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Beneath the Numbers: Alcohol Use, Risk, and Resilience Among Black Women at Historically Black Colleges and Universities

Shanika Lavi Wilson, DSW, MSEd, LCSW, LCAS

Associate Professor, North Carolina Central University
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***Correspondence Author:**
Shanika Lavi Wilson, Associate Professor, North Carolina Central University.

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Abstract

Black women at Historically Black Colleges and Universities (HBCUs) have drinking patterns and lived experiences worth documenting on their own terms, not only as a comparison point for predominantly White institutions. These women drink less, on average, than women at predominantly White institutions and national benchmarks, but that pattern sits on specific pathways, including adverse childhood experiences, depression, coping motives, gender-differentiated religiosity and ethnic identity, and sexual victimization, that put a meaningful minority at real risk. Drawing on 17 peer-reviewed articles, this review also covers mental health service utilization, polysubstance use, and morbidity and mortality patterns among Black women broadly, framing alcohol misuse as a social problem tied to social work's Grand Challenges. It closes with limitations, gender-responsive prevention and telehealth recommendations, and a call for parallel research at other Minority-Serving Institutions, including Predominantly Black, Hispanic-Serving, Tribal, and Native American- and Asian American-serving campuses.

Keywords: Historically Black Colleges and Universities; Black college women; alcohol use; Grand Challenges for Social Work.

Introduction

National research on college women and alcohol rarely disaggregates by race, and national research on Black college students rarely disaggregates by sex. Black women at HBCUs fall into the gap between those two literatures. What exists suggests they drink less than most of their peers nationally, but low aggregate prevalence can hide real variation, and a woman whose drinking is driven by unprocessed trauma or depression does not show up any differently in a topline percentage than a woman drinking socially at a low rate.

HBCUs also carry cultural resources, strong ethnic identity, campus-specific social norms, and often higher rates of religious engagement, that shape drinking in ways distinct from predominantly White campuses. Those same campuses are also sites of sexual violence, and alcohol is one of the variables tied to that risk. A review that treats HBCU women only as a low-risk population misses the students who need the most support.

College drinking research defaults, almost without exception, to samples drawn from predominantly White institutions (PWIs), and HBCUs typically enter that literature only as a comparison group, useful for showing that Black students drink less, rather than as a population studied on its own terms. Lower prevalence gets treated as the end of the story rather than the start of one: once HBCU women's lower rate is noted, attention moves elsewhere, and questions about what shapes their decisions to drink or abstain, what a night out means socially on these campuses, and how they experience the aftermath of drinking go unasked. None of the studies this review draws on ask these descriptive questions directly; nearly all of them ask only whether she drinks and how much. This review treats HBCU women as a population whose patterns and experiences are worth documenting for their own sake, not only as a preface to whatever risk might

be found underneath them.

HBCUs are one part of a larger set of institutions built to serve students that mainstream research has historically overlooked: Predominantly Black Institutions (PBIs), Hispanic-Serving Institutions (HSIs), Tribal Colleges and Universities (TCUs), Native American-Serving Nontribal Institutions (NASNTIs), and Asian American and Native American Pacific Islander-Serving Institutions (AANAPISIs), all recognized under the Higher Education Act alongside HBCUs as Minority-Serving Institutions. The published literature on alcohol use at these institutions is thinner than the HBCU literature this review draws on, and in several cases nearly absent. This review is offered in part as a model for that broader agenda: a demonstration that a Minority-Serving Institution's students can be studied as a population in their own right, rather than only as a data point in someone else's comparison.

A Social Problem With Direct Relevance to Social Work

Begun, Clapp, and the Alcohol Misuse Grand Challenge Collective (2016) name reducing and preventing alcohol misuse and its consequences as one of the social work profession's Grand Challenges, framing alcohol misuse as a social problem shaped by structural inequity and unequal access to care rather than only an individual behavior, and arguing that solving it requires coordinated action across sectors rather than treatment aimed only at individuals. Williams's (2020) overview of the broader Grand Challenges initiative includes ensuring healthy development for all youth, a challenge that extends through age 24 and covers the population this review describes directly, since most HBCU undergraduates fall inside that window. Framing HBCU women's alcohol use through these two Grand Challenges places the topic where it belongs: as unfinished business for the social work profession, not a footnote in psychology or public health research alone.

Social workers already sit inside HBCU counseling centers, health clinics, and residence life offices, and hold the training to screen for coping-motivated drinking, adverse childhood experiences, and depression together rather than as separate intake questions. A profession organized around these Grand Challenges has direct standing, and arguably an obligation, to build and evaluate the gender-responsive interventions this review calls for in its final sections.

Methods

This is a narrative review. Sources were located through database searches (PubMed, PsycINFO, ERIC) and citation tracking, limited to peer-reviewed, English-language, U.S.-based journal articles published from 2000 forward that reported alcohol use, alcohol-related consequences, or alcohol-related risk among women at HBCUs or Black women more broadly, or that reported HBCU findings with gender-stratified results even when the study was not framed as women-specific. Seventeen articles met these criteria and are synthesized below. Dissertations, theses, institutional reports, and datasets surfaced during the search were excluded from the final synthesis to keep this narrative anchored strictly in peer-reviewed literature. Given how small the HBCU-specific evidence base turned out to be, this review is best read as a scoping synthesis that maps what currently exists and names what is missing, rather than a comprehensive account of a mature research area. National and Black-population comparison data are cited to situate HBCU-specific findings within the broader evidence on Black women's alcohol-related risk, and are identified as such throughout rather than presented as HBCU-specific evidence.

Table 1: summarizes the 17 sources synthesized in this narrative review. This review did not collect original data; the table describes the published literature examined, not studies conducted by the author.

Source	Sample	HBCU-Specific	Key Finding
Bagasra et al. (2022)	144 students, 1 HBCU	Yes	Religiosity linked to fewer alcohol problems; effect mediated by gender
Banks (2023)	282 students, 1 HBCU	Yes	ACEs predicted depression, which predicted coping-motivated drinking
Begun, Clapp, & Collective (2016)	Conceptual/policy paper	No	Names alcohol misuse a Grand Challenge for social work
Braby et al. (2022)	171 students, 1 HBCU	Yes	High ethnic identity and resilience linked to low substance use
Carter-Edwards et al. (2009)	Conceptual framework	Yes	Proposes alcohol-to-blood-pressure pathway model for HBCU students
Chandran et al. (2013)	Case-control, African American women	No	No association between recent drinking and breast cancer risk
Fan et al. (2022)	>81,000 participants, cohort study	No	Moderate drinking doubled liver disease mortality risk in Black adults

Hai et al. (2022)	National college survey data, 2006-2019	No	Simultaneous alcohol/marijuana use rising fastest among Black students
Ilyas et al. (2023)	U.S. mortality records, 1999-2022	No	Alcohol-associated liver disease mortality rising, steeper increase in women
Jenkins et al. (2020)	282 students, 1 HBCU	Yes	Positive alcohol expectancies predicted higher consumption
Keys et al. (2026)	21 Black college students, qualitative	No	Favorable help-seeking attitudes, but stigma blocked service use
Krebs et al. (2011)	3,951 women, 4 HBCUs	Yes	Lower sexual assault rate at HBCUs; alcohol still an independent risk factor
Lewis et al. (2012)	Students, 1 HBCU	Yes	Social norms explained most of the variance in drinking intensity
Lindong et al. (2017)	Students, 1 urban HBCU	Yes	Women reported more alcohol/marijuana use; men had higher HIV testing rates
Risi et al. (2019)	Students, 1 HBCU	Yes	Impulsivity mediated the link between psychological distress and alcohol misuse
White (2020)	National review	No	Summarizes national gender differences in alcohol epidemiology
Williams et al. (2017, AMBER)	>22,000 African American women	No	≥7 drinks/week linked to elevated HER2-negative breast cancer risk

Note. "HBCU-Specific" indicates whether the cited source's data were collected at one or more HBCUs; sources marked "No" establish findings in Black populations or Black college students more broadly, as discussed throughout this review.

Prevalence and Patterns of Alcohol Use Among HBCU Women

In Braby and colleagues' (2022) sample of 171 HBCU students, nearly half reported no alcohol use in the past month, and only a subset met criteria for binge drinking, a pattern that includes the women in that sample rather than describing men alone.

National data on college women show a real decline in past-month drinking over the past decade, and Black college women, including those at HBCUs, sit consistently at the lower end of the national range described in White's (2020) review of gender differences in alcohol epidemiology. The pattern is not uniform inside HBCU samples, though. Lewis and colleagues' (2012) structural equation model of drinking intensity at one HBCU found that social norms explained the majority of the variance in how heavily students drank, and identified a subgroup engaging in binge drinking even as the campus average stayed low.

Gender differences inside HBCU samples cut against a simple low-risk story. Lindong and colleagues (2017) surveyed students at an urban HBCU and found that young adult women reported more alcohol and marijuana use than young adult men, while men reported higher rates of HIV testing and awareness of testing services than women. Read together, those two findings describe a mismatch: the group reporting more substance use was also the group less likely to be engaging with the preventive health services that substance use makes more relevant, not less.

Jenkins and colleagues (2020), studying 282 African American students at an HBCU, found that positive alcohol expectancies, beliefs that drinking will produce a desirable effect, predicted higher alcohol consumption, even though students in their sample held more negative expectancies about drinking overall than positive ones. Expectancy and self-efficacy measures accounted for only a modest share of the variance in drinking behavior, which the authors themselves note leaves most of what drives consumption in this population still unexplained.

Adverse Childhood Experiences, Depression, and Coping Motives

Banks's (2023) study of 282 Black students at an HBCU traces a pathway in which adverse childhood experiences (ACEs) predicted depressive symptoms, which in turn predicted coping-motivated drinking, which in turn predicted higher frequency of alcohol use and more binge and heavy drinking episodes. Depressive symptoms also independently predicted heavy drinking episodes apart from the coping-motive pathway. Black women carry a documented higher burden of ACE exposure and depression risk in the broader mental health literature, which places them at elevated likelihood of moving through this specific pathway even on a campus where average consumption looks low.

This distinction matters for screening. A woman drinking to cope with unresolved trauma or depression will not be caught by a prevalence question alone, since her drinking frequency may fall well inside the "low use" range that describes most HBCU students. Screening tools built for this population need to ask about motive, not only frequency and quantity, if they are going to catch the coping-driven pattern that Banks's (2023) pathway describes.

A second, independent HBCU study points toward the same underlying pattern through a different mechanism. Risi and colleagues (2019) found that impulsivity mediated the relationship between psychological distress and alcohol misuse among students at a historically Black university, meaning distress translated into problem drinking largely through students' difficulty regulating impulsive responses to that distress. Between Banks's (2023) coping-motive pathway and Risi and colleagues' (2019) impulsivity pathway, two separate HBCU samples now point to psychological distress as a driver of alcohol misuse in this population, even though the two studies measured the mechanism differently.

Religiosity, Ethnic Identity, and Campus Norms as Protective Factors

Bagasra and colleagues (2022) studied 144 students at a small southern HBCU using the AUDIT, the College Alcohol Problems Scale, and two religiosity measures, and found that students overall were moderate drinkers who experienced few alcohol-related problems. The relationship between religiosity and alcohol-related problems was complex and was mediated by gender, meaning religiosity did not protect men and women on that campus in the same way or to the same degree. The authors concluded that religiosity may buffer alcohol misuse for some HBCU students but cannot fully explain why HBCU students overall drink less than students at other institutions.

Ethnic identity and resilience function as a second protective layer. Braby and colleagues (2022) found high ethnic identification and resilience scores alongside low substance use in their HBCU sample, and framed strong racial identity as an active resource students draw on. Campus social norms add a third layer: Lewis and colleagues' (2012) modeling work found that perceived social norms, more than any other factor tested, explained how much HBCU students drank, which means a prevention message pitched at a national norm rather than the actual campus norm is starting from the wrong number.

Alcohol, Victimization, and Safety on HBCU Campuses

Krebs and colleagues (2011) surveyed 3,951 undergraduate women across four HBCUs and compared them with 5,446 undergraduate women at non-HBCU institutions using the same methodology. About 9.7 percent of the HBCU women reported a completed sexual assault since entering college, compared with roughly 13.7 percent at the non-HBCU comparison institutions. The study attributes part of that gap to lower alcohol use frequency among HBCU women, since incapacitated sexual assault accounts for a substantial share of assaults on any campus.

The lower rate is not a reason for complacency. The same study (Krebs et al., 2011) reports that alcohol use, when it occurs, still carries an independent association with assault risk for HBCU women, controlling for other factors, just as it does elsewhere. A campus with a lower baseline can still have students who drink heavily in specific social settings, and those students carry the same elevated risk that any drinking woman on any campus carries. Safety programming pitched only at the campus average will miss them.

Mental Health Service Utilization

No study has tested Black women's mental health service utilization at HBCUs specifically; the closest available evidence comes from Black college students more broadly. Keys and colleagues (2026) conducted semi-structured interviews with 21 Black college students and found that most participants described favorable personal attitudes toward mental health help-seeking, yet stigma still emerged as the primary barrier preventing many of them from using services that their institutions actually offered. Whether that same gap holds at HBCUs, where campus culture and religious life differ from the broader institutions this finding is drawn from, has not been tested directly.

This gap between favorable attitudes and actual use matters directly for the screening recommendations proposed later in this review. A woman can hold no personal objection to seeking help and still not seek it, which means expanding access to screening will not close this gap by itself. Stigma reduction has to be built into any HBCU-based screening initiative alongside the screening itself, not treated as a separate, later problem.

Polysubstance Use

No study has examined simultaneous alcohol and other drug use at HBCUs specifically, and this review's own focus on drinking alone risks describing part of a larger pattern rather than the whole picture. The closest available evidence is national: Hai and colleagues (2022) analyzed national survey data on college students from 2006 through 2019 and found that simultaneous alcohol and marijuana use rose modestly overall, but that the increase was driven almost entirely by Black college students, whose rate of simultaneous use rose by more than two-thirds over the study period while rates among other racial and ethnic groups held steady. The same study specifically named Black students, women, and students above the legal drinking age as an at-risk subgroup warranting closer attention.

No published study isolates this pattern within HBCU samples specifically, and that gap is worth stating plainly rather than glossing over. The national trend is real and it points toward Black college women in particular, but a review specific to HBCU women cannot yet say how simultaneous alcohol and marijuana use plays out on these campuses because no one has studied it there.

Alcohol-Related Morbidity and Mortality

None of the studies in this section were conducted on HBCU campuses; they establish these outcomes in Black populations broadly, and are cited here as the closest available evidence for what alcohol-related health stakes look like for the population HBCU women belong to. Fan and colleagues (2022), analyzing more than 81,000 participants in the Southern Community Cohort Study, a cohort drawn from a predominantly low-income Black and White population in the southeastern United States, found that moderate alcohol consumption was associated with more than double the risk of liver disease mortality among Black participants, a risk not observed at the same drinking level among White participants in the same cohort. National mortality data add a sex-specific dimension: Ilyas and colleagues' (2023) analysis of United States mortality records from 1999 to 2022 found that alcohol-associated liver disease deaths rose sharply nationwide, with a more pronounced increase among women than men over that period.

Breast cancer risk adds a second outcome pathway, again established in Black women broadly rather than HBCU samples specifically. The AMBER Consortium's analysis of more than 22,000 African American women, led by Williams and colleagues (2017), found that women reporting seven or more drinks per week had elevated risk of HER2-negative breast cancer compared with light drinkers. The evidence is not uniform, though, and should not be flattened into a simple threat narrative: an earlier case-control study of African American women by Chandran and colleagues (2013) found no association between recent alcohol consumption and breast cancer risk, and even a modest protective association with drinking that began before age 20, regardless of menopausal or hormone-receptor status. Read together, these two studies suggest that alcohol's relationship to breast cancer risk in Black women is dose- and timing-dependent, not a simple linear threat.

One morbidity pathway has actually been theorized at the HBCU level directly, even if not yet tested there empirically in women specifically. Carter-Edwards and colleagues (2009) proposed a conceptual framework linking alcohol intake to elevated blood pressure among young Black adults at HBCUs, arguing that socioenvironmental stressors, campus culture, and drinking interact to shape early-adulthood blood pressure in ways that matter for lifelong cardiovascular risk. Because HBCUs produce a large share of Black college graduates nationally, the authors argue that understanding this pathway on HBCU campuses specifically, rather than inferring it from general population data, has direct public health stakes for the population these institutions serve.

Limitations

This review's evidence base is early-stage, and naming that plainly is part of what this review is doing rather than a weakness to apologize for. The psychological-distress-to-alcohol-misuse pathway now rests on two independent HBCU samples (Banks, 2023; Risi et al., 2019), which is a meaningfully stronger footing than a single study, even though the two studies measured the mechanism differently and neither has been replicated in a third sample. Other sections remain thinner: the religiosity finding comes from one 144-student sample (Bagasra et al., 2022), the gendered alcohol-and-HIV-testing finding from one urban HBCU survey (Lindong et al., 2017), and the campus victimization data from one four-campus study (Krebs et al., 2011). Each of those studies is real, methodologically sound, and worth taking seriously; none of them has yet been replicated in a second HBCU sample, and that absence is itself a finding.

The mental health utilization, polysubstance use, and morbidity and mortality sections draw on studies of Black women or Black college students broadly, not HBCU women specifically, because no published study has isolated that population on these outcomes. Citing that broader literature is a deliberate choice to show what is already known about the population HBCU women belong to, while being explicit that HBCU-specific confirmation does not yet exist. The gap is the point: it tells researchers and funders exactly where the next study needs to go, rather than leaving the absence of data to be mistaken for the absence of risk.

Implications for Gender-Responsive Prevention and Telehealth

Prevention built for HBCU women should start from the pathways this review lays out rather than from a generic college drinking curriculum. Screening that asks about coping motives and trauma history, not only quantity and frequency, would catch the ACEs-depression-coping pattern that a simple prevalence count misses. Programming that treats religiosity and ethnic identity as resources to build on, rather than variables to control for, fits the evidence on what actually protects these students, while accounting for the gender-mediated way religiosity operates. Any screening initiative also has to address stigma directly, since the broader literature on Black college students shows that favorable attitudes toward help-seeking do not reliably translate into service use on their own.

Telehealth-delivered screening offers a practical entry point for HBCU counseling and student health centers, many of which run lean relative to enrollment. A brief, validated screen for coping-motivated drinking, delivered during a telehealth visit scheduled for an unrelated concern, costs little to add and reaches women who would not otherwise walk into a substance-use service. Clinicians trained in trauma-informed, culturally grounded assessment, the same workforce the alcohol misuse Grand Challenge calls on social work to build, are positioned to run that screen without new infrastructure and to route students toward services that address the depression or ACE history driving the drinking, and to ask about other substances rather than alcohol alone.

Future Research Directions

Almost every source in this review draws on one HBCU or a handful of them. A multi-campus consortium collecting

comparable, gender-stratified data across a larger set of HBCUs would let researchers separate what is specific to one campus from what holds across the broader population of HBCU women. Longitudinal designs following the same women from first year to graduation would also answer a basic question this literature cannot currently answer: whether the low aggregate prevalence reported cross-sectionally holds steady, rises, or falls as women move through college.

The clearest next steps sit exactly where this review found nothing: HBCU-specific studies of simultaneous alcohol and other drug use, HBCU-specific mental health service utilization data broken out by gender, and campus-level policy and structural data such as dry-campus status, residence patterns, and Greek-life structures, none of which currently exist in the published literature on HBCU women. Research on LGBTQ+ women at HBCUs, student-athletes, and women with documented trauma histories also remains close to absent, and each of those subgroups likely carries a different risk and protective profile than the aggregate figures in this review describe.

This review's approach, treating a Minority-Serving Institution's students as a population worth studying in their own right rather than as a comparison point for predominantly White institutions, is a model the field should extend outward rather than one this review should keep to itself. Parallel narrative reviews and primary studies are needed for students, and particularly women, at Predominantly Black Institutions, Hispanic-Serving Institutions, Tribal Colleges and Universities, Native American-Serving Nontribal Institutions, and Asian American and Native American Pacific Islander-Serving Institutions. Each of these institution types serves a population with its own cultural context, protective factors, and risk pathways that a PWI-centered literature has not captured for them any better than it captured them for HBCU women before reviews like this one existed.

Conclusion

Black women at HBCUs have drinking patterns and experiences with alcohol worth studying on their own terms, not only in reference to what happens at predominantly White institutions. They do, on average, drink less than women at predominantly White institutions and less than national benchmarks for college women. That fact is real, and it is also incomplete. Underneath it sits a documented pathway from childhood adversity through depression to coping-motivated drinking, a protective effect of religiosity and ethnic identity that operates differently by gender, a persistent, independent link between alcohol use and sexual assault risk even on campuses with lower baseline rates, and a set of mental health, polysubstance, and morbidity patterns documented in Black women broadly but not yet confirmed on HBCU campuses specifically. Naming this as a social problem tied to social work's Grand Challenges, rather than an individual behavior problem, is what will move the field from describing the low average toward addressing the real risk underneath it.

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