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Shattering Silence: Exploring Barriers to Disclosure for African American Sexual Assault Survivors

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Abstract

National-, community-, and college-based studies have documented the high prevalence of sexual assault among African American women. Although African American women experience sexual assault at alarming rates, they are less likely to disclose or seek help in the aftermath of sexual assault. The purpose of this literature review is to provide a critique of the current literature examining the barriers to disclosure for African American women, such as intrapsychic factors, the damaging effect of an unsupportive response to initial disclosure, stigmatization of African American female sexuality, apprehension regarding racism, and racial loyalty. The authors provide a summary of the literature, gaps in current empirical studies, and needs for future study. Culturally relevant intervention recommendations are described. Finally, implications for sexual assault policy are provided.

Keywords

sexual assault, adult victims, support seeking, cultural contexts

Regardless of race and ethnicity, anywhere from one sixth to almost one quarter of women in the United States have survived sexual assault (Elliot, Mok, & Briere, 2004). National studies focusing on the prevalence rate of sexual assault among African American women in particular found that nearly 3 African American women per 1,000 had been sexually assaulted (Rennison & Welchans, 2000). In a more recent national study, the researchers found that an estimated 23.4% of African American women have experienced sexual assault in their lifetime (Kilpatrick, D.G., Resnick, H.S., Ruggiero, K.J., Conoscenti, L.M. & McCauley, J. "Drug facilitated, Incapacitated, and Forcible Rape: A National Study" Final Report submitted June, 2007 to the National Institutes of Justice, Grant No. 2005-WG-BX-0006.). Furthermore, higher rates of sexual assault have also been documented in community-based samples and college samples. More than 30% of African American women in community (Molitor, Ruiz, Klausner, & McFarland, 2000) and college samples reported sexual assault (Carmody & Washington, 2001). The rates of sexual assault of African American women are found to be equal to or in some cases more than their White counterparts (Elliot et al., 2004). The authors note that underreporting may affect discrepancies in prevalence rates of sexual assault. Additionally, research has shown that the majority of women, of all races, experience their first attempted or completed sexual assault before the age of 18 (Tjaden & Thoennes, 2000). The prevalence rates of sexual assault against women in general and African American women in particular are alarming. African American female sexual assault survivors will be the focus of the current literature review due to the unique experiences of sexual violence perpetrated against this group historically and in modern times.

An Ecological Framework of Sexual Assault

Bronfrenbenner developed the Ecological System's Theory (Bronfrenbrenner, 1977), which is an ecological framework that moves beyond restricting events to the experience of the individual and seeks to examine the more complex context of interacting systems such as family, peers, neighborhood, employer, and sociopolitical climate. In recent decades, there has been an attempt to understand the influence of multiple contexts (e.g., schools, peers, and families) on aggressive behaviors (Eron, Huesmann, Spindler, Guerra, Henry, & Tolan, 2002; Tolan, Guerra, & Kendall, 1995). Although this line of research has largely focused on violence from the perspective of potential offenders, the current authors would like to examine sexual assault from the perspective of the survivor's

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ecological context. While examining another form of violation, bullying, Swearer and Doll (2001) note that victimization can best be understood as ecological phenomena that emerge from complex intrapsychological and interpsychological mechanisms. Internal factors in the individual (e.g., depression, anxiety, and attributional style) interact with the social environment (e.g., family, peer group, school, community, and culture) of the survivor and therefore greatly influence the experience of both the trauma and the recovery from the trauma (World Health Organization, 2009). The authors will examine the ways in which social contexts, agencies, and systems, such as the legal system, and culture shape the context of the very personal experience of sexual assault. By examining these interacting systems (Bronfrenbrenner, 1977), the authors hope to draw attention to the need for prevention strategies that address not only individuals but systems that indirectly or directly support the violation of African American women.

Sociohistorical Context of Sexual Assault of African American Women

The U.S. legacy of slavery and the unabated commodification of African bodies have invariably shaped the experience of sexual violence among African American women (Neville & Pugh, 1997; Wyatt, 1997). African American female sexual victimization perpetrated by White men was first initiated during the middle passage (White, 1985), continued unrestricted during the slave era, the quasislave systems of sharecropping and Jim Crow (Jones, 1985), and interracial and intraracial rape persists into the present day (Jones, 1985; Wades-Gayles, 1993). Thus, the sociohistorical context of legally and morally condoned sexual victimization is distinctly different for African American women as compared to women of other ethnic backgrounds.

During the slave era, rape and sexual exploitation were used as a means to dominate and oppress enslaved African females; the sexual victimization of African American women was legal and deemed justified by their status as property of the plantation owner (Getman, 1984; Higginbotham, 1992; Talty, 2003). Prior to the civil war, the repeated sexual victimization of enslaved females by White masters and the forced breeding practices enslaved females were often subjected to were rationalized by stigmatizing African women and girls as sexually uninhibited (Higginbotham, 1992; Wyatt, 1997). This negative sexual stereotyping permitted Whites in America to propagate the notion that African women could not be sexually exploited because they found sex to be pleasurable and, in fact, welcomed sexual advances (Collins, 1991; Talty, 2003). Furthermore, the creation and perpetuation of this negative sexual stereotyping negated the concept that African American women are legitimate victims of sexual victimization.

Historians such as Higginbotham (1992) and Hines (1989) have documented the association between African American women's sexual exploitation and African American women's labor. They suggest that throughout African American women's economic history in the United States, sexual abuse has been identified as an occupational hazard. For example, during slavery, African women's bodies were considered accessible at all times to the slave master. Postslavery, the job most frequently available to African American women was domestic workers, and until about the late 1950s, the majority of African American women working outside the home were domestic workers. It is well documented that as maids and washerwomen, African American women were routinely the victims of sexual assault committed by the Caucasian men in the families for which they worked (Davis, 1985).

Although legalized slave labor and the resulting sexual violation has ceased, the belief that African American women are not legitimate victims of sexual victimization still remains today. In fact, judges and juries tend to impose harsher penalties (i.e., longer sentences) for men who rape White women as compared to Black women (Moorti, 2002). Thus, it is clear that stereotypes about African American female sexuality created during slavery persist in the present time and serve as a barrier to disclosure among African American sexual assault survivors. Furthermore, the racism and other forms of oppression that African American women encounter are also traumatic (Bryant-Davis & Ocampo, 2006) and may serve to further complicate women's decision to disclose experiences of sexual assault.

Effects of Sexual Assault

Sexual assault can have mental, psychological, and spiritual effects for survivors. These effects can be both short and long term. Short-term symptoms typically included anxiety and arousal symptoms that were not present before the traumatic event, feelings of anger or worthlessness, depression with possible suicidal ideation, and decreases in self-esteem (Kress, Trippany, & Nolan, 2003). A woman's susceptibility of developing posttraumatic stress disorder (PTSD)-like symptoms from increased anxiety and arousal can be based on past life experiences, age, and developmental maturity at time of trauma, genetic predisposition, and availability of support systems both prior to and following the sexual assault (Kress et al., 2003). Although 73%–82% of sexual assault victims experiencing trauma-related anxiety, only between 17% and 65% will develop PTSD (Campbell, Dworkin, & Cabral, 2009). The negative long-term psychological sequelae associated with sexual assault include lower self-esteem, depression, substance use disorders, anxiety, and PTSD (Foa & Riggs, 1993; Resick, 1993). Campbell et al. (2009) summarize several meta-analytic reviews of the effects of sexual assault and provide the following statistics: 13%–51% of women meet diagnostic criteria for depression following sexual assault; 23%–44% experience suicidal ideation with 2%–19% attempting suicide; dependence on alcohol can be seen in 13%–49%; and 28%–61% report the use of other illegal substances. In addition to the psychological impact of sexual assault, one cannot ignore the physical health complaints of many victims. These often include chronic pelvic pain, gastrointestinal problems, fibromyalgia, and reproductive and sexual dysfunction (Asserson, 2003).

Evidence does exist for racial differences in the development of psychological symptoms following sexual assault. For example, the study of Neville, Heppner, Oh, Spainerman, and Clark (2004) indicates that African American female college students who experienced prior victimization were more likely than their White counterparts to blame themselves for their most recent sexual assault, which was related to a reduction in their self-esteem. Additionally, depression is identified as a common experience among African American sexual assault survivors, particularly during the weeks following the assault (Rickert, Wiemann, & Berenson, 2000). African American adolescent girls who report repeated incidents of childhood sexual abuse (Cecil & Matson, 2001) and African American battered women who report multiple occurrences of sexual assault such as marital rape (Campbell & Soeken, 1999) are especially vulnerable to experiencing depression. Moreover, in comparison to their peers, female African American survivors of sexual assault often report higher rates of use and abuse of various substances, including alcohol, marijuana, and crack cocaine (Curtis-Boles & Jenkins-Monroe, 2000).

Help Seeking: Disclosure of Sexual Assault

Disclosure is a critical first step in obtaining help following sexual victimization. In this literature review, the authors define disclosure as seeking help from either informal (e.g., family and friends) or formal supports systems (e.g., police and counselors). Research to date primarily focuses on correlates of police reporting of sexual assault. However, two thirds of women eventually disclose sexual assault to informal systems, usually family, friends, or romantic partners (Fisher, Daigle, Cullen, & Turner, 2003). Starzynski, Ullman, Filipas, and Townsend (2005) found that assaults by strangers, assaults involving weapons, more PTSD symptoms, and greater behavioral self-blame all remained significant predictors of telling both formal and informal support sources, after controlling for other predictors. Thus, these findings suggest that there are particular factors that influence whether a woman discloses the sexual assault and seeks help. Disclosing sexual victimization to informal support systems and experiencing positive reactions may give women access to emotional support in their everyday lives; additional disclosures to formal support systems may give survivors access to resources (e.g., therapy, education, justice, or other support; Starzynski et al., 2005). However, the authors note that there is a great need for the formal support sources (legal and medical systems) to respond positively to the survivor for the survivor to truly benefit from the services (Filipas & Ullman, 2001; Ullman & Filipas, 2001a).

Traditionally, the medical and criminal justice communities, as well as victim advocacy organizations independently serve sexual assault survivors. At times, these service providers from the various domains have been at odds with each other, resulting in disjointed responses and services, leaving many women underserved (Martin, 2005). This fragmentation of services may serve as a barrier to help-seeking behavior among sexual assault survivors. However, the advent of Sexual Assault Response Teams (SARTs) enables sexual assault survivors in many communities across the United States to be able to use multidisciplinary services in an effort to begin their healing and recovery. More specifically, SARTs have been developed to ensure that victims are provided with a broad range of necessary care and services (legal, medical, and social services) following sexual victimization (Martin, 2005). The teams typically include a forensic examiner, a sexual assault advocate, a prosecutor, and a law enforcement officer. All responding actors follow specific protocols that set out their responsibilities in treating and providing services to victims of sexual assault. The rationale for multidisciplinary services, such as SARTs, is that sexual assault survivors will receive comprehensive services in an efficient manner, resulting in a reduction in the frequency in which victims have to retell their story to service providers and to provide medical, legal, and advocacy support in one setting (O'Sullivan & Carlton, 2001). In essence, SARTs may play a critical role in reducing or minimizing the trauma experienced by sexual assault survivors (United States Department of Justice, 2004). The use of SARTs may play an active role in decreasing the barriers that often keep African American sexual assault survivors from seeking help in the wake of sexual assault. As such, SARTs are an intended audience for the current review of the literature.

Purpose and Scope of the Literature Review

Despite the considerable rate of sexual assault among African American women and the accumulating evidence of the consequential negative mental health effects, African American women are less likely to disclose experiences of sexual assault and receive less support when they do disclose (Long, Ullman, & Starzynski, 2007). Moreover, the intersection of gender, race, and socioeconomic status affect the disclosure patterns of African American women (McNair & Neville, 1996). Specifically, some argue that the historical and contemporary realties for African American women greatly influence the nature and quality of resources available to African American sexual assault survivors, their willingness to access those resources, and the treatment they receive when help is actively sought out (Walker, 1995). The authors of this literature review discuss the historical and contemporary realities influencing disclosure patterns of African American female sexual assault survivors.

This literature review first explores the intrapsychic barriers to disclosing sexual assault among women across cultures. Second, systemic barriers women may encounter following sexual assault are discussed. Third, the authors discuss culture-specific barriers to disclosure of sexual victimization among African American women. Fourth, gaps in the literature are identified to inform directions for future study. Fifth, recommendations for service providers are offered to promote disclosure and help seeking in the African American community through activities that include community outreach and education. Sixth, empirically based treatment recommendations sensitive to these barriers are provided, including the

recommendation for forms of trauma therapy, which address cultural and systemic barriers and their impact on the recovery process. Finally, meaningful implications for policy are provided regarding service provision for African American sexual assault survivors.

The authors searched PsycINFO to obtain relevant literature to review. The following keywords were searched alone and in cohort: African American, women, sexual assault, disclosure, help seeking, reporting, and service utilization. The authors reviewed peer-reviewed articles from the past 15 years. The reference lists of articles were also reviewed to obtain additional pertinent literature (e.g., books on the subject).

Intrapsychic/Cross-Cultural Barriers to Disclosure

Inadequate or Inappropriate Sexuality Socialization

In a review of the literature on child sexual abuse prevention programs, Kenny, Capri, Thakkar-Kolar, Ryan, and Runyon (2008) found that children in the United States are often not socialized adequately about sexuality and sexual abuse. More specifically, the investigators found that most children report little knowledge of the medical names of their genitals and were unable to label a potentially abusive situation as such or define the activity (Kenny et al., 2008). Similar to American children of other ethnicities, literature written by and about African Americans propose that African American 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 (Washington, 2001; Wyatt, 1992). Tyagi's (2001) study summarizes some of the cultural attitudes that sustain inappropriate sexuality socialization of ethnic minority girls (and boys), which foster nondisclosure of sexual abuse. Examples cited include cultural attitudes/beliefs that allow double standards of social and sexual conduct for boys and girls, treating girls and women as property, viewing females as being commodities or having no agency (Karlekar, 1995), encouraging girls and women to subsume their needs to males in the family (Edwards & Alexander, 1992), and requiring unquestioning obedience and respect for elders (Abney & Priest, 1995). Similarly, as Comaz-Diaz (1995) suggests, the value placed on virginity for girls, the shame for survivors, and cultural taboos against discussing sexual matters are family values that are often invoked to prevent sexual assault disclosure. As the literature suggests, incomplete or inappropriate sexuality socialization in childhood may affect an individual's ability to identify abuse and as a consequence delay or hinder the disclosure of sexual assault in childhood, adolescence, and adulthood.

Rape Myth Acceptance

As defined by Lonsway and Fitzgerald (1994), rape myths are "attitudes and beliefs that are generally false but are widely and persistently upheld" that "serve to deny and justify male sexual aggression against women" (p. 134). Rape myths can be viewed as prejudicial and stereotypical ways of thinking about rape, rape victims, and perpetrators (Burt, 1980). Burt (1980) provided the following examples of rape myths, "Only bad girls or women are raped," "any person can resist rape if he or she wanted to," and "individuals who are raped asked for it." Conceptions of rape myths are also influenced by race and racism. Rape myths about African American women in particular include "Black women are sexually loose and therefore cannot be raped," and "Rape of a Black woman is justifiable because she enjoys it" (White et al., 1998). Ultimately, rape myths inappropriately trivialize the violence of sexual victimization and place the blame on the victim and not the perpetrator (White, 1985).

Currently, there has been only one empirical study examining the relationship between the survivor's endorsement of rape myths and disclosure of sexual assault. Specifically, Frazier's (2006) study, of a predominately African American sample (75%), found that there was no significant difference between rape myth acceptance between women who had been victimized and nonvictimized women. Furthermore, the findings about the relationship between disclosure and sexual assault were inconclusive because the sample of women who disclosed the assault (8 out of 61) was too small to make any meaningful comparison to women who had not disclosed the assault (53 out of 61). There is a great need for additional studies to be conducted to examine the relationship between adherence to rape myths and disclosure. Nevertheless, the authors hypothesize that the degree to which African American women implicitly and explicitly subscribe to these rape myths may directly affect their ability and willingness to disclose sexual assault informally to family and friends and formally to medical care providers and law enforcement agencies. In other words, adherence to rape myths may result in less disclosure among sexual assault survivors.

Degree of Self-Blame

Janoff-Bulman (1979) pioneered the research on two attributions of blame among sexual assault survivors: characterological self-blame and behavioral self-blame. A survivor who manifests characterological self-blame is more likely to describe aspects of her own character as explanations for her victimizations, whereas behavioral self-blame is associated with the survivor attributing the assault to her behavior. In a large sample of African American women ($N = 495$) surveyed about their sexual assault experiences, attributions of blame, disclosure, and social reactions received following assault, the researchers found the women attributed most blame for their victimization to the rapist ($M = 18.20$, $SD = 4.50$), followed by behavioral self-blame ($M = 15.81$, $SD = 5.25$), societal blame ($M = 15.10$, $SD = 4.83$), and chance ($M = 14.64$, $SD = 4.64$), whereas fewer blamed their own character ($M = 12.40$, $SD = 4.60$; Long, Ullman, Starzynski, Long, & Mason, 2007). However, in this same study, the researchers found that

less educated African American women attributed more characterological self-blame to themselves ($M = 12.82$) than more educated African American women ($M = 11.57$; Long et al., 2007).

Janoff-Bulman supported the notion that behavioral self-blame was adaptive because an individual could change one's behavior to reduce the risk of future sexual assaults, whereas characterological self-blame was viewed as deleterious because one could not change one's character. Following Janoff-Bulman's groundbreaking study, others have researched characterological and behavioral self-blame and have challenged her findings. Furthermore, several studies indicate that both characterological and behavioral self-blame correlate with poorer recovery, including increased levels of depression and PTSD following sexual assault (Frazier, 1990, 2000).

To date, there is a dearth of empirical studies examining the relationship between self-blame and disclosure of sexual assault. Of the available research, there have been findings that link the degree of self-blame and disclosure. As an example, in a sample of 193 women (75% of whom were African American) who had varied sexual assault experiences, that is, women who had not been sexually assaulted, women who had been sexually assaulted and made a report to the police, and women who had been sexually assaulted and had not made a report, the researchers found that of the women who had been sexually assaulted the primary reason cited for not reporting the assault to a law enforcement agency was self/victim blaming as indicated by the sexual assault survivors endorsing the following item, ''Embarrassed that I allowed it to happen or others might blame me'' (Frazier, 2006). Thus, the above-mentioned study suggests that the extent to which an African American woman attributes her character or behaviors as reasons for victimization can directly affect her decision to disclose the assault and influence her recovery. More specifically, the authors hypothesize that self-blame is related to less disclosure among sexual assault survivors.

Systemic Barrier to Sexual Assault Disclosure

Although racism can be a systemic barrier as in the case with institutionalized racism, rape victims may encounter nonsupportive systems that are not necessarily race based or a result of cultural oppression. The authors include a discussion of secondary revictimization with legal, medical, and social service systems as an example of a systemic barrier women experience following sexual assault.

Secondary Revictimization

Secondary revictimization has been defined as ''victim-blaming attitudes, behaviors, and practices engaged in by community service providers, which result in additional trauma for the rape survivor'' (Campbell & Raja, 1999). Behavioral examples of secondary revictimization include, but are not limited to, asking the victim how she was dressed, questioning her about her prior sexual history, and strongly encouraging her to not take legal action. There have been several studies documenting the secondary revictimization experiences of sexual assault survivors. For example, an ethnically diverse sample of 81 sexual assault survivors (52% African American) who sought emergency medical care were interviewed and asked about the services they received and how the social system personnel treated them. Findings from the study indicate that the survivors reported several revictimization experiences by both the medical and legal systems, for example, were asked about their behavior/choices, their prior sexual history, whether they responded sexually to the assault (i.e., orgasm) and were discouraged to file a report (Campbell, 2005). In the same study, the majority of the participants reported that they felt disappointed (91%), violated (89%), depressed (71%), nervous/anxious (62%) and were not likely to seek further help (80%) after their encounters with the social personnel systems (Campbell, 2005). Similarly, a sample of 102 sexual assault survivors (51% African American) seeking help from community providers were asked to rate their experiences on a 7-point scale from *very healing* to *very hurtful*, approximately half rated their experiences with the medical system as hurtful (52%) and almost a third rated their experiences with the medical system as very hurtful (Campbell, Wasco, Ahrens, Sefl, & Barnes, 2001). Likewise, the analysis of the qualitative narratives of eight women (five of whom were African American) who initially disclosed the assault but then stopped disclosing for a significant period of time indicated that initial disclosures to formal support systems were met with negative responses and insensitivity and ultimately fostered the survivors' concerns about the helpfulness of disclosure and mounting fears about additional negative reactions (Ahrens, 2002). As can be inferred from the findings of the above-mentioned studies, secondary revictimization may result in less disclosure to health care providers and the legal system.

Culture-Specific Barriers to Disclosure Among African American Women

Racist and Stereotypical Images of African American Women's Sexuality

Stereotypes about African American women's sexuality have been perpetuated since slavery and continue to serve as a barrier to disclosing sexual victimization today (Washington, 2001). According to Collins (2000), the Jezebel stereotype, which presents African American women as sexually promiscuous and immoral, was created to rationalize the sexual atrocities enslaved African women were repeatedly subjected to by their slave masters. Present day Jezebels are commonly labeled: hoochies, hoodrats, and welfare queens. Although the labels vary, the perception about these women has not—contemporary Jezebels are still thought to be sexually available and sexually uninhibited.

The implications of the matriarch stereotype are subtler than the Jezebel stereotype; nevertheless, it has grave repercussions

for African American sexual assault survivors. The origins of the matriarch stereotype can be traced back to the 1960s when a government report stated that slavery had disassembled the African American family by reversing the roles of men and women (Moynihan, 1965). In essence, the matriarch stereotype was created to stigmatize African American womanhood.

However, some women are choosing to embody aspects of the matriarch stereotype that symbolize strength. Illustrative of this is the persona of the "Strong Black Woman" that many Black women have adopted. The "Strong Black Woman" is an individual who is self-sufficient, independent, and able to survive life's difficulties without assistance (Donavon & Williams, 2002). This persona can take the form of both a source of resilience and a hindrance. Strength in the face of adversity can be an effective survival strategy for African American women and a marker of resilience. In the study by Todd and Worell (2000) of lower socioeconomic status African American women who faced adversity, the investigators found that resilience was associated with a determination to survive, prevail and a sense of self-efficacy. However, in the case of African American sexual assault survivors, embracing the "Strong Black Woman" persona has often been associated with a culture of silence. In Washington's (2001) qualitative study of patterns of disclosure among African American sexual assault survivors, a participant stated "In a lot of cases Black women are accustomed to hard times. Getting sexually abused is just one more thing. The attitude is just endure this one" (p. 18). However, not disclosing the assault hinders the survivor's access to emotional support. As noted by Neville and Pugh (1997), "approximately half of the [African American] women who did not seek counseling identified what we conceptualized as inner strength and minimization as a significant contributor to this decision" (p. 377). African American women are generally reluctant to disclose publicly or privately about their assault (Ullman & Filipas, 2001). The authors hypothesize that the existence of the Jezebel and matriarch stereotypes serves as barriers to disclosure among African American sexual assault survivors. More specifically, the internalization of the stereotypes may lead the women to not conceptualize their experiences as sexual assault and/or the knowledge that others uphold these stereotypes may create mistrust/doubt that systems will recognize them as legitimate victims of sexual violence. The internalization of these and other cognitions create psychosocial barriers to sexual assault reporting. The woman who has internalized these distorted and unhealthy stereotypes may experience a state of embarrassment and fear of rejection that outweighs the perceived benefits of reporting their sexual assault (Norris, Nurius, & Dimeff, 1996).

Prior Negative Interactions With Legal, Medical, and Social Service Systems

It has been theorized that a notable barrier to disclosure for African American sexual assault survivors in particular is the distrust of dominant society (i.e., police, mental health professionals, criminal justice system, and social service agencies) that at times engage in racially and economically discriminatory practices that can serve to "revictimize" African Americans (Washington, 2001). Sexual assault researchers and activists have often found that African American women are generally unlikely to seek help from rape crisis centers that are predominately directed and staffed by White staff members due to the belief that their needs and concerns will be overlooked and not addressed (Washington, 2001). To date, researchers have suggested that African American sexual assault survivors are less likely to seek help from dominant society for several reasons. Notably, experiences with oppression, both intergenerational and societal trauma, require that members of the African American community protect themselves from mistreatment by establishing psychological and social boundaries that ensure problems and conflicts stay within the community thereby decreasing the exposure to risk, ridicule, and racism (Tyagi, 2001). Furthermore, as Sue (2001) points out, pervasive racism and limited knowledge about different cultures often results in service providers being predisposed to biases and prejudice that affects assessment, treatment, and therapeutic engagement with ethnic minorities in the helping services.

Cultural Mandate to Protect African American Male Offenders

African American women, similar to their counterparts from other racial-ethnic groups, are most often sexually assaulted by someone from their own racial-ethnic group (Washington, 2001). In fact, a 2001 report by the Bureau of Justice Statistics found that 85% of sexual assaults for African Americans are intraracial. Currently, there is a paucity of empirical studies examining how intraracial sexual assault influences the disclosure patterns of sexual assault survivors. In an older study, of a sample of 29 African American women who experienced an attempted or completed sexual assault, one of the participants identified a culture-specific barrier to disclosure (i.e., "I didn't want to tell because the person who attacked me was Black"; Neville & Pugh, 1997). Similarly, in a qualitative study conducted with 12 African American women who had experienced various forms of sexual assault, the investigator found one fourth of the participants identified a cultural mandate to protect African American male offenders as influencing their decision to disclose the assault (Washington, 2001). As an example, one of the participants in the qualitative study stated:

> If we begin to point out the Black male for specific problems we tend to get heat ... even from some women because we as women have been socialized as well. And its 'don't bring the Black man down. ... He's already going to jail, dying, rumored to be an endangered species; so why should we as Black women bring our wrath against him? (Washington, 2001).

Moreover, it has been theorized that African American women may feel ambivalent about whether to disclose their sexual assault to others and the identity of their assailant due to the

fact that their perpetrator is an African American male (Bryant-Davis, 2005b). In other words, the effort to protect African American male offenders serves as a barrier to disclosure among African American sexual assault survivors. Historically, false accusations of sexual assault against African American males have perpetuated their unfair treatment in many domains, for example, work, military, and schools (Patton & Snyder-Yuly, 2007). African American women may feel an ''allegiance'' to protect these men from perceived and actual unfair treatment by the criminal justice system and thus do not disclose their sexual assault experiences.

Discussion

Although previous studies have examined women's experiences of sexual assault and disclosure patterns, the knowledge and research about these issues for African American women specifically is still in its infancy. In this literature review, the authors discussed intrapsychic, systemic, and culture-specific barriers to disclosure among African American sexual assault survivors. Barriers to disclosure included inappropriate or inadequate sexuality socialization that early on may have prevented African American women's ability to recognize sexual assault as a form of abuse. Additionally, self-blame, stereotypical images of African American female sexuality, as well as a cultural mandate to protect African American male perpetrators from actual and perceived unfair treatment in the criminal justice system are additional potential barriers to help seeking behaviors for victims of sexual assault. The authors note that African American women may face additional barriers to help seeking as well, for example, lack of health insurance due to lower socioeconomic status and stigma of seeking help from mental health professionals (e.g., beliefs that individuals who seek help are ''crazy'').

Gaps in the Literature

A primary challenge to examining the disclosure patterns of sexual assault survivors in general and of African American women in particular is the difficulty in recruiting individuals who have not disclosed the sexual assault. Thus, available and future studies ultimately are dependent on the woman's decision to disclose.

To date, research about sexual assault and violence against women is usually not presented separately by ethnic groups (Kahn, Jackson, Kully, Badger, & Halvorsen, 2003), and most researchers acknowledge the lack of diversity in their samples (Monson, Langhinrichsen-Rohling, & Binderup, 2000). In examining the experiences of African American sexual assault survivors, it is imperative that researchers identify the ethnic composition of their samples and also recognize that findings from the study may not be generalizable to all African American women. For example, findings from a convenience sample of African American female college students or low socioeconomic status African American women may not represent the experience and disclosure patterns among all African American survivors. Factors influencing the diversity among African American women are multifold and include, but are not limited to, age, disability, socioeconomic status, sexual orientation, and interactions with the criminal justice and welfare systems. Each of the diversity factors, alone or in a cohort, with an additional factor can affect the disclosure patterns of survivors. For example, African American women's lives and social experiences are shaped by their race and socioeconomic histories. Consequently, they are vulnerable to socioeconomic-based racial stereotyping (McNair & Neville, 1996). Therefore, future studies should examine the independent and interactive effects of socioeconomic status and race biases that influence disclosure and help seeking among these women.

As noted previously, African American women are less likely to disclose sexual victimization as compared to their White counterparts (Long et al., 2007). Nondisclosure can influence the survivor's access to physical and psychological assistance by medical and mental health professionals. Future research should examine the physical and psychological effects of sexual assault for African American female survivors who have not sought therapy or disclosed to a mental health professional. Furthermore, researchers should also study the coping strategies used by women who do not disclose the sexual victimization. It is important to determine the coping strategies that are used by this population as well as the effectiveness of these strategies, particularly in the absence of traditional psychotherapy. In Bryant-Davis' (2005a) study conducted with adult survivors of childhood violence, she found that childhood sexual abuse survivors used multiple strategies such as social support, spirituality, activism, and art to cope with the trauma; this study suggests that these coping strategies may also be used by survivors of adulthood sexual assaults.

Additionally, researchers should continue to explore the disclosure patterns of African American sexual assault survivors who have disclosed the victimization. Future studies could build on research on the elapsed time between the assault and disclosure, to whom the survivor discloses to, that is, informal sources (e.g., family and friends) versus formal sources (police and counselor), and which group (informal vs. formal sources) are identified as most helpful by survivors. Furthermore, knowledge about the recipients of African American sexual assault survivor disclosures can illuminate the resources that African American women find accessible and/or attractive or accessible and culturally relevant.

Culturally Informed Intervention Recommendations

The current approaches and services for sexual assault victims (e.g., law enforcement agencies and rape crisis centers) are underutilized by African Americans, and thus a more culturally appropriate approach needs to be implemented to better serve African American women. Part of this approach would include accessing the social and community infrastructures shared by African American women. In other words, in light of the fact that African American sexual assault survivors encounter multiple barriers to disclosure and help seeking, it is recommended

that service providers (i.e., mental health professionals, rape crisis counselors, and health providers) spearhead community outreach efforts to provide education about the definitions, dynamics, prevalence, and effects of sexual assault as well as the treatment and judicial options available to survivors. Additionally, community engagement efforts should address culture-specific barriers to disclosure (i.e., potential cultural mandate to protect African American male offenders) that often silence African American sexual assault survivors. More specifically, the community should be informed that the perpetrator has betrayed community safety and trust, not the survivor (T. Bryant-Davis, personal communication 2009). Points of entry into the community to do this work include community centers, hair salons, and churches. Empowering the community to be a source of strength, as opposed to a barrier in the sexual assault survivors' recovery process should be a primary goal of outreaching to the African American community.

Outreach in the African American community can be actualized in multiple forms by the various service systems that provide services to sexual assault survivors. Specifically, police officers can engage in community policing, interaction, and support of community members in bringing problems to their awareness, for example, identification of perpetrators of sexual assault. Legal advocates can collaborate with existing agencies in the community and develop legal aide clinics in which African Americans can seek legal advice and counsel in a culturally responsive setting. Medical staff personnel, including SARTs, can increase their diversity in staffing and training with the purpose of being more culturally sensitive to ethnic minorities in general and African American sexual assault survivors in particular. Finally, social service systems can spearhead public health education and prevention efforts in the communities aimed to specifically combat sexual assault.

As research suggests, there are few African American sexual assault survivors who seek mental health services, but for those who do and for those who will in the future, it is of utmost importance that therapists implement evidenced-based clinical approaches as well as culturally responsive promising practices that take into account the contextualized sociohistorical experiences of African American women in the United States. Currently, there is a dearth of literature examining clinical approaches that incorporate sociohistroical factors and experiences of African American sexual assault survivors in treatment. Thus, there is a dire need for empirical studies that will inform work with this population. Similar to studies that have been done on cultural modifications of trauma-focused cognitive-behavioral therapy for Latinos (de Arellano & Danielson, 2005), therapeutic approaches are needed that are culturally responsive to the experiences of African American women.

Furthermore, therapists should also be cognizant of the multiple factors that may affect the timing and dynamics of sexual assault disclosure in the context of therapy. These factors include (a) low rates of outpatient mental health use in general by this group (Padgett, Harman, Burns, & Schlesinger, 1994); (b) distrust of the mental health profession (Campbell et al., 2001); (c) unease due to the belief that non-African American therapists will rely on stereotypes about African American women's sexuality that deny their victimization (McNair & Neville, 1996); and (d) concerns about "betraying" the community if the perpetrator is also African American (Washington, 2001). Moreover, the intersection of race, gender, and socioeconomic status in the lives of African American sexual assault survivors are elements that should be addressed when working clinically with this population.

The interaction of race, gender, and socioeconomic status may affect an African American sexual assault survivor's expectations of the therapy process as well as shape the goals and framework of the therapy process. Additionally, given the sociohistorical context of sexual assault of African American women, it is important to acknowledge these broader social issues within the therapy process (Bryant-Davis & Ocampo, 2006). Increasing awareness of the political reality of sexual assault as a function of gender, race, and socioeconomic oppression that has historically permitted African American women to be sexually assaulted, can help a survivor to perceive her assault in the framework of social forces that perpetuate assaults against women (McNair & Neville, 1996). Being informed about the larger social forces that allow sexual victimization of women can help the African American sexual assault survivor in relinquishing personal responsibility for her assault. Traditional trauma-focused treatment can therefore be used but with modifications based on an understanding of the principles of liberation psychology and feminist psychology (Greene, 1997; Moane, 2003).

Implications for Policy

Modification of policies may increase the likelihood of disclosure among certain groups of African American sexual assault survivors. Given the multiple barriers to disclosure and help seeking, it is important that health and mental health agencies use routing screening for sexual assault. By asking African American women direct behaviorally specific questions, clinicians can create a safe opportunity for disclosure. Agencies should set funding policies for both cultural competence training and community outreach. By providing sexual assault psychoeducation within the community and increasing the diversity training of agency staff, the likelihood of African American women's disclosure should increase (Bryant-Davis, 2005a). To improve our understanding of the needs of African American sexual assault survivors, foundations and institutes should proactively seek to fund research projects that examine the cultural context of trauma recovery (e.g., how the intersection of gender, race, and socioeconomic status influence disclosure, help seeking, and interventions). Additionally, hospitals, clinics, and police departments should adopt and enforce policies that promote interdisciplinary collaboration (Masho & Ahmed, 2007) as well as collaboration with community volunteers and advocates. By making these issues policy priorities, agencies give tangible efforts toward addressing the barriers facing African American sexual assault survivors. Finally, and

on a systemic level, recognizing the central barrier of social oppression, Marsh (1993) recommends an interdisciplinary effort to change the systems and policies of the criminal justice system, media, and education system that foster and support racism, sexism, and socioeconomic inequality. By addressing both individual and systemic barriers, SART members can better ensure that African American women and other survivors are provided more sensitive and effective care.

Key Points of the Research Review

- Despite the considerable rates of sexual assault among African American women and the accumulating evidence of the consequential negative mental health effects, they are less likely to disclose their assault and receive less support when they do disclose.
- Intrapsychic barriers to disclosure of among sexual assault survivors include inadequate or inappropriate sexuality socialization, rape myth acceptance, and degree of self-blame.
- Systemic barriers to disclosure of sexual assault among sexual assault survivor include secondary revictimization by mental health professionals and law enforcement.
- Culture-specific barriers of disclosure among African American sexual assault survivors include sociohistorical context of sexual assault of African American women during slavery, stigmatization of African American female sexuality, and potentially the cultural mandate to protect African American male offenders.
- Nondisclosure can affect the survivor's access to physical and psychological assistance by medical and mental health professionals.

Implications for Practice, Policy, and Research

- Future studies should include more diverse samples of sexual assault survivors and current findings separately by ethnic group to learn about this unique population.
- Future research should examine the physical and psychological effects of African American sexual assault survivors who have not sought therapy or disclosed to a mental health professional.
- The interaction of race, gender, and socioeconomic status may affect an African American sexual assault survivor's expectations of the therapy process as well as shape the goals and framework of the therapy process; therefore, it is important to acknowledge these broader social issues within the therapeutic process.
- Traditional trauma-focused treatment can be used with modifications based on an understanding of the principles of liberation psychology and feminist psychology.
- Health and mental health agencies should use routine screening for sexual assault, increase the diversity training of agency staff, and provide psychoeducation in the community about sexual assault.

Declaration of Conflicting Interests

The authors do not have an economic interest in or act as officers of any outside entity whose financial interests would reasonably appear to be affected by this research project.

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Bios

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Thema Bryant-Davis is an assistant professor of psychology at Pepperdine University, where she directs the Culture and Trauma Research Lab. In 2007, the American Psychological Association awarded her the Emerging Leader of Women in Psychology Award for her scholarship and clinical work on violence against women. Her research expertise is in the cultural context of trauma, particularly child abuse, partner abuse, sexual assault, and the societal trauma of racism. She is author of the book *Thriving in the wake of trauma: A multicultural guide*, and she has also published in the journals *The Counseling Psychologist, Professional Psychology: Research and Practice*, and *Trauma, Violence, and Abuse*. In addition, she serves on the Editorial Board for the journal *Psychological Trauma: Theory, Research, Practice, and Policy*. On a global level, she was selected as an American Psychological Association representative to the United

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