# Battered, Black, and Blue:
## An Overview of Violence in the Lives of Black Women

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**SUMMARY.** The purpose of this article is to review the many forms of violence in the lives of African American women, including childhood sexual abuse, dating violence, intimate partner violence, sexual assault, and sexual harassment. The first section will address definitions of violence, prevalence rates and risk factors, and suggest new directions for research. The second section is a review of the most common psychological sequelae associated with Black women's victimization. The final section is devoted to activities that promote healing, including therapy, participation in research studies, and activism. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <getinfo@haworthpressinc.com> Website: <http://www.HaworthPress.com> © 2002 by The Haworth Press, Inc. All rights reserved.]*

Take all my money, blacken both of my eyes
Give it to another woman, come home and tell me lies

> –*Black Eye Blues* by Gertrude "Ma" Rainey

I woke up this mornin', my head was sore as a boil
My man beat me last night with five feet of copper coil

> –*Sweet Rough Man* by Gertrude "Ma" Rainey
> (as cited in Davis, A.Y., 1998, p. 204 & 247)

Battered Black women have a long history of singing the blues. During the 1920s and 1930s, blues women like Bessie Smith, Billie Holiday, and others used music to document their abuse, depression, and ultimate triumph over the violence in their lives. According to Angela Y. Davis (1998), this music was important because it "named domestic violence in the collective context of blues performance and therefore defines it as a problem worthy of public discourse" (p. 28).

In the tradition of Black feminist scholarship, this article will identify the various types of violence experienced by African American women across the lifespan. More specifically, I will define each type of violence, discuss prevalence rates and risk factors, and suggest new directions for research. The second section is a review of the most common psychological sequelae associated with violence in the lives of Black women, such as

substance abuse, depression, and suicide attempts. Finally, I will discuss activities that promote healing, such as therapy, participation in research, and activism.

## *TYPES OF VIOLENCE*

This section will focus on Black women's experience with childhood sexual abuse, dating violence, intimate partner violence, sexual assault, and sexual harassment. Although each type of violence will be discussed separately, it is common for multiple forms of violence to co-occur. For example, battered women are often victims of marital rape (Campbell & Soeken, 1999a).

### *Childhood Sexual Abuse*

There is no universal definition of *childhood sexual abuse* (CSA). However, researchers (Fergusson & Mullen, 1999) have identified two overlapping but distinguishable types of interactions: (a) forced or coerced sexual behavior imposed on a child; and (b) sexual activity, whether or not obvious coercion is used, between a child and an older person, for example, when there is a five-year age discrepancy or more between the victim and perpetrator. Sexual abuse can be categorized as intrafamilial and involve a father, uncle, or brother, or extrafamilial and involve a baby sitter, neighbor, or authority figure, such as a coach, teacher, or clergy member. Although males are perpetrators in many cases of child sexual abuse, there have been documented cases of female offenders. Perpetrators commit a wide range of sexually abusive behaviors, which can be categorized as contact abuse (e.g., fondling or oral, anal, or digital penetration) or noncontact abuse (e.g., exhibitionism or taking pornographic pictures of the child).

Estimates of CSA have varied widely. In small San Francisco (Wingood & DiClemente, 1997a) and Baltimore (Banyard, 1999) samples of low-income Black women, approximately 14% reported a history of childhood sexual abuse. However, almost one-third of the surveyed Black women in a community sample of Los Angeles residents had been victims of CSA, a prevalence rate that has remained stable over a ten-year period (Wyatt, Loeb, Solis, Carmona, & Romero, 1999). This is consistent with the rates reported by Black women in a variety of samples, including Black adolescent girls in a community-based health program (23%) (Cecil & Matson, 2001), Black college women (21%, 44%) (Kenny & McEachern,

2000; Urquiza & Goodlin-Jones, 1994, respectively), and Black welfare recipients (37%) (Marcenko, Kemp, & Larson, 2000).

Although African American women report a range of sexually abusive experiences in childhood, they are especially vulnerable to severe forms of violence, such as vaginal, anal, or oral penetration. Nearly two-thirds of Black girls whose medical records were reviewed (61%) (Huston, Prihoda, Parra, & Foulds, 1997), Black girls treated at child abuse clinics (53%, 65%) (Shaw, Lewis, Loeb, Rosado, & Rodriguez, 2001; Sanders-Phillips, Moisan, Wadlington, Morgan, & English, 1995, respectively), and Black girls in foster care (73%) (Leifer & Shapiro, 1995) reported some form of forced penetration. A similarly high percentage of Black women in a community sample reported childhood sexual abuse that involved attempted or completed oral sex, anal sex, or rape (Wyatt et al., 1999).

What accounts for these high rates of severe childhood sexual abuse? Penetration is more likely to occur if the child is older or if the perpetrator is the mother's boyfriend (Huston et al., 1997). Black girls are often overrepresented in these categories. On average, Black women are eight years old when they experience the first incidence of sexual abuse (West, C. M., Williams, & Siegel, 2000), and, due to marital patterns in the African American community, a substantial number of Black girls will be exposed to stepfathers or their mothers' boyfriends (Abney & Priest, 1995). Both of these demographic factors may leave Black girls more vulnerable to sexual abuse.

Many Black survivors of CSA will be re-victimized in adulthood, defined as the occurrence of at least one incident of sexual abuse during childhood followed by a subsequent incident of adult physical or sexual victimization (West, C. M. et al., 2000; Wyatt, Notgrass, & Gordon, 1995). In addition, they are often exposed to community violence, in the form of witnessing assaults or losing family members to homicide (Jenkins, 2002 [This volume]). Banyard, Williams, Siegel, and West (2002 [This volume]) use a longitudinal study, whose sample consisted primarily of Black women, to investigate mental health consequences, re-traumatization, and resilience.

### *Dating Violence*

The National Center for Injury Prevention and Control (1997) defined *dating violence*:

> As the perpetration or threat of an act of violence by at least one member of an unmarried couple on the other member within the context of dating or courtship. This violence encompasses any form of sexual assault, physical violence, and verbal and emotional abuse. (p. 1)

Researchers have been investigating dating violence, also referred to as *courtship violence* or *premarital abuse*, since the early 1980s (Lewis & Fremouw, 2001). This form of aggression has been documented among Black high school students (Coker et al., 2001; O'Keefe, 1997; Valois, Oeltmann, Waller, & Hussey, 1999; Watson, Cascardi, Avery-Leaf, & O'Leary, 2001) and Black college students (Clark, Beckett, Wells, & Dungee-Anderson, 1994; DeMaris, 1990).

Similar to their White counterparts, verbal and psychological abuse are the most commonly reported forms of courtship violence. The majority (90%) of Black college students had used verbal aggression, such as swearing, insulting, and name-calling, in the context of a dating relationship (Clark et al., 1994). Substantial rates of physical violence have been reported as well. Approximately one-third of Black undergraduates were victims or perpetrators of physical aggression, such as pushing, slapping, and hitting (Clark et al., 1994). Disturbingly high rates of dating aggression also have been discovered among adolescents. Almost one-half of African American high school students in a South Carolina sample had been victims or perpetrators of severe dating violence, defined as beating, kicking, or knocking a partner down (Coker et al., 2000).

A review of the literature indicates that women are equally or more likely to inflict dating violence as their male counterparts (Lewis & Fremouw, 2001). A similar pattern of gender aggression has been found among African Americans. Black college women inflicted more aggression than their male peers (Clark et al., 1994), and Black adolescent males and females inflicted and sustained equal rates of physical aggression (Valois et al., 1999; Watson et al., 2001). However, when researchers considered the types of aggression enacted, women experienced forms of violence that were more injurious. For example, West, C. M., and Rose (2000) discovered that the Black adolescent women in their sample made threats, threw objects, and hit their partners. They were also more likely to have their feelings hurt and to be victims of severe violence, such as choking and attempted rape. In contrast, the young men made their partners feel inferior, degraded them, and were more likely to use sexual aggression, including forced breast fondling and attempted rape. This pattern of abuse suggests that although young Black women may inflict dating aggression,

they also endure severe forms of violence, which may increase their risk of injury.

Black women who experienced violence in another area of their lives were at increased risk for dating aggression. Specifically, Black college women who had witnessed parental fighting were more likely to be victimized by their boyfriends (DeMaris, 1990). In addition, low-income Black adolescent girls appear to be especially vulnerable to premarital abuse (Brown & Gourdine, 1998; Hunt & Joe-Laidler, 2001). For instance, in a sample of Black youths who were enrolled in a government-sponsored vocational training program, almost one-fourth had been threatened with a weapon, and nearly one-third had been beaten by a date (West, C. M. & Rose, 2000). Researchers believe that exposure to community violence, which can spill over into intimate relationships, may partially account for the high rates of dating violence among impoverished Black youths (Malik, Sorenson, & Aneshensel, 1997).

After more than two decades of research, there continues to be a dearth of information on dating aggression among African Americans. In particular, there needs to be more research on how Black women assign meaning to the psychological, physical, and sexual violence in their dating relationships. In this volume, Few and Bell-Scott (2002) investigate the coping strategies used by psychologically abused Black college women.

### Intimate Partner Violence

Intimate partner violence, also referred to as *domestic violence* or *wife battering*, often involves a broad range of abusive behaviors including:

> Physical violence, sexual violence, threats of violence against the woman and children or other loved ones, emotional/psychological abuse, economic exploitation, confinement and/or control over activities outside the home (e.g., social life, working), stalking, property destruction, burglary, theft, and homicide. (Mahoney, Williams, & West, C. M., 2001, p. 145)

More researchers are beginning to focus on violence in lesbian relationships (Kaschak, 2001). However, with few exceptions (e.g., Butler, 1999), researchers have neglected violence in the lives of Black lesbians. Although the dynamics of abuse are often similar across sexual orientation, lesbian batterers can use homophobic control as a method of psychological abuse. For example, an abuser may *out* her partner by revealing her

sexual orientation to unsupportive relatives or co-workers. In this volume, Amorie Robinson (2002) addresses issues concerning this population.

To date, most researchers have investigated violence in heterosexual Black relationships, which will be the focus of this literature review. Based on national surveys, Black women experience an alarmingly high rate of intimate partner violence. For example, in the National Family Violence Survey, 17% of Black wives had been victims of at least one violent act in the survey year (Hampton & Gelles, 1994). In the more recently administered Violence Against Women Survey, one-quarter of the Black women surveyed had been victims of physical partner violence, and 4% had been stalked (Tjaden & Thoennes, 2000).

When rates of severe violence were considered, Black women were frequent victims of wife battering (Kessler, Molnar, Feurer, & Appelbaum, 2001). For instance, 7% had been kicked, choked, beaten, or assaulted with a weapon (Hampton & Gelles, 1994). The battering often continues when the woman becomes pregnant. In a sample of women, primarily African American, who sought emergency treatment at an Atlanta gynecologic and obstetric clinic, 50% had a history of abuse or were currently in an abusive relationship. Fractures were the most commonly reported injuries. Other patients listed moderate to severe injuries, including head injuries, nerve damage, and miscarriage (Geary & Wingate, 1999). These types of injuries, particularly head and brain injuries, may impair a survivor's future physical and psychological functioning (Banks & Ackerman, 2002 [This volume]). In the most severe cases of abuse, Black women have been murdered. In fact, homicide by intimate partners is the leading cause of death for African American women between the ages of 15 and 24 (National Center for Health Statistics, 1997).

Women from all economic and social backgrounds are victims of wife abuse (Hampton & Gelles, 1994). However, the demographic profile of victims indicates that women who are African American, young, divorced or separated, impoverished, and residents in urban areas are the most frequent victims of partner violence (Rennison & Welchans, 2000). Among indigent Black women, those who received food stamps or other forms of government assistance were especially vulnerable to physical (67%) and psychological abuse (95%) (Honeycutt, Marshall, & Weston, 2001). Other high-risk groups included Black women with a history of violence in their families of origin (Hampton & Gelles, 1994; Huang & Gunn, 2001), incarcerated Black women (Richie, 1994), substance abusing Black women (Davis, R. E., 1997; Curtis-Boles & Jenkins-Monroe, 2000), and HIV positive Black women (Wyatt, Axelrod, Chin, Carmona, & Loeb, 2000).

Many battered women eventually terminate their abusive relationships. Although researchers are beginning to consider cultural differences in the termination process (Kearney, 2001), with few exceptions (Burke, Gielen, McDonnell, O'Campo, & Maman, 2001), little research has focused on the process that battered Black women use to disengage from their violent partners. In particular, more research should focus on how African American women survive in abusive relationships, how they prepare to leave, and how they cope with the initial crisis after leaving. In this volume, Few and Bell-Scott (2002) investigate the process that Black college women use to terminate their abusive dating relationships. Married Black women face additional challenges when they flee violence in their homes, such as protecting their children and locating housing. Janette Taylor (2002a) investigates Black women's strategies for terminating violent marital and long-term relationships.

### Sexual Assault

Similar to intimate partner violence, sexual assault can involve a broad range of aggressive behaviors, including:

> sex without consent, rape, sexual control of reproductive rights, and all forms of sexual manipulation carried out by the perpetrator with the intention or perceived intention to cause emotional, sexual, and physical degradation to another person. (Abraham, 1999, p. 552)

Although stranger rape does occur, women are more likely to be raped by acquaintances, boyfriends, and husbands (Bachar & Koss, 2001).

According to the National Crime Victimization Survey, nearly 3 Black women per 1,000 had been raped or sexually assaulted (Rennison & Welchans, 2000). In another national study, 7% of Black women identified themselves as rape survivors (Tjaden & Thoennes, 2000). When self-reports were used, researchers discovered even higher rates of sexual violence. For example, approximately 20% of Black adolescent females had been raped (Valois et al., 1999). Although Black teenage girls are sometimes sexually aggressive in their dating relationships, they are more likely to be victims of a wide range of sexual violence, including forced kissing, forced breast and genital fondling, and attempted rape (West, C. M. & Rose, 2000). Even higher rates of rape, more than 30%, were reported by Black women in community samples (Molitor, Ruiz, Klausner, & McFarland, 2000; Wyatt et al., 1999) and in samples of Black college

women (Carmody & Washington, 2001; Urquiza & Goodlin-Jones, 1994).

Similar to victims of domestic violence, low-income Black women (Kalichman, Williams, Cherry, Belcher, & Nachimson, 1998) and Black women who received public assistance (Honeycutt et al., 2001) experienced elevated rates of sexual assault. Women who are battered are also at increased risk of partner rape. This pattern of violence creates an extremely dangerous situation for victims. When compared to Black women who experienced physical abuse only, victims who were both beaten and raped were more likely to be psychologically abused and to experience physical violence that was severe and potentially lethal (Campbell & Soeken, 1999a).

Although substantial numbers of African American women have been raped, many survivors never disclose their sexual assaults (Pierce-Baker, 1998; Washington, 2001). In order to understand their reluctance to seek help, scholars and therapists must begin to contextualize rape (Neville & Heppner, 1999). This entails investigating how discrimination and negative images of Black women, which depict them as sexually promiscuous and thus not legitimate victims, can create barriers to the help- seeking efforts of Black rape survivors (Neville & Hamer, 2001). In this volume, Donovan and Williams (2002) explore how two historical images of Black women, the Jezebel and Matriarch, may potentially influence the disclosure patterns of Black rape survivors.

### Sexual Harassment

According to the Equal Employment Opportunity Commission (EEOC) and the Office of Civil Rights (OCR), *sexual harassment* includes, but is not limited to, unwanted talk or jokes about sex, sexualized pranks, uninvited physical contact, pressure for dates or sex, sexual abuse, and rape. This form of victimization can be categorized as *quid pro quo*, which refers to the exchange of sexual favors for special privileges (e.g., a promotion, a raise, a better grade) or *hostile environment* harassment, which results in an unpleasant work atmosphere that leaves women feeling demeaned or humiliated (O'Donohue, Downs, & Yeater, 1998). African American women have been sexually harassed in a variety of settings, including the church (Whitson, 1997), on the street (Davis, D. E., 1997), and in social settings (Wyatt & Riederle, 1995). However, most of the research has focused on sexual harassment in employment and academic settings.

Black women have a long history of sexual harassment in the workplace. During the antebellum period, both White and Black men raped enslaved women as they worked in the fields and in plantation households. After emancipation, employment discrimination limited Black women to jobs as domestic servants. Working conditions, such as low pay and isolation, left many Black women vulnerable to sexual harassment (Adams, 1997). This form of victimization continues to be a reality for African American women in the work force. Approximately one-third of Black women in a Los Angeles sample had been sexually harassed at work. In most cases, harassers made sexual propositions or offered job promotions in exchange for sexual favors (Wyatt & Riederle, 1995). Even more Black women, almost 75%, experienced workplace *gender harassment*, defined as degrading or insulting comments about women as a group (Piotrkowski, 1998).

Black women who are young, single, and work in low status jobs report the greatest frequency of sexual harassment (Mansfield, Koch, Henderson, & Vicary, 1991). However, supervisors and peers also sexually harass Black women who hold professional positions (Morrison, 1992; Smitherman, 1995). In addition, professional Black women often experience *contrapower* sexual harassment (e.g., a female professor being harassed by a male student). Black women may be especially vulnerable to harassment committed by male or White subordinates because their achieved status or formal organizational power does not mitigate their lower ascribed status as members of a marginalized group (Rospenda, Richman, & Nawyn, 1998).

A substantial number of Black women, more than 60%, are sexually harassed on college campuses (Cortina, Swan, Fitzgerald, & Waldo, 1998). Gender harassment, such as offensive jokes directed at women and the use of sexist teaching materials, was most commonly reported (Kalof, Eby, Matheson, & Kroska, 2001). Black college women were particularly offended by sexual propositions from White men or comments that characterized Black women as sexually promiscuous (Mecca & Rubin, 1999).

The limited research suggests that sexual and racial harassment may be combined in unique ways for African American women; however, few studies have investigated Black women's perceptions of sexual harassment (Shelton & Chavous, 1999). In this volume, Buchanan and Ormerod (2002) used focus groups to explore racialized sexual harassment in the lives of professional Black women.

To summarize, this section was a literature review of violence, with a focus on prevalence rates, risk factors, and new directions for research. Although there are many unanswered questions, it is clear that childhood

sexual abuse, dating violence, intimate partner violence, sexual assault, and sexual harassment are common occurrences in the lives of African American women. The aim of this volume is to expand our knowledge in all of these areas.

## PSYCHOLOGICAL SEQUELAE

I feel blue, I don't know what to do
Every woman in my fix is bound to feel blue, too

*–Any Woman's Blues* by Bessie Smith

Folks they think I'm crazy, I'm just a victim to the blues

*–Victims to the Blues* by Gertrude "Ma" Rainey
(as cited in Davis, A. Y., 1998, p. 252 & 260)

During the 1920s and 1930s, Blues women wrote songs about the sadness in their lives (Davis, A.Y., 1998). In the past few years, authors have written popular self-help books for Black women struggling with depression and the "blues" (Boyd, 1998), which some Black women describe as dysphoria or a mild form of depression (Barbee, 1994). Many of the Black women interviewed in these self-help books (Mitchell & Herring, 1998) and memoirs (Danquah, 1998) attributed their depression to the violence in their lives.

This section is a review of the most common psychological sequelae associated with violence in the lives of African American women. Before this literature is discussed, the following caveats are offered. First, many researchers have focused on the experiences of low-income Black women, a population that is at risk for both victimization and mental health problems (U.S. Department of Health and Human Services, 2001). Black feminists (West, C. M., 2002) argue that future research should reflect the diverse backgrounds and experiences of African American women. Until this research can be conducted, readers should remember that the following results should not be generalized to all victimized Black women. Second, many Black survivors are resilient and do not exhibit long-term negative consequences because of abuse (Hyman & Williams, 2001).

Black survivors of abuse may experience a variety of mental health problems, including dissociation (Banyard, Williams, & Siegel, 2001), low self-esteem (Banyard, 1999; Cecil & Matson, 2001; Russo, Denious, Keita, &

Koss, 1997), and posttraumatic stress disorder (Hien & Bukszpan, 1999; Thompson, Kaslow, Lane, & Kingree, 2000). Many Black survivors of sexual abuse (Marcenko et al., 2000), partner violence (Hampton & Gelles, 1994), and gender harassment (Piotrkowski, 1998) also experience psychological distress, broadly defined as depression, anxiety, stress, and somatic complaints. In this section, I will discuss the association between Black women's victimization and increased rates of substance abuse, depression and suicide attempts. These mental health problems also increase the probability of physical health problems, which will also be discussed. Although these difficulties will be discussed separately, victimized Black women may experience multiple mental and physical health problems (Ross-Durow & Boyd, 2000).

### *Substance Abuse*

When compared to their peers, Black survivors of childhood sexual abuse, domestic violence, and sexual assault consistently reported higher rates of use and abuse of various substances, including alcohol, marijuana, and crack cocaine (Curtis-Boles & Jenkins-Monroe, 2000; Davis, R. E., 1997; Marcenko et al., 2000). A history of repeated victimization appears to increase the likelihood of substance abuse. More specifically, multiple incidents of childhood sexual abuse predicted adult heavy drinking and binge drinking in one sample of African American women. Researchers speculate that binge drinking may be an effort to block memories of abuse, whereas heavy drinking may be an attempt to reduce generalized anxiety (Jasinski, Williams, & Siegel, 2000).

Although alcohol use does not cause domestic violence, drinking is often associated with violent interactions (Huang & Gunn, 2001). As evidence, two-thirds of the battered Black women in a shelter sample reported that their husbands were intoxicated during the assault (Joseph, 1997). A similar association was found in the National Alcohol Survey. Partner violence within Black couples, perpetrated by the man or woman, was more likely to occur if either partner had consumed large quantities of alcohol or had an alcohol problem (Cunradi, Caetano, Clark, & Schafer, 1999).

### *Depression*

As expected, depression is a common experience for Black survivors of sexual assault (Rickert, Wiemann, & Berenson, 2000) and partner vio-

lence (Huang & Gunn, 2001; Russo et al., 1997). Certain groups are especially vulnerable to depression. They include Black battered women who reported multiple incidences of sexual victimization, such as marital rape or childhood sexual abuse (Campbell & Soeken, 1999a), Black adolescent girls who reported a long duration of childhood sexual abuse (Cecil & Matson, 2001), and sexually abused Black adolescent girls with a history of family conflict (Sanders-Phillips et al., 1995).

Of particular note, terminating a violent relationship may not reduce feelings of depression. Based on interviews with battered women over a three-year period, Campbell and Soeken (1999c) discovered that Black women's depression continued after they had terminated their violent relationships. In contrast, White women in this study reported a dramatic decline in depression when they ended their abusive relationships. Several factors may account for these findings. Ending an abusive relationship may not end the violence, particularly if there are children involved. In a shelter sample, one-third of the battered Black women continued to be abused by their partners after they ended the relationship (Sullivan & Rumptz, 1994). The inability to escape may lead to feelings of despair and depression. In addition, ending a violent relationship does not improve the marginalized status of most Black women. In fact, leaving an abusive partner may leave a survivor even more impoverished. Poor Black women with low educational attainment and less prestigious occupations, even if they have never been victimized, often report depression and other mental problems (Jackson & Mustillo, 2001).

### Suicide Attempts

Black women in psychiatric facilities (Manetta, 1999) and substance abusing Black women (Hill, Boyd, & Kortge, 2000) were more likely to attempt suicide if they had a history of childhood physical or sexual abuse. The most comprehensive studies conducted on this topic are based on a sample of low-income African American women who visited a public health care hospital following a nonfatal suicide attempt. When compared to non-suicidal controls, suicide attempters were more likely to have had a childhood history of physical, emotional, and sexual abuse (Thompson et al., 2000) and a history of physical and emotional partner abuse. Distress, hopelessness, and drug use also accounted for the link between partner abuse and suicidal behavior (Kaslow et al., 1998).

Stark and Flitcraft (1995) contend that suicidality among battered women represents an effort to create "control in the context of no control" (p. 57). This may be true for some battered Black women. Mohr,

Fantuzzo, and Abdul-Kabir (2001) interviewed a Black woman who over-dosed on aspirin in response to being abused. This self-injurious behavior was a way of expressing frustration and anger at her abusive partner. The survivor stated, "I say what did he expect, he treat me and the kids like a doormat" (p. 83). According to the researchers, this suicidal gesture was a way of taking control by making her partner face the consequences of his abusive behavior. More research is required before we understand the fac-tors that contribute to suicide attempts among victimized Black women.

### *Physical Health Problems*

Mental and physical health problems are often interrelated. For example, battered Black women may experience psychological distress that is mani-fested as headaches (Hampton & Gelles, 1994) or hypertension (Lawson, Rodgers-Rose, & Rajaram, 1999). Furthermore, the combination of victim-ization and mental health problems increases the probability that African American women will experience physical and sexual health problems. For instance, physically and sexually abused Black women, particularly if they had experienced multiple victimizations, reported higher rates of unin-tended pregnancies and abortions (Wyatt et al., 1995) and reproductive health problems, such as decreased sexual desire, painful intercourse, geni-tal irritation, repeated vaginal infections, and problems conceiving (Camp-bell & Soeken, 1999a; West, C. M. et al., 2000). High rates of sexually transmitted diseases (STDs) were also common among Black survivors of childhood sexual abuse (Wingood & DiClemente, 1997a), dating violence (Wingood, DiClemente, McCree, Harrington, & Davies, 2001), partner vio-lence (Wingood & DiClemente, 1997b), and rape (Wingood & DiClemente, 1998).

In general, victimized Black women perceived less control over their sexuality (Wingood et al., 2001). Depression and substance abuse can make it especially difficult for Black survivors to make healthy sexual choices. These women may be at increased risk for STDs and reproduc-tive health problems for several other reasons. First, the fear of a violent response may make many survivors reluctant to insist that their partners practice safe sex, such as condom use (Kalichman et al., 1998; Wingood & DiClemente, 1997a). Second, some victimized Black women engage in risky sexual behaviors, including: prostitution (West, C. M. et al., 2000); anal sex, group sex, and partner swapping (Wyatt et al., 1995); sex with non-monoga-mous partners (Wingood et al., 2001); and sex with men who use drugs or men who have sex with other men (Kalichman et al., 1998).

In conclusion, some Black survivors are very resilient and do not exhibit long-term negative consequences as a result of their victimization (Hyman & Williams, 2001), whereas others experience a variety of mental health problems, including depression, substance abuse, suicide attempts, and physical health problems, such as sexually transmitted diseases. These difficulties may be exacerbated by poverty, racism, and sexism (Roosa, Reinholtz, & Angelini, 1999). Furthermore, their limited ability to practice self-care (Campbell & Soeken, 1999b) and their limited access to culturally sensitive medical care (McNutt, van Ryn, Clark, Fraiser, 2000; Russo et al., 1997) mean that many Black survivors will never receive treatment for their mental and physical health problems.

## *TOWARD HEALING*

> Once upon a time, I stood for all he did
> Those days are gone, believe me kid
> I've been mistreated and I don't like it, there's no use to say I do
>
> *–I've Been Mistreated and I Don't Like It* by Bessie Smith
> (as cited in Davis, A. Y., 1998, p. 300).

Although Blues women were often severely abused and depressed, they used music to actively resist their victimization. Contemporary Black women have even more options available to them. For example, they can benefit from therapy (West, C. M., 2002 [This volume]). Engaging in educational programs and activism can also promote healing.

African Americans welcome prevention efforts, particularly if practitioners use culturally sensitive intervention techniques (Fontes, Cruz, & Tabachnick, 2001). However, fear and mistrust of researchers have made many African American women reluctant to volunteer for research studies, especially studies which focus on sensitive topics (Earl & Penney, 2001). In this volume, Taylor (2002b) offers strategies that researchers, practitioners, and activists may use to create a research process which empowers Black women.

Based on her research with Black anti-rape activists, A. M. White (2001) concluded that, "activism should be encouraged as a healing modality just as individual and group therapy are encouraged" (p. 20). Violence against women must be perceived as a community problem. This requires Black activists, both women and men, to change the discourse surrounding rape and violence in the African American community (White, A. M., 2001). A pro-Black and pro-feminist dialogue requires us to acknowledge Black

women's victimization and to acknowledge the oppression of Black men, while simultaneously holding them accountable for their violence. Tillet (2002 [This volume]) uses her experiences as a rape survivor and rape activist to begin such a Black feminist discourse.

The Black church has always been a site of Black feminist activism and a source of comfort for victimized Black women (West, T. C., 1999). Rev. Rosalyn Nichols (2002 [This volume]) explains how the murder of her childhood friend inspired her to challenge the sexism and silence surrounding domestic violence in her church and community. Black popular culture, including gospel music and media campaigns, also has been used as a source of education and activism (Oliver, 2000). In this volume, Aishah Simmons (2002), Black feminist film producer, rape survivor, and activist, describes her feature length documentary addressing sexual assault in the Black community.

In conclusion, this volume is a collection of articles written by feminist practitioners, scholars, and activists who are all deeply committed to addressing violence in the lives of Black women. Our goal is to identify the various forms of violence and to offer suggestions for intervention. Although there is much work to be done, it is important to remain optimistic. Mental health professionals and scholars should also be activists who work toward social change. Perhaps we should remember the advice offered by blues woman Ida Cox (cited in Davis, A. Y., 1998, p. 38):

> You never get nothing by being an angel child
> You'd better change your ways and get real wild
> Wild women are the only kind that really get by
> 'Cause wild women don't worry, wild women don't have the blues.

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