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Black Women Surviving Sexual Trauma: The Cultural Components Used to Aid Recovery

by

Charrin Kimble

A Dissertation Presented to the
School of Nursing and Health Professionals of the University of San Francisco
in Partial Fulfillment of the Requirements for the Degree of
Doctor of Psychology

University of San Francisco
2019

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July 2019

PsyD Program Signature Page

This dissertation, written under the direction of the candidate's dissertation committee and approved by members of the committee, has been presented to and accepted by the faculty of the PsyD Program in Clinical Psychology in partial fulfillment of the requirements for the degree of Doctor of Psychology. The content and research methodologies presented in this work represent the work of the candidate alone.

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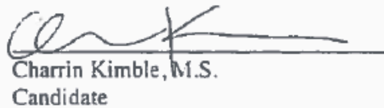

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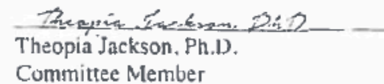

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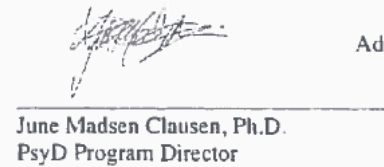

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Abstract

The physical and psychological impacts women face as a result of sexual trauma has been researched extensively. While sexual trauma affects all women, far less attention has been given to cultural impacts on Black female survivors. Black women have unique experiences with sexual trauma due to the intersection of racism and sexism. Given the sociohistorical context of Black women and sexual trauma, research is needed to understand how cultural factors may aid the recovery process of Black women. This qualitative study examined the lived experiences of Black women who survived sexual trauma to understand the role cultural factors may have played in aiding resilience and coping in the recovery of sexual trauma. This study focused on the lived experiences of 15 Black women. The inclusion criteria for all 15 participants were that they self-identified as females of African ancestry, experienced sexual trauma as an adult, recovering for more than a year, and resided in the San Francisco Bay Area. A thematic framework analysis was used to examine the lived experiences among the participants and a total of eleven themes emerged: (1) recovery process, (2) motivation to seek help, (3) self-blame, (4) blame from others, (5) cultural coping, (6) unpreparedness to deal with men, (7) legacy of dehumanization, (8) duality of Strong Black Woman myth, (9) culturally responsive treatment, (10) advice to others, and (11) treatment recommendations. The findings of this study demonstrated that Black women's recovery process of sexual trauma was influenced by Black culture, systems of oppression, and societal perceptions individuals have of Black women; these, in turn, influence the mental health services they receive. Thus, investigating the experiences of Black women who have survived sexual trauma influenced by the intersections of race and gender, may aid providers in serving Black women who are in a post-assault recovery process.

Dedication

This dissertation is dedicated to all of the Black women who graciously shared their stories with me for this dissertation. You were seen. You were heard. You are worthy. You all are not just survivors of sexual trauma, you are warriors.

Acknowledgments

"Once we recognize what it is we are feeling, once we recognize we can feel deeply, love deeply, can feel joy, then we will demand that all parts of our lives produce that kind of joy"
Audre Lorde

Thank you, Heavenly Father, for blessing me with this opportunity to change my community. Your grace and mercy have kept me on the path towards fulfillment and purpose. I want to thank my family for walking with me through this process of getting a graduate degree. I could not have completed my doctorate without your love and support. To my father, Foster Kimble, who pushed me towards pursuing higher education. Our longs talks about your wishes and dreams for my life have set me on this path towards purpose and destiny. I hope you are proud of the woman I have become. Rest in Heaven Daddy. To my mama, Charlotte Kimble, words cannot express how your encouragement has kept me grounded. You are amazing and the epitome of love. To my brother, Jamaal, your prayers and motivational talks have fueled me to persevere. I know you always have my back. To my love, Rient, your quiet strength has held me during those times I have been afraid and unsure of my next moves. Thank you for always being my sounding board. I am so grateful for my cousin, Tamara, because she always called when I needed a pick me up. Thank you to all of my uncles, aunties, cousins, and close friends who have prayed for my success.

Additionally, I want to thank my cohort at the University of San Francisco. Beau, Stephanie, Courtney, Anthony, Angel, Nicholas, and Tourè this journey would not have been the same without you. I cannot wait to see how we will change the world. Kat, Liz, and Ruchi, of cohort one, thank you for being trailblazers and allowing me to follow your lead. Thank you for setting the example of how to smash each milestone. I am so grateful for all of you.

Lastly, I want to thank my dissertation committee who has pushed me farther and deeper than I thought was possible. I am so grateful for the time you have spent guiding me through this process. Thank you, Dr. Dellanira Garcia, for reflecting, encouraging, and nurturing me, while holding me to a high standard that will serve me throughout my career. Your wisdom has been life-changing from the moment I met you. Thank you, Dr. David Martinez, for encouraging me throughout my graduate career. You have been with me every step of the way guiding me. You have been so supportive and I will never forget that. Thank you Dr. Theopia Jackson for all of your encouraging words and phone calls, all while you challenged me to strive for excellence. Your counsel throughout this process was invaluable. I have the pleasure to be mentored by dynamic psychologists of color who continually show me how to serve my community with humility and effectiveness. The time you spent pouring into me will not be in vain, because I will serve our communities by using my voice and work to effect change.

Table of Contents

List of Tables xi

CHAPTER 1: INTRODUCTION 1

Specific Aims 1

Research Questions 3

Jesuit Mission of Social Justice 3

CHAPTER 2: LITERATURE REVIEW 5

Sexual Trauma 5

Black Female Sexual Trauma Survivors 6

Mental Health Symptoms of Sexual Trauma Survivors 7

Rape Scripts and Myths 8

Gender Roles and Sexuality 11

Disclosure of Sexual Trauma 12

Child Sexual Abuse and Revictimization 14

Self-Blame and Shame 15

Victim Blaming 16

Historical Trauma and Sexual exploitation 17

Sexual Stereotypes and Myths of Black women 19

Theoretical Frameworks 21

Coping Strategies 24

Social Support 26

Treatment of Sexual Trauma 27

Resiliency 28

CHAPTER 3: METHODOLOGY 32

Research Design 32

Participants and Recruitment 33

Procedures 33

Data Analysis 35

CHAPTER 4: FINDINGS 38

Participants 38

Emerging Themes 40

Recovery Process 41

Motivation to Seek Help 45

Self-Blame 47

Blame from Others 48

Unpreparedness to Deal With Men 49

Cultural Coping 50

Legacy of Dehumanization 56

Duality of the Strong Black Woman Myth 58

Culturally Responsive Treatment 63

Advice to Other Women 66

Treatment Recommendations 68

CHAPTER 5: DISCUSSION 71

Contribution of Study 89

Implications for Future Research and Clinical Practice 90

REFERENCES 94

APPENDICES …….. 122

Appendix A: Recruitment Flyer…………………………………………………………….. 122

Appendix B: Site Recruitment Letter ……………………………………………………… 123

Appendix C: Colleagues Recruitment Letter ………………………………………………. 124

Appendix D: Participant Screener …………………………………………………………. 125

Appendix E: Consent Form ………………………………………………………………127

Appendix F: Participant Demographic Form ………………………………………………. 129

Appendix G: Referral List …………………………………………………………………. 130

Appendix H: Interview Guide ……………………………………………………………… 131

List of Tables

Table 1: Individual Participant Demographics …………………………………………………… 40

Table 2: Primary findings: Self-described healing …………………………………………….. 41

Table 3: Primary findings: Cultural considerations ……………………………………………. 49

Table 4: Primary findings: Participant Recommendation ……………………………………… 62

Chapter 1: Introduction

Introduction and Specific Aims

Once relegated to the outskirts of American consciousness, sexual violence has garnered increased attention due to social movements. Sexual violence has been interwoven throughout our culture through mass media that emboldens sexual violence against women. Sexual violence permeates through all parts of American culture that reinforce rape culture. Rape culture is pervasive and dehumanizes female bodies through social attitudes adopted by our society (Stern, 2018). Although there have been high profile cases that have caused mainstream media to shed more light on the horrors of sexual violence, more must be done to protect individuals from this violent act. Olympic doctors, collegiate coaches, senators and congressmen, supreme court nominees, college students, and even the President of the United States have all been recently accused of sexual violence. Social movements like the #MeToo, #MuteRKelly, and Time's Up promoted on social media to express outrage about sexual violence (Battaglia, Edley, & Newsom, 2019) are examples of how individuals can collectively rally against sexual violence.

The prevalence of sexual violence in this country has been well documented, consequently it is reported one in five women are raped (Cole & Ulrich-French, 2017; Black, Basile, Breiding, Smith, Walters, & Merrick, 2011). Overall, 19% of Black women, 18% of White women, 34% of American Indian/Alaskan Native women, and 24% of mixed-race women report a rape or sexual trauma at some time in their lifetime (Boykins, et al., 2010). While the prevalence rates for Black women are not significantly higher than non-Hispanic White women, there are barriers that influence how Black women report sexual trauma, find culturally sensitive services, or find access to existing psychological services, potentially making recovery more challenging (Loya, 2014). For example, systems of oppression, cultural mistrust of mental health services,

economic insecurity, historical trauma, and racial socialization all impact Black women's experience of sexual trauma (Burkett, 2017; Loya, 2014). Even though all women are at high risk for experiencing sexual trauma, the literature on sexual trauma lacks cultural distinctions and historical specificity (Wooten, 2017). Many studies do not specify outcomes by race and ethnicity and the coping strategies used to overcome sexual assault. The evidence suggests there are coping strategies that Black women use that differ from their peers of other racial or ethnic groups, such as participating in spiritual practices, seeking guidance from elders and community leaders, performing cultural rituals, engaging in social support networks, and emotionally detaching from stressors (Wadsworth & Records, 2013; Greer, 2007; Utsey, Adams, & Bolden, 2000). There is clear indication that there is a relationship between sexual assault and poor mental health, where researchers have found increased symptoms of Posttraumatic Syndrome Disorder, depression, anxiety and lower perceptions of self-worth (Jones et al., 2015; Bryant-Davis, Ullman, Tsong, & Gobin, 2011a; Russell & Davis, 2007), yet there is a dearth of studies that examine differences by race and ethnicity.

This qualitative research study will use a thematic analysis framework to investigate the experiences of Black female sexual trauma survivors. The interviews will consist of questions that seek to understand the ways in which the culture of Black women may have helped or hindered survivors' ability to overcome the stressors of their traumatic experiences. Information obtained from women's experiences will be used to highlight themes that will help inform the psychological field of ways clinicians can discuss sexual trauma and coping strategies to guide culturally sensitive treatment. This study aimed to examine the lived experiences of Black women, to understand how cultural factors may play a role in aiding resilience and coping in their recovery process. This study investigated the following research questions:

I. How will Black women describe their sexual trauma recovery?

II. What role, if any, does culture play in Black women's recovery of sexual trauma?

III. How will Black women recommend treatment be tailored to them to facilitate the recovery process of sexual trauma?

Throughout this study, the term sexual trauma will be used to signify Black women's experience with sexual violence for continuity and clarity. According to the U.S. Department of Justice (DoJ), sexual trauma is "any type of sexual contact or behavior that occurs without the explicit consent of the recipient. Falling under the definition of sexual trauma are sexual activities as forced sexual intercourse, forcible sodomy, child molestation, incest, fondling, and attempted rape" (U.S. Department of Justice, 2012, pg. 1). The term Black American has been woven into social, political, and everyday life that helps instill and maintain a sense of group consciousness (Smith, 1992) that is changing and evolving (Sullivan, & Platenburg, 2017). Although the terms Black American and African American are used interchangeably, the term Black women will be used, when referencing women of African ancestry, in this study as a way to encompass the diverse ethnic groups of the African diaspora (Thelamour & Johnson, 2017; Reid, 2004; Smith, 1992).

Jesuit mission of social justice

The Jesuit values of the University of San Francisco state there is a "commitment to explore, engage, and improve the world around us. Taking action against the things that degrade human dignity, tending to the whole person; uniting the mind and heart; amplifying the voices of the underserved, disadvantages, and poor." (University of San Francisco, n.d) This dissertation aims to improve the lives of Black women by understanding how sexual assault has directly impacted this community to better understand how cultural elements in the Black community continue to

assist women in overcoming sexual trauma. By exploring how Black women survive sexual assault can help guide our efforts to facilitate healing to those suffering from traumatic experiences. Understanding their lived experiences will help fuel discussions to understand how Black women use culture-based resiliency to survive and thrive. Through engagement and respect, one may be allowed to enter the community to conduct this research.

Chapter 2: Literature Review

Sexual Trauma

Sexual trauma is a complex social issue that is complicated by myths (Barnett, Sligar, & Wang, 2018; Hayes, Abbott & Cook, 2016; Vonderhaar, & Carmody, 2015; Suarez & Gadalla, 2010; Workman & Orr, 1996), stereotypes (Jerald, Ward, Moss, Thomas, & Fletcher, 2017; Donovan, 2011; Donovan, 2007; Neville & Pugh, 1997; Neville, Heppner, Oh, Spanierman, & Clark, 2004; R. Donovan & Williams, 2002), racism (Dow, 2015; Broussard, 2013; Bryant-Davis et al., 2009; Bryant-Davis & Ocampo, 2005; Wyatt, 1992a; Wyatt, 1992b), and sexism (Chapleau, Oswald, & Russell, 2008; Cromer, & Freyd, 2007). The language and cultural context used to describe rape, sexual assault, sexual trauma, and related terms can influence how people label, experience, evaluate, and understand their own sexual experiences. These labels convey assumptions about power, coercion, sexuality, and gender that directly impact a survivor of sexual assault (Muehlenhard, Powch, Phelps, & Giusti, 1992). The literature states that sexual assault, rape, and consent has been operationalized differently (Muehlenhard et al., 1992), depending on the research aim. The operationalization of terms helps address issues associated with myths and stereotypes that negatively impact survivors. By critically understanding how these definitions are understood and assimilated to the masses give power to the label and influence how these situations are evaluated (Muehlenhard et al., 1992). Therefore, it is critical that uniform definitions are used to describe sexual violence against individuals in research, policy, and popular culture so that standardization can facilitate understanding in this field. These complexities may hinder a survivor's recovery and level of resiliency by increasing emotional distress (Peters, 2019). The effects of sexual violence can be influenced by perceptions of their experience, attributions of blame, and expectations that those around them

will judge them (Gravelin, Biernat, & Bucher, 2019; Persson, Dhingra, & Grogan, 2018). In addition, the sociopolitical climate of the time can negatively impact the perception of sexual violence and its victims by reinforcing rape myths that normalize victimization (Barnett et al., 2018).

Black Female Sexual Trauma Survivors

One in five females are victims of violent sexual experiences (Breiding, 2015). Prevalence rates of women, across all racial and ethnic groups, that experiences sexual trauma varies studies and ranges from 20.4% to 68% (Black & McCloskey, 2013; Bryant-Davis, Chung, & Tillman, 2009; Jones et al., 2015; Wadsworth & Records, 2013). Extensive research has been conducted to understand the experiences of sexual trauma survivors in college samples that examines the relationship between participant membership to student organizations and groups alcohol consumption, college athletics, or the college campus community and sexual trauma, yet most of the studies are not conducted with community samples (Wilhite, Mallard, & Fromme, 2018; Eisenberg, Lust, Hannan, & Porta, 2016; Jozkowski, 2015; Amar, Strout, Simpson, Cardiello, & Beckford, 2014; Sabina, & Ho, 2014; Gross, Winslett, Roberts, & Gohm, 2006; Neville & Pugh, 1997). Many studies do not specify outcomes by race and ethnicity and the coping strategies used to overcome sexual assault. For a more comprehensive understanding of the impact of trauma on ethnic minority women, one must understand the sociopolitical context of a survivor's life (Bryant-Davis et al., 2009).

Black women face additional challenges that further negatively influence post-assault outcomes. There are several factors that place Black women at an increased risk of experiencing sexual assault. These factors include age, sexual assault by an intimate partner, socioeconomic status, and childhood sexual abuse (Long & Ullman, 2013; Bryant-Davis, Chung, Tillman, &

Belcourt, 2011). Long and Ullman (2013) suggest there are key areas that may impact a Black women's risk for sexual victimization that includes neighborhood and community violence, family dynamics, and the historical context of Black women's sexuality. Black women from impoverished neighborhoods that experience violence. Neighborhood and community violence in impoverished Black communities create hostile environments that many Black women live in that threaten their safety that lead to a heightened sense of fear, while negotiating dangers in their community, poor Black women are at a heightened risk for sexual trauma (Bryant-Davis et al., 2009; Jenkins, 2002). Compared to other ethnicities, Black women are more at risk of being in a relationship where their partner is the perpetrator of sexual trauma (Bryant-Davis et al., 2009). However, positive and supportive relationships between Black mothers and Black daughters serve as protective factors against future victimization. Family management practices through parental monitoring and discipline patterns impact how a Black woman is socialized. Thus, Petrocelli, Calhoun, & Glaser (2003) suggest families that report high levels of general functioning help Black adolescents problem-solve, set boundaries, and set behavioral roles that protect against future victimization.

Mental Health Symptoms of Sexual Trauma Survivors

Previous literature has shown that the effects of sexual trauma increase women's vulnerability to a range of mental health conditions (Bryant-Davis et al., 2011a), such as Posttraumatic Stress Disorder (PTSD; Clifford, Hitchcock, & Dalgleish, 2019; Snipes, Calton, Green, Perrin, & Benotsch, 2017; Brown, Burnette, & Cerulli, 2015; Elklit, & Christiansen, 2013; Ullman, Relyea, Peter-Hagene, & Vasquez, 2013), Major Depressive Disorder (Neilson, Norris, Bryan, & Stappenbeck, 2017; de Mattos Souza, Lopez Molina, da Silva, & Jansen, 2016; Skokauskas, Carballedo, Fagan, & Frodl, 015; Subica, 2013), General Anxiety Disorder (Cook,

Pilver, Dinnen, Schnurr, & Hoff, 2013; Karlsson, Bridges, Bell & Petretic, 2014; Brawman-Mintzer, Monnier, Wolitzky, & Falsetti, 2005), Suicidal Ideation (Sigurvinsdottir, Ullman, & Canetto, 2019; Gilmore, Hahn, Jaffe, Walsh, Moreland, & Ward-Ciesielski, 2018; Lamis, Cavanaugh, Anastasiades, Garcia-Williams, Anderson & Kaslow, 2017) and Substance Use Disorder (Hemma, McNab, & Katz, 2018; Long, & Ullman, 2016; Ullman, Relyea, Peter-Hagene, & Vasquez, 2013). Studies have shown that women suffering from sexual trauma appear to suffer more negative psychological outcomes, including, sexual dysfunction, rape-related pregnancy and increased risk for femicide (Russell & Davis, 2007). Research findings show that as a result of sexual victimization, survivors experience short and long term effects including, feelings of shame, guilt, risky sexual behaviors and suffer from low self-esteem (Russell & Davis, 2007). Women who experience sexual trauma have a wide range of negative social, behavioral and psychological outcomes that impact their overall well-being that may include increased risk for medical disorders and subsequent victimization (Jones et al., 2015). There is a clear indication that there is a relationship between sexual trauma and poor mental health, yet there is a dearth of studies that examine differences that may exist by race and ethnicity.

Rape Scripts and Myths

One of the most significant factors that contribute to the perpetuation of sexual violence is the acceptance of rape myths (Dawtry, Cozzolino, & Callan, 2019; Rollero & Tartaglia, 2019; Vonderhaar, & Carmody, 2015; Suarez & Gadalla, 2010; Workman, & Orr, 1996; Burt, 1980). Burt (1980) defined rape myths as false beliefs about rape, rape victims, and perpetrators. In other words, sexual assault victims are blamed for their subsequent victimization (e.g. women ask for sexual assault, women lie about sexual assault, women provoke sexual assault when

dressed provocatively). Rape myths vary across cultures and societies and involve blaming the victim, exonerating the perpetrator, expressing belief of claims of sexual assault, and believing only certain types of woman can be raped (Rollero et al., 2019; Vonderhaar, & Carmody, 2015; Suarez & Gadalla, 2010; Workman, & Orr, 1996). Men are more likely to accept rape myths than women, which suggests differences in sexist attitudes toward women (Rollero et al., 2019; Vonderhaar, & Carmody, 2015; Suarez & Gadalla, 2010). Lonsway and Fitzgerald (1994) suggest there are gendered differences in the acceptance of rape myths finding that rape myths allow men to justify sexual assault and allow women to minimize personal vulnerability. Black women contend with both racist and sexist rape myths and are stereotyped as willing participants and sexually uninhibited (e.g. Black women like rough sex, Rape doesn't impact Black women, because they are used to violence; White, 2001). Black women's experiences with rape myths are intertwined with racism and sexism, which separates their experiences from their white counterparts.

Scripts are communicated by members who have already adopted the scripts that tell members how to act and behave in certain situations. Scripts are conceptualized as cognitive structures that guide behavior in social situations by defining roles that shape expectations in how others should behave in that situation, in addition to how it is organized and remembered (Littleton & Dodd, 2016; Wiederman, 2005). Thus, sexual scripts provide guidance to individuals as to how one should behave as well as their partner (Wiederman, 2005). Sexual scripts influence sexual behaviors developed and shaped by cultural scenarios that impact how one views sexual partners and activities. Furthermore, the traditional sexual script plays an important role in shaping how non-consensual sex may be understood (Valencia-Garcia et al 2008; Bowleg, Lucas, & Tschann, 2004). Traditional sexual scripts dictate that men are sexual

initiators and are presumed to have strong, difficult to control sexual urges, and desire to have multiple sexual interactions because it enhances their reputation and sexual prowess (Littleton & Dodd, 2016; Bowleg et al., 2004; Peterson & Muehlenhard, 2004). Women, in contrast, are presumed to be sexual gatekeepers that desire relationships and intimacy, consequently, those who engage in casual sex or have multiple partners are deviant (Littleton & Dodd, 2016; Bowleg et al., 2004; Peterson & Muehlenhard, 2004). In addition, this script places the burden of stopping unwanted sex on the women, which may lead to victim-blaming of women for sexual assault experience (Littleton & Dodd, 2016; Bowleg et al., 2004). For example, the idea of women being sexual gatekeepers may lead to the potential normalization of the persistent aggressive behaviors of men to obtain sex (Littleton & Dodd, 2016).

Rape scripts may, also, be false beliefs about sexual assault, however, rape scripts can be defined as beliefs individuals have that about what a typical incident of sexual assault is (Hockett, Saucier, & Badke, 2016; Peterson & Muehlenhard, 2004). Rape myths and sexual scripts may mutually reinforce sexual assault perceptions; thus, one's view of sexual assault may be based on their perceptions of the situation rather than solely on the victim's characteristics (Hockett et al., 2016). Research has consistently shown that the most common rape script is a violent assault from an unknown perpetrator that attacks an unsuspecting victim at night or in a deserted area and the victim attempts to strongly resist but is prevented in doing so because of the perpetrator's use of force, resulting in the victims significant long-term psychological effects (Littleton & Dodd, 2016; Bowleg, 2004). This uncommon narrative that a perpetrator is an unknown assailant, can lead to individuals not labeling their sexual trauma experiences as "real rape" and are found to be more likely to experience sexual victimization (Hockett et al., 2016; Littleton & Dodd, 2016). Many women experience concerns about being viewed in these

negative stereotypes and assume society will regard their victimization as less serious because their sexual trauma does not fit into the "real rape" script. As a result, rape culture continues to be perpetuated in this society. The research on the sexual scripts of Black women is absent from the literature.

Gender Roles and Sexuality

Gender roles beliefs reflect one's ideas or attitudes regarding gender-specific idealized roles, activities, traits, and responsibilities that influence self-concepts, mental health, and sexual relationships (Belgrave et al., 2016). Individuals are exposed to notions of masculinity and femininity from messages taught by their family, peers, and general society, which are then infused into their romantic relationships (Valencia-Garcia, Starks, Strick, & Simoni, 2008). Masculinity is taught as being independent and dominant, while femininity is taught as being nurturing and pleasing others (Belgrave, Abrams, Hood, Moore, & Nguyen, 2016). Therefore, men may be taught to seize and maintain control in romantic relationships, whereas women may be taught to maintain relationships rather than get their needs met (Lefley, Scott, Llabre, & Hicks, 1993). Gender roles inform interpersonal and intimate relationships (Belgrave, et al., 2016). Thus, messages about gender roles play out in behaviors, attitudes, and perceptions of others.

The gender roles of Black women vary from other ethnic groups because of how they are socialized based on cultural and historical influences (Belgrave, et al, 2016). Unlike traditional socialization of women in dominant society, Black women are socialized to have both masculine (i.e. assertiveness) and feminine (i.e. nurturance) gender role characteristics (Ashgrave et al., 2005). This suggests that black women are not stronger or more dominant than other women, but less passive and dependent than their White counterparts (Binion, 1990). Black women and

men share a complex and painful history of oppression which has a direct impact on the life experiences of both Black women and men. The sociohistorical factors that influence quality of life and socioeconomic status directly influences the development of racialized gendered perceptions and roles of Black women and men (Abrams, Maxwell, & Belgrave, 2018). Thus, how women interact and perceive men may indeed be an effect of culturally infused gendered perceptions.

Women often feel trapped in gender roles that create shifts in their identity, which may influence sexual communication (Valencia-Garcia, Starks, Strick, & Simoni, 2008). Sexual communication of Black women is based upon how they were socialized to understand their roles in relationships and men. Binion's (1990) findings suggest there is a strong cultural component in Black women's sex-role attitudes and sexual identity. Researchers believe that perceptions of gender roles may be strong predictors of rape perceptions. In fact, individuals that endorse traditional attitudes about male and female roles are more likely to accept rape myths, downplay the seriousness of rape, and blame victims (Black & McCloskey, 2013; Nagel, Matsuo, McIntyre, & Morrison, 2005). These serve as major reasons survivors do not disclose their assault and experience psychological distress.

Disclosure of Sexual Trauma

Sexual trauma is currently an underreported crime by women from all ethnicities, but researchers believe Black women tend to report even less compared to other populations suffering from sexual assault because of societal and cultural factors (Jones et al., 2015). Black women may underreport sexual assault because of the effects of stereotypes and rape myths, self-blame, stigma, a cultural norm to protect Black males or lack of health insurance (Jones et al., 2015). However, when disclosing their sexual assault, positive reactions can include emotional

support, validation, informational support, and tangible aide that result from informal support (Bryant-Davis et al., 2015). Lack of community support, lack of perceived credibility, current legislation and prosecution regarding rape all contribute to a survivor declining to disclose their sexual assault to authorities or anyone else (Wyatt, 1992a). The cultural component from societal oppression has created added barriers that impact their psychological well-being. Black women are more vulnerable to rape, less likely to report the incident, and less likely to take advantage of legal avenues, yet they also experience the added burden of protecting the image of Black males because they understand the disparities of punishment further alienating Black people from the justice system (White, 1999). Many Black American women seem more vulnerable to crime because they are not socialized to believe that they will be protected by traditional authorities and institutions because they do not see the world as kind and just (Wyatt, 1992a). Research has shown that Black female survivors are less likely to disclose to formal sources, such as law enforcement, medical or mental health, but will disclose to informal sources, like family, friends, neighbors or romantic partners(Bryant-Davis et al., 2009; Bryant-Davis et al., 2015).

Neville and Pugh (1997) assert that Black women disclosed to neither formal nor informal sources noted their inner strength and desire to be strong as a reason to keep their assault to themselves. This inner strength has allowed Black women to withstand oppression, but on the other hand, historically this strength has deterred them from allowing Black women to nurture themselves or seek help from others. There are many barriers that impact the decision for a woman to disclose their victimization of sexual assault that crosses cultural lines that include victim-blaming, questioning the credibility of the victim, or trivializing the rape experience to impact the recovery process (Bryant-Davis et al., 2009). There are, also, cultural

specific barriers specific to Black women that impact their decision to disclose their sexual trauma that includes stereotypes about Black female sexuality, sexual and economic oppression, police insensitivity to Black Americans, and perceived cultural mandates to protect Black male perpetrators of sexual assault (Bryant-Davis et al., 2009; Neville & Pugh, 1997). However, there is a dearth of literature that identifies and examines Black women's culturally specific responses to sexual trauma.

Child Sexual Abuse and Revictimization

Childhood sexual abuse predicts future sexual victimizations in adolescence and adulthood (Wagner, 2015; Ullman et al., 2009; Walsh et al., 2009) as well as mental health disorders. It is estimated that 25% of women have experienced child sexual abuse (Wagner, 2015; Schultz et al., 2006). Women who experienced sexual trauma in adulthood presented with less complex trauma symptom constellation than women who experienced sexual trauma in childhood, in addition, women who experienced combined sexual trauma history in childhood and adulthood have lasting psychological impacts (Jones et al., 2015; Kalof, 2000). Schultz and colleagues (2009) found childhood sexual abuse is linked to mental health issues, including higher rates of psychological disorders, substance use, interpersonal difficulties, poorer sexual functioning, and sexual revictimization. The phenomenon of sexual revictimization refers to incidents where subsequent assaults are perpetrated by different aggressors (Wagner, 2015). Revictimization may occur due to decreased awareness of cues signifying they are in danger of sexual violence, preventing them from reacting in a manner that compels them to escape from harm (Designer, 2018). In fact, the literature suggests that children and adolescents that experience child sexual abuse may internalize lowered perceptions of control and power, coping skills that hinder their ability to defend against sexual trauma (Myers, Wyatt, Loeb, Chin, Prause,

Zhang, Liu, 2015; Walsh et al., 2009;). Furthermore, research suggests that child sexual abuse survivors learn to react to trauma with hopelessness or horror and lack confidence in their ability to prevent future trauma experiences (Hood & Carter, 2008).

Black women abused as children are at significantly increased risk to be sexually assaulted during their adult years(Myers et al., 2015; Glover, Loeb, Carmona, Zhang, Wyatt, Sciolla, & Myers, 2010; Bryant-Davis et al., 2009;). Adolescent Black females are more likely to be assaulted as compared to older women and their male counterparts(Bryant-Davis et al., 2009). Black children receive inadequate or inappropriate sexuality socialization and sexual abuse prevention within their cultures and families of origin, which may then affect their disclosure of sexual assault in adulthood (Glover et al., 2010; Tillman, Bryant-Davis, Smith, & Marks, 2010). Inadequate or inappropriate sexuality socialization may impact a child's ability to identify abuse and as a result hinder their ability to disclose as a child, adolescent, or adult. Additionally, many of the child abuse and revictimization studies did not specify outcomes by race or ethnicity, so it is difficult to predict the impact of sexual trauma on Black women.

Self-Blame and Shame

Shame and guilt have been used interchangeably when describing reactions to negative circumstances. Victims of trauma often feel shame and tend to blame themselves for causing the sexual trauma (Grubb & Turner, 2012). Trauma-related shame has been associated with distressing feelings that lead one to become vulnerable to negative self-evaluations (DeCou, Kaplan, Spencer, & Lynch, 2019). Guilt involves a negative evaluation of an event been that has or hasn't happened that led people to think "I should've known better" (Andrew et al., 2003). When one experiences shame, one evaluates themselves negatively and describes themselves as "unworthy" or a "bad person" (Andrews, Brewin, & Rose, 2003; Dodson & Beck, 2017). Thus,

shame is focused on the self and guilt is focused on the behaviors. Not all individuals may experience shame or guilt in the same way, therefore shame and guilt are subjective experiences that have psychological consequences. Trauma-related shame could lead survivors to question and blame themselves for the circumstance leading up to sexual trauma. (De Cou, et al., 2019). Shame can lead to psychological distress that harms a survivor's well-being (Vizin, Urbán, & Unoka, 2016). Stereotypes and assumptions about sexual trauma victims influence a survivor's experience of shame (Sable, Danis, Mauzy, & Gallagher, 2006). Furthermore, Sable and colleagues (2006) posit shame continues to impact a survivor's experience because of the fear and concern of the reactions that family and friends may be aware of the circumstances of the assault, thus feelings of self-blame can occur.

Victims of sexual trauma are more likely to feel ashamed and embarrassed, which is mediated by the ways in which American culture views appropriate gendered behaviors and sexual practices (Weiss, 2010). Shame inhibits women from reporting and is a barrier to recovery, yet researchers acknowledge that deconstructing cultural impacts on shame and sexual trauma is limited (Weiss, 2010). There was only one study that found Black women were more likely to self-blame after a sexual assault, while white women were more likely to report being violated or betrayed (Littleton & Dodd, 2016). The literature on shame and sexual trauma among Black women needs further exploration.

Victim Blaming

When sexual trauma occurs, the blame should be placed upon the perpetrator, however, this is not always the case. The tendency to blame the victim can perpetuate rape myths and increase the likelihood of the victim experiencing mental health issues. There have been several theories that proposed explanations for victim-blaming. Grub and Turner (2012) note The

Defensive Attribution Hypothesis theorizes people increase or decrease blame depending on their perceived perception of the commonality they share with the victim. So, the less an individual sees themselves as similar to the victim, the more likely they are to make suggestions to the role the victim has played in the victimization. Lerner (1980) posits with The Just World Theory that an individual has a motivational need to believe the world is a fair place and behavioral outcomes are earned (Grubb & Turner, 2012). Thus, individuals believe that victimhood must have been deserved. To believe events happen to people without cause or reason creates chaos and loss of control, therefore, to maintain a semblance of control, observers desire to perceive the victims as deserving helps restore their view of the world as fair and just.

Many variables that influence the likelihood of victim-blaming, such as the perceiver's beliefs, victim characteristics, environment, presence of drugs and alcohol, or situational components, which all depend on the perceiver's sociohistorical lens (Boykins, Alvanzo, Carson, Forte, Leisey & Plichta, 2010). Overall, the literature suggests that men are more likely to victim blame than women. Many feminist writers have proposed that anti-women attitudes and beliefs of rape myths contribute to the challenges of survivors (Schneider, Mori, Lambert, & Wong, 2009). Black women receive less empathy, acknowledgment, and support than their White counterparts (Tyson, 2019). The literature suggests that Black sexual trauma survivors are held more responsible for their victimization, because of Black women's long history of sexual victimization and racial stereotypes (West, 2013).

Historical Trauma and Sexual Exploitation

Black women have a unique experience of rape culture in America, due to the sexual exploitation of slaves in America for over 300 years, that muddies the cultural definitions of sexual assault by complicating the way black bodies are viewed. Black men's and women's

understandings of sexual assault are culturally bound and intertwined with the brutal legacy of enslavement that has impacted how they view each other and themselves individually (Wyatt, 1992b). Although not all Black women may be aware of the historical accounts of past generations' experiences of sexual oppression, the impacts of how black bodies are valued in this society have been established through how one is perceived in all areas of life. Self-esteem, coping styles, help-seeking behaviors, disclosure patterns, and support given to peers are all directly impacted by the historical impacts of slavery on African women (Dow, 2015). As a result, many Black women may believe that sexual violence is not treated any different than it was in the past. Therefore, many women may succumb to suffering in silence and not resist the labels and gender roles Black women are forced to participate in. The historical trauma and existence of oppression create a social atmosphere that systematically and consistently objectifies, devalues and exoticizes the bodies of female ethnic minorities (Bryant-Davis et al., 2009). The historical context of rape, post-assault adjustment, help-seeking behaviors, and perceptions of those attempting to control their sexual behavior is influenced by societal attitudes that shape images of Black victimhood (Wyatt, 1992a). The encounters of sex Black women experience is forever tainted by the past historical aggressions inflicted upon their bodies.

The legacy of enslavement has influenced the way sexualization of Black men and women have been infused into American culture that remains prevalent today (Wyatt, 1992a). This can be seen in popular culture today through images and attitudes expressed in music lyrics, television shows, theatrical movies, and social media. The history of false accusations of rape lodged against Black men is often highlighted as racial oppression, but the history of rape against Black women goes largely ignored (White, 1999). Instead of focusing on both the atrocious abuses males and females experienced, Black female victimization is often forgotten and erased

from conversations regarding the remnants of slavery. The hypocrisy of sexual violence was prevalent during slavery that impacted the safety of both African females and males during this time. Free or enslaved Black men were castrated or sentenced to death when convicted of sexual assault against a white woman, in sharp contrast, there were no penalties for the sexual assault of a Black woman by White men (Wyatt, 1992a). In addition to the physical abuse many African women experienced on the plantation to exert obedience, rape was a brutal tool to control the behaviors of women and further dehumanize and marginalize an already stigmatized group (White, 1999). During the enslavement period, a large labor force was needed to secure the economic endeavors of white plantation owners; therefore the sexual oppression of black bodies was legalized to ensure the production of children born into slavery (Wyatt, 1992a). A growing capitalistic society influenced the policies of reproduction that resulted in the justification of violent and sexual oppression.

Sexual Stereotypes and Myths of Black Women

Plantation owners began influencing how Black women were perceived through labels that aided in their desire to dominate and keep a subservient workforce. Labels such as the "Mammy" or "Jezebel" were used to justify the treatment and exploitation of women and strip them of their dignity to ensure obedience and reinforce fear. During slavery, Black women were stereotyped as hypersexual or immoral, which justified the sexual violence perpetrated against them (Donovan & Williams, 2002; Donovan, 2007; Donovan, 2011; Neville & Pugh, 1997; Neville, Heppner, Oh, Spanierman, & Clark, 2004). Known as a Jezebel, a hypersexual promiscuous woman that enjoyed sexual exploitation and therefore deserved the treatment that was bestowed upon her. This sexual siren is characterized as sexually promiscuous, overly sexualized, lacking virtue and will, used her sexuality to manipulate and deceive. For that

reason, these women deserved sexual exploitation because they invited this treatment due to their sexually explicit behaviors. These are stereotypes of Black women that continue to be perpetuated by images in music videos, movies, television shows, and song lyrics. Modern-day names for Jezebels include the labels “thots”, “hoochies”, "video models", "freaks", "welfare queens", and "hoodrats", and the message is that Black women are sexually available and sexually deviant (R. Donovan & Williams, 2002). Being regarded as sexually available places Black women in danger of being continually sexually violated, which perpetuates the cycle of abuse.

In opposition to the “Jezebel” label was the “mammy” or matriarch which was viewed as a non-sexual maternal figure that preferred to put the needs of her master or family above her own needs (Donovan, 2007). Slave owners used this label to represent the needs of self-sacrificing women that were loyal to white people and not their own needs. In essence, these women were characterized as choosing the lifestyle of having others’ needs placed higher above their own. The label of the matriarch and strong and aggressive woman that usurps the role of the head of the household was problematic because it leads to individuals blaming impoverished Black women for their life circumstances while ignoring factors such as classism, racism, and sexism and structural oppression (Donovan, 2007). Some Black women have taken on the strengths of this caricature, noting self-sufficiency, independence, and ability to survive the life ills have earned the label of Strong Black Woman (Donovan & Williams, 2002). Women who identify with this label often see this as a badge of resiliency, however, they may find it causes undue stress with the inability to balance the needs of self and their families (Dow, 2015).

The Strong Black Woman myth is characterized to suppress fear and weakness to showcase strength while resisting dependence on others to consistently help others and succeed

despite limited resources (Abrams et al., 2014). The Strong Black Woman myth ignores all of the intricacies of Black womanhood and compels these women to place the needs of others above themselves, regardless of the physical, emotional and psychological (Dow, 2015). Internalizing the "Strong Black Woman" label of a woman who is self-sufficient, capable and unaffected by negative experiences can inhibit disclosure and potentially lead to the belief in a women's responsibility to avoid rape by minimizing their vulnerability and strongly resisting unwanted advances (Littleton & Dodd, 2016). They often will choose options that benefit others, while noble, places them in harm of receiving the nurturing and support needed to navigate difficult times. Rather than seeking help, women that embrace the role of the Strong Black Woman tun inward to beat themselves up for experience feelings of guilt and worthlessness when sacrificing too much or not meeting unrealistic expectations (Abrams et al., 2014). Without an appropriate balance of self-care and the care of others, many women develop mental and physical health problems, including depression, anxiety, substance abuse, high blood pressure, and obesity (Donovan & Williams, 2002).

These labels are problematic because if Black women are perceived to be strong and aggressive or hypersexualized and immoral, then the sexual trauma they experience will be minimized because the accountability of the perpetrator will be lessened and their assault will be minimized. Modern stereotypes and cultural messages about African American women's sexuality have contributed to the normalization of blaming the victim due to the style of dress, behavior or for not trying harder to resist unwanted advances (Littleton & Dodd, 2016).

Theoretical Frameworks

There are two theories that lay the groundwork that will be used for this study: Intersectionality Theory and Black Feminist Thought Theory. Although racism and sexism

collide in the lives of Black women, feminist theory and anti-racist efforts individually often discount a Black woman's inability to tease the two occurrences apart. Black women in particular experience oppression from the intersection of their identities of gender, ethnicity, and class (Donovan & Williams, 2002). Intersectionality posits that understanding how multiple social identities (e.g. race, gender, sexual orientation, or socioeconomic status) interacts with systems of privilege and oppression creating disadvantages due to overlapping discrimination (Bowleg, 2012; Crenshaw, 1991). Intersectionality theory seeks to prompt providers to consider the multi-level factors that impact their client's lives and well-being. By taking into account these intersections of Black women's identities providers can analyze how a Black women's experience in mainstream society can influence disparities and social outcomes. In addition to discrimination and prejudice experienced in Black communities, Black women experience the predicament of gendered violence and oppression. The relationship between race, sexual trauma and post-trauma recovery remains unclear (Designer, 2018). Thus, Bryant and colleagues (2009) suggest that sexual assault must be evaluated through a cultural lens that includes systemic structures and societal traumas.

Societal trauma can be described as intergenerational trauma, race-based trauma, sexism, racism, classism, heterosexism, historical trauma, insidious trauma, cultural violence, political and racial terror, and oppression (Bryant-Davis et al., 2009). Societal traumas can be interpersonal or systemic assaults used by an aggressor to yield their power against members of marginalized groups, whether intentional or unintentional. Black women are viewed as being victimized through sexism, racism, and economically that can lead to a further disenfranchised status, yet they are perceived as being resilient despite experiencing complex layers of intersectional life stressors (Wright, Perez, & Johnson, 2010). It is important to understand how

the intersections of women's identity may influence psychological well-being that is directly influenced by the severity of symptoms. Black women suffer from trauma at disproportionately higher rates than white women and are less likely to seek treatment for mental health services than their white counterparts (Stevens-Watkins et al., 2014). This suggests that understanding how structural barriers supported by systems of oppression can hinder a Black woman's ability to overcome sexual trauma.

Black feminism posits that Black women have unique histories with systems of oppression because they must focus on Black liberation and women's equality simultaneously (Hall, 2018; hooks, 2014; Thomas, 2004). Black feminist thought guided and laid the theoretical framework of this study. "Black Feminist Thought aims to empower African-American women within the context of social injustice sustained by intersecting oppressions" (Collins, 2000, p. 22). Black feminist thought allows one to understand the social and historical circumstances that have impacted the lives of Black women in the United States by acknowledging that Black women inherited an unearned legacy of gendered and racial oppression from the enslavement period. Black feminist thought is a culturally-based perspective that connects the context of racial, gender, and class oppression that Black women face to understand how it shapes their worldviews collectively and individually (Lindsay-Dennis, 2015). Despite demographic differences in age, sexual orientation, socioeconomic status, religion, and geographic location, Black women encounter societal norms that render them inferior because of stereotypes and discrimination (Collins, 2000). Although not every individual Black woman acknowledges the discrimination they encounter, it is important to recognize Black women as a collective receive differential group treatment through intersecting oppression (hooks, 2014; Collins, 2000).

Black Feminist Thought new knowledge claims are developed through dialogues with other community members through connectedness rather than isolation (Collins, 2000). Black women have access to the experiences that are both Black and female, therefore a convergence of both experiences generates exploration that aims to address intersecting oppression (Thomas, 2004; Neville & Hamer, 2001; Collins, 2000). Black feminists help dismantle the stereotypes that impact all Black women and empower Black females. Thus, studying Black women using a feminist lens interweaves studying intersecting identities and the myriad of ways Black women overcome trauma. Thus, the scholarship on Black women experiencing sexual trauma must take into account how both patriarchy and racism impact the healing process.

Coping Strategies

Hamilton-Mason, Hall, and Everette (2009) describe coping as a set of strategies implemented to match specific situations that target emotional states or environmental stressors. Because of the high risk of exposure to traumatic events for Black women, it is especially important to understand the culturally relevant factors related to coping (Stevens-Watkins, Sharma, Knighton, Oser, & Leukefeld, 2014). The evidence suggests there are various types of coping strategies that Black women use compared to their peers of other racial or ethnic groups that are rooted in culturally-based practices (Wadsworth & Records, 2013). It is critical to understand the coping strategies among racial groups in order to provide culturally appropriate interventions to those suffering from sexual trauma. By recognizing the components that intensify symptoms of sexual trauma, mental health providers can target behaviors and resiliency strategies. Todd and Worrell (2000) measured competent coping and resiliency through the measurement of the psychological well-being of low-income Black women and found that social support, spiritual beliefs, determination to survive or prevail, high levels of self-efficacy and

using their children as motivators improved psychological well-being after acute stressors. Based upon the cultural world view of Black Americans, Utsey and colleagues (2008) have suggested cultural-based strengths, such strong religious belief systems, collective social orientation, cognitive flexibility, affective responsiveness, and present time orientation have allowed for many in this community to survive adversity and trauma. High racial identity and positive attitudes towards their race contribute to individuals that build stronger coping strategies that counter the impacts of race stressors and decrease psychological distress (Utsey et al., 2008).

Black female sexual assault survivors endorsed higher rates of utilizing religious coping strategies than other ethnic minorities(Bryant-Davis et al., 2015). An ability to connect to a higher being plays an important role in healthy functioning despite adverse experiences, to benefit trauma survivors, specifically Black Americans (Bryant-Davis et al., 2011b). However, African American sexual assault survivors who endorse high levels of religious coping, a strategy used to manage symptoms related to their assault, reported higher depressive and PTSD symptoms (Bryant-Davis et al., 2011b). Bryant-Davis and colleagues (2015) found that survivors with greater rates of PTSD symptoms relied more heavily on religious coping and social support. Prayer, spiritual beliefs, and their relationship with God are central coping strategies and spiritual or religious practices that are culturally aligned and easily accessible for Black female survivors(Bryant-Davis et al., 2015). The use of religious coping strategies may point to stigma in the African American community engaging in mental health services(Bryant-Davis et al., 2015)

Spiritually based protective factors can be the basis of a perpetually optimistic perspective that helps one endure adversity (Stevens-Watkins et al., 2014; Utsey et al., 2008). Negative religious coping involves the belief that God is punishing them, they have failed in

exhibiting their faith, or using prayer as an active way to avoid that leads to increased depressive and posttraumatic stress symptomology (Bryant-Davis et al., 2011b; Reinert et al., 2015). Positive aspects of religious involvement is associated with better adjustment is one's ability to be connected to a social support system, improved meaning, purpose and direction in life, and use religious service attendance as a way to gain new insight into their experience (Bryant-Davis et al., 2011b; Reinert et al., 2015). In fact, some might go to the religious leaders as a source of support rather than formal mental health providers (Bryant-Davis, & Wong, 2013; Sullivan, Weiss, Price, Pugh, & Hansen, 2018; Reinert, Campbell, Szanton, Bandeen-Roche, & Lee, 2016; Grayman-Simpson, & Mattis, 2013; Ahrens, Abeling, Ahmad, & Hinman, 2010; Fallot & Heckman, 2005; Frazier, Tashiro, Berman, Steger, & Long, 2004; Kennedy, Davis, & Taylor, 1998; Ryan, 1998).

Social Support

Black female trauma survivors have relied on their social support systems to manage adversity (Bryant-Davis, Ullman, Tsong, & Gobin, 2011b). Problematic social ties have greater significance in negatively impacting the psychological well-being of low-income women than the positive social ties impacting psychological well-being positively (Todd & Worell, 2000). High levels of perceived social support helped buffer the effects of trauma that influenced depression and PTSD symptom severity (Bryant-Davis et al., 2011b). Social support may help diminish the shame, promote self-worth, and provide a sense of safety to the survivor, while protecting an individual from depressive and posttraumatic stress symptomology (Bryant-Davis et al., 2011b). Thus, negative social encounters low-income women have impact psychological well-being in far greater ways than experiencing positive social encounters. As a result, the pool of social resources to pull from may be limited due to not having the option to choose social

supports or individuals in their environment are unable to give or receive support (Greif & Sharpe, 2010). In addition, Bryant-Davis and colleagues (2015) found that over time seeking social support may not always lead to a reduction in mental health symptoms of Black women, which points to the idea that religious coping alone may not be sufficient in reducing the devastating effects of sexual assault.

Treatment of Sexual Trauma

The American Psychological Association has spent a considerable amount of time and resources determining which modality of therapeutic interventions would be most effective to treat trauma. Norcross and Wompold (2019) have found that there are no strong clinical differences between the strongly recommended treatments (i.e. cognitive behavioral therapy, cognitive processing therapy, and prolonged exposure therapy) and the three conditionally recommended treatments (i.e. brief eclectic, eye movement desensitization and reprocessing therapy, and narrative exposure therapy), where the differences lie only in the sheer number of studies conducted of each modality not the effectiveness of the modality. All therapies were found to be effective in treating trauma. Hence, this emphasizes the idea that the therapeutic relationship is the most effective component of treatment (see meta-analysis from Drisko, 2004). The therapeutic relationship is the essence of trauma work and providers that fit therapy to the client's racial/ethnic culture, religious or spiritual identity, and therapy preferences improve treatment outcomes (Norcross & Wompold, 2019). This further highlights the need for providers to have a working knowledge and desire to understand the intersecting identities of those they serve. A great number of sexual assault survivors do not seek treatment from mental health providers, rape crisis centers, or primary care providers and those that do seek treatment have suffered prolonged psychological symptoms that are overwhelming and cause distress (Russell

& Davis, 2007). Black women tend to drop out of therapy because the therapeutic intervention does not address cultural and environmental issues that can't be changed (Wyatt, 1992a)

Resiliency

Understanding resilience is difficult because of the various ways the construct is defined. The varying definitions of resiliency have been based upon the focus of a particular researcher's study such as behavioral and psychological manifestations of competent coping with life conditions and events (Todd & Worell, 2000), ability of an individual to maintain normative or positive development in the presence of risk (Madewell & Ponce-Garcia, 2016) , coping that defies the expectation of negative outcomes (Liu, Reed, & Girard, 2017). The resilience process begins with an acute stressor or challenge that ends with an outcome that demonstrates resilience (Kumpfer, 1999). The challenges one endures is hoped to garner life lessons that one can grow from and apply to future challenges. One must consistently assess successes and failures in life in an attempt to develop health psychological well-being that may be influenced by sexual trauma. Therefore, risk and protective factors are important to identify, as they are both influenced by the social environment. Risk factors are more likely to increase based upon biological, genetic, or personality dysfunctions, in addition to environmental factors such as poverty, minority status, high crime neighborhoods, or single-parent homes (Kumpfer, 1999). These risk factors can influence the ability of an individual to recover from traumatic events.

Several factors may build resilience and influence stress levels to improve health outcomes such as gratitude, forgiveness, religion or spirituality, and optimism (Reinert, Campbell, Bandeen-Roche, Sharps, & Lee, 2015). Optimism refers to hopefulness and assurance that future outcomes will be successful, as opposed to pessimism, believing that the worst will happen. An individual that uses optimism may have a sense of specialness that

provides them a reason for existence and a way to make one's self better and those around them. In a study conducted by Grote, Bledsoe, Larkin, Lemay, and Brown (2007), optimism was found to lessen the association of appraisal stress and psychological distress, suggesting that optimism is more likely to promote resilient adaptation and protect individuals from developing depression. Optimists tend to use strategies that foster constructive coping strategies that promote better psychological adjustment, while pessimists lean towards maladaptive strategies that may make them more vulnerable to psychological distress (Grote et al., 2007). Optimism helps them endure hardships because they believe they must survive to fulfill an objective to make their life better.

Internal locus of control, personal autonomy, self-mastery, and general mastery are concepts related to the belief that one can effectively influence events and conditions in one's environment, or perceived control (Grote et al., 2007). External locus of control creates powerlessness that is attributed to chance or a powerful other (Kumpfer, 1999). Socioeconomic status, education level, employment status, and race can all shape the level of one's perceived control that influences levels of psychological distress (Grote et al., 2007). Hence, perceived control and optimism may be useful and adaptive when experiencing a high number of acute stressors and chronic stressors (Grote et al., 2007). Thus, past successes reinforce the concept of hopefulness, optimism, and self-mastery. Consequently, self-efficacy or the ability to feel powerful enough to create positive change to modify life circumstances that negatively impact one's life may vary by culture. There is a dearth of research that examines locus of control by racial differences, however, studies by Hood and colleagues (2008) suggest control-related beliefs of Black individuals are different than their white counterparts. Therefore, more studies

should examine control and optimism to determine the impact it has on the African American community.

One factor that may protect resiliency against psychopathology is the construct of ethnic identity. Ethnic identity involves a sense of belonging to an ethnic group and behaviors that signify participation with that ethnic group (Williams, Chapman, Wong, & Turkheimer, 2012). Ethnic identity is stronger in African Americans than in European Americans(Williams et al., 2012). Research on ethnic identity has shown that the achievement of ethnic identity across the lifespan has been a protective factor for African Americans against psychopathology. African American adults, who hold negative views about being African American have been found to have poorer psychological well-being, lower self-esteem, and more depressive symptoms (Williams et al., 2012). Therefore, one could surmise that the psychological well-being of African Americans will be greater if they have a stronger sense of ethnic identity. In fact, Triffleman and colleagues (2010) suggest that a strong ethnic identity contributes to resilience in the face of traumatic and non-traumatic factors. Self-esteem has been found to moderate the relationship between stress and mental health outcomes the better one feels about herself the more she endorse resilience strategies (Stevens-Watkins et al., 2014).

African American culture has sustained itself through oppression and poverty that can attest to its cultural resiliency and adaptability(Fleisher, 2009). In the African American community, culture and resiliency are intertwined. Therefore, optimal human functioning is intertwined in a Black woman's culture and contributes to her well-being (Utsey, Hook, Fischer, & Belvet, 2008). To understand how culturally specific resiliency strategies aid Black women in recovering from trauma, it is suggested future studies investigate how Black women perceive and interpret the circumstances of the sexual trauma (DeCou et al., 2018; Utsey et al., 2008).

Conclusion

This literature review revealed that women that experience sexual trauma are at an increased risk for adverse psychological symptoms (Bryant-Davis et al., 2011a). African American women, in particular, may be at greater risk and may experience higher rates of posttraumatic stress disorder, substance use, rape-related pregnancy, suicidality, and increased risk for femicide (Bryant-Davis et al., 2009). The general consensus among researchers is that sexual trauma has a negative impact on psychological well-being (Jones et al., 2015; Kalof, 2000). Coping strategies and the process of resiliency is vital to a survivor's mental health, especially among Black women. Most of the available literature on sexual trauma and Black women have been based on college samples and research on resiliency strategies has largely examined religious-based practices. The primary purpose of this study is to examine how Black women use culturally bound mechanisms of coping and resilience after exposure to sexual trauma. Culture shapes the way one perceives the world; therefore, it is imperative that aspects of one's culture be understood in the context of deciphering the impact of sexual trauma and the recovery process. Exploring the roles of coping and resiliency of Black women may be beneficial for those who have experienced sexual trauma, in addition to providing information to the professionals working with them in hopes to make treatment more effective and culturally sensitive. This study aims to help assist in filling a significant gap in the literature about the lived experiences of Black female sexual assault survivors.

Chapter 3: Methodology

Introduction

The purpose of this qualitative study was to examine the lived experiences of Black women who survived sexual trauma to understand the role cultural factors may have played in aiding resilience and coping in the recovery of sexual trauma. In addition, Black women suggested ways to tailor treatment, specifically for Black female survivors of sexual trauma. The qualitative nature of this study allowed for an in-depth exploration of these questions with the use of semi-structured interviews. This section presents: (a) the participant recruitment process (b) procedures of the data collection process and semi-structured interviews, (c) data analysis.

Research Design

The present qualitative study employed a thematic analysis framework to explore how the cultures of Black female survivors of sexual trauma influenced their recovery process. A qualitative methodology thematic analysis included in-depth semi-structured interviews. Through interviews, sensitive topics, such as sexual trauma, were explored to understand participants' contextual accounts that allowed them to share their feelings, beliefs, opinions, and experiences (Dempsey, Dowling, Larkin, & Murphy, 2016). Black feminist theory and intersectionality theory was utilized to help guide the thematic analysis framework to help explore the complexities of the participants' lived experiences to highlight their agency and knowledge. During the investigation of this topic, participants were encouraged to provide compelling data by evoking underlying emotions that reveal their intimate personal experiences (Dempsey et al., 2016). Through the interview process, participants were asked to give feedback on ways providers can improve the care that can potentially aid in expanding trauma-focused intervention strategies.

Participants and Recruitment

Participants were Black women over the age of 18 that experienced sexual trauma as an adult and resided in the San Francisco Bay Area. A convenience sample and purposive sampling were used to gather participants for the interviews. Purposive sampling is a core element of qualitative studies, because they typically focus in-depth on relatively small samples, and are selected purposefully (Patton, 2002). The flyer (see Appendix A) was circulated on social media platforms (e.g. Facebook, Twitter, and Instagram), at community events, and on local universities and college campuses. Utilizing the site recruitment letter (see Appendix B) agencies serving Black communities in the San Francisco Bay Area were asked to post the flyer, in addition, colleagues and professional listservs were asked to post my flyer using the colleague request letter (see Appendix C). In total, fifteen Black female survivors were interviewed. By studying, in-depth, a small number of carefully selected participants, the goal was to select information-rich cases that will foster insight and deeper understanding rather than empirical understandings (Patton, 2002). Each potential participant was asked in person or over the phone to respond to the inclusion screening questions with the Participant Screener (see Appendix D) to determine her eligibility to participate in this study.

Procedures

Once eligible for the study, all potential participants were informed about the subject matter of the study and received informed consent procedures consistent with the University of San Francisco Institutional Review Board (IRB) prior to voluntarily deciding to participate (see Appendix E). Moreover, before each interview was scheduled the participant was informed that the interview length would be approximately 60-90 minutes. Participants were informed the study was a confidential interview that will be audio-recorded and they may use a pseudonym for

the purposes of participation. On the day of the interview, each participant arrived at a reserved room at the University of San Francisco to ensure confidentiality, the researcher identified herself and greeted the participant. Each participant was required to sign an Informed Consent (Appendix E) to participate in this research study that explained the purpose of the study and that they could withdraw from the study without any penalty. Demographic information was collected using the participant demographic sheet (see Appendix F) from each participant, including, age, self-identified income level, occupation, level of religious involvement and education level. Income ranges were based upon the US Census Bureau's income levels (U.S. Department of Commerce, 2017).

The semi-structured interview (see Appendix H) consisted of open-ended questions that focused on understanding the participant's sexual trauma recovery. An example question asked to the participant was *"Can you describe how you are functioning well? What has been helpful? What have been challenges or barriers?"* At the conclusion of each interview, there was a 15-20-minute debriefing session, if needed. Participants were given the opportunity to ask any questions or provide additional information. Each participant was given a list of Community Referrals (see Appendix G) should they seek additional therapeutic support. Participants who completed the interview process received a $25 gift card to Amazon. Field notes were taken during the interviews to highlight reflective participants' statements, document personal reflections of the researcher, or note follow-up questions to statements participants made during the interview. In addition, the researcher made detailed field notes after each interview to make observations and discover themes heard or seen during the interview. All identifying information was removed from the interviews and all data was presented in aggregate form with no identifying information.

Data Analysis

This present study employed a thematic analysis framework that helped organize the data by identifying, analyzing, and reporting patterns within the data collected from the interviews (Braun & Clarke, 2006).

1. All of the audiotaped interviews were transcribed verbatim by Rev.com to preserve the accuracy of the information. This researcher read and reread the transcription of the interviews and noted initial ideas that emerge from the reading of the data (Braun & Clarke, 2006).

2. The researcher reviewed the data an additional time to generate preliminary codes from the data (Braun & Clarke, 2006).

3. Codes were then collated into potential themes (Braun & Clarke, 2006). The researcher will code for both *a priori* themes that were created prior to data collection and *post hoc* themes that were found during the data collection process (Theise, et al., 2015). The themes will be categorized to reflect sexual trauma experiences and recovery strategies from the women's experiences, aided by Black feminist and intersectionality theoretical frameworks.

4. Themes were assessed for the relation to the coded data, generating a thematic map (Braun & Clarke, 2006).

5. Further analysis helped this writer provide theme names and definitions that are established to depict the underlying ideas that created a unified picture of the data collected. As part of an iterative process, a deeper examination of the identified themes focused on determining whether to combine, refine, separate, or discard initial themes. The researcher examined the relationship between all codes, subthemes, and themes. Therefore, an ongoing analysis was conducted to hone the specifics of each theme clearly by defining and naming themes to tell the overall story of the data (Braun & Clarke, 2006).

6. During the revised construction of themes, the researcher was able to provide an analysis of the data and pull examples from the transcript that relate to the themes. Vivid compelling examples will be extracted from the data to reflect the research question and literature review from the analysis (Braun & Clarke, 2006).

Consequently, the researcher developed accurate descriptions and experiences of the trauma of sexual assault and resiliency components. The detailed field notes served as a place the researcher voiced personal reflections and formulated additional ideas that helped in the data analysis portion of the dissertation.

Chapter 4: Findings

This section presents the findings of a thematic analysis of semi-structured interviews of fifteen participants. A total of 15 Black women who are sexual trauma survivors completed the interview that explored how women described their recovery process and whether their culture played a role in said recovery. The intention was to understand how the perceptions of their culture may have influenced their path towards overcoming the ill effects of sexual trauma progressing towards recovery. Additionally, this study aimed to identify how Black female sexual trauma survivors would tailor treatment and give advice to other Black female survivors. The eleven questions (see Appendix H) utilized to explore these topics were formulated to discover ways their perception of their sexual trauma was impacted by cultural nuances. The voices of Black female survivors were amplified to identify how cultural influences aided their recovery. This study used the words of the women to further explain the themes that emerged.

Participants

A total of 15 participants completed the interview process in private reserved rooms at the University of San Francisco. The interviews were conducted from December of 2018 through February of 2019. Twenty-three potential participants contacted the researcher. Black women over the age of 18 that experienced sexual trauma as an adult, resided in the San Francisco Bay Area and provided written consent were eligible to participate in the research study. Those not eligible to participate in the study included those who did not identify as a Black woman with African ancestry, were under the age of 18, male sexual trauma survivors, women who experienced sexual trauma that occurred within a year of the screening process or did not answer yes to self-identify as doing well. Exclusion criteria included answers of “no,” to any of the inclusion criteria (i.e. If a participant has experienced sexual trauma within 6 months,

experienced sexual but do not feel they are functioning well) disqualified a survivor from this research study. After the completion of the screening process, a total of eight women were excluded from the study, including four for not having an adult sexual trauma experience, two for not recovering for more than at least a year, and two lost to attrition after the initial screening process. Participants that were not eligible to participate in the study were offered a list of community resources. Therefore, in total, 15 Black female survivors were interviewed.

In summary, interview participants resided throughout the San Francisco Bay Area and surrounding communities; seven women lived in the North Bay, six lived in the South Bay, and two lived in the East Bay (see Table 1). Women were between the ages of 20 and 73 years (*M= 42 years*), all but one participant reported a religious affiliation, and most women (14) completed courses in higher education or vocational school. The majority (8) of the women were single, (1) lived with a male partner, (3) were divorced, (1) lived with a female partner, (1) was married and (1) were separated from her partner. More than half (8) were employed, (3) were full-time students, (2) were retired, and the remaining (2) participants were unemployed. The majority (6) of the women self-identified their income as under $15,000, (1) in the $16,000- 25,000, (1) in the $26,000-35,000 range, (1) in the $36,000-50,000 range, (4) in the $51,000-71,000 range and (2) were in $70,000 or more income range. All of the participants self-identified as Black Americans, except for one woman who identified as Nigerian American. All participants reported experiencing sexual trauma as an adult over the age of 18, however, 9 women voluntarily disclosed experiencing child sexual abuse (CSA). During the screening process, each participant described their understanding of sexual trauma and it was aligned with the definition of sexual trauma defined as “any type of sexual contact or behavior that occurs without the explicit consent of the recipient. Falling under the definition of sexual trauma are sexual

activities as forced sexual intercourse, forcible sodomy, child molestation, incest, fondling, and attempted rape" (U.S. Department of Justice, 2012, pg. 1). All the participants answered yes, and verbally self-identified as "doing well" and in recovery from their sexual trauma. note here that women were invited during the semi-structured interview to create fictive names for themselves. During the semi-structured interviews, women invited to create pseudonyms for themselves.

Table 1. *Individual Participant Demographics*

Pseudonym	Age	Highest Level of Education	Relationship Status	Annual Household Income	Religious Affiliation	Voluntarily Disclosed Child Sexual Abuse
Lisa	27	BS/BA	Single	Under $15,000	Christian	No
Samantha	32	Some college	Divorced	$51, 000- $71,000	Christian	Yes
Mackenzie	32	High school	Single	$26,000-$35,000	None	Yes
Josalynd	57	Vocational School	Divorced	Under $15,000	Christian	Yes
Maria Love	64	Vocational School	Partnered	$36,000-$50,000	Spiritual	Yes
Halo	37	Some college	Divorced	$51, 000- $71,00	Jehovah's Witness	No
Jennifer	36	BS/BA	Single	$51, 000- $71,000	Spiritual	Yes
Annie	73	Master's degree	Married	$51, 000- $71,000	Christian	Yes
Mercedes	40	BS/BA	Single	$71,000 and over	Christian	Yes
Ashely	27	BS/BA	Single	Under $15000	Christian	No
Crystal	21	Some college	Single	Under $15000	Spiritual	Yes
Shanay	57	Some college	Separated	$16,00-$25,000	Hebrew	Yes
Millie	65	BS/BA	Partnered	$71,000 and over	Christian	No
Ashley M	20	Some college	Single	Under $15000	Christian	No
Alana	53	Some college	Single	Under $15000	Muslim	No

(N=15); Age 20-73 years *(n=42) income under $15,000-$71,000 and over (n=$51,000-71,000*

Themes

There was a total of 11 themes that emerged from the interviews. Intersectionality theory and Black feminist thought theory aided the data analysis, which helped describe ways in which a Black woman's culture impacted the recovery process. The themes that answered the first research question to describe participants' experiences of recovering from sexual trauma are: (1) recovery process, (2) Motivation to seek help, (3) self-blame, and (4) blame from others. The themes that answered the second research question that described ways participant's culture impacted recovery are: (5) cultural coping, (6) unpreparedness to encounter men (7) legacy of

dehumanization (8) duality of the Strong Black Woman Myth, and (9) culturally responsive treatment. The themes that answered the third research question to identify ways Black women think treatment should be tailored to aid the recovery process are: (10) advice to others, and (11) treatment recommendations.

Findings for Research Question 1

Research question one asked participants how Black women would describe their recovery process. Emerging themes concerning their self-described healing include: Recovery Process, motivation to seek help, self- blame, blame from others. The summary of primary findings describing self-defined wellness (Table 2) displays the theme, a definition, and the number of participants who endorsed the theme.

Table 2. *Primary findings: Self-described Healing*

Theme	Definition	Participants who endorsed (out of 15)
Recovery process	The process of overcoming trauma	15
(Recovery process subtheme) Resiliency	The ability to recover from trauma and adversity. The ability to keep going no matter what	15
Motivation to seek help	An acknowledgment that one needs for more support. Recognizing thoughts/ideas/perspectives that helps or hinders one's ability to seek support.	15
Self-blame	The thought/feeling/idea that the assault was their fault	10
Blame from others	Asked about what the survivor did to cause her sexual assault	15

Recovery process. Participants described how their focus was on overcoming their sexual trauma and identifying the barriers that hindered their well-being. The women described

recovery as being a process that had positive and negative aspects. They disclosed battling the ups and downs of emotions, behaviors, and cognitions that impacted their ability to endure the process of recovery. For example, Alana shares that she had to stop the negative self-talk to begin her recovery process:

"When I stopped saying, 'If you hadn't done this then that wouldn't have happened.'. You know, 'If you did this then that wouldn't happen.' You know, so when I stopped blaming myself, I was able to start on the road to recovery. Actually, at that point, when I stopped blaming myself. I knew I was strong then. That was my strongest. And when I started not to dwell on the past, and to move forward. You know? I got the point where you know I was thinking more about the past instead of the future and when I stopped thinking about what happened to me in the past, you know, my future began to look brighter." (*Alana*)

Survivors described the recovery process as challenging in achieving a level of comfortability with themselves and others that was snatched away by a perpetrator. Samantha explains that the process of healing is not about finding a cure to stop the pain, but learning to manage triggers as they occur in order to decrease stressors associated with sexual trauma:

"I don't think there's a cure. I don't think that's it. I don't think that there's, I think that there's some day, even next year, whatever. I mean I get triggered a lot still. You know, so I just think, I think it's just managing it more so than, like, getting to like and endpoint of being recovered, you know?: (*Samantha*)

In fact, recovery is an evolving process that involves continually facing and managing concerns. Women acknowledge the recovery process may be difficult, but it is necessary when encountering the challenges associated with sexual trauma because avoidance hinders one from growth. However, confronting challenges allows one to take steps to overcome if one persistently addresses the mindsets that keep survivors in distress.

"Recovery isn't easy. Like, surviving just in life isn't easy because sometimes life is like, I didn't ask for life and now I have to live it. Because stuff isn't easy and it's not like, a walking party, it's not like you go to a few sessions and you're great. That's not how anything works. Unless you shove stuff under your rug and you're like, 'Well now I'm great because I've only opened up about this one part.'" (*Lisa*)

Most women acknowledged that during the recovery process they were able to conclude that their ability to thrive did not end at the sexual trauma they had experienced:

"I guess a big turning point for me was [believing] this is not the defining point of my story. This is not all of what I am or what I can be or whatever. This is just a situation that happened and how I act upon it, and how I move forward is what's gonna make it different." (*Ashley M*).

As a result of actively engaging in the recovery process, women had to accept that there were internal struggles that occurred when trying to make sense of what happened to them. Furthermore, it was essential that use their personal desires to continue working towards improved overall well-being. This participant explained the challenges in recovery:

"[Recovery is] challenging because anytime you have to look within to really sort something out, it's not something that people from the outside can help you with." (*Jennifer*). Jennifer is referring to the idea that recovery begins with shifting ideas one feels about self and acknowledging the fears, insecurities, sadness, and anger one may feel while trying to overcome the ill effects of sexual trauma.

<u>Subtheme: Resiliency</u>

The subtheme resiliency encapsulated each of the women's struggle to deal with negative feelings that surfaced during the aftermath of the sexual trauma and their ability to overcome these incidents. Feeling resilient was a common occurrence of the women in this study. The evaluation of their ability to recover, despite the negative experiences in their life, is how many of the women characterized themselves as doing well. Jennifer described resiliency as "being able to bounce back from adversity." The following quote further highlights the way Jennifer defined resiliency as:

"Being able to go through something like that but still not be bitter. Still not be scorned, still not have trust issues. And things like that incident, it still hasn't made me feel [scared] I don't have an irrational fear of men or intimacy or anything like that. It hasn't affected my life like that." *(Jennifer)*

Furthermore, Lisa describes resiliency similarly:

"Just the strength to bounce back, to move forward. In light of difficult circumstances, is how I characterize resiliency." Many of the women described resiliency as being able to overcome life circumstances to achieve the life they desired. For example, Maria stated, "Being a strong person and being able to face the world and face the problems." *(Maria)*

In fact, another participant shared their definition of resiliency and its influence on how she tackles life issues:

"I think the resilient part was just accepting it for what it was and being able to move past that whatever way, so whether that means doing this and talking about it, and understanding where I am with it, versus, like, me just dwelling on it all the time." *(Crystal)*

The ability to move forward despite life circumstances was helpful in all of the women's recovery process. Feeling resilient helped them move past events in their life that added to the stress of getting better. Yet, many of the women felt that negative thoughts, as well as life circumstances (e.g. familial conflict, unemployment, stress), hindered them from moving forward. Many women reported that changing their mindset helped them overcome feeling overwhelmed. It was common that women shifted their thoughts from hopelessness towards feeling hopeful to be able to navigate the impacts of their sexual trauma. Samantha described:

"Just the ability to just keep pushing through stuff without like letting it overwhelm me. To where I can't move, I can't function, I can't, you know?" (*Samantha*).

It was key for women like Samantha to work towards healing so they did not become stuck in feelings of despair.

Finding the hope that life could be better than their times of suffering aided women in empowering themselves to seek the healing they desired. Strength, based on their upbringing, faith, or family values, allowed women to bring about change to desired to work through barriers to recovery. Ashely M noted:

"Being able to continually move forward and keep going and continue to look at the brighter picture of your life. I found my own power in my own voice. "(*Ashley M*)

Additionally, many of the women had to wrestle with the idea of considering themselves resilient:

"I never really saw myself as resilient, but I probably was cause I definitely kept going. I probably am, I'm just never been one of these people that I've said, like, "I'm resilient," but probably the actions that I deal with probably definitely resilient and has continued to be." (*Shanay)*

When this participant was asked if resiliency had a negative connotation to her, she responded: "No, not at all. It's, it's very positive. It's one (resiliency) that person keeps going, that is able to bounce back from the trauma and catastrophes that have happened in their life and they're able to bounce back, so it's a very positive word." (Shanay). When prompted further Shanay was able to unpack her ideas about considering herself resilient and was consistent with other women's definition of resiliency.

Most women identified that they had moved forward despite the negative impacts of the sexual trauma but had not considered it to be an extraordinary feat. While the primary goal was to move past their experience, many women acknowledged the way they made sense of their experiences as their biggest hinderance:

"I think when you're dealing with trauma and sexual trauma, physical trauma, whatever the trauma is, I think one of the things that you begin to hold onto as your truth is that there is something inherently wrong with you. And that things are not right with you, and so anytime that there was something related that's positive about you because of the effects of the trauma on you, then you tend to have a tendency to focus more on the negativity and the effects of that trauma, which is low self-esteem, poor worth, poor [well] being is lacking. So then when somebody says you're resilient there's a tendency to hesitate because of the trauma." (*Shanay*).

Women had to acknowledge a need to shift their thinking in order to identify themselves as resilient. It helped to identify the negative impacts of their sexual trauma to take captive of their healing journey.

Motivation to seek help. Women described the importance of seeking help to manage the feelings of the sexual trauma. They have expressed reasons why seeking help is now their

focus. The theme ability to seek help has been expressed as "making a conscious effort to really work on some things and grow." (*Jennifer*)

For instance, this woman saw seeking help as beneficial for her and her children, not just for herself. She describes a desire to improve herself so that her children can see her thriving as an example. She explains that has become the driving force for seeking help:

"Now I just wanna be able to just get it in motion. That's why now, I think now, more than ever, I need to get the actual real help that I need. Because I have three kids now… I want them to have a life where they're thriving, you know? Because, me being in my state that I am, they're not thriving. So, I really need to really do what I need to do to be better for them. That's the most important thing. That right there. All the other stuff, the business, all that's all great, but them, that's the most important thing to do it for." (*Mackenzie*)

Although some women were discouraged from seeking help from friends and family members, many women were determined to seek the services they needed to cope with the effects of trauma. For many women this meant going against family wishes and seeking help without disclosing:

"The way my mom was like don't just don't even talk about it, don't even go to therapy or something like that, but I ended up figuring out a way for me to help cope, which was going to therapy." (*Ashley M*)

Another woman expressed how women had to overcome the stigma associated with seeking mental health support:

"I know I was all in my head. Like I held everything inside. And I felt like I needed help on how to get through the stuff inside of me. And release it and then maybe, then, giving me ways on how to like deal with it." (Ashley)

Women discussed that seeking help was not always comfortable, because some women felt they were not taught to express pain and seek help. Many women had trouble seeking care because the learned to suffer in silence:

"I think being traumatized, for one thing, [I] was sexually violated, that kind of throws your ability to ask for help out the window because you, someone else had taken who you are basically away from you. And saying that you don't have any rights to your body, to your being,

to your essence, and I'm going to do these things to you and you're not going to say a damn word… "I'm going to kill you" and so you learn very quickly that's the last thing I'm going to do is ask for any help for it because if I do, then, you know, I'm gonna be killed or I'm gonna be hurt or I'm gonna be, you know, it's an all, it's an all negative thing for me to even have the courage to ask for help when you've been violated like that." (*Shanay*)

Self-blame. Self-blame is a common occurrence where numerous survivors identified circumstances in which they may have placed themselves in risky situations that led to the sexual trauma. This theme highlights that women felt they had some culpability to the sexual trauma they have experienced. They held themselves accountable for "increasing the likelihood" that they would be violated. The following quote explains how a woman reflects on how she played a role in the sexual trauma:

"It was just a bad situation. I kind of, I felt that I put myself there so I can't blame or take it out on somebody that wasn't there. I blame myself because I kind of, the first time, I kind of what you'd say, Putting your mouth in your foot? Yeah, you know, I said something and it's just like, it kind of boarded over. The second time, just bein' somewhere I wasn't supposed to be. So, I kind of blame myself." (*Alana*)

Alana continued to explain how the blame she placed on herself hindered her from confiding in her parent and obtaining support:

"I don't know. I think I kind of stayed in the house for a while, didn't talk to anybody, kind of stayed to myself, you know. I was ashamed, I was ashamed. I was more afraid of seeing what my father would say or do. 'Cause I grew up Muslim so being around men period was just frowned upon and I. Yeah, I was embarrassed." (*Alana*)

The majority of participants concluded that their perceived inability to set boundaries had allowed their perpetrator to infringe upon the boundaries and violate them. They surmised that ignoring the uneasy feelings of feeling uncomfortable and at-risk permitted someone to encroach upon them:

"Not being afraid to say no and force the boundaries that I have for myself. Not being naïve to things. So naïve in that sense of not caring so much more about somebody else's feelings that I'm not enforcing my own boundaries and protecting myself. You can put yourself in situations trying to be too nice. You don't set your boundaries; you don't know how to say no." (*Jennifer*)

In addition, women began to use the blame they felt from others as a way to place liability on themselves:

"I blamed myself because when I told my foster mom about what happened, the first thing she said to me was, what did I do? So, somehow I got in my head that I had did something and, and what I thought up in my head, I grew, I developed very quickly. I was a child who just developed quickly. And somehow with me developing quickly it was a problem and it made men do certain things to me because of how my body type was. Even though I was very young [woman], today I know better than that, but that's what I felt." (*Shanay*)

Blame from others. This theme related the disproportionate amount of accountability the society at large places on sexual trauma survivors. Participants felt society, in general, placed a higher responsibility for the blame that the sexual trauma they experienced should lay solely on their shoulders. The women felt that the general society held them to a higher standard to behave and talk in ways that, their White counterparts do not experience. They felt they are given the message to not draw attention to themselves through dress and behaviors because they would be violated to their own detriment. Thus, the women should have known that "their actions "what would have caused the violation:

"I feel like, in some way, shape or form it's, it comes back to, we played some part in it, whether it was how we talked, how we dressed, how we, where we were. Having too much fun, being too carefree. But you was living too good or you was having too much fun and you shoulda known better." (*Jennifer)*

This woman identified that because she engaged in sex work, her community regarded her less than and discounted her experience of sexual trauma. Furthermore, sex workers often find that their sexual trauma was delegitimized, as Mackenzie explains in her experience:

"Getting in those cars, you never know who you're gonna end up with. You never know the type of person that you're gonna end up with. Going in a hotel room with somebody, you never know who you gonna end up with. I've had people say, "Well, you was whoring, or you a prostitute, how could it be rape?" (*Mackenzie*).

Depending on who the woman is, society blames her and does not perceive her as a victim. Society may indeed perceive women who are in the sex trade as "unrapeable".

The women in this study expressed increased frustration when they confided in another Black woman and that woman blamed her for the occurrence of the sexual trauma. They found the invalidation to be more devastating coming from a Black woman than from other individuals in their lives. These women felt betrayed because they disclosed their trauma to someone that they thought would support them as a member of their sister circle. These women were let down when it was revealed that all Black women are not supportive of them or their experiences: The following quote is from a woman who experienced the invalidation from another Black woman.

"It was just me being blamed for drinking, and that's why it happened, and I explained to you, which is very detrimental to what I needed to hear like having another black woman push blame or blame on you? It was tough, it was really tough. I felt like I became extremely depressed after hearing her words. Her say because that just added so much weight into 'em, and it even, her, already being a black woman, I would think just being a woman in general, I would think that she would be, she would just go to bat for me, there wouldn't be any other question, but like, are you okay? But that wasn't how it went" (*Ashley M*)

In addition, one-woman experienced invalidation from a Black woman in her own family. She expressed that because of this conversation, she was hesitant to seek support from other people in her immediate family:

"I was crying, and I was so upset. That's just how we're socialized to think that it's always up to the woman, she has to just assume that that can happen to her at all times. And so, that really hurt my feelings, and so my mom doesn't know. Like, nobody else in the family knows, pretty much, just because of her, I was like, I didn't wanna have to go through that again." (*Crystal*)

Findings for Research Question 2

Research question two asked participants to describe ways their culture helped or hindered their recovery of sexual trauma. While describing cultural considerations emerging themes include: cultural coping, unpreparedness to deal with men, legacy of dehumanization, and the duality of the Strong Black Woman Myth. Subthemes include: supportive sister circle, silencing, invisibility, and self-sacrificing woman. The summary of primary findings for cultural

considerations (Table 3) displays the theme, a definition, and the number of participants who endorsed the theme.

Table 3 *Primary Findings: Cultural Considerations*

Theme	Definition	Participants who endorsed (out of 15)
Cultural coping	Culturally based alternatives to traditional talk therapy. Religiosity/Spirituality, culturally based music to get through hard times	15
(Subtheme of cultural coping) Supportive sister circle	Seeking support from people that have similar experiences. A place of support to be real and authentic to discuss struggles	13
(Subtheme of cultural coping) Maladaptive Coping	One's desire to avoid and suppress negative feelings through alcohol or drugs.	6
(Subtheme of cultural coping) Adaptive Coping	One's ability to seek/ activities things that give life meaning to push through	11
Unpreparedness to deal with men	Not feeling safe in environment from harmful individuals. No teachings from elders/ parents/ guardians to protect self from perpetrators. No teachings from elders/ parents/ guardians to spot potential perpetrators. Healthy sex and sexual intercourse not discussed	10
Legacy of dehumanization	Coming to an awareness that one desires to be valued/seen as worthy by self and others	14
Duality of the Strong Black Woman myth	The ability to push through pain/trauma because of legacy of Black women being strong enough to handle any adversity. Perception that strong Black women do not/should not feel vulnerable	15
(Subtheme of the duality of the Strong Black Woman myth) Self-sacrificing woman	Pressure to ignore personal suffering to take care of other responsibilities instead of herself	13

Unpreparedness to encounter men. The majority of the women stated they did not feel prepared to protect themselves from men that may harm them. They agreed that because they were not instructed by their parents to protect themselves, they were unprepared to spot people that were intending to harm them. Specifically, they felt in particular that their parents should have had specific conversations about ways to be safe and how to identify someone when they had the potential to hurt them:

"Our parents didn't really talk to us about [men and sex], I feel like they did it with their sons, because as a black man, and you gotta, there's just things that you gotta know to stay alive, you know? But like with us we were talked to about stuff as women. But not necessarily like black women.… but you know, I'm just ... we [she and her mom] were just talking about that, and she said that she didn't even [know] I mean, family members were involved and whatever, you know, and, and people who abused me, and she was like "I didn't even think that that would be as, not a safe place, so I didn't feel, I didn't have to tell you about A, B, C, and D [predatory men]." (*Samantha*)

One participant's opinion is that: "I don't think in our particular culture that it's taught, that it's (sex) discussed enough." (*Jennifer*). Additionally, Jennifer pointed out that when these conversations are not being held in parent-child relationships, risky encounters can become generational cycles that can potentially continue to occur. Here Jennifer points out that women must be taught to find the "danger" regardless of their relationship to the family.

"You've been molested and now your daughter's been molested by somebody else because you didn't process it and you didn't teach her how to look out for that or how to be, you know, how to keep herself safe and others, you know stranger danger, things like that. Screw stranger danger, the cousin danger, uncle danger, you know what I mean? 'Cause it's always a lot of times someone you know, somebody on the inside." (*Jennifer*)

The following quote provides another example of the suggestion that women need to be taught how to assess for dangerous situations and people, because it may be detrimental to their well-being.

"Because you need to be sitting down there and talking to your kid about the fact that it's men driving around here snatching little girls and selling them up and slaving them off somewhere.

And you need to talk about that. You need to talk about that these coaches, and these teachers, is out there sleeping with these young boys and these young girls. If you don't ever talk to your kids about this type of stuff then how do they know how to handle the situation?" (*Mercedes*)

Cultural Coping. Participants used coping strategies that were specific to their culture to manage strong feelings by pushing through hard times to lessen their psychological pain and suffering. The theme cultural coping referred to the use of coping strategies that were alternatives to traditional talk therapies, including using religious or spiritual practices. A number of women attributed their spiritual practices and beliefs in aiding within their recovery process. Their positive experiences with their religious belief systems allowed them to take the action needed to continue their recovery process. Women believed that without their spirituality their recovery process would have taken longer to begin. The following is an example of how a participant's religious practices and beliefs impacted their recovery:

"My spiritual foundation for sure, off top. I don't think that there's any way that I could've done it without that. Combined with, with my faith and, and my relationship with God definitely." (*Jennifer*)

Another woman discussed her experience using her spirituality to cope was a positive impact on her recovery process:

"Spirituality is everything to me, you know, it's my breath, it's my life, it's always my go-to and so I get a lot of strength through prayer and then through the intuition and to the guidance, you know? We wield things in our life. We manifest them or we don't, you know? It's all in that breath and that life and that soul. So, spirituality, yes, it's everything, it's my, my faith point. I don't feel that there is anything that I can't accomplish. "(*Shanay*)

Listening to music was the most prevalent coping strategy women used to increase their overall mood. Music was used as a way to combat sadness, despair, and frustrations related to their sexual trauma. Women used music as a way to escape:

"Music does something for me than some people, 'cause I heard things in the songs. And so that kinda stuck." (*Maria*)

“I love gospel, I love R&B. Even the hip hop. There's a lot of hip hop that's very inspirational and powerful. I love listening to mostly R&B, hip hop and um, gospel. You know, like some jazz, some blues.” *(Shanay)*

Although the women used music as their coping strategy, many women intentionally listened to specific music by Black women that encouraged them to find their strength to continue progressing towards overcoming the sexual trauma. Women found the lyrics in the songs were relatable and empowering. Ashley M. described how her love of music from Black women assisted her that she could gain the power back she felt she had lost:

“I've always like loved rap and hip-hop, and specifically like female rappers. And I think that I always ... I don't know. That kind of sense of empowerment, that female empowerment seeing a lot of strong like Black American women in the forefront, and I think in the media and like, Lupita, and just seeing a lot of like prominent like figures.” (*Ashley M*.)

She discussed looking up to other women she deemed strong helped her use their perceived strength to build emotional fortitude to overcome the distress she experienced.

Similarly, Crystal expressed the same sentiments as some of the other participants that used music from Black women as encouragement and to lean on that encouraged them to connect with positive aspects of coping. The women discussed being able to connect to the lyrics and beats of prominent musical artists in their culture that communicated about the complexities of Black womanhood through music because these artists had similar intersecting identities to the women in this study. By relating to these artists through shared cultural heritage, the women credited these artists with helping them explore their feelings. She highlighted the need to use music to manage negative feelings associated with sexual trauma:

“I would listen to, like music by Black women who either I know have gone through the same thing or just talk about being a Black woman and having to go through something, Ocean, she's very into spirituality and, like, chakras and stuff like that. But there's a song called, "Me" by her and that's, like, my favorite song, so, I have a whole play list called, "You that bitch", and so that's what I listen to when I need to feel a little more on my feet.” (*Crystal*)

Several of the women used physical activity to shift their mindset from their suffering to activities that kept them in the present moment. Ashley M. stated that exercise was her biggest coping strategy used:

"I think Pilates is great because it's like you're focusing on certain movements at a time, yet, it's also, it's a good like moderate or like light to like moderate exercise. So, it's like you're not even thinking about like the outside things that are going on like you're always focusing on what you're doing in that moment."

In addition, illustrated the sentiments that many women alluded to in which they discussed making various types of efforts to take time for themselves to engage in activities that reduce behaviors and thoughts they deem unhelpful:

"I'll plan a vacation because I know I'm gonna need it, when I'm stressed or something, and literally do everything [to] save, and do whatever I need to do for that time." *(Ashley M)*

<u>Subtheme: Sister Circle</u>. Women discussed the importance of having a support system that consisted of other Black women to confide in that understand the experience of being a survivor of sexual trauma. Women were looking for places to seek support from women that looked like them and experienced similar traumas as them. They desired a place to be authentic and to discuss the real struggles of sexual trauma. **"**I talked with some of my sister-friends and they actually made some suggestions for me to get some more support." *(Shanay).* These "sister circles" or "sisterhoods" allowed women to freely discuss their experience without judgment. For instance, one participant noted:

"And having other people around me who have been through this same thing and be able to see them as, as role models in how to cope, how not to cope just how to persevere and get through things. You know, looking at the strong women in my family the people in my circle, things like that." (*Jennifer*)

Alana also stated her support system, which consisted of women that were supportive, reliable and consistent, which was important to her well-being:

“I don't know about anybody else's village, but I know my village is strong, my family, we're strong, and you know, we stick together. We have each other back and I think that as a culture is very important 'cause they always say black families don't sit together, we don't support each other, we don't support black women, you know?” (*Alana*).

The desire to have support from other Black women was echoed by another participant: “I think it's the ability to be communal. Knowing that I could call a friend and she wouldn't judge me or have a phone conversation or whatever with somebody else knowing that I could go to them knowing that there's no judgment here being very communal, community-oriented is super important.” (*Lisa*)

Even though many of the women in the study reported desiring support from other women that encouraged them during their recovery process, one participant noted that not all Black women have other women to share these experiences with. The women recognized that not all survivors have the support needed to recover from sexual trauma.

“Sometimes it's not all about fixing a person. It's about being heard and that's a lot of it sometimes having, having feedback, because I think the biggest misconception that people think is that all Black women have girlfriends.” (*Josalyn*).

Lisa furthermore explained that having a supportive group of Black women many have shifted the trajectory of healing to impact her recovery process because she would have received the support needed to overcome. “I think if I had known more Black women back then, I think I would be in a very different place.” *(Lisa)*

Subtheme: Maladaptive Coping. A subtheme of coping was numbing. One woman noted that coping strategies were not always used as a way to decrease negative feelings associated with their sexual trauma. In fact, some women identified ways they numbed themselves in order to get through periods of not doing well. The numbing was used to suppress feelings that women deemed tough to manage during the recovery process.

“Even the person that has been sexually violated don't even fully understand what all is going on with them, and you know why they're eating when they're not hungry or havin' a drink when they're doing this or doing that. It's all like the way that you're numbing that pain.” (*Shanay*)

Ashley echoed the idea that numbing was helpful, but up to a point. She identified that she attempted to suppress her feelings, but when she identified that there may be more useful ways to manage, she shifted. Other women, also, identified that once they shifted from numbing behaviors, they were able to use other coping strategies that were more helpful to them. Some women used alcohol to cope with the feelings they felt were overwhelming.

"I drank to suppress my feelings, but it, I would get tipsy and then get more emotional. So, I'm like maybe this is not helping me. So maybe I just need to not pick up the bottle as much as I did. So that was like my shift just the way that I think I journaled a lot. Like I have a lot of journals. And me just sometimes complaining to God or me sometimes just asking him questions. But me just writing my feelings." *(Ashley)*

Women acknowledged numbing their pain and didn't realize that they were slowing the process of finding healing that adequately reduced the symptoms that hindered them from living a productive life. Several women described ways they unintentionally hindered their recovery process early on in their experience of sexual trauma, by not being fully cognizant of the emotional pain they were experiencing. Some women unknowingly avoided feelings and used numbing. The following quote is an analogy a participant used to explain how one can unknowingly experience the impacts of numbing oneself:

"The use of drugs, and all of that to bandage the feelings of all the things from those abuses. But not knowing that I wasn't doing well. I thought that I was doing good. I thought I was, had it going on, you know. Oh yeah, I'm on top of my game. I was making money. You couldn't even tell me nothing. Because you're fooling yourself. Because it's like taking an aspirin for a headache. Yeah, you're just taking, just pop a pill. And your headache is gone, and you just keep on rolling. But not knowing that the headache is still there, the blood pressure, you have your headaches because you got the high blood pressure and you got a medical condition that you're not taking care of that's causing the blood pressure which is causing the headache, but you keep taking the aspirin, or you keep taking Tylenol." (Josalyn)

Legacy of Dehumanization. Women discussed feeling undervalued and discarded by the general society. Black women deal with more oppression in society. One of the participants, Mercedes pointed out, "I don't think enough people care about black women and black girls. I

don't think black women care about black women. That's the biggest problem right there. In order for the world to care about us, we gotta show one another that we care about each other."

The women gave examples of how they are perceived by society at large. Participants related that they lack value in society, as Jennifer points out:

"We're still viewed as not worthy of being protected in that way. We're not viewed as innocent like that. There's always something that we coulda done, that we shoulda done. Oh well what were you doing? How were you looking? Well if you just woulda wore this different, if you woulda pulled your pants up higher, if you woulda pulled your skirt down lower, it wouldn't have happened to you. And that's not things that we tell little white babies. That's not things that we tell grown adult white women that go to therapy." *(Jennifer)*

Makenzie further suggests that Black women are judged before society acknowledges the violence lodged against their bodies. She surmised that judgment is what Black women experience from others on an ongoing basis:

"It's so different. It's crazy. So it's always judgment first, before there's sympathy or empathy. And sometimes, you don't even get that." *(Mackenzie)*

The legacy of enslavement identified black bodies as belonging to others and not the property of women themselves. In fact, many women believe that they are not seen as human and are disregarded in society, thus, they are disposable. Crystal pointed out:

"I think just being Black in America is pretty hard. Especially seeing all the violence on Black bodies and just that, just added more sadness. I don't know, I don't want to say sadness, but it was just, it's like you don't get a break from anything, especially if you have social media. And all the things, like, it makes it worse."
Another participant shared:

"Sometimes I think that, again, society's expectations about how we handle trauma specifically is detrimental, which is like, water's wet. That I'm not supposed to hurt, or I'm not supposed to be in pain or whatever, but we're human and I'm human just like anybody else and we're human, we're not like, aliens. And knowing that it's okay to cry and it's okay to get stuck back or have a bad night. "(*Lisa*)

This next participant agreed that Black women are not seen as human, but still overcome adversities despite how society's views on Black women:

“I'm still human. I'm not gonna be defined by [sexual trauma]. It wasn't my fault. Even though I say I could have got myself out of those situations, it's, it's still not my fault that people reacted the way that they did with me.” (*Mackenzie*)

Another woman identified the importance of feeling human:

“I think the stereotype of what a black woman is and they're ghetto, they're loud, you know? It didn't help me not recover because I have recovered, but it made it a long, slow process because you know, society classified us as loud and ghetto and I had to not let that statistic take over me. In a way, you know? I had to tell myself, I am not who or what they think I am. Or what they want me to be. I'm better than that. I am a woman. I am American. I am human. And that's what I wanted to be treated as.” (*Alana*)

Furthermore, many of the women did not want to take the chance of being judged by those she was seeking help from. Many of the women expressed their fear of having another woman judge them, so they protected themselves by not seeking out help. For example:

“It's like, who do you go to? It's like, "I was prostituting and I got raped, what am I supposed to do?". Nobody gonna [care]... First of all, they ain't even gonna think about the part where you said you got raped. They first might gonna say, "You were selling [your body]." I think so of course there's always gonna be judgment first, especially in that type of situation.” (Mackenzie)

Duality of the Strong Black Woman myth. Many of the participants indicated that strength (being strong) was an expectation and an innate quality of Black women inherited from their ancestors. They noted that they were able to survive the sexual trauma by calling upon ancestral strength. Over half of the women in this study credited the strength of Black women being expected to push through traumatic experienced to shift towards improved well-being. The theme of the Strong Black woman myth was propagated and is interwoven in Black communities. There are many positive aspects of the Black woman myth, as one participant shared:

“I definitely think that being a Black woman and the things that we have experienced have really given me an amazing amount of strength to be able to go through. Which I never realized because when you're in the midst of [developing] who you are, you don't realize how amazing or dynamic that is.” (*Shanay*). Upon reflection, Shanay is describing that she did not acknowledge her strength or capability to surmount challenges, because of the strength she possessed as a Black woman.

Samantha agreed that the Strong Black Woman role has helped her attribute gaining strength due to the perception others have about Black women.

"I feel like we're looked at as, we're all just looked at as strong anyway. And so, sometimes when you work so hard to kind of be whatever everybody thinks you're gonna be, I mean, you end up kind of being that." (*Samantha*)

Another participant identified that there were definite advantages of asserting the role of the Strong Black Woman. However, others note there are problematic ways the role of the Strong Black has hindered their well-being. Jennifer notes:

"And so I feel like it's a blessing and a curse because that's what we're made out of." The negative perceptions are that Black women are strong and can weather all of life's storms. Women feel that they have to wear a façade that doesn't allow them to express the emotional pain they may be experiencing. Black women are taught to ignore their negative experiences and "tough through it"(*Jennifer*)

Often times this is a stereotype or myth that expects Black Women to always be naturally strong and resilient, in fact, there is no room for Black women to have other experiences that allow women to feel vulnerable, insecure or scared. Therefore, women felt they were not taught to lean into those feelings of vulnerability, as Crystal explains:

"There's like that expectation for us to be the strong Black woman, and independent and all these things. But it's, like, when shit like that happens to us, I almost feel like we're not taught to be ready for that. It's kinda, like, you just brush it off and keep goin'." (Crystal)

The stereotype is so pervasive in society that many women are rejecting the idea that they always have to be strong. One participant expressed:

"I heard "you're a black woman, so you're strong. You can get through this". Uh, I don't like when people say you're, you're a black woman, you're strong, you can get through this 'cause it, it kind of downplays. It's like, sometimes we're not strong. So, sometimes I don't, I can't be strong. I'm not as strong, and I feel like culture looks at us as monsters with men. Like, we have all this strength. We're not feminine. And it's like, no. We need to be nurtured. We need to be loved. Unconditionally. We need that. When I hear you're black and you're strong. You can get through this. Like, actually, no I can't." (Ashley)

Subtheme: Self-Sacrificing Woman. Participants explained that they learned from their environments that there was no room for them to express the pain and suffering they felt in the aftermath of the sexual trauma. A number of women found that they were not able to focus on healing because of their responsibilities to their families. Survivors named that they felt there was no space to deal with the after-effects of the sexual trauma because they had to take of children, finances, attend school, and ultimately carry on with life. They wrestled with finding ways to take the time needed to heal and prevent neglecting their obligations.

Ashley M. voiced her disappointment that her family decided school was a more important topic to focus on rather than acknowledging the suffering she faced, because of the sexual trauma. Many women concurred that pressures from their families made it much more difficult to address the specific issues that arose from experiencing sexual trauma:

"I guess it kind of goes back to like that pressure from my family of like, we did not send you to this overly expensive school and not immigrate all the way out here for you to just like stop and give up, just because this happened. Like you don't show your weakness per se because people will take advantage of that." (Ashley M)

Jennifer explained that she lacked the time to have the liberty or cultural space to heal at her own pace. She perceived that she was forced to delay her complete healing because she had to attend to other things deemed more important that needed her attention:

"Nobody allotted me the time. Like if you took the time, who has the time to stop working, to be relieved of all their financial responsibilities, my mother responsibilities, my me having to take care of my mom. To stop having to do all of those things to be able to heal and give myself the time. That's the fight is being able to fight for your own healing, despite having to do all the things that life requires of you." (Jennifer)

Many of the women described being taught to silence themselves from an early age. They were taught to ignore their own pain and desire to be safe, because of prior incidents in their childhood. Several of the women identified themselves as child sexual abuse survivors. Some women remembered in their childhood women remembered that incidents that helped

them conclude that safety was not a priority in their household. Women concluded there were sociopolitical issues that took precedence and required the community to focus their collective effort on more pressing matters. For instance, one participant noted:

"I think being black, I think in all honesty, in the age that I was going through, at five, in the '60s, we still were going through the Civil Rights. I lived down the street from the Black Panthers. There was so much still going on with that. Who had time for the little black girl that's crying abuse. That was a back-burner issue. That was a keep it at home issue. It was a little girl issue. And we was still fighting over trying to get to the white schools when I got a teenager. [I] was a back-burner issue." (*Josalyn*)

Another participant had similar thoughts and discussed how she felt paralyzed to speak about the sexual trauma she experienced because her parental figures cultivated the attitude that privacy was of utmost importance. Privacy was a cultural expectation that was impressed upon her so much so that her inability to disclosed to get support was hindered. She was left feeling:

"In our households growing up, we were always raised never let nobody know what's going on in your house. What happening in this house it stays in this house… I wanted to say something but then in the back of my mind is I'm hearing it, my dad saying, 'What happens in this house stay in this house.' You know, so it's like it's kinda hindering me because how can I get the help and the closure that I need if I'm never able to speak about it? You know, or, how can I get it to stop if I don't speak up and say something about it? But I can't because I was raised that what happens in this house stays in this house… And that's why a lot of women don't come forward. Black women, I will say that because that's how we were raised." (*Mercedes*)

In addition, women felt compelled to protect the men in their life and conceal the sexual trauma experienced. Several women were afraid to let the males in their families and communities know what happened to them because they did not want to deal with the aftermath of the men retaliating against the person that violated them. Participants felt duty-bound to protect the males in their lives from destruction, despite her own inner turmoil resulting from the sexual trauma.

"I don't know 'cause back home is different. I have my family, but I know if I told them they're gonna go kill him. Like period. Like, my uncles will literally go do things even if I was not to tell them who it was and stuff, they're gonna figure it out they don't play. So, I don't think it'd be very productive, but I can't even think of Black women in my family who I would tell, who would

keep their mouth shut, and not go tell the uncles or something maybe one cousin but that's it. I don't and it sucks that I feel like I have to do that." (*Crystal*)

Findings for Research Question 3

Research question three asked participants to offer recommendations to providers. Recommendations for providers and other survivors included the following themes: culturally responsive treatment, advice to others, and treatment recommendations. Subthemes include: silence and invisibility. The summary of primary findings describing participant recommendations (Table 4) displays the theme, a definition, and the number of participants who endorsed the theme.

Table 4. *Primary findings: Participant Recommendations*

Theme	Definition	Participants who endorsed (out of 15)
Culturally responsive treatment	Feeling seen, heard, and understood by a mental health provider. Providers who have an understanding of issues specific to Black women, how sexual trauma may impact their client. A provider's willingness to discuss taboo/uncomfortable topics.	15
(subtheme of culturally responsive treatment) Silencing	A provider's inability to create a space for Black women to discuss their trauma. A provider being uncomfortable discussing sexual trauma. A provider shifting topics if sexual trauma is brought up	8
(subtheme of culturally responsive treatment) Invisibility	A provider's inability to see/understand/acknowledge the intersecting identities of a Black woman.	8
Advice to others	Advice or encouragement women would give to other Black female survivors of sexual trauma	15
Treatment recommendations	Advice or encouragement women would give to other Black female survivors of sexual trauma	15

Culturally responsive treatment. Several of the participants described the experience of attending traditional psychotherapy and finding them useful when they felt heard and understood. It was crucial that the women felt heard by the person providing them services. When the women felt heard they described a decrease in unwanted stress after the sexual trauma occurred. Josalyn illustrated how important it was for her to feel that her therapist was intentionally hearing her out:

"But it was like I finally had a therapist who sat down, who pushed himself away from his desk. He didn't have, like you know, no pen. And he sat back, crossed his legs, and looked directly at me. And he was listening. And then he would ask me different questions, and then he would listen." (*Josalyn*)

In addition to feeling heard, women also discussed wanting to feel that providers can understand their experiences. A participant expressed her desire to simply have a provider that seeks to understand and be relatable:

"It wouldn't matter to me. Black, White, Mexican, just see me for who I am. Because a black woman could still be a black woman but not relate to some of the things that I've been through. Like, she can be somebody who's never experienced anything that I've experienced. She could come from a background where they've always had money. She lives somewhere and been happy all her life. Or she could be somebody who's been where I've been but can relate to me." (*Mackenzie*)

Many women have found that connecting with a therapist that is of a similar cultural background has aided in the understanding of cultural nuances that are important to the women in this study. Several of the woman working with a Black female therapist identified that there was an unspoken understanding of cultural experiences that allowed her to name how the intersections of gender and race coupled with the experience of sexual trauma ultimately impact a women's experience in therapy:

"She just kind of brought up the fact that there are times where as black women, we're treated a certain type of way or you may feel a certain [way]. You might feel a certain way about certain things as well, and so, it really kind of helped me understand what was going on." (*Ashley M*). Ashley M felt that her therapist was able to acknowledge the systems of oppression that impact

Black women and help her decipher what she was experiencing as a result of the systems of oppression impacting her recovery process.

Mercedes acknowledged that it was important for her that a provider asked about sexual trauma. Because the provider "cared enough to ask", she felt comfortable seeking help. Many of the women agreed with Mercedes sentiments:

"The one thing that makes me wanna go to her is because she says that that's one of the first questions she asked. She said, "There's a lot of good therapists out here." She said to me, "To be effective in a person's life and to get everything out," she said, "The first question you should ask is have you ever been sexually assaulted?" She said, "'Cause that will bring out so much in person and it'll kinda get to understand you know, why they are where they are. Most [therapists] they don't even ask." (*Mercedes*)

Subtheme: Invisibility. The majority of the women discussed that Black women deserve are providers that understand the historical plight Black women have faced historically and the relevance it has on them today, acknowledging their intersecting identities. Having a provider understand the historical context of trauma, oppression, racism, and discrimination is essential to how they understand a Black woman. This influences the care they provide and the questions they ask during sessions. Many of the participants felt it was important that a provider has knowledge of the lived experiences of Black women in the United States, as one participant explained:

"I don't know if people understand how important it is to address culture in terms of how people heal. And how people rework and be resilient in trauma and through trauma. But she didn't even blink. It wasn't even a thing for her, it was just like "This is what happened, or this is a, whatever and this is how ... And I can cope and these are the passages I'm going to give you", but we're not gonna address blackness at all because she knew nothing and I don't know, I don't want to have to educate my therapist [on] black culture. "(*Lisa*). This can also be dehumanizing for a Black woman to not have her identity acknowledged.

As a result of a provider not having a basic cultural understanding or awareness of the complexities of Black womanhood, many women are put in the position to be the teacher that explains all of Black culture and other cultural nuances specific to the situation. The participants

felt that in some cases with providers, they had to teach their therapists about Black womanhood and felt frustrated drained and burdened by having to explain what it was like to be a Black woman, as Crystal explains below:

"It was a little exhausting. 'Cause it's just like, you wish you would just know and understand. I don't feel like explaining these things.' But also at the end of the day I think it will help her a little bit, in case she is dealing with more Black students on campus or having to help her understand the Black family dynamic... might help her in the future with grief for Black students specifically and what that's like and having that expectation of us not crying and going through it, but giving [and] holding that space for us to do that." (Crystal)

Shanay also discussed how she has felt frustrated that her provider did not understand cultural references or slang:

"I found myself meeting with different, you know, Caucasian psychiatrists and they're like, 'well what does that mean?' Not like what do you mean by that but 'what does that word mean, huh? Tripping?' 'What do you mean? What did you fall?' It's like okay, so now I gotta explain what I mean by trippin to you. So, there's this whole dynamic that kind of can get frustrating too when you're dealing with other people that don't speak your language." (*Shanay*)

Subtheme: Silencing. In addition to understanding the lived experiences of Black women, it was also important that women found providers that were comfortable discussing sexual trauma and the silencing and shame that many women experienced. Many of the women experienced providers not engaging in the topic of sexual trauma when the topic was introduced in the session by the women. Because providers did not respond to the subtle or overt attempts women made to bring up their sexual trauma, women dropped the topic altogether. This often a difficult topic for both providers and clients to discuss, but women felt it was the provider 's job to create space for this dialogue. Consequently, when women perceive providers as not being comfortable or willing to discuss their sexual trauma, they feel their provider is not skilled enough to manage the conversation:

"Me mentioning it and her not diving deeper into that was a sign to me, she doesn't wanna go there or she's not equipped to go there. So, I'm not gonna push her as my therapist to address that if that's not where she's trying to go." (*Jennifer*). Jennifer felt that her therapist did not want

to discuss the sexual trauma she experienced, thus she felt silenced and perceived this as a message not to bring this topic up.

This participant was disappointed that she was not asked about the sexual trauma and felt that her therapist missed an important reason for her attendance in therapy:

“He (therapist) never knew that might of been an opportunity 'cause he was the first person that I saw when everything started. He was the first therapist that I ever seen in my life. Might of been the opportunity to get all this out. But you don't even know the questions to ask me.” (*Mercedes*).

Mercedes, also, felt her therapist sent a nonverbal message that her therapist did not want to talk about her sexual trauma experiences. She indicated that she wondered if she had missed an opportunity to deal with the residual feelings of her sexual trauma. She felt she was not given the chance to explore her feelings and felt silenced.

“Asking that number one question first and foremost. I think that's how I would start. Like, ‘Have you ever been [sexually assaulted]?’ And then when you get that yes or no answer, I think that one of the next questions should be, ‘How did it make you feel?’ You know? And from there, ‘Have you ever told anyone? And if yes or no, why haven't you told someone?’ You know? And then that right there could open up a lot of things.”

Another participant has described not feeling comfortable discussing her sexual trauma during therapy because she felt her therapist was not qualified to handle the topic of sexual trauma. Many of the women echoed feeling that the therapist was not prepared to hold the therapeutic container to allow one to tell their whole and complete story:

“My first experience was hard, because I felt like I kept overwhelming her with my [experience] everything that I had. It just felt like she was, like, shocked every time. And I hate that. That's the part I hated, because it was just kinda like, I'm supposed to be here 'cause I, I wanna feel like you're talking to someone who can understand what you've been through.” (*Samantha*). She was not feeling understood and felt she had to censor herself moving forward.

Advice to other women. The women in this study have encouraged other women who have experienced sexual trauma to seek care. Many of the women regret not seeking treatment, so they encourage other women to seek care.

"At this day and age, speak up. Speak up. Get over your fear. Get over the fear of wondering what a person's gonna say about you or think about you. You know? You ain't gotta tell nobody in your family. Tell your doctor. Tell somebody but don't hold it in 'cause when you hold it in you're hurting yourself. And that's the, that's the last thing you wanna do is hurt yourself. 'Cause when you hurt yourself it stops your progress of growth." (Mercedes)

Samantha encouraged women to find a way to heal even if therapy was not the right option for them:

"If you're down with therapy, do therapy. If you're not, don't beat yourself up, but figure out a way to just [heal]. And just, you're loved, and you're beautiful, and you know, we see you." (*Samantha*)

Although she did not give specific ways to heal, Samantha thought it was important that women be given the space to find the healing that was appropriate for each individual, based upon their own personal experiences.

Crystal, on the other hand, encouraged women to build an intentional support system or sister circle that is created to find a nonjudgmental group of people to express their feelings.

"Do what your mind, body, soul and spirit, tells you to do. Listen to your emotions and be in them when you need to be and try your best not to hide it. Find a support system and don't feel like you have to tell everyone that you told your secrets to before. I don't know, I just feel like it's a really touchy topic and pick and choose wisely, who you decide to tell. Um, 'cause you can get very unexpected reactions and you can be invalidated by the people that you love, and so just know that it's not gonna go your way with people that you thought it would." (*Crystal*)

Many women felt it was important that women were encouraged to be selective about the people they include in their support system because from their experiences certain family members or friends were not as supportive as they would have hoped. Therefore, they suggest seeking out those who would be most likely to be supportive based upon actions and conversations you observe on how they acknowledge violence towards Black women.

Many of the women wanted to encourage a survivor to remember that they are worthy and valuable, despite life circumstances. For example, one Lisa noted:

"You have intrinsic worth as a person. That's not dependent, and not dictated upon by society or even your own self-destructive patterns of how you think about yourself. You are worth[y], yourself, as a human being, as a person, as a black woman because you're alive and you're a human being, and you deserve care and access, and time, and people to go to bat for you, and people to activate for you too, because [you're] important." (Lisa)

Another participant highlighted that women should be continually reminded that a survivor is not at fault for what she experienced. Many of the women believed that self-blame should be dispelled:

"She didn't do a damn thing wrong. It wasn't her fault. So, she can stop blaming herself. And that not only is she worthy of having help, she deserves to have help. Nobody deserves to have help more than her. From her ancestral line, for one hundred years of slavery. Nobody on this planet deserves to have help more than her. So, get help. Get all the help that's out there." (Shanay)

Treatment Recommendations. This theme encapsulated the woman's ways the participants believed the treatment could be more beneficial to Black sexual trauma survivors. Many of the women expressed wanting resources to help aid them in finding a therapist with a similar cultural and gendered background:

"I want it, number one, to be a lot easier to find a Black therapist. I feel like there should be like a network or something, or a specific website we can go to or specific place or resource that we can quickly identify and say, hey." (*Samantha*).

Her desire is to have Black therapist be easily accessible so that she can receive services from someone that perceives as understanding how her intersecting identities impact her recovery process.

Other women would like resources that help them understand their sexual trauma and have examples of ways that increase the potential for recovery:

"I think it would be nice to have a book to read that talks about what, pretty much how you're presenting, how you're dealing with it from a black woman's point of view. The coping mechanisms, the things that they've dealt with. And that they're not alone. And how other black women have dealt with it and coped with it. I think that that would be instrumental. I think that that would be that would speak volumes for me, that would've let me know, definitely, that I was not alone in my journey as a black person and as a black woman." (Josalyn)

Some women wanted their cultural practices and active coping styles that incorporates physical movement to be included in treatment:

“I like to dance and stuff, so that would be like a therapy for me. I will say do a dance of just all of the things that you felt in that moment. The aggression the sadness and just bring that all out in like a freestyle dance. That would be my therapy you gotta throw yourself on the floor, beat the walls, or just throw your hands up, or just some type of joy, or anger, whatever it is just release it in your dance. That will be my therapy 'cause I love to dance. That's like the biggest thing that I've always wanted to do, dance. And I've also always like theater. Theater is like one of my favorite things.” *(Mackenzie)*

Additionally, women suggested creating groups for Black women to specifically talk about sexual trauma. For example, Crystal suggested:

“A support group and weekly goals. And having daily celebrations, like, "I didn't think about it today" or "I thought about it, but I didn't dwell on it, like, I didn't let it stop me from doing what I need to do." Having some sort of weekly goal and- and constantly celebrating yourself for things that might seem so little but, like, adds to your resilience over the course of however long it takes.” *(Crystal)*

The following quotes give examples of what providers should know, things to learn about Black women, and ways to engage them. Maria believes it is important that providers have an awareness of the historical events that have impacted Black women. She urges providers to be cognizant of systems of oppression that influence women daily.

“Just know some of the histories and what women had to do. And how going through some of these things back in the day, women were not believed that they were, were thought that they had to go through that.” (*Maria*).

Crystal explains further:

“It’s so much that they need to be taught. Just everything that they probably didn't learn, so anti-blackness, systems of oppression. How they're in the system of oppression, and making it work just by being there. The history of the medical field on Black women and the harm that it's done and knowing the demographics of where your hospital is, and where you're going to be, just having more awareness of how racism comes into play with everything… just there's a lot to be learned. But anything around cultural competency and inclusivity, equity, equity especially.” (*Crystal*)

Ashley encourages providers:

“To be more sensitive to our feelings and understand and I feel like if you're gonna counsel black women, you probably should work in the black community a little bit before you can counsel us or experience our trauma going out to black neighborhoods and black community… to be able to counsel us. 'Cause you can't counsel us if you don't know who we are.” *(Ashley)*

In addition, Samantha wanted to providers to acknowledge:

“That sometimes it takes a lot to even get to therapy, sometimes it even takes, it takes a lot to get out what I need, because that's hard. Sometimes it takes that person to just be willing to sit there, and break down all these walls and just ask a lot of questions. Cause, even, I'm talking through stuff. I feel like I've went back and forth on even how I've said things because I just don't always even know.“ *(Samantha)*

Shanay suggests that Black providers should be serving Black communities. She is calling for more Black providers to help women during their recovery process: “There has to be a point that you get to a place that you really allow black folks to figure out black folks issues.” *(Shanay)*

Chapter 5: Discussion

This qualitative study used a thematic analysis to examine how Black women described their lived experiences of sexual trauma and the ways their culture has impacted their recovery process. This study was comprised of three research aims to describe the lived experiences of Black female sexual trauma survivors, investigate the impact their culture may have had on their recovery process, and inform treatment and program development for Black women surviving sexual trauma. Additionally, the women in the study were asked to provide feedback based on their experiences to mental health providers to aid in improving treatment for Black women recovering from sexual trauma. While there is a significant amount of literature on the risk factors and sequela of the impact of sexual trauma on Black women (see Gilmore et al., 2018; Hakimi et al., 2018; Long et al., 2016; Loya et al, 2014; Boykins et al., 2010; Bryant-Davis et al., 2011; Bryant-Davis et al., 2011a; Donovan, 2011; Glover et al., 2010; Bryant-Davis et al., 2009; Gross et al, 2006; Donovan, 2002; Leslie, 2001; Wyatt, 1992), the literature on how the cultures of Black women impact their recovery process is limited. Thus, many of the emergent themes in this study represent a need for further exploration of salient areas of focus based upon the narratives of Black women.

In the analysis of the interviews, women discussed their lived experiences of sexual trauma and their recovery process. The results of this study highlight the importance of including the voices of Black women to distinguish their specific needs as it relates to recovering from sexual trauma. They indicated how their culture has influenced their coping strategies and decision to seek or not seek help. Women communicated that, although feeling resilient, they engaged in self-blame, blame from others, and experienced community pressures that hindered their recovery process. Additionally, women felt they were not prepared to interact with men,

because they were not taught warning signs or how to protect themselves by identifying those men. Lastly, based upon their past experiences the women provided treatment recommendations and advice to other survivors.

The majority of the participants identified their sexual trauma occurring from someone they were acquainted with or were dating. Nearly 1 in 5 women have been victims of sexual trauma and of those women, 50-88% knew the perpetrator or was an acquaintance of the perpetrator (Gravelin, et al., 2019; Persson et al., 2018; Jones et al., 2004). The women (12) in this study were also assaulted by individuals that they were familiar with and knew personally. Women who experienced date rape may live through fear, shame, depression, self-blame, and lack of trust (Donovan, 2011; Glover et al., 2010; Bryant-Davis et al., 2009; Gross et al, 2006; Leslie, 2001). The participants in this study shared similar experiences and identified taking steps to overcome shame, fear, self-blame, and depression and appear to be representative of the experience of those who have experienced sexual trauma.

There was a starting point in each women's recovery process, where she decided to find ways to heal from the suffering of sexual trauma. The women discussed their starting point began with a desire to make sense of their experience to move forward to overcome the hardships caused by sexual trauma to improve their relationships with their children, partners, family members and improve overall functioning. The first step in moving towards recovery was battling the stigma associated with sexual trauma. Research studies have found, women battle internalized rape myths that cause victims to believe that they are inherently responsible for the sexual violence committed against their bodies, which in turn impacts their disclosure patterns (Tyson, 2019). Each woman in this study described ways they held themselves accountable for being victimized and many discussed self-blame. The findings in this study are

consistent with past studies that find sexual trauma survivors place blame on themselves for allowing victimization (Cowan, 2000). The women regretfully described ways their alcohol consumption unintentionally placed them in vulnerable situations with men that "caused" their victimhood. In addition, some women expressed remorse because of the sexually explicit language they used that "encouraged" men to violate their bodies. Women in this study subscribed to rape myths that supported their claims to accountability for partial blame. The findings of this study speak to the need for continued efforts to confront rape myths that influence a survivor's understanding of what they have experienced, disclosure patterns, and help-seeking behaviors to help remove barriers from treatment.

All of the women in this study attributed experiences with their culture in aiding their recovery of sexual trauma, as well as unhelpful aspects that hindered their recovery. The participants in this study described that more importance was placed on the greater good of their communities than on Black women's suffering from sexual trauma. Research suggests when individuals are from interdependent communities, such as Black communities, individuals sacrifice their own interests to avoid negative outcomes in an attempt to maintain harmony in families and communities (Impett, Le, Asyabi-Eshghi, Day, & Kogan, 2013; Suizzo, Robinson, & Pahlke, 2008; Constantine, Gainor, Ahluwalia, & Berkel, 2003; Triandis, & Gelfand, 1998). For example, this came through in the subtheme of the self-sacrificing woman, where women discussed desiring to protect their male family members from possible retaliation. Women spoke about pushing through psychological pain because they were expected to continue meeting their responsibilities to take care of families. Thus, women in this study were forced to choose to take care of their families over themselves.

Despite interplay of the sociopolitical factors, such as sexism and rape culture that impact Black sexual trauma survivors, all of the women in this study placed partial blame on themselves for this heinous act occurring. Many of the women accepted rape myths and believed they placed themselves in situations that caused their violation. The women of this study reasoned that there were ways they could have prevented the sexual assault from happening, by drinking less, by not being around particular guys, by not placing themselves being in vulnerable situations, and not using sexually explicit language. According to the literature, shame could lead survivors to blame themselves by asking how they caused the assault (De Cou, et al., 2019; Sable, Danis, Mauzy, & Gallagher, 2006). Additionally, the fear of others knowing of the assault, blame from others, shame, and fear of retaliation as a reason for nondisclosure, self-blame, fear, stigma, and lack of access to providers of color were reasons women disclosed for not seeking help. Acceptance of rape myths exacerbates distress experienced from sexual trauma (Hayes et al., 2016; Suarez et al., 2010; Chapleau et al., 2008) This finding supports the notion that rape myths have negative consequences that impact survivors disclosure patterns and ability to seek help.

Additionally, race and ethnicity have an impact on Black women recovering from sexual trauma because of their experience of oppression, historical trauma, and the stereotypical ways that society views them (Dow, 2015; hooks, 2014; Broussard, 2013; West, 2013; Tillman et al, 2010; Bryant-Davis & Ocampo, 2005; Donovan & Williams, 2002; Neville et al, 1997; Wyatt, 1992). The legacy of the enslavement period has shown that Black bodies are disposable and not held in the highest regard. The women in this study identified feeling disposable, viewed as less than, and powerless, which impacted their experience of sexual trauma and recovery process. By acknowledging the cultural impacts that the enslavement period has had on Black female sexual

trauma survivors, providers may help women identify how their intersecting identities have impacted their recovery process. According to the literature on intersectionality, the intersection of race, gender, and class influence the lives of Black women and sexual assault, because they have to endure the ill effects of white supremacy and patriarchy (Donovan & Williams, 2002). In a culture where Black women are largely undervalued, sexual trauma may further disenfranchise them from the greater society through further marginalization, less access to resources and further perpetuate stereotypes of Black women.

Women described the sociopolitical climate that influences the way Black women are viewed in society that allows for their value to be diminished as being overly sexualized, not being allowed to experience physical and emotional pain, and feeling ignored by providers. Women felt silenced and that their voices were not acknowledged by their communities and society at large during their recovery process. Because of this, women in this study felt it important to emphasize their "humanness" and desire to be valued by having their suffering acknowledged by their communities and society at large to place more value on Black women. The feelings of the women in this study further reinforced the conclusions found in the literature on of the legacy of the enslavement period that concludes manifestations the legacy are seen as modern-day attacks by how Black women are portrayed that influences maltreatment from others (Littleton & Dodd, 2016; Tillman et al, 2010). In addition, these attacks against Black women's bodies galvanize communities and social movements to identify and deconstruct myths of Black women (Littleton & Dodd, 2016).

Historical and contemporary racial discrimination influences the ways black women receive treatment in health care systems that can result in adverse health outcomes (Murray & Woods, 2009; Penner, Dovidio, Edmondson, Dailey, Markova, Albrecht, & Gaertner, 2009).

Although there is a dearth of literature on sexual trauma treatment disparities of Black women compared to their white counterparts, studies on health disparities of Black women interacting with the healthcare system are extensive. Researchers have found that the history of race-based prejudice and discrimination may directly influence a provider's recommendation to Black women that can potentially impact them negatively (Murray & Woods, 2009; Penner et al., 2009, Beatty, Wheeler, & Gaiter (2004). Gómez (2015) suggests, discriminatory behavior of providers exacerbates the effects of symptoms and not only treatment outcomes, but one's wiliness to participate in treatment. Thus, the experiences of biases may influence the treatment Black women receive that may hinder their recovery process that can contribute to a Black woman's inability to access effective care, misdiagnosis, and mistrust in providers. Furthermore, researchers must examine how Black women who have experienced sexual trauma can receive adequate treatment on par with their white counterparts to reduce mental health disparities, rather than receive services that are detrimental to their well-being, based upon a provider's biases.

In fact, while the Black Lives Matter movement is not about sexual trauma it posits that Black bodies are disposable by the dominant culture and systems of oppression that continue to perpetuate and justify violence against Black communities. The Black Lives Matter movement is a call to action for society to acknowledge the suffering of Black people from systems of oppression and race-based discrimination. Moreover, the Black Lives Movement confronts the intersections of systemic and institutionalized sexism, racism, and classism that is rooted in the history of violence inflicted upon Black women whose bodies were used for breeding, rape, and labor (Spencer & Androne, 2019). This movement brings awareness that Black bodies are seen as disposable by society and further marginalizes an already discriminated group.

Women who embrace characteristics of the Strong Black Woman may experience mental health issues but suffer quietly to meet the expectations of their families, employers, and the larger society (Abrams et al., 2014). The Strong Black Woman myth was described as problematic and negatively impacted the mental health of those that incorporated the myth into their belief system. However, participants described the myth as a double-edged sword due to the fact that women attributed their recovery to their ability to survive unfortunate and often harsh life circumstances. Abrams and colleagues (2014) hypothesized that the legacy of the enslavement period sparked the Strong Black Woman myth to emerge because of oppressive social barriers and stifling government policies that forced Black women to develop strong, independent, and confident attitudes to manage their communities, families, and themselves independent of assistance from others outside of the Black communities. Participants explained that their ability to push through pain and trauma was essential and credited their survival to the example set by "strong women", including their mothers, aunts, sisters, grandmothers, and even historical figures like Harriet Tubman of being strong enough to handle the pain. Citing examples from families and cultural icons, women used role models of "strong Black women" as a way to endure distress and replicate survival strategies, of ignoring pain, exhibited by other survivors of adverse incidents to overcome their pain. The women alluded to the perception others have of Black women being strong and invincible thus ignoring their need for help and support. Participants discussed how The Strong Black Woman myth, in many ways, hurt their recovery. This finding illustrates that the myth of the Strong Black woman is complex and must be further examined to help researchers to find the salient parts of this myth that aids and hinders recovery.

One other important finding in this study is the relationship between the culture of silence and pressures to ignore suffering within Black communities. Previous studies on sexual trauma have shown that this crime is underreported and Black women specifically tend to report less to formal and informal sources than women of other ethnic backgrounds, perhaps due to societal and cultural factors (Jones et al., 2015). None of the participants in the study reported their incident of sexual trauma to the police. Women described ways that police are not seen as helpful in their communities, based upon systems of oppression. They discussed silence as a better option for them than deal with systems that have not historically helped Black women (i.e domestic violence or child abuse; Gary, 2005). A few of the women talked about their sexual trauma for the first time during the interview. Women cited a number of ways they did not feel supported to disclose the incidents by their families and communities, such as being blamed by others, no space to discuss their sexual trauma, or feelings of frustrations because they had to silence themselves to protect others. Survivors of sexual trauma are often blamed for being sexually victimized and/or have their experiences minimized (Black & McCloskey, 2013). A few participants gave examples of how they feared that their male family members would get into legal trouble due to possible against the perpetrator. Therefore, women discussed choosing not to disclose the incident and suffer in silence to protect their family, which coincidently meant that they unintentionally protected the perpetrator.

Previous research studies that have investigated cultural trauma in indigenous populations have found that reconnection to one's heritage helped heal the negative effects of traumatic stress by focusing on cultural pride, racial respect, and socializing members to normalize mental health (Halloran, 2018). Supporting Black women to seek ways to use their unique cultural practices, such as religious practices, culturally-based theatre, or music is viewed as helpful. The women

in this study identified attending religious ceremonies, cultural dance, immersing themselves in nature, and listening to empowering music made by Black women helped them counteract the negative effects of traumatic effects experienced by sexual trauma. This is an implication that providers should help their clients identify cultural practices that are unique to them and identify barriers that will hinder the implementation of using cultural practices to cope.

All of the participants identified characteristics that aided in their ability to recover from sexual trauma, trying to find activities that improve their outlook on life, seeking out supportive individuals that are empathic towards their experience, and their personal hopes for a better life. Participants' current descriptions of their life inspire confidence that the likelihood of healthy recovery from sexual trauma is possible. Most participants described themselves as doing well, feeling satisfied overall with life, and have future ambitions to improve their lives for themselves and their families. Women described the complexities of recovering from sexual trauma and the internal battles won to consider themselves doing well, such as overcoming negative thoughts about themselves, depressed moods, and struggles with making sense of what happened to them. They all described times when they were not doing well with the challenges they faced to overcome the negative impacts of sexual trauma. All participants depicted a taxing, but worthwhile process of making sense of their experiences to reclaim their confidence in achieving the desired outlook on life. These findings demonstrate resiliency and growth which is indicative of recovering from the sexual trauma these women experienced as adults. This hopeful finding is useful for women in the early stages of recovery and to providers that are supporting women through this trying and complex journey towards healing. Their hopefulness further suggests that given the chance to cultivate hope and shift their ideas about themselves, women can recover and work towards their personal notions of a meaningful life.

The factors that aided the process of strengthening resiliency, such as the ability to persevere despite negative events and difficult life circumstances that occurred in each participant's lives, assisted them in overcoming the negative outcomes of experiencing sexual trauma. Negative outcomes such as mental health symptoms (Bryant-Davis et al., 2011; Neilson, 2017), substance use (Hemma et al., 2018; Long, & Ullman, 2016) strained relationships (Russell & Davis have been described in the literature as hindering the recovery process for Black women (Russel & Davis, 2007). The women spoke at length about activities that gave life meaning, their spiritual practices and beliefs, being a part of spaces that allowed them to feel real and authentic to discuss struggles, and hope that allowed them to shift their outlook on suffering. Much of the current literature is focused on religious coping strategies used by Black female survivors of sexual trauma and the influences on the type of help they sought (Bryant-Davis et al., 2015; Stevens-Watkins et al., 2014; Bryant-Davis et al., 2011b; Utsey et al., 2008). The literature on women who do not have a spiritual or religious affiliation and use other coping strategies to manage stressors related to recovering from sexual trauma seems to be lacking. Many women in this study attributed prayer, faith, meditation, and having a connection with a higher power that aided their recovery process.

According to Bryant and colleagues (2015), the development of spiritual and religious coping has been a way many Black women have coped with sexual trauma; therefore, providers should not overlook the utilization of faith-based traditions in their clients. T.L. and colleagues (2011) suggest that Black women cope differently than Black men by using religious and emotional support. Furthermore, Afrocentric approaches posit that Africultural coping are culture-specific coping strategies that are used by Black Americans that include distraction, connecting to others, and religious practices (Blackmon, Coyle, Davenport, Owens, & Sparrow,

2016). The women in this study are aligned with the coping practices of the larger Black community. Many participants use core tenants in an Afrocentrism worldview that Black psychologist label as optimal development (Cokley et al., 2011). Participants in this study are aligned with those world views through their use of music, connectedness to others and engagement in religious practices. Engaging in Africultural coping researchers can predict positive psychological outcomes that have clinical implications for Black survivors (Blackmon et al., 2016). Thus, it will be essential to connecting Black women to cultural coping strategies to combat stressors from sexual trauma.

The majority of women sought out support systems made up of other women that helped them cope with the aftermath of sexual trauma. Women attributed having a safe space to discuss their feelings and thoughts that negatively impact their ability to deal with negative experiences stemming from the devastation of being sexually assaulted. Women reported that they were empowered listening to music based upon their faith and uplifting other Black women to help them cope. In addition, many women sought out support from groups that were designed to support Black women that allowed them to discuss how their intersecting identities impacted their recovery from sexual trauma. Almost all of the participants described a sister circle comprised of only Black women where they were able to seek out culture-specific support because of their own experience with sexual trauma or having empathy to discuss topics most salient to Black women. Female friends can be a significant source of support as they provide emotional support and play a vital role in helping overcome traumatic stress (Bryant, 2013; Grayman-Simpson et al., 2013; Bryant-Davis et al., 2011; Greif & Sharpe, 2010). Positive social support from friends and family is associated with a decrease in psychological distress, however,

negative social support garners stronger detrimental effects (Designer, 2018). This finding indicates that social support aids Black women recovering from sexual trauma.

Although the majority of the women appreciated their sister circles, several of the women discussed being disappointed by being blamed by other women, specifically Black women, blaming them for the sexual trauma. This particular type of blame had a significant impact on many women because of their expectations that other Black women would be more understanding of their experiences and therefore give more support. It is important to note that in this study when Black women placed blame on the survivor it had a detrimental impact, which points to the need to have a deeper understanding of the impact of other Black women in recovery. Hakimi and colleagues (2018), found receiving negative social reactions is associated with more PTSD symptom severity, drinking, and depression for all women suffering from sexual trauma. The current study supports the literature that informal support is an important source of support for Black women. However, there is a dearth of literature that explores how female friendships impact Black women.

Women described seeking help as a conscious decision to seek out more support outside of friends. Women discussed having a shift in their mindset, where they decided that they no longer wanted to struggle, desired to break the cycle of pain, be more attuned to their families, and achieve personal and professional aspirations. Hence, a time came for every participant where she made the active choice to shift their focus of suffering through anguish to executing practices that aided their recovery. Finding ways to manage the distressing symptoms of sexual trauma often came out of necessity for many of the women. Quite a few of the participants did not seek out formal mental health treatment to specifically address the sexual trauma, which is consistent with the literature (Basile et al., 2016; Boykins et al, 2010; Andrews et al., 2003, Sable

et al., 2006; Neville & Pugh, 1997). Loya (2014) found Black women were less likely to report sexual trauma, find culturally sensitive services, or find access to existing services, potentially making recovery more challenging. Many of the women in this study suffered in silence and did not seek services. The few who did seek mental health services prioritized family issues over their distress from sexual trauma.

This study, also, examined how Black women experienced treatment services provided to them. The 6 women that saw a therapist had mixed experiences because the therapist did not intentionally give space in the therapeutic relationship to address ways their intersecting identities and systems of oppression confounded interactions in society, as well as not broaching the topic of sexual trauma. Only 2 of the 4 participants in the study sought out formal mental health services to help manage symptoms as a direct result of their sexual trauma explicitly. While all of the women in the study suffered from psychological distress resulting from the sexual trauma most did not all seek out treatment services. The women of this study not seeking formal treatment services are reflective of the findings of the larger Black communities' utilization of services (Gary, 2005; Snowden, 1999). The insidious history that Black Americans have with discrimination and prejudice leads to distrust due to historical traumas experiences with the health care industry that systematic destroyed Black bodies (Penner, Dovidio, Edmondson, Dailey, Markova, Albrecht, & Gaertner, 2009). Therefore, Black Americans, Black women, in particular, have a complex history with obtaining physical and mental health care from white providers. Providers that are unequipped to provide quality care to Black women continue to perpetuate fear associated with receiving care due to the inability to serve Black women effectively.

Overall, stigma is associated with mental health in the black community has caused many of its members to refuse services that may be beneficial to their psychological well-being (Snowden, 1999). This highlights how stigma related to mental health services is pervasive in the Black communities and prevents its members from seeking the help needed that may improve overall well-being. Both of the women, who sought formal mental health services for their sexual trauma, specifically, acknowledged that a close family member suggested seeking care and followed that advice. Perhaps suggesting that they felt less stigmatized or felt supported enough to utilize treatment services. The other four women that received mental health treatment noted that their sexual trauma was discussed as a side note to familial or interpersonal issues being discussed in therapy. These findings suggest that it is imperative that providers are comfortable asking Black women about their sexual abuse history so that women have the opportunity to express feelings or thoughts related to these experiences that may have an impact on their day-to-day lives. Many women in this study did not feel that the care they received adequately addressed the stressors in their lives.

Many of the participants in this study discussed receiving emotional support by participating in religious activities and interacting with leaders of their religious affiliation. Religious and spirituality have been used in the Black communities as a way to resist oppression and support community members economically, educationally, and emotionally. In fact, the Black church has been instrumental in playing a role in mental health resources Black Americans are more likely to seek out spiritual advice rather than engage with licensed mental health professionals (Bilkins, Allen, Davey, & Davey, 2016; Reed & Neville, 2014; Queener & Martin, 2001). Individual's participation in religious activities provided a foundation for those in the Black community to receive the treatment needed to overcome adversity through prayer,

devotional practices, and social interactions with leaders of the church (Reed & Neville, 2014; Queener & Martin, 2001; Taylor, Mattis, & Chatters, 1999). Of those participating in religious activities, Black women are amongst the most spiritual and religious groups in the United States that seek care from religious providers (Reed & Neville, 2014). Findings in this study are consistent with the literature that Black women seek spiritual comfort from religious practices or spiritual leaders when confronted with feelings of distress. Black Americans use religion and spirituality as a way to cope with life difficulties and their subjective religious experiences that play a role in the perception that one can receive services from a provider without expectations or consequences (Turner, Hastings, & Neighbors, 2019; Bilkins et al., 2016; Staton-Tindall, Duvall, Stevens-Watkins, & Oser, 2013; Taylor et al., 1999). The women in this study did not feel their experiences of seeking treatment for sexual trauma came without consequences that hindered their recovery when seeking care from formal treatment providers. Thus, researchers and providers must find ways to reduce the suffering of Black survivors that incorporate culturally-based healing treatments.

Black women are not receiving effective care that facilitates healing to alleviate the suffering caused by sexual trauma. Participants described how providers seemed unprepared to hear stories of sexual trauma, by watching the provider cringe or gasp as they talked about their feelings about the sexual trauma they have experienced. Some women described their provider's inability to address the plight of Black women in this country, so they were left to assume that providers did not recognize the complexity of their experience as a Black woman in the United States. Some reported that their therapist failed to acknowledge their intersecting identities and how that has impacted their recovery process. A few women noted that their therapist did not ask if they have been assaulted, which they reflected as disappointing. Because of initial

disappointing experiences, several of the women were cautious about seeking out formal mental health services again. This highlights and corroborates the findings from Jones (2015), where she explains that research has shown that Black women withdraw from treatment because their ethnic, cultural or gendered needs go unrecognized or mistreated. Historically, the Black communities have experienced misdiagnosis and maltreatment by providers, which caused mistrust in the community. Therefore, it is imperative that providers take this into consideration when serving Black women. Providers that take a culturally responsive attitude change may change their interactions with clients to improve client care. Providers are able to acknowledge clients' experiences to holistically integrate the experiences into their clinical care (Khalifa, Gooden, & Davis, 2016). Thus, it is important that Black women perceive their providers as willing to take what they have inquired and observed, from them during their therapeutic sessions, to incorporate those lessons learned about Black women's worldview to help guide future sessions.

Some of the participants felt that therapy was not a place to seek healing, because it did not meet their needs. Several of the women felt misunderstood, because of the inability of the provider to create a safe space to explore their feelings of shame or anger. However, two of the women that received therapeutic services from Black female psychologists, described their experience with a Black female provider and their experience was drastically different from all of the other women, who received therapeutic services. They felt affirmed because their intersecting identities were discussed and no topic was prohibited from exploring in therapy. This finding speaks to the need that providers should be sensitive to the historical impacts of stereotypes, community norms, and oppression in Black women's lives and engage in culturally sensitive and affirming treatment strategies. Black women need safe places to heal where they

can share their stories, recover from psychosocial traumas, and create strategies for change (Jones, 2015). This finding speaks to the need for more Black women to have providers that share intersecting identities to provide culturally responsive care. In order to meet the needs of Black women with Black providers, the psychological field must take steps to become more inclusive to recruit providers of color to serve Black communities.

As participants reflected on their recovery process, they offered advice to other women struggling with overcoming sexual trauma. All women identified self-blame and shame as the first issue to address with other Black women. They hoped to encourage women to adopt the perspective that violence lodged against their bodies was nothing they could have caused. Participants noted how important it was for women to seek out support. They emphatically urged others that have experienced sexual trauma to seek out non-judgmental support, whether from supportive family, friends or a therapist. Hakimi and colleagues (2018) suggest therapists should assist survivors in identifying and cultivating relationships with those who support their recovery. Social support may help diminish distress, increased by shame, while promoting self-worth, and provide a sense of safety to the survivor (Bryant-Davis et al., 2011b). In fact, they all acknowledged that they would have sought out care sooner if they had the support and believed the healing process would have begun earlier. This finding is consistent with literature that social support systems are protective factors to those experiencing trauma (Bryant, 2013; Grayman-Simpson et al., 2013; Bryant-Davis et al., 2011; Greif & Sharpe, 2010). In Black communities, there is an emphasis on community and interconnectedness that serves as protective factors against systems of oppression (Stewart, 2004). Therefore, it is essential that Black women have spaces to discuss issues that directly impact them with other Black women that have similar lived experiences. In these spaces, Black women may be able to explore beliefs, assumptions, or

viewpoints that would not be ordinarily emotionally safe to share outside of the group due. These findings are consistent with Afrocentric approaches to therapy that suggest the utilization of homogenous groups, where they can discuss themes salient for them, with the understanding that experiences and cultural underpinnings of group members are similar (Stewart, 2004; Montgomery, Fine, & James-Myers, 1990).

When giving advice to other Black women, the participants urged women to reject notions that blamed them for someone else violating their bodies. There is an increase of social movements that encourage women to increase awareness of sexual assault and encourage women to speak out like the #MeToo Movement and other iterations. Literature that asks women to give advice to other survivors on how to engage in the recovery process has not been disseminated to the larger psychological field. These findings speak to the urge of Black feminist theorists that ask researchers and providers to include Black women in the creation of interventions and theories designed to support Black women overcoming trauma (Jones, 2015; Donovan, 2011; Collins 2000). Black feminist theory speaks to the importance for the need for the consciousness of the individual to change and the social change of sociopolitical, along with, economic systems that will aid in psychological and social change for all women (Jones, 2015) The women in this study implore providers to use perspectives similar to Black feminist theory as a lens to view the world, which in turn helps inform practice that guides relational and structural elements in therapy for Black women (Jones, 2015). Black women connected provider's ability to see their wholeness, including intersecting identities, to the systems of oppressions that may impact the quality of care. It is imperative that Black women are included as part of their own healing process, especially because of the history of silencing Black voices. Cultural considerations are essential in providing care for Black women, but it is highly critical to acknowledge the diversity

within Black communities that it is not a monolith (Lucea, Stockman, Mana-Ay, Bertrand, Callwood, Coverston, & Campbell, 2013).

Of the 15 women in the study 9 reported being molested as a child. This finding is consistent with and supports previous research on revictimization and emphasizes the importance of treating child sexual survivors because they may be at greater risk for adult sexual trauma (Kennedy et al., 2018; Lamis et al., 2017; Subica et al., 2013; Glover et al., 2010; Schultz et al., 2006). While not a purposeful intention of the study, the majority of the women experienced child sexual abuse is an inescapable element to the lived experiences of the Black women in this study. Children who are sexually abused are more prone to experiencing sexual violence in adulthood because of the exposure to violence suggests that sequalae such as alterations in risk recognition and altered expectations of adult relationships (Zamir, et al., 2018). Child sexual abuse is a risk factor for adult women experiencing sexual trauma, therefore it is imperative that providers acknowledge how this risk factor impacts Black women in adulthood (Designer, 2018; Wagner, 2015; Ullman et al., 2009; Walsh et al., 2009). Consistent with the studies on women experiencing revictimization (Designer, 2018; Zamir, et al., 2018 Wagner, 2015; Ullman et al., 2009; Lamis et al., 2017; Subica et al., 2013;Walsh et al., 2009), the participants in the study reported psychological distress that led to poor psychosocial functioning. Women, also, described the times they were not doing well, as being withdrawn from family and friends, easily angered, having a depressed mood, using mood-altering substances, or engaging in interpersonal conflicts.

Contributions of the Study

While this study had many strengths, it was not without its limitations. First, this is one of the few studies that examined how culture may or may not impact the recovery process of

Black women overcoming sexual trauma. There is a dearth of literature on the mechanisms that aid the recovery process of Black women, thus current literature on Black women and sexual trauma seeks to understand how Black women are impacted by symptomology compared to their white counterparts. The qualitative exploratory nature of this study ensured that the findings would capture the unfiltered narratives of the participants (Dempsey et al., 2016; Kelle, 2006; Patton, 2002). The prevalence of sexual violence has been well documented among college samples (Cole & Ulrich-French, 2017), however, a purposive sampling approach that recruited from the community at large was used in this study to add depth to the existing literature. Therefore, a small, but appropriate, sample size impacts generalizability, but the sample ranged in demographics, such as in age, sexual orientation, socioeconomic status, religious affiliation, and education level, which enriched the validity of this study's findings. The results may not be generalizable to the experience of Black women in other communities nationwide, especially given the variety in personal backgrounds, which arose as a limitation to this study. Other potentials limitations include variability within the group. Age ranges of the group could impact how their worldviews may influence the recovery process due to developmental experiences and sociohistorical contexts. Their age cohort may influence how they internalize stereotypes, such as the Jezebel, or myths, such as the Strong Black Woman myth. Additionally, variability in religious practices of Christians and non-Christians may influence the role of spirituality as a coping strategy for Black survivors. Furthermore, experiences of women with a certain level of means can access financial stability and access to care versus impoverished women who face many more barriers to healthcare and increased health disparities.

Implications for Future Research and Clinical Practice

This study adds to the understanding of the recovery process of Black women surviving sexual trauma. Findings from the current study have implications for clinical practice, that are based on the lived experiences of the 15 participants in the study. All participants emphasized a need for providers to be culturally sensitive to the plight of Black women. This calls for providers to seek out more education regarding intersectionality and the oppressive systems that impact the lives of Black women. From their experiences, the women described providers as appearing to be hesitant to discuss sexual trauma or their intersecting identities as Black women, therefore, participants urged providers and researchers to seek out a deeper understanding of Black women in general and explore further ways to serve Black women in treatment capacities. Thus, it is imperative that providers provide comprehensive assessments that incorporate trauma and abuse histories that allow women to discuss the salient elements of their experiences that influence their psychological and physical health. For example, early in a clinician's training, it is key that clinical supervisors begin to support their supervisees in conducting comprehensive assessments that help them understand the lived experiences of the Black women they see so that women do not feel silenced or have to perpetuate the notion that their experience matters to no one.

Additional research should be expanded to understand how Black women use the reciprocal nature of female friendships, or sister circles, to encourage recovery from sexual trauma. Further investigation is needed on how these relationships benefit Black women who are recovering from sexual trauma. In addition, exploring how women engage in support systems with those they expect to provide encouragement because research has shown negative social reactions held by individuals who were supposed to be in positions of support may cause Black women to turn inward and increase distress (Hakimi et al., 2018). The majority of the

women experienced child sexual abuse and were revictimized as adults. The literature identifies adult sexual trauma as a predictor of child sexual abuse. Gold and colleagues (1999) suggest that revictimization is decreased in those that have greater support, close-knit cohesive families, rather than those filled with conflict and lack of support. Understanding the mechanisms of social support for Black women that aid in recovery is needed to be further investigated.

Further research endeavors should explore how the Strong Black Women myth is a double-edged sword and ways the beneficial portions of this myth can be used to foster empowerment to overcome distress. It may be useful to understand how this myth can help inform researchers to identify ways providers can emphasize women's strengths without invalidating their experiences. All of the women in this study wanted researchers and providers to know that Black women are human and they deserve to be acknowledged, treated with dignity and respect.

Conclusion

This study was able to effectively understand the lived experiences of Black women recovering from sexual trauma. The goal was to aid in alleviating the gaps in the literature of how the culture of Black women impacts their recovery processes. The result of this study demonstrated that the recovery process of Black women is influenced by systems of oppression and privilege that shape how others see them, which influences the mental health services they receive. This study also affirmed the need to amplify the voices of Black women. The interactions with each of these women proved to be invaluable. Fifteen women agreed to tell their painful, yet, triumph story of recovery and resiliency. Taken together these narratives tell the story that although Black women differ in age, sexual orientation, socioeconomic status, and education level, the common goal they share is to be seen, to be heard, and to be valued. The

hope is that through continued investigations of Black female experiences and dissemination of knowledge, Black women can one-day honor courageousness that was passed down through generations and display vulnerability that no longer has to stay hidden simultaneously.

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Appendix A. Recruitment Flyer

Attention Black Women

Are you a survivor?

Are you willing to share your story to help others?

We need you!

- **Are you female?**
- **Are you at least 18 years old?**
- **Have you experienced sexual trauma as an adult?**

Your input is needed to help Black Women overcome sexual trauma

Receive $25 for your participation

Call (510) 458-2406 or e-mail us at SistasRising@gmail.com

**Confidentiality cannot be ensured via e-mail.*

This research study will be conducted at the University of San Francisco

UNIVERSITY OF SAN FRANCISCO

Appendix B. Site Recruitment Letter

Dear _________________,

My name is Charrin Kimble and I am a doctoral student at the University of San Francisco. As part of the degree requirement, I am expected to complete a research study. The title of my study is “Black Women Surviving Sexual Trauma: The Cultural Components Used to Aid in Recovery” and the purpose is to learn more about the lived experiences of Black female sexual trauma survivors and ways they used their culture to cope.

This research study is under the supervision of:
Dr. Dellanira Garcia, PhD
dgarcia12@usfca.edu

I am seeking permission to post a recruitment flyer in the public bulletin board near your establishment. It is understood that participation is completely voluntary and confidential.

I thank you for your time and consideration.

Sincerely,
Charrin Kimble

Appendix C. Colleague Recruitment Letter

Dear _______________,

My name is Charrin Kimble and I am a doctoral student at the University of San Francisco. As part of the degree requirement, I am expected to complete a research study. The title of my study is “Black Women Surviving Sexual Trauma: The Cultural Components Used to Aid in Resiliency” and the purpose is to learn more about the lived experiences of Black female sexual trauma survivors and ways they used their culture to cope.

This research study is under the supervision of:
Dr. Dellanira Garcia, PhD
dgarcia12@usfca.edu

I am asking for your support in recruiting potential research participants for my study. I would appreciate your assistance in making this recruitment flyer available to anyone you feel may be interested in sharing their experience with others for the purposes of research. Your support is entirely voluntary.

I thank you for your time and your consideration.

Sincerely,
Charrin Kimble

Appendix D. Participant Screener

Thank you for calling to find out more about our research study at USF.

or

Thank you for contacting us, I am returning your call/or email to provide more information about our research study at USF.

My name is Charrin Kimble, and I am a doctoral graduate student at the University of San Francisco. The purpose of our research study is to understand the experiences of Black women who have experienced sexual trauma. Specifically, we want to understand the role of culture on Black women's recovery from sexual trauma.

We will be asking you to participate in a one-time, face-to-face interview that asks about your recovery, resiliency, and treatment recommendations. The interview may last approximately one to two hours to complete and will be audio recorded. The interview will consist of questions about ways your culture has helped you recover from sexual trauma and specific strategies you used overcome sexual trauma. No identifying personal information will appear in the write up of the study, a pseudonym will be used in place of your name, and that information will not be linked to your personal interview. We will offer participants a $25 gift card for their participation. Remember, your participation is voluntary. I will keep all the information I receive from you, including your contact information, confidential.

Do you have any questions or concerns? Now that you have a basic understanding of the study, are you interested in participating?

If NO: Before we hang up, I would like to offer you community referrals, is this something that you would like? Thank you very much for calling. Goodbye
[End call]

If YES:
Great, thank you. Before enrolling in this study, we need to determine if you are eligible to participate. I would like to ask you some questions that will take a few more minutes of your time.

Do I have your permission to ask you these questions?

(Participants must answer **yes** to the following questions in order to be eligible to participate:)

1. How old are you? _________ [If under 18 years old: INELIGIBLE]
2. What is your race/ethnicity? [Must identify as Black/African American: All others ineligible]
    - Black/African American
    - Latina/Hispanic
    - White
    - Asian/Pacific Islander
    - Native American
    - Other
3. At what age did you experience sexual trauma? _________ [If under 18 years old: INELIGIBLE]

4. How long has it been since your experience of sexual trauma, as an adult? ________ [If under 1 year: INELIGBLE]
5. Would you consider yourself to be coping well?_________ [If no: INELIGIBLE]
6. Are you comfortable doing a face-to-face interview about sexual trauma in English? [If no: INELIGIBLE]

If not eligible- Thank you for taking the time to speak with me today, unfortunately, you are not eligible to participate in the research study. Before we hang up, I would like to offer you some community referrals, is this something that you are interested in? Goodbye. [End Call]

If eligible-
Thank you for taking the time to speak with me today. You are eligible to participate in the research study. As a reminder, your participation will involve participating in an interview and completing a brief demographic sheet, this will take place at one of several locations of your choice and a time that is most convenient for you. (proceed to scheduling)

Would you like to schedule a time to meet for the interview?

If NO: Thank you for taking the time to speak with me today. Before we hang up, I would like to offer you some community referrals. Goodbye. [End Call]

If YES: [set a date, time and location for the interview] Thank you for your willingness to participate in my study. I will be calling to remind you of our appointment. Do you prefer email, text, or call [Note the preference and collect contact information] I look forward to meeting with you on (scheduled date).

Do you have any questions for me at this point?
(Respond to any questions.)
[End call]

Appendix E. Consent Form

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

Below is a description of the research procedures and an explanation of your rights as a research participant. You should read this information carefully. If you agree to participate, you will sign in the space provided to indicate that you have read and understand the information on this consent form. You are entitled to and will receive a copy of this form.

You have been asked to participate in a research study conducted by Charrin Kimble, a doctoral graduate student in the Department of Integrated Health, School of Nursing and Health Professionals at the University of San Francisco. The faculty supervisor for this study is Dr. Dellanira Garcia, PhD a licensed clinical psychologist and professor in the Department of Integrated Health in the School of Nursing and Health Professionals at the University of San Francisco.

WHAT THE STUDY IS ABOUT:

The purpose of this research study is to understand the lived experiences of Black female survivors of sexual trauma to examine culturally-based coping strategies that aided in their recovery.

WHAT WE WILL ASK YOU TO DO:

During this study, the following will happen: 1. You will be asked to complete a short demographic questionnaire about yourself including your age, gender, ethnicity, and religion. 2. You will be invited to participate in a one-time individual face-to-face interview and asked a series of questions about how you dealt with sexual trauma, recovery strategies, and treatment recommendations.

DURATION AND LOCATION OF THE STUDY:

Your participation in this study will be one interview session that lasts one to two hours. The study will take place in a private room on one of the University of San Francisco campuses.

POTENTIAL RISKS AND DISCOMFORTS:

The research procedures described above may involve the following risks and/or discomforts: Some of the questions of the study may be sensitive, however we expect that any risks, discomforts, or inconveniences will be minor. If you wish, you may choose to withdraw your consent and discontinue your participation at any time during the study without penalty. In addition, you will receive a resource list for your use.

BENEFITS:

You will receive no direct benefit from your participation in this study; however, the research should help us learn how to improve services for women that have experienced sexual trauma.

PRIVACY/CONFIDENTIALITY:

Any data you provide in this study will be kept confidential unless disclosure is required by law. In any report we publish, we will not include information that will make it possible to identify you or any individual participant. We will assign a pseudonym to each participant. Study information will be coded and kept in locked files at all times. Master lists that include a participant's name and a code (or pseudonym) linking the name to the collected data will be kept secure and stored separately from the collected data. Only study personnel will have access to the files. Consent forms and any other

identifiable data will be destroyed three years after the end of the study. The audio recordings that we make will not be heard by anyone outside the study staff. The audio recordings will be destroyed three years after the end of the study.

COMPENSATION/PAYMENT FOR PARTICIPATION:

You will be offered a $ 25 Amazon gift card for your participation in this study.

VOLUNTARY NATURE OF THE STUDY:

Your participation is voluntary and you may refuse to participate without penalty or loss of benefits. Furthermore, you may skip any questions that make you uncomfortable and may discontinue your participation at any time without penalty. In addition, the researcher has the right to withdraw you from participation in the study at any time.

OFFER TO ANSWER QUESTIONS:

Please ask any questions you have now. If you have questions later, you should contact the principal investigator: Charrin Kimble at (408)-460-5599 or ckimble@usfca.edu and/or Dr. Dellanira Garcia at (415) 422-4072 or dgarcia12@usfca.edu. If you have questions or concerns about your rights as a participant in this study, you may contact the University of San Francisco Institutional Review Board at IRBPHS@usfca.edu.

I HAVE READ THE ABOVE INFORMATION. ANY QUESTIONS I HAVE ASKED HAVE BEEN ANSWERED. I AGREE TO PARTICIPATE IN THIS RESEARCH PROJECT AND I WILL RECEIVE A COPY OF THIS CONSENT FORM.

____

PARTICIPANT'S SIGNATURE *DATE*

APPENDIX F. Demographic Form

Demographic Questionnaire

ID Code _____

Current Age _____

Ethnic Background

- Black American ___
- Caribbean American ___
- African ___
- Bi/Multiracial ___
- Other ___

Relationship Status

- Single, never married ___
- Married/Partnered ___
- Single/ living with partner ___
- Separated ___
- Divorced ___
- Widowed ___

Level of Education

- < 12th grade yrs completed ___
- Completed High School/ GED ___
- High School + other training ___
- Vocational ___
- Some College ___
- Completed College ___
- Some Postgraduate education ___
- Master's ___

Present Religious Affiliation

- Catholic ___________
- Protestant ___________
- Jewish ___________
- Muslims ___________
- Other ___________
- None ___________

Estimate of Current Household Income

- Under $15,000 ___________
- $16,00-25,000 ___________
- $26,000-35,000 ___________
- $36,000-50,000 ___________
- $51,000-70,000 ___________
- $71000 or more ___________

Appendix G. Referral List

Referral List

Thank you for taking the time to speak with me. We truly value the information you have provided.

If you or a person you are concerned about is feeling unsafe and is experiencing a psychological emergency please **call 911.**

Suicide Prevention Hotline:
Call: (415) 781-0500; On-Line Lifeline CHAT
24-hour telephone counseling and referral for people who are experiencing depression and/or thoughts of suicide. Translation services available.
http://www.sfsuicide.org/
http://www.suicidepreventionlifeline.org/gethelp/lifelinechat.aspx

Crisis Text Line: 24-hour crisis counselor available. Text "HOME" to 741741
http://www.crisistextline.org/

SF Women Against Rape:
Call: (415) 647-7273
http://www.sfwar.org/programs.html

Bay Area Women Against Rape
Call: 510-845-7273
http://www.bawar.org/get-help/

YWCA Silicon Valley (Trauma and Recovery Services)
800-572-2782
http://ywca-sv.org/our-services/support-services/

Appendix H. Interview Guide

Pseudonym______________________________ Start time____________ End Time________

Interview Guide

Script:

Thank you for participating in this research study. The interview will take one to two hours. I am going to ask you a few questions about yourself first. There are no right or wrong answers. Do you have any questions before we begin?

1. How old are you?
2. What is your ethnicity or race?
3. What is your highest level of education?
4. What pseudonym would you like to use?

Thank you for your participation so far. The questions I have now, will ask you to think about some of your experiences and the way you have coped with them. I am interested in hearing about ways you have recovered from sexual trauma, so sometimes I will ask for more details that will relate to your thoughts or feelings. I will not ask you about the details of what happened to you, but instead about how you understood some of your experiences and what you did. There are no right or wrong answers to my questions, I want to hear about your experiences. I will be sure to leave time at the end of our interview in case you have any questions for me. Do you have any questions before we begin?

1. To get started, I would like to know how you are doing now/today.
   Do you consider yourself to be doing well? Why or why not?
   - How would you describe doing well?
   - Was there a time that you were not doing well?
2. When you think about resiliency, what comes to mind?
   - Do you consider yourself resilient?
   - Tell me more about that.
3. How would you define resiliency? What does resilience mean to you?
   - (probe) What helped you maintain that resiliency?
   - (probe) What hindered your ability to maintain resiliency?
4. Can you describe when recovery began for you?
   - (probe)Tell me about when you felt strongest during your period of recovery?
   - (probe) Where do you feel such strength came from?
   - (probe) What personal strengths did you draw upon?

Thank you for sharing your experiences about recovery, now I would like to ask you about your culture.

5. How do you think being a Black woman has helped or not helped you recover from the rape/experience/ assault? Can you tell me specific ways that you coped with your experience?
   - (probe) Specifically, how did you survive this experience?
   - (probe) What helped/ didn't help?
6. What aspects of your culture helped in your recovery process?
   (Interviewer note: probe here for cultural specific content)

- (probe) If only religion stated: Besides religion, can you describe other ways your culture has helped you cope with sexual trauma/these experiences?
- (probe) What helped/didn't help?

Thank you for sharing your experiences about your culture, now I would like to ask you about seeking help.

7. Tell me about your decision to seek or not seek help.
    - (probe) If no: Tell me about your decision
    - (probe) If no: Who did you seek help from and where did you go?
    - (probe) If no: What do you think would have assisted you in seeking help?
    - (probe) If yes: Tell me about the experience of the helped you received? How soon did you seek help?
    - (probe) If yes: What was it like for you to seek help?
    - (probe) If yes: What helped you make the decision to seek help?
    - (probe) If yes: Who did you tell you were seeking help?
    - (probe) If yes: What changes, if any, would you make about the helped you received?
8. How was your identity as a Black woman or your culture addressed in the help you received?
9. What would treatment look like if you could create it for yourself or women like you with similar experiences?
    - What type of support would you have liked to receive?
10. What should providers know about Black women who have survived sexual assault?
11. As we come to the end of this interview, what advice would you give to other Black women recovering from sexual trauma?

Thank you for taking the time to come and meet with me today and share your experiences.
Do you have any questions for me?
Is there anything else that you would like to add about what we have discussed today?

(Interviewer note: Provide a hard-copy of community referrals to the participant at the conclusion of the interview.)