



Sexual Violence in the Lives of African American Women: Risk, Response, and Resilience

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With contributions from Jacqueline Johnson

“Who knows what the Black women thinks of rape?
Who has asked her? Who cares?”

—Alice Walker (2004)

As our society becomes more multicultural, it is imperative that our research, treatment, and intervention efforts meet the needs of women of color who have survived sexual violence.¹ Accordingly, in this paper I will focus on the experiences of African American women.² Although this is a richly diverse population, spanning the spectrum of lifestyles and interests, education and income levels, religious background, and extent of assimilation, the unique legacy of slavery, racism, sexism, and economic oppression continues to influence the lives of contemporary Black women. As a result, a disproportionate number of African American women are young, single, impoverished, and urban dwellers. These are all demographic risk factors for criminal victimization, including rape (Catalano, 2006). Despite the level of trauma in their lives, African American women are remarkably resilient (West, 2002).

The purpose of this paper is to: (1) Provide a historical and sociocultural overview of Black women’s sexual victimization. (2) Describe the characteristics of Black rape survivors and rape incidents. (3) Identify risk factors. (4) Review the research on mental and physical health consequences associated with sexual violence. (5) Suggest culturally sensitive responses for service providers. (6) Highlight the resilience of Black victim-survivors of sexual assault.

Historical Overview

In her narrative, *Incidents in the Life of a Slave Girl*, Harriet Jacobs (2001) wrote that “Slavery is terrible for men; but it is far more terrible for women” (p. 66). Embedded in her bold pronouncement was the recognition that Black women experienced a unique threat and danger in slavery—that of sexual assault. In 1619, the first ship loaded with enslaved Africans arrived in Jamestown, Virginia. For many women, rape was part of their initial journey. When they arrived, Black women were placed on the auction block, stripped naked, and examined to determine their reproductive capacity. Once they were sold, enslaved women often were coerced, bribed, induced, seduced, ordered, and of course, violently forced to have sexual relations with their slaveholders and overseers (Sommerville, 2005). Historians estimate that at least 58% of all enslaved women between the ages of 15 and 30 had been sexually assaulted by White men (Hine, 1989).

When the importation of Africans was banned in 1808, the systematic sexual exploitation of Black women was used to produce a perpetual labor force. Some slaveholders paired healthy slaves, a practice known as “slave breeding,” with the goal of producing children who were suitable for heavy labor. Considered chattel property, similar to other farm animals, Black women’s children could be sold to other slaveholders, which separated families and created unimaginable grief (for an audio description of slave breeding see Berlin, Miller, & Favreau, 1998).

The Emancipation Proclamation of 1863 did not liberate African American women from sexual terrorism. For instance, White vigilante groups, such as the Ku Klux Klan, whipped African Americans, destroyed their property, and savagely gang raped Black women (Sommerville, 2005). Sexual harassment also frequently occurred in the workplace. Well into the twentieth century, Black women were employed primarily as servants and domestic workers. Desperate to support their families, African American women were coerced into providing sexual favors to their employers (Hine, 1989).

Rape laws did not provide equal protection for all women.³ In fact, during the 1800s some rape laws were race-specific. For example, an 1867 Kentucky law defined a rapist as one who “unlawfully and carnally know any white woman, against her will or consent” (Sommerville, 2004, p. 148). Lynching, castration, and incarceration were possible penalties for Black men who were accused or convicted of raping a White woman. In contrast, White men faced no legal sanctions for sexually assaulting Black women. Nor did the criminal legal system recognize Black-on-Black rapes. As evidence, in 1859 a Mississippi judge overturned the conviction of an older male slave for the rape of a Black girl under the age of ten. He concluded that “[t]he crime of rape does not exist in this State between African slaves. . . . Their intercourse is promiscuous” (Roberts, 1997, p. 31). Embedded in this court decision, and embraced by the larger culture, was the myth that Black women were hypersexual. This belief, which was referred to as the “Jezebel” stereotype, was used to justify the limited social and legal support Black women received after being raped (Hine, 1989; Sommerville, 2005).

Black women used many strategies to resist sexual victimization. They ran away, fought back, engaged in activism, and developed a culture of silence. For example, in 1835, Harriet Jacobs (2001) escaped her master’s sexual advances when she hid in her grandmother’s attic crawlspace for seven years. After she had endured five years of

brutal sexual assaults, Celia, a Missouri slave, killed her master in self-defense and burned his body in a fireplace. In 1855 she was convicted of murder and hanged at the age of 19 (Sommerville, 2005). The earliest efforts to systematically confront and organize against rape began in the 1870s when African American women, most notably Ida B. Wells, organized anti-lynching campaigns. These activists challenged the deep-seated ideas about the innate promiscuity of Black women and attempted to protect African American men from false rape allegations (Sommerville, 2005). Despite the efforts of well-known activists and their anonymous sisters, many African American women preserved their emotional health and dignity by creating a “culture of secrecy” around their sexual violence (Hines, 1989).

This historical trauma is intergenerational and continues to live in the collective memories of contemporary African American women. For example, in Wyatt’s (1992) interviews with Black rape survivors, all the women in one participant’s family were told about a relative who was abducted, beaten, raped, and murdered while her family lived in the South. Even though the family moved West following the incident, retelling this story, almost as a “rite of passage” into womanhood, sent a clear message: “Rape was described as something that could happen to you just because you were Black and female” (p. 88).

To summarize, several points can be gleaned from this historical overview: (1) Throughout much of U.S. history, the rape of Black women was widespread and institutionalized through economic and labor systems. (2) Regardless of the perpetrators’ race, the legal system often failed to protect Black women from sexual violence. (3) The Jezebel stereotype, which stigmatized Black women as promiscuous, was created to justify their rape. (4) Black women developed a culture of silence and secrecy to cope with their sexual assault. (5) Black women have a long history of resilience and anti-rape activism, which includes a sense of racial loyalty that encourages them to protect Black men from an unjust legal system.

Characteristics of Black Rape Survivors and Rape Incidents

Black and White American women reported similar rates of rape in national (Tjaden & Thoennes, 2006), high school (Valois, Oeltmann, Waller, & Hussey, 1999), college (Gross, Winslett, Roberts, & Gohm, 2006), and community samples (Wyatt, 1992). Moreover, Black victim-survivors suffered physical injuries at the same rate as their White counterparts, and they both experienced many of the same immediate and long-term psychological responses to sexual victimization (Neville & Heppner, 1999; Wyatt, 1992). However, similarities in the prevalence and the traumatic aftermath of sexual violence may conceal some unique racial experiences, which will be highlighted throughout this paper.

In the National Violence Against Women Survey, 18.8% of Black women had been raped in their lifetime (Tjaden & Thoennes, 2006) and a higher rape rate (25%) was reported by Black women in a Los Angeles community sample (Wyatt, 1992). In addition, rape was reported by African American female students in various academic settings: 16.5% in a high school sample (Valois et al., 1999), 17% in a government job training program (West & Rose, 2000), and 36% in a college sample (Gross et al., 2006). Equally high rape rates were discovered in samples of Black female Navy recruits (25.1%) (Merrill, Newell, Thomsen, Gold, Milner, Koss, & Rosswork, 1999), HIV-positive Black women (27%) (Gielen, Fogarty, O'Campo, Anderson, Keller, & Faden, 2000), and sexually active Black adolescents (32.1%) (Cecil & Matson, 2006).

Among African American women in contemporary U.S. society, most rapes are intraracial, that is Black-on-Black assaults, rather than interracial, as is the case for most racial/ethnic groups, including White American women. Although Black women have been raped by strangers, more often their perpetrators were acquaintances and current or former intimates, such as cohabitating partners, dates, and boyfriends (Pierce-Baker, 1998; Robinson, 2002). Husbands also have sexually assaulted their wives. In a San Francisco sample, 18% of African American women had been raped

by their spouse (Russell, 1990). Finally, employers continue to sexually abuse Black women. In a sample of predominantly low-income African American female veterans, the women who were sexually assaulted during active duty were victimized by a military peer or supervisor (Campbell & Raja, 2005).

Perpetrators commit a wide range of sexually abusive behaviors. In addition to attempted and completed rape, Black adolescent and adult survivors reported forced oral sex and unwanted genital and breast fondling (West & Rose, 2000). In college samples, perpetrators used physical force or verbal threats to gain sexual compliance (Neville & Pugh, 1997). Some Black female undergraduates submitted to sexual intercourse because they felt emotionally pressured or they believed that the rapist was so sexually aroused that it would be useless to try to resist (Gross et al., 2006). In a community sample, several Black women had survived brutal sexual assaults, including gang rapes and attacks by armed assailants (Bart & O'Brien, 1985).

Risk Factors

Poverty

Researchers have found disturbingly high rates of rape among impoverished Black women. As evidence, 42% of Black women residents in a low-income housing development had engaged in unwanted sex because a male partner had threatened or actually used force to obtain sexual access (Kalichman, Williams, Cherry, Belcher, & Nachimson, 1998). In a community sample, more than half (67%) of the low-income, welfare dependent Black women had experienced a previous sexual assault (Honeycutt, Marshall, & Weston, 2001). It appears that Black women recognize their vulnerability. In Wyatt's (1992) sample, the majority (76%) of African American survivors attributed their rape to the riskiness of their living situations (e.g., "I was living in a bad neighborhood"). For example, poor women may have jobs that demand long and inflexible hours or rely on public transportation,

which requires them to travel through public housing or high crime areas at night.

Multiple Victimization

Researchers estimate that 1 in 4 Black girls will be sexually abused before the age of 18. They experienced extrafamilial childhood sexual abuse (CSA), which was perpetrated by strangers, neighbors, and clergy members, and intrafamilial CSA, which was committed by fathers, grandfathers, uncles, and brothers (Stone, 2004). A history of CSA is a risk factor for adult sexual revictimization. For instance, 30% of Black women with documented histories of CSA were sexually assaulted in adulthood. The risk of adult rape was greatest among women who reported CSA that involved physical force or who had been sexually abused both as children (before age 13) and as teenagers. Although these findings establish a strong link between CSA and adult rape, the link is not necessarily causal. For example, survivors of multiple and severe CSA are more likely to engage in prostitution and heavy drinking, which are risky behaviors that increase their probability of rape in adulthood (Siegel & Williams, 2003; West, Williams, & Siegel, 2000).

Mental and Physical Health Consequences

Many survivors will experience some degree of acute or chronic mental or physical health disturbance after their rape (Neville & Heppner, 1999). African American survivors reported fear, anger, anxiety, depression, post-traumatic stress disorder, suicidal feelings, low self-esteem, and preoccupation with the rape (Pierce-Baker, 1998; Robinson, 2002). These mental health problems can be exacerbated if survivors endorsed the Jezebel stereotype, as measured by such items as “People think Black women are sexually loose.” The greater endorsement of such beliefs among Black rape survivors were related to increased use of victim blame attributions, which in turn was related to lower levels of self-esteem (Neville, Heppner, Oh, Spanierman, & Clark, 2004).

Rape can also impair physical and sexual health and the quality of interpersonal relationships. For example, some Black survivors engaged in risky sexual behaviors, such as prostitution or sex with multiple partners, which increased their probability of experiencing repeated vaginal infections, painful intercourse, unintended pregnancies, and sexually transmitted diseases, including HIV. For other Black survivors, sexual trauma has been associated with the avoidance of sexual relationships, decreased frequency of sexual activity, and diminished sexual enjoyment (Pierce-Baker, 1998; West et al., 2000; Wyatt, 1992). Also, Black sexual assault victims reported higher rates of intimate partner violence (West et al., 2000), mistrust and negative attitudes toward men, and negative attitudes toward Black male-female relationships (West & Rose, 2000; Wyatt, 1992). Although researchers have found associations between sexual victimization and poorer mental health, it is possible that psychological problems also may stem from a dysfunctional family environment or lack of emotional support after the assault (Cecil & Matson, 2006).

Culturally Sensitive Responses

The historical and contemporary realities of Black life in the United States lead to fundamental differences in the nature and quality of resources available to African American survivors, their willingness to access those services, and the treatment they receive when they do seek assistance. After receiving insensitive treatment, many survivors felt guilty, depressed, distrustful, and reluctant to seek further help (Campbell & Raja, 2005). The purpose of this section is to provide examples of culturally sensitive responses and techniques, which can be utilized by researchers, advocates, therapists, legal and medical professionals, and other stakeholders.

Researchers

More research needs to focus on sexual violence in the lives of African American women. Many studies have used small samples of Black women. Therefore, researchers and national agencies

responsible for collecting crime statistics may need to oversample ethnically diverse women so that reliable projections of their rape prevalence and risk can be determined. In addition, poor women of color are overrepresented among women who are incarcerated or drug addicted. Researchers should continue to investigate rape in the lives of these vulnerable, and often invisible, populations. In order to understand the complex associations among childhood sexual abuse, adult rape, and mental and physical health problems, researchers should conduct longitudinal studies that follow the life trajectory of both Black survivors and a comparison group of nonvictimized women (Siegel & Williams, 2003).

Methodologies and measurements that successfully promote disclosure of rape by Black women also are needed. Standardized measures of sexual assault, such as the Sexual Experience Survey (SES), were reliable and valid in samples of African American women (Cecil & Matson, 2006). However, researchers should continue to develop empirically sound measures to assess culturally specific factors, such as the internalization of race-based rape myths (e.g., Jezebel stereotype), which may influence the psychological functioning and societal response to Black rape survivors (Neville et al., 2004). Stronger collaborations among researchers, advocates, survivors, and community members are needed to ensure that the literature reflects the experiences of ethnically diverse rape survivors.

Victim Advocates and Counselors

Services providers should become more familiar with African American history. However, as we acquire more information about cultures other than our own, this information should not become a new set of stereotypes. There is a great deal of diversity among African American women, including, but not limited to, differences based on geographic region, religion, social class, and sexual orientation. The challenge is to articulate the many similarities among survivors, without negating the particular experiences of African American women. Simultaneously, we need to acknowledge racial differences without perpetuating the stereotype that sexual violence is normative in Black communities (West, 2002).

Ultimately, we must begin to have honest, challenging, and ongoing dialogues that take into account the intricacies of rape and other forms of oppression. Alternatively stated, advocates and their agencies must address factors other than sexism that contribute to sexual violence. There is no authentic way to discuss rape and anti-rape organizing without being committed to deconstructing complex ways that race, gender, physical ability, religion, age, economics, and sexual orientation influence how rape is experienced by survivors and their communities (for an example see Calderon, 2004).

Critical discussions around race and rape need to be transformed into culturally sensitive policies, practices, and programs. For example, it would be helpful to avoid “colorblind” rape prevention programs. Instructors should include specific information about race-related rape myths, such as Black women invite rape because they are hypersexual or that Black men are more prone to rape than men from other racial/ethnic groups. African Americans who participated in culturally specific intervention programs found the information to be more personally relevant to them and were more motivated to hear the message (Neville, Heppner, & Spanierman, 2003). In order to ensure that women of color have the institutionalized power to deliver culturally relevant programs and services, anti-rape organization should hire ethnically diverse staff members and allow Black women to take leadership roles (Calderon, 2004).

Black women may drop out of therapy or support groups if service providers ignore aspects of their environment that are difficult to change. For example, poor women may be unable to afford the counseling fees, or to take time off from work, or even pay for transportation to counseling appointments. For impoverished women, assistance in meeting basic needs, such as emergency housing, food, or employment may have to take precedence over dealing with the emotional impact of rape. Advocates and therapists should become familiar with community services that can meet the aforementioned needs. If possible, advocates/counselors should present, for example during community

events, and provide services within communities of color (Fine, 1992).

Legal Professionals

Historically, and even in contemporary times, African American women (and men) have had negative experiences with law enforcement personnel. For example, in one sample, Black survivors complained that police officers refused to take their reports or asked about their sexual histories and attire at the time of the assault (Campbell & Raja, 2005). If Black women are sexually assaulted by gang members or involved in illegal activities, such as prostitution or drug use, they may be especially reluctant to seek police protection. Other Black women have a deep sense of racial loyalty. Specifically, they may fear validating negative societal images of Black men or turning Black perpetrators over to an overcrowded legal system. African American women also fear being labeled traitors to their race for raising awareness about Black-on-Black rape. These factors should be considered when conducting interviews and criminal legal proceedings (for suggestions see Robinson, 2002).

Medical Professionals

A disproportionate number of African American women live with serious diseases and health conditions, such as diabetes, hypertension, heart disease, obesity, and HIV/AIDS which may explain why they were more likely than women from other ethnic groups to describe their health status as “fair” or “poor” (U.S. Department of Health and Human Services, 2005). Sexual violence can further compromise the mental and physical well-being of Black rape survivors. Furthermore, there is a complex interaction among childhood sexual abuse, adult rape, and mental health problems. For example, in order to cope with their depression, survivors of multiple and severe CSA are more likely to engage in risky behaviors, such as heavy drinking and sex with multiple partners, which can contribute to subsequent mental and physical health problems (Miner, Flitter, & Robinson, 2006; Orcutt, Cooper, & Garcia, 2005).

Medical professionals who provide gynecological, obstetric, and primary care to Black women should routinely screen for sexual and physical victimization. Forensic nurses should make greater efforts to detect and document genital injuries in Black rape survivors (Sommer, Zink, Baker, Fargo, Porter, Weybright, et al., 2006). In order to avoid miscommunication and to enhance the client’s sense of safety, medical professionals should explain invasive procedures and ask permission before touching the client. Services providers also should be careful to avoid the stereotype that sexual health problems are caused by Black women’s inherent promiscuity.

Resilience of Black Victim-Survivors

Some Black women are reluctant to disclose sexual assault to rape crisis centers, medical providers, police, friends, and family members (Washington, 2001; Wyatt, 1992). The internalization of racial images may make it more difficult for some African American women to reveal their sexual assault. More specifically, some Black women adhere to the “Strong Black Woman” expectation, which requires them to display inner strength and minimize the impact of their rape. One participant in Washington’s (2001) study explained: “We Black women believe we can cope. [But] we can’t always cope, and sometimes when we’re not coping, we are ashamed of that. . . It’s almost like it’s seen as a luxury to go into a group setting and talk about sexual violence. . .” (p. 1271). This culture of silence may be a short-term coping strategy; however, remaining silent may leave the impression that Black women are relatively unscathed by their sexual trauma.

The goal is to break the culture of silence. This can be accomplished by conducting comprehensive assessments. All service providers should inquire about a broad range of sexual and physical victimization in the lives of Black women, including violence in their homes, communities, and workplaces. Professionals should also note historical violence, which was committed against African Americans as a group or against the survivor’s family members,

and hate crimes based on race, social class, or sexual orientation (West, 2002).

Survivors, service providers, and community members also can draw on coping strategies that have been successfully used by African American women. If appropriate, the survivor might be encouraged to keep a journal or use literature and music that she perceives to be soothing. Religion, faith, and spirituality can be a source of comfort for some survivors as well. In addition, Black women have been empowered by engaging in activism and anti-rape grassroots organizing within the African American community. For example, survivors can educate church groups or create media campaigns (for examples see Robinson, 2002; West, 2002).

Finally, a strong social support system, that is educated about sexual violence, may serve as a buffer against the negative and psychological effects of trauma. Service providers, friends, relatives, and community members should give the survivor permission to fully explore her feelings of shame, guilt, and anger. With culturally sensitive and appropriate services, African American women survivors can simultaneously express their vulnerability and celebrate their resilience. They can be both sexual assault victims *and* resilient survivors.

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Endnotes

¹*Sexual violence* will be used to reflect the broad range of victimization in the lives of women. This term includes nonconsensual intentional touching of the private parts, or non-contact acts, such as voyeurism, and *rape*, which is the penetration of the genitals, mouth, and anus (Basile & Saltzman, 2002).

²The term *African American* and *Black* will be used interchangeably. Self-identity is very personal, so it is important to ask an African American/Black woman how she identifies herself and not make assumptions.

³White victims of marital rape did not received legal protection and White women who were poor, single, or unwed were considered less credible victims. However, during and after slavery the legal system was more inclined to prosecute Black men for rape (completed or accused) of economically privileged White women. The penalty for many, but not all, Black men was incarceration or lynching, which involved public castration, burning alive, or hanging (Sommerville, 2004).

Resources on Sexual Violence in the Lives of African American Women

Books

- Pierce-Baker, C. (1998). *Surviving the silence: Black women's stories of rape*. New York: W.W. Norton & Company.
- Robinson, L. S. (2002). *I will survive: The African American guide to healing from sexual assault*. New York: Seal Press.
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Web

Black Women's Rape Action Project (BWRAP)

Founded in 1991, one of the few Black women's organizations specializing in counseling, support, and advice to Black women and other women of color, immigrant, and refugee women, who have suffered rape and sexual assault in the U.K.

<http://www.womenagainstrape.net/>

National Organization of Sisters of Color Ending Sexual Assault (SCESA) is a Women of Color led nonprofit committed to ensuring that system-wide policies and social change initiatives related to sexual assault are informed by critical input and direction of Women of Color

www.sisterslead.org

Video/DVD

NO!: The Rape Documentary (2006). Through testimonies from Black women survivors, commentaries from acclaimed African American scholars and community leaders, music, and dance, NO! unveils the reality of rape and healing in the African American community.

Aishah Shahidah Simmons
AfroLez Productions
P.O. Box 58085
Philadelphia, PA 19102-8085
215-701-6150
<http://www.notherapedocumentary.org/>

Silence: In Search of Black Female Sexuality in America (2004).

Director Mya B, uses film clips and conducts interviews with African American women, academic experts, and religious leaders about historical factors that influence contemporary silence around Black female sexuality and sexual violence

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In Brief:
**Sexual Violence in the Lives of African American Women:
Risk, Response, and Resilience**

Historical Overview: Throughout much of U.S. history, the rape of Black women was widespread and institutionalized. The legal system offered little protection and stereotypes about Black women's hypersexuality ("Jezebel" stereotype) were used to justify limited social and legal support for Black survivors. Black women developed a culture of silence and engaged in activism in order to cope with their victimization.

Characteristics of Black Rape Survivors: In studies of sexual violence among Black women, rates have ranged from 18% in national surveys to 67% in a community sample of low-income women. Most rapes are Black-on-Black assaults, committed by acquaintances and intimate partners, and involve a range of sexually abusive behaviors, including forced oral sex, gang rapes, and attacks by armed assailants.

Risk Factors: Poverty and multiple victimizations (e.g., a history of childhood sexual abuse that involved physical force) were consistent risk factors for rape in adulthood.

Mental and Physical Health Consequences: Many survivors will experience some degree of acute or chronic mental or physical health disturbance. Black survivors reported fear, anger, anxiety, depression, PTSD, suicidal feelings, preoccupation with the rape, and low self-esteem. These mental health problems can be exacerbated if survivors endorsed the Jezebel stereotype. Rape can contribute to physical and sexual health problems (e.g., unintended pregnancies, vaginal infections, painful intercourse, and sexually transmitted diseases, including HIV).

Culturally Sensitive Responses: *Researchers* can conduct longitudinal studies, oversample ethnically diverse women, and collaborate with advocates, survivors, and community members. *Victim Advocates and Counselors* can begin to have ongoing dialogues that take into account the intricacies of rape and other forms of oppression, develop culturally sensitive policies, practices, and education programs, and help survivors find vital services (e.g., emergency housing, assistance with employment). *Legal professionals* can consider concerns about racial loyalty to African American men and the historical legacy of discrimination in the criminal justice system when they conduct interviews and legal proceedings with Black survivors. *Medical professionals* can screen for sexual and physical victimization and document genital injuries in Black rape survivors.

Resilience: The goal is to break the culture of silence. This can be accomplished by conducting comprehensive assessments, which consider a broad range of sexual and physical violence in the lives of Black women, and help survivors develop strong social support systems. With culturally sensitive and appropriate services, African American women can be both sexual assault victims and resilient survivors.