints were minimized. Furthermore, they shared that within the medical field, Black people are treated as if they have higher pain thresholds than others. This widespread form of racism has been supported extensively by research.¹⁵ Additionally, several young people shared that their doctors used age to dismiss the severity of the concerns. This reveals the dire consequences of ageism that forces young people to advocate for themselves.

¹⁵ Hoffman, K. M., Trawalter, S., Axt, J. R., & Oliver, M. N. (2016). Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites. *Proceedings of the National Academy of Sciences of the United States of America*, 113(16), 4296–4301. <https://doi.org/10.1073/pnas.1516047113>

Examples of such advocacy ranged from telling the doctor what prescription they need (based on prior usage) to pretending like they had family members in the waiting room so that they receive a timely and adequate response.

“

AND ONE OF MY BIGGEST STRUGGLES *that sits heavy on my heart is that, as a woman of color, when I go to the doctor, I'm not taken seriously. I feel... that...I...am...I almost want to cry about it, you know because...I'm in pain and I feel like I have to advocate harder for myself. I feel that...umm... it's just sad because I know that other people are going through this too...*

When I go to the doctor's by myself, I feel, you know, if there is, let's say, a white woman with her white daughter in the same office, next door, in the next room, I can...I can tell that the services are different. I can tell that they are being taken care of and taken more seriously. [Doctors] are more attentive and [there's a] faster turnaround. I feel that sometimes, and my mother, I know, has been struggling with this forever, but it's almost like they delay you for your insurance [so that they can charge you more]. You know if you have an HMO and referrals, and the back and forth and kind of like, just to continue to prolong you—us from getting better. It's like they want to keep us sick...

And I just...it's, it's scary. It's scary because it's not just one doctor...it happens to me often. And sometimes I even do tricks, like when I'm speaking to the doctor, I try to mention, like 'oh my family is asking me,' and you know, 'they want to know some questions, I got to give them some answers.' And I've noticed that when I've used that as a new trick, I kind of get a different response. It's almost like saying, 'hey, other people care about me, and people are paying attention to me, so therefore, please, you know, give me the best quality care, because you know, you are under the scope.' I feel that if they think that you're walking in there and you know, they may be judging you and be prejudiced or assuming or—especially if you're alone and you're a woman, a woman of color, you know, you're just like, in-out-boom. But once I start to say something like, 'hey, hey, I have loved ones, people care about me,' even if it's not all true, [laughs]...I say it because I want for them to treat me better and for me to make sure I'm being taken care of correctly"

—Miami, 28



Cost was identified as a major barrier to healthcare. Some participants, especially those who are undocumented, shared that they rarely visit doctors due to the financial burden. One participant shared that she had to wait until after she married her partner, who is a U.S. citizen, before she could receive the care that she urgently needed under his insurance. Others shared that due to financial barriers, they try not to see doctors and instead try to heal themselves with herbal remedies.

Another barrier is the lack of language accessibility which leaves those who are unable to receive translation support vulnerable to mistreatment and misdiagnosis. A few of our participants shared that they prioritized accompanying their family members to doctor's visits to ensure that their family members' needs are met and that all necessary information is shared between doctor and patient. For those who are not supported in this way, doctor's visits are oftentimes extremely traumatic rather than restorative.

Outside of their own negative experiences with doctors, our participants shared that they experience secondary trauma from the medical experiences of other Black women and femmes. Namely, several of our interviewees shared that they are still impacted by



the fact that Serena Williams nearly died from a pulmonary embolism during childbirth. While many have heard similar stories of maternal mortality in their communities, through hearing that a wealthy, high-profile celebrity experienced similar complications they are forced to reckon with the fact that they cannot buy their way out of a system that is entrenched with anti-Blackness. Certainly, the secondary trauma does not have to come from the experience of a celebrity. Some shared that while they have had positive experiences with doctors, they have watched their loved ones suffer in medical institutions and have had to intervene on their behalf.

The majority of participants who had positive experiences with medical practitioners shared that they have seen the same doctor since they were a child. Through developing this long-term relationship, they were able to build trust and understanding with their provider. However, we recognize that there are several factors that would prevent people from sticking with the same provider including relocation, change of health insurance, and a change in medical needs. Additionally, a potential downside of having the same doctor since childhood is that it may be hard to assess the quality of care that is being received. Consequently, some participants who had this experience shared that their experiences were “neither good nor bad.”

A few of our participants were either medical students themselves, or they had parents who were doctors. Understandably, these individuals demonstrated greater comfort in navigating the medical system than others. Conversely, some of our participants who described their experiences with doctors as “good” did so simply because they did not have access to doctors at all before moving to the United States. Similarly, others who, after lacking health insurance, recently became insured described their current experiences as “good” because, to them, something is better than nothing. These answers show how past experiences can color our perspectives on present treatment which can potentially lead us to tolerate great injustice.

Similar to the situation with therapists, our participants shared that they have a preference for Black doctors. While the doctor’s race does not absolve them of the ability to cause harm, our participants shared that they feel more comfortable, and are more likely to trust a Black doctor. A major way that doctors harm their patients is through fatphobia, which leads them to misdiagnose and mistreat Black women and femmes based on flawed assumptions. Consequently, it is alarmingly clear that unless doctors do the work to dismantle fatphobia as well as transphobia, misogynoir, ageism, and other forms of prejudice, Black women and femmes will not be safe in their presence.

Although our research was centered on people who are not detained, it is also necessary to highlight that medical violence also occurs in detention centers and throughout the carceral system. In September 2020, Dawn Wooten, a nurse working in Irwin Detention Center, revealed that immigrants were being forced to have hysterectomies.¹⁶ The news forced us to contend with how, throughout history, Black bodies have been experimented on and mutilated in the name of medicine. Consequently, in order for harm to be reduced in the field of medicine, the foundation of it needs to be assessed, questioned, dismantled and re-imagined.

¹⁶ Treisman, R. (2020, September 16). Whistleblower Alleges ‘Medical Neglect,’ Questionable Hysterectomies Of ICE Detainees. Retrieved October 11, 2020, from <https://www.npr.org/2020/09/16/913398383/whistleblower-alleges-medical-neglect-questionable-hysterectomies-of-ice-detainee>

VISIONS

“

WE NEED *an underground railroad
for mental health*”—Miami, 20





Self-care

CONTENT WARNING: colorism

“

FIRST THINGS FIRST *I allow myself to dress my soul the way I want to...you know what I'm saying? Like I said, I told people when I'm dressed up...I'm not just in this body...I'm dressing my soul.*—Miami, 31

The majority of our participants shared that they practice self-care. This finding affirms the fact that, despite all of the responsibilities that Black immigrant women and femmes have, they are still proactively trying to center their health and wellbeing. The few that did not practice self-care shared that they were unable to due to work, school and other responsibilities. Ultimately, time was their biggest obstacle.

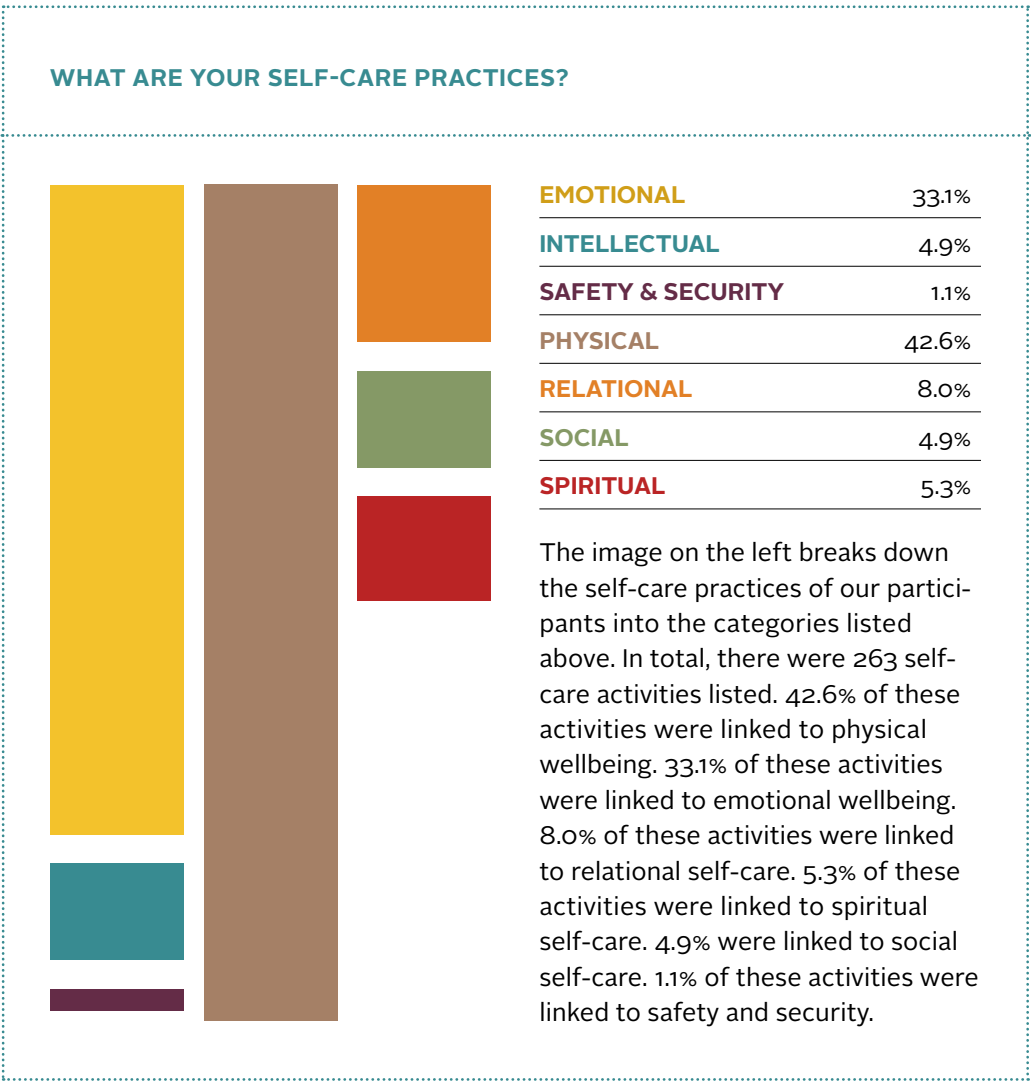
DO YOU PRACTICE SELF-CARE?

YES **95.2%** NO **4.8%**

The image above breaks down the percentage of Black immigrant women and femmes that practice self-care and those who do not. The majority (95.2%) stated that they do practice self-care. 4.8% stated that they do not practice self-care.

For those that practice self-care, we analyzed their activities in the following seven categories that were created by Dr. Carol Williams-Nickelson and are used broadly within the field of psychology:

- **PHYSICAL SELF-CARE:** activities done for physical wellbeing such as exercising, eating well and sleeping well
- **EMOTIONAL SELF-CARE:** activities done to find outlets for our feelings such as talking to a therapist, listening to music and journaling
- **SPIRITUAL SELF-CARE:** exploring and expressing our beliefs, morals and values such as prayer, reading scripture or being in nature
- **INTELLECTUAL SELF-CARE:** finding ways to practice critical-thinking, grow knowledge and stimulate the mind
- **SOCIAL SELF-CARE:** nurturing relationships outside of family, which includes friendships, relationships with neighbors, and so on
- **RELATIONAL SELF-CARE:** strengthening close, familial relationships like the relationship between partners, children and their parents, siblings, and so on
- **SAFETY AND SECURITY SELF-CARE:** activities done to stabilize personal, environmental and financial security¹⁷



¹⁷ Williams-Nickelson, C. (2006). *Balanced Living Through Self-Care*. In J. Worell & C. D. Goodheart (Eds.), *Oxford series in clinical psychology. Handbook of girls' and women's psychological health: Gender and well-being across the lifespan* (p. 183–191). Oxford University Press.

It is important to know that we recognize that there is great overlap among between these categories. For example, while speaking to a therapist is classed as emotional self-care it can definitely also be placed in categories such as safety and security.

We find it significant that the leading form of self-care that our participants practiced was physical. This illustrates the degree to which Black immigrant women and femmes prioritize caring for their bodies. Some of the ways that they do this includes going on walks, getting massages, reiki, going shopping and doing their makeup. These activities highlight how important pleasure it is for our liberation.

Additionally, we learned that self-care does not always mean actively doing something, it can also be related to controlling what we passively consume. One of our participants shared the reason why she finds it so important to curate her Instagram feed:

“

I THINK IT WAS TIME *I wanted to be, you know, white or wanted to not be this or I wanted to lighten up a little bit, look like Rihanna because that's, that was the lightest or the darkest skin tone you were going to see in those magazines, in the movies, in the music videos that didn't make the dark skin women look bad and the light skin woman look good. It didn't play off colorism. Um, so just making sure that passively I'm consuming things that are good for my mental health and that are undoing or, or helping me undo a lot of negative, untrue learning that I did growing up.*—Los Angeles, 24

✓

“

UM, I THINK WE NEED TO CREATE MORE SAFE SPACES for, um, Black immigrant women and girls to feel comfortable to share about their experiences and to have each other as a support group. So I think, um, what you guys are doing with this research is really great and it will also be even greater to connect with everyone who participated from this to see like how people can serve as like a support system or support group for other people and maybe have recurring workshops or things of that nature.”—New York, 25



Community-care

CONTENT WARNING: gender-based violence

While self-care is important, we believe that community-care is essential. The assertion that Black immigrant women and femmes always have to take care of themselves reinforces the superhuman stereotype that is violently placed upon us. We need spaces to be soft, vulnerable and to ask for help when necessary.

In our study, we asked our participants to share how their communities can support the mental health of Black immigrant women and femmes. Overwhelming people shared that they simply want to have intergenerational conversations and to truly have their perspectives heard. Specifically, they ask for these spaces to feature frank conversations where the shame and stigma that are associated with mental health can be dismantled. There was a preference for having in-person conversations, but virtual conversations were also suggested.

Our respondents also shared a desire to hold perpetrators of gender-based violence, which overwhelming were named as cis-heterosexual Black men, accountable for the harm they have caused. Cis-heterosexual Black men have to actively work towards combating misogynoir and the responsibility should not fall on women and femmes to teach them how to do that.

Community-based accountability processes and transformative justice will allow Black immigrant women and femmes to feel safer in their communities and to not live in a constant state of fear.



Blueprint for Liberation

While we were interested in the practical things that communities could do to honor and protect Black immigrant women and femmes, we also wanted to dream about what would be possible if finances were not a barrier. We see these dreams as part of a broader blueprint for liberation.

In order to get our participants dreaming, we asked them to share how they would use one million dollars to better the mental health of Black immigrant women and femmes. Here are some of the beautiful, bold and revolutionary visions outlined by our participants:

“

MAYBE COOKING CLASSES, MAYBE JUST SOMEPLACE FOR TALK THERAPY. *Just a place to come together and just know that it's okay if you want to talk, you can, if you don't want to, you don't have to. If you want to do art, knitting, writing, reading...just to have a safe place to just be because I know that there are people that, you know, they are in more dire situations where they probably need a shower or warm meal or something. And I'm fortunate that my situation is not like that, but it can be and it is like that for others, so maybe some kind of temporary housing, you know? A place to get feminine supplies when you need it. Take a shower if you don't have access to it.”—New York, 39*

PROVIDING
HEALTHCARE &
HOUSING

“

WE KEEP US SAFE AND THAT IS IN ALL ASPECTS whether it be physical safety, mental safety, emotional safety, financial safety. We need our own thing. So what I'm talking about is underground therapists, underground like energy workers...like underground priests or mambos or Babalawos...

So it's like no we need to like let Black people [know Black] is magic like we're magic. So we need to, we need to tap into the legacy and start an underground railroad. We got like some undocumented folks cause you especially when it just come like they're going to be go through a lot, they gonna feel a lot. You can't just leave them by themselves and I hope for the best. Like you need someone that's going to check in on them. Like we need more doulas. We need more like, like I said, Reiki workers, like all types of aspects that relate to mental health and find a way to figure out how can we cover the funds for their time, you know like and make it free to the people who need it. Like we need to figure that out cause like I think there's more to life than money. There is more to life than money.... I feel like we just need to put our heads together. Yeah. It's an underground railroad but for mental health called the wellness people or something..like little guardian people.”—Miami, 20

“

I HAVE ALWAYS WANTED TO OPEN A THERAPY ICE CREAM TRUCK. Like the concept of someone yearning like following the music because you really want ice cream in the summer-time, but you are getting therapy. So, I would make that...I would turn that into a real thing. Maybe we would be giving out plates of rice. I don't know, but yeah, I think getting people to be comfortable with themselves in this new space that they find themselves in would help.”—Minneapolis, 31

“

WHAT I WOULD DO is open a lot of Zumba studios, where women could come...not just [for] Zumba, but Zumba dance studios where people could come and explore their sexuality through dance. And actually sit down and just have a conversation in those spaces. Because one thing I realized is that if you connect social space with these conversations, it's easier for people to open up. Because they're in these spaces, they're having fun, and all of a sudden they trust and then you all, you're not just having fun together, you're also having these deeper conversations.”—Minneapolis, 28

I DON'T THINK I'M BEST SUITED to plan a project with a million dollars. First, I guess, I would gather a working group of Black health practitioners, so Black woman therapists, Black immigrant therapists, Black Executive Directors of non-profits that address issues around sexual assault, um, Black immigrant lawyers...I'd gather them in a room and have them talk about how they're going to spend that million dollars. I don't know much about it because I'm just affected by it, but I had never had to intentionally think about solution making. I don't think I should. I think there are people who already have ideas and just need money. So give it to those folks. Let them solve the problem.”—New York, 25

OPENING A FREE
MENTAL HEALTH
CENTER STAFFED BY
BLACK IMMIGRANT
THERAPISTS

“

EVERYONE HAS SEEN BLACK PANTHER and now it's cool to be African, but growing up it wasn't. It was just like, you're not Black, and Black people would be like you're African and it would mean you were dirty, or you lived in huts. And your African parents are telling you that you're better than the Americans and I was just confused. I feel like we all look the same. I don't know what's going on here. And then you get older and you understand history and its nuances. But yeah I feel like just more resources and support for Black Americans and Black immigrant women to come into a space and share their stories and support one another. I feel like that's how we're going to grow. We can't be one against the other.”—Minneapolis, 35

“

I THINK THE FOCUS would be having our core... having African American or also immigrant or any ethnic studies as a core requirement in schools...all schools, because we don't, it's always seen as an elective. I'm tired of that. Because then history is shown in one way or even painted one way and there's not the, our story is not shared. So one, I think the story needs to be shared. Two, we need to also start portraying Black women in the media more and not just as the strong Black friend with the sassy attitude...or even the immigrant with broken English. We need to show women in their versatility. Show how multifaceted they are.”—Minneapolis, 22

SUPPORTING THE
SUSTAINABILITY OF
BLACK-LED AND BLACK-
CENTERED GRASSROOTS
ORGANIZATIONS ALREADY
DOING THE WORK

DEVELOP A
HOTLINE THAT
BLACK IMMIGRANTS
CAN ACCESS FOR
SUPPORT

“

SO THIS MIGHT BE THE RADICAL, COMMUNAL SPIRIT that I have, but I would probably do like a really dramatic you know micro-grant situation you know what I mean. So as many of the sister-friends can see their ideas come to fruition. Whether those are like the singers, the visual artists, or maybe it is the business woman, or maybe it is the doctors or nurses, maybe it is the teachers. But everybody can explore what healing would look like for Black women and girls in their different ways. Because I would struggle 'to like have one way, and then it would be like we all have power in deciding and choosing in the multiplicity of our experiences, even though there is a shared identity. We can do this in so many different ways.”—Minneapolis, 26

Recommendations

POLICY-RELATED RECOMMENDATIONS

- Provide universal healthcare that includes immigrants and undocumented people.
- Repeal the Violent Crime Control and Law Enforcement Act of 1994, the largest crime bill in U.S. history, that has led to increased criminalization and incarceration.
- Streamline and enhance the process to apply for public benefits: reduce wait-times and bureaucracy, process all information in one location close to the applicants residency, offer interpretation and expand the criteria for people to enlist in and maintain eligibility for public benefits.
- Provide social service support for Black immigrant women and femmes of all ages, sexualities and abilities (workforce development, educational opportunities, and fund NGOs [Non-Governmental Organization] that support their needs).
- Provide more affordable housing and the government should provide financial assistance for homeownership.
- Increase the minimum wage to a living wage.
- Demand that perpetrators of discrimination, including those who enact violence in professional settings, are held accountable for their actions.
- Streamline the U-visa process more and disallow the police from certifying visas.
- Protect all Black immigrants, regardless of status, which includes DED [Deferred Enforced Departure] and TPS [Temporary Protected Status] holders, DACA [Deferred Action for Childhood Arrivals], and the other 11 million undocumented folks.
- Restore asylum and refugee resettlement.
- Mandate a complete separation between health professionals and law enforcement agencies like ICE [Immigration and Customs Enforcement], police and sheriffs.
- Actualize sanctuary cities.



COMMUNITY-BASED RECOMMENDATIONS

- Believe people when they share accounts of the violence they have experienced. Protect them and honor them by centering their experiences in accountability processes that are aligned with their ideas of justice.
- Assist perpetrators of gender-based violence in holding themselves accountable for the harm they have caused. The responsibility to make this happen should not be placed on survivors.
- Expand holistic, long-term trainings on intimate partner violence to deeply analyze and combat the different forms of emotional abuse including gaslighting.
- Create, promote and distribute mental health resources throughout our communities. Ensure that these resources are translated into a variety of languages and formats to ensure that the information is truly accessible.
- Provide free or affordable culturally competent therapy to Black immigrant women and femmes over a sustained period of time.
- Train faith leaders on mental health and wellness and encourage them to promote this knowledge to their congregations/members. Mandate that faith leaders assist perpetrators of gender-based violence in holding themselves accountable and that faith leaders hold themselves accountable if they themselves are a perpetrator.
- Support participatory research on the mental health of Black immigrant transwomen and non-binary people.
- Create more spaces and dialogues where Black people can have in-house conversations to further their political education and to build deeper relationships with one another. These spaces should be inclusive of transwomen and non-binary people.

Transparency

LIMITATIONS OF THE STUDY

At BAJI, we believe that all research should facilitate learning and growth not only for the audience that encounters the project, but for the researchers themselves. While we are extremely proud of this report, we want to invite you into the process of examining its limitations. Admittedly, many of our limitations are a product of the finite funds and time-constraints that are commonplace when working within the non-profit industrial complex. We hope that by making this process communal, we can strengthen not only our research going forward, but yours too. While the list below details some of the major limitations of our research, it is by no means exhaustive.

MAJOR LIMITATIONS:

- The report lacks gender diversity as the majority of our participants identified as cis-gender women.
- The majority of our participants were recruited by BAJI's staff/research fellows, which could have lead to a participation bias.
- While the age range for our report is expansive (18-84), the representation of elders is small.
- Given that our research fellows were based in major cities, the report lacks representation of people who live in rural areas.
- Additionally, we wish that we could have met the needs of our participants and researchers given how much they shared of themselves to make this study possible. Some of these needs included therapy, housing, and citizenship.

ACCOUNTABILITY AT BAJI: CENTERING SURVIVORS

During the writing of this report, several Black women and femmes came out and shared that they experienced emotional abuse and sexual predation at the hands of a BAJI staffer. Additionally, they shared that this abuse was enabled by another BAJI staffer. While both staffers who were mentioned were not a part of this study, it is important for us to be transparent about the context in which this report was created. In order for the recommendations that we provide in this report to be sincere, we must be introspective and commit to the continuous work of dismantling patriarchy and all forms of gender-based violence. As of July 2020, we have begun internal and external transformative justice processes to address the harm caused and to facilitate healing. Above all, we will continue to center and believe the survivors who have come forward just as we believe the survivors who shared their stories in this report.

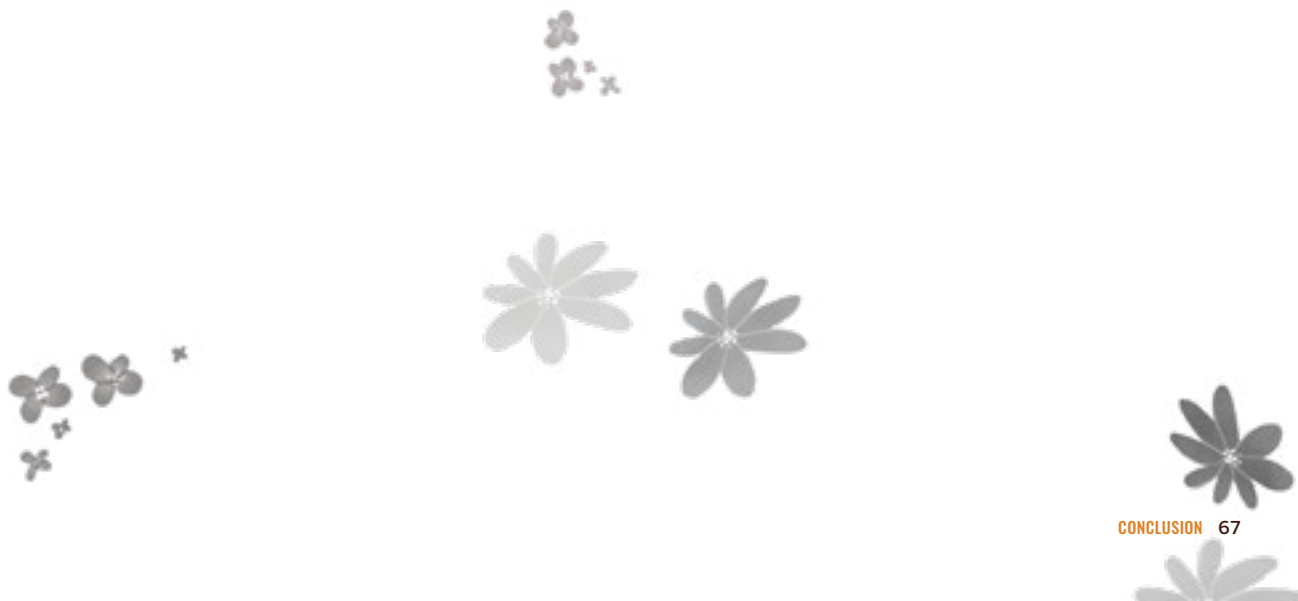
Conclusion

This report demonstrates the ingenuity, resilience and power of Black immigrant women and femmes while also detailing the trauma and hardships they are made to carry. It is through such holistic depictions that we can truly come to understand the fullness of the experiences of Black immigrants in the U.S. and how these experiences impact their physical, mental and spiritual health. This report demonstrates that interactions with the police, ICE, healthcare practitioners, benefits administrators, and other agencies and officials can lead to negative health outcomes for Black immigrants. Consequently, we do not only believe in the importance of therapy, but also in the abolition of all forms of policing. We uplift the sentiments of our participants who shared that therapy is most beneficial when the therapist is Black, culturally-competent, and affirms their gender and sexuality. We believe that advocating for the wellness of individuals cannot occur outside of advocating for wellness for families and entire communities. Above all, we believe that therapy, like medical care, housing, education, and other needs, should be free and accessible to everyone.

This report simply scratches the surface of the mental health of Black immigrants in the U.S. Consequently, we encourage others to continue this investigation so that we can continue to uplift our people's stories. Specifically, we ask you to join in our commitment to centering the mental health of Black transgender and non-binary people. This report demonstrates the importance of paying attention and catering to the mental wellness of Black immigrants in prisons and detention centers. Importantly, we encourage those that engage in this kind of research to compensate participants for their time, ensure their data is confidential, and provide them with mental health support or, at the very least, resources to support their needs.

At BAJI, we do not believe in research for research's sake. We are committed to using this research to push for policy change, to advance our organizing strategies and to inform how we engage with our communities. We also believe that you, the reader, are a critical part of our research process. We would love to engage you in our gender justice work, answer any questions that you may have, and build with you. To reach out to us, email: genderjustice@baji.org.

Most importantly, we want to sincerely thank our 84 interviewees for being vulnerable with us and for trusting us with their stories. This report would have been impossible without them. We will strive to honor what they have shared with us by fighting for the liberation of Black immigrant women and femmes, always.



Resources

ORGANIZATIONS/ INITIATIVES/WEBSITES

- Black Dream Escape:
www.blackdreamescape.com
- The Black Emotional and Mental Health Collective (BEAM):
www.beam.community
- Black Girl in Om:
www.blackgirlinom.com
- Black Girls Breathing:
www.blackgirlsbreathing.com
- Black Girls Smile:
www.blackgirlssmile.org
- Black LGBTQIA+ Migrant Project (BLMP):
transgenderlawcenter.org/programs/blmp
- Black Women for Wellness:
www.bwwla.org
- Ethel's Club:
www.ethelsclub.com
- Healing While Black LLC:
linktr.ee/healingwhileblack
- Interrupting Criminalization:
www.interruptingcriminalization.com
- Justice Teams Network: Alternatives to Police in Mental Health Response Campaign:
justiceteams.org/alternatives-to-police-in-mental-health-response
- The Homecoming Podcast by Dr. Thema Bryant:
open.spotify.com/show/59qdhjnDyxcbozStZizjtv
- The Loveland Foundation:
thelovelandfoundation.org
- The Nap Ministry:
thenapministry.wordpress.com
- The National Queer and Trans Therapists of Color Network (NQTTCN): www.nqttn.com
- The Steve Fund:
www.stevefund.org
- Therapy for Black Girls:
therapyforblackgirls.com
- Transform Harm:
transformharm.org

Please note that the following helplines may call the police if they believe that you are in crisis.

NATIONAL HELPLINES

Trans Lifeline

Web: translifeline.org/

Phone: 877-565-8860

Hours of Operation: 24/7/365

Trans Lifeline is a grassroots hotline and microgrants 501(c)(3) non-profit organization offering direct emotional and financial support to trans people in crisis—for the trans community, by the trans community.

The Trevor Project

Web: www.thetrevorproject.org

Phone: 866-488- 7386

Hours of Operation: 24/7/365

Founded in 1998 by the creators of the Academy Award®-winning short film TREVOR, The Trevor Project is the leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, queer & questioning (LGBTQ) young people under 25.

HELPLINES IN NYC

National Alliance on Mental Illness of New York City

Phone: (212) -684 -3264

Hours of Operation: M–F
11am–6pm

The helpline allows you to:

- Find help navigating NYC's mental health system from people with personal experience
- Receive referrals for mental health services, housing, legal assistance and more.
- Learn about NAMI NYC classes, support groups, events and other support programs.

New York City Lifenet

Web: www.mhanys.org/MH_update/wp-content/uploads/2012/12/lifenetbrochure.pdf

Phone: 800-LIFENET

Hours of Operation: 24/7

A free, confidential helpline for New York City residents. The hotline's staff of trained mental health professionals help callers find mental health and substance abuse services.

NYC Well

Web: nycwell.cityofnewyork.us/en

Phone: 1-888-NYC-Well

Text: WELL to 65173

Chat: speak to a counselor at nyc.gov/nycwell

Hours of Operation: 24/7/365

NYC Well is a one-click, one-call connection to counseling, crisis intervention, peer support, and referrals to ongoing treatment and support services. NYC Well is free, 24/7/365 confidential mental health support for all New Yorkers. This toll-free, multilingual, crisis support service is available in English, Spanish, and Mandarin/Cantonese, with translation available in more than 200 languages.

HELPLINES IN MIAMI**Banyan Health Systems 24 Hour Crisis Hotline**

Phone: 305-774-3616

Hours of Operation: 24 hours a day/7 days a week

Suicide Prevention/SAFENET

Phone: 305-358-4357

Miami-Dade Advocates for Victims/Safespace North and South Hotline

Phone: 305-758-2546

Domestic Violence Hotline

Phone: 800-962-2873

HELPLINES IN MINNESOTA**Abbott Northwestern Hospital**

Phone: 612-863-8633

Experts at this hospital are available to respond to people experiencing a crisis or an emotional, stressful situation

Domestic Violence Abuse Service Center (DASC) Line for Counseling and Shelter

Web: www.hennepinattorney.org/get-help/crime/domestic-abuse-service-center

Phone: 866-223-1111

Hours of Operation: 24 hours a day/7 days a week

First Call for Help

Web: www.211unitedway.org

Phone: 211

This database connects callers with resources such as grief support, housing and mental health services

Hennepin County Medical Center Crisis Referral Line

Web: www.hennepinhealthcare.org/specialty/psychiatry/acute-psychiatry-services/

Phone: 612-873-3161

Hennepin County Medical Center Suicide Hotline

Phone: 612-873-2222

HELPLINES IN LA**ACCESS-LA County Helpline**

Web: dmh.lacounty.gov/our-services/disaster-services/access-hotline/

Phone: 1-800-854-7771

Hours of Operation: 24 hours a day/7 days a week

Provides linkages to consumers to mental health services in the community & resources to consumers in crisis.

CA Youth Crisis Line

Web: calyouth.org/cycl

Phone: 1-800-843-5200

The statewide emergency response system for youth (ages 12-24) and families in crisis. It has access to more than 5,500 free or low-cost resources for youth and families across CA.

LA Warmline

Phone: 1-855-952-WARM (1-855-952-9276)

Hours of Operation: 10pm–6am

A confidential overnight telephone support service in English & Spanish for anyone in Southern California who is struggling with loneliness, anxiety, substance use, mental health concerns, or needs information about available mental health services.

Project Return Warm Line

Web: sfresourceconnect.org/detail.php?&tax=RF-8380&s=1&id=24060410

Phone: 1-888-448-9777/1-888-448-4055 (Spanish)

Hours of Operation: M–F, 5pm–10pm & Sat, 11am–4pm

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QUESTIONNAIRE

1. How did you find out about this research project?
2. How old are you?
3. Are you employed?
 - If so: What is your occupation?
4. What are your pronouns?
5. Do you have any disabilities that you would be comfortable disclosing to us? Disabilities are physical or mental conditions that limit a person's movements, senses, or activities. They include disorders, illnesses, diseases and so on.
6. How would you describe your gender and sexuality?
7. Are you in a romantic relationship?
 - If yes: How do you feel about your relationship?
 - If no: How do you feel about being single?
8. Do you have children?
 - If so: How many?
9. What is your ethnic background—where is your family from?
10. Were you born in the United States or elsewhere? If elsewhere, please state the country.
 - If born elsewhere: How old were you when you migrated to the U.S.?
 - If born elsewhere: How long have you lived in the U.S.?
11. Do you have family who live in your home country?
 - *If no: skip follow up questions and go to 12*
 - If so: How are they doing—are there any struggles that they are currently experiencing?
 - If family isn't doing good: Some immigrants do not talk about mental health because they believe their issues are small in comparison to the challenges that people back home are facing. Do you feel this way?
 - If family is doing good: What are the factors—be they financial, political, or emotional—that you believe contributes to your family's happiness back home?
12. What are your responsibilities in terms of your family? Responsibilities could include supporting a family member financially, emotionally, in prison or detention or otherwise.
13. How are you doing in the United States—are there any struggles you are currently experiencing?
 - If they are doing good: What are the factors—be they financial, political, or emotional—that you believe contributes to your happiness here?
14. If you migrated to the U.S., did you have expectations before you moved?
 - If yes: What were your expectations of the U.S.?
 - If yes: Has your experience matched your expectations?
15. Do you have any needs at the moment? This could include things like food, housing, work, clothing etc.
16. Do you use any government benefits such as Medicaid, food stamps, public housing, or welfare?
 - If so: Which ones do you use and what has been your experience in trying to use these resources?
17. Do you identify with a particular religion/spiritual practice? If so, which one (s)?
 - *If no: Skip the questions below and go to 18*
 - If yes: Does your religion/spiritual practice have positive or negative consequences on your mental health?
 - Is this the same religion/spiritual practice that you were raised under?
 - If no: Where did you first learn about the religion/spiritual practices that you now observe?
 - Do you feel that your place of worship can understand and address the challenges Black immigrant women and femmes face?
 - In your community, what are the attitudes towards the religion/spiritual practice that you currently engage in?

18. Self-care is any activity that we do deliberately in order to take care of our mental, emotional and/ or physical health. Do you practice self-care?
 - If yes: What do you do?
 - If no: Why don't you? Do you think there are unique experiences and challenges Black immigrant women and femmes face that impact their mental health? This may include challenges in the workplace, interactions with law enforcement and immigration authorities or even personal traumas.
 - If yes: How do these experiences affect your mental health?
19. How does it make you feel when you hear about ICE raids, detention centers, deportations and anti-immigrant rhetoric, or policies?
20. For this question we are going to ask about personal trauma. Have you experienced sexual assault or sexual harassment? Sexual assault is an act in which a person intentionally sexually touches another person without that person's consent, or coerces or physically forces a person to engage in a sexual act against their will. Sexual harassment is any sort of unwelcome and inappropriate sexual remarks or physical advances in your neighborhood, workplace or other professional or social situation.
21. Have you ever gone to counseling/therapy?
 - If yes: How did you find your therapist?
 - What was your experience like?
 - In your therapy sessions, do you feel that the challenges you shared as a Black immigrant woman/femme were fully understood and addressed?
 - If no: Is there a reason why you have not gone to therapy?
 - For both yes and no responses: Do you feel like there are boundaries preventing Black immigrant women and femmes from accessing therapy?
22. What have your experiences been like interacting with medical practitioners which could include, but are not limited to, primary care physicians, gynecologists, midwives etc. Have you been satisfied with the medical care that you have received in the U.S?
23. What were your parents/caregivers attitudes towards mental health when you were growing up and what are they now?
24. A support system is a network of people who provide an individual with practical or emotional support. Do you have a support system?
 - If so: How would you rate it?
 - ☐ Very Strong
 - ☐ Strong
 - ☐ Neither Strong nor Weak
 - ☐ Weak
 - ☐ Very Weak
 - Is this rating similar or different to how you would have rated your support system in your home country?
 - ☐ If no difference: Skip to question 26.
 - If different: How would they rate their support system in their home country?
 - ☐ Very Strong
 - ☐ Strong
 - ☐ Neither Strong nor Weak
 - ☐ Weak
 - ☐ Very Weak
25. Do you have a place that you visit to be around other Black immigrant women/femmes?
 - If no: Skip to question 27.
 - If so: Where is it?
 - How often do you attend these kinds of spaces?
 - ☐ Very often
 - ☐ Often
 - ☐ Sometimes
 - ☐ Rarely
 - ☐ Never
 - How do these gatherings impact your mental health? What joy do you get out of these experiences? What are the emotional/spiritual benefits of these spaces?
26. What do you think can be done to improve the mental health of Black immigrant women/ femmes in the United States?
27. How can people in your community come together to support the mental health of Black immigrant women/femmes?
28. How would you use \$1 million to support the mental health of Black immigrant women/femmes?



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