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Culturally Informed Interventions for African American Women with a History of Sexual Abuse in North America

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Abstract

This paper sought to evaluate the best interventions for childhood sexual abuse and how these interventions can best be applied to African American women to ensure that they are able to effectively deal with the mental health complications that result from being sexually assaulted as children. The inclusion criteria used was to find articles addressing the effects of physical, emotional or sexual abuse on the mental health of women over 18 years leaning towards those prioritizing African American women and childhood abuse. The exclusion criterion was to avoid all articles prioritizing men or featuring women aged below 18 years. The researcher initially intended to only focus on articles discussing articles featuring African American women aged 18-26, but after failing to find articles meeting these specifications, the researcher extended the scope. This review is of significant as it gives shine to African American women; women who have been sidelined due to sexism, racism and classism. It can influence practice in that it can encourage more research to be done to develop interventions best suited for the needs of African American women.

Keywords: *African American Women, Sexual Abuse & North America.*

1.1 Introduction

Research has found that there is a link between a history of childhood abuse and substance abuse problems. Furthermore, this particular population requires mental health services more frequently than those without a history of child abuse due to the fact that they prone relapse. Estimates predict that about two-third of individuals in substance abuse treatment were at one point physically, sexually or emotionally abused as children. As a result of the abuse, they develop Post Traumatic Stress Disorder (PTSD) which increases the likelihood for these individuals to relapse. This is because, during sobriety, the PTSD is triggered since the patient's experience flashbacks and nightmares and recall memories they had been trying to repress. As they experience these uncomfortable symptoms and as the memories return many of these individuals end up going back to substance abuse in an attempt to suppress problems and manage the emotional pain (Tillman et al., 2010).

Childhood sexual abuse is prevalent in the African American community. Despite this, African women are less likely to report their assault or even seek help after an assault. This state of affairs is based on a collective culture that protects African American men usually at the expense of African American women (Tillman et al., 2010)

Akers et al. (2011), discuss how African American parents talk about sex with their children. The article reports that these discussions are often motivated by childhood sexual abuse. When it comes to girls', parents in these families concentrate on preventing them from being victims of sexual assault and emotional manipulation from partners. This gives context to the fact that sexual assault is very common in African American communities. Bryant-Davis et al. (2011), on the other hand, reports that not enough research has been conducted to evaluate the mental health effects of sexual assault on minority women living in poverty. Bryant-Davis et al. (2011) argue that African American women are at greater risk of suffering from sexual assault and living longer in poverty. A such they more likely to suffer from cumulative stress since they have to deal with unemployment, homelessness, partner abuse and community abuse; after sexual assault, they are therefore likely to suffer more physical and psychological consequences of the assault. Most of the most common consequences of childhood sexual abuse include depression, substance abuse, PTSD and suicidality. The study reports that African American adolescent girls with a long history of sexual abuse and women experiencing domestic violence, including marital rape, are especially vulnerable to depression. Women who report sexual assault in adulthood experience PTSD symptoms with greater severity

This literature, sought to evaluate the best interventions for childhood sexual abuse and how these interventions can best be applied to African American women to ensure that they are able to effectively deal with the mental health complications that result from being sexually assaulted as children.

2.1 Methods

To find literature for this review, EBSCOhost and Google Scholar was used to conduct an extensive bibliographic search related to this topic. The researcher read a number of abstracts, and when found one fitting my research, it was download and reviewed. The keywords used were “interventions for childhood trauma,” “African American women childhood sexual abuse” and “childhood abuse intervention.”

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3.1 Results

The articles found revolved around sex, domestic violence and childhood sexual abuse.

Bryant Davis et al. (2011) used 413 African American women aged between 18 and 71 who had suffered from sexual assault since the age of 14 to investigate the correlation between poverty and mental health consequences of sexual assault. Over 55% of these women were unemployed, about 50% had an income of 10,000 or less in the previous year, 28% reported illicit drug use within the last year, while 46.2% reported suicide ideation. After data collection, a hierarchical regression analysis was performed, and the findings indicated that among African American assault survivors, poverty is positively relayed to depression, PTSD, suicide and illicit drug use. No relationship was found with suicidality. These results imply that poverty acts as an impediment to mental health care. African American are also especially vulnerable due to a collision of sexism, racism and classism that makes them subject to discrimination, hate crimes, stigmatization and intergenerational trauma which compound the effects of childhood and adult sexual assault. The use of illicit drugs is, therefore, a mechanism of coping for women facing trauma and experiencing stress from poverty

Meston et al. (2013) attempted to use expressive writing as an intervention for psychopathology, sexual dysfunction and sexual dissatisfaction for women with a history of childhood sexual abuse. This study relied on validated self-reported measures of psychopathology and sexual satisfaction post-treatment at intervals of 2 weeks, two months and six months to determine whether the intervention worked. The study included 70 women with a history of childhood sexual abuse who were required to complete five 30 minute sessions of expressive writing either from a trauma focus or a sexual schema focus. The results indicated that both these interventions were able to improve symptoms of depression and PTSD among participants. The women who wrote about the impact of childhood sexual abuse on their sexual schema, however, were more likely to recover from sexual dysfunction. This study, therefore, asserts that expressive writing is a method that can be used to alleviate symptoms of depression and PTSD among women with PTSD from childhood sexual abuse.

Harkan et al., 2012, on the other hand, set out to determine whether childhood abuse was the cause of high recurrence rate for those suffering from major depressive disorder. In this study, the participants were a combination of men and women with 129 women and 74 men aged between 18 and 60. The study design was a 16-week single-centre randomized open-label trial of interpersonal therapy, cognitive behavioral therapy or antidepressant medication with a 12 month follow up. A control group existed that had not suffered any form of childhood abuse. This study was conducted at a university psychiatric center within the University of Toronto in Canada. The outcome was measured with a Hamilton Depressive Rating Scale at the end of the process. Results from this study indicated that patients with severe maltreatment as children did not respond well to interpersonal therapy and were more responsive to CBT and medication. The study, however, found that these patients remain especially vulnerable to recurrence despite the treatment modulation they chose.

Dorrepaal et al. (2012) sought to find a way to stabilize group treatment protocol for long term sequelae of child abuse that manifests in the form of complex PTSD using psychoeducation and cognitive-behavioural interventions. 36 patients with complex PTSD who had suffered from childhood abuse were recruited and subjected to a 20-week pre, post and follow up assessment. The David Trauma scale was used to measure PTSD. The Borderline Disorder Severity Inventory was used to measure borderline symptoms, the Dissociative Experiences Scale was used to measure dissociative symptoms, and the Beck Inventory System was used for depression. Psychoeducation in this study was used to increase self-awareness of symptoms while cognitive behavioral skills training was used to increase self-regulation, adaptive beliefs and relationships to bring about stability. The focus of the treatment was, therefore, positive reinforcement and empowerment and to reduce feelings of shame, guilt and isolation. The results from the study indicated improvements in PTSD and borderline symptoms. Post-treatment 64% of participants and after six months 78% of participants no longer met the criteria for complex PTSD

Dalton et al. (2013) sought to use Emotional Focused Therapy (EFT) as an intervention for couples who suffered from childhood abuse and who as a result, were experiencing relationship distress. The study used a randomized control trial for couples where the female partner had suffered from interfamilial childhood abuse. The study recruited 24 couples from Toronto and Ontario, Canada and randomly assigned them either 24 sessions of EFT or a control group. The Dyadic Adjustment scale was used to test results, and after a hierarchical regression analysis was performed on the data, EFT was found to be effective. This study, therefore, asserts that EFT can be an effective intervention for childhood trauma survivors who want to form strong adult relationships. This is because childhood abuse makes it difficult to form intimate adult relationships

Kaslow et al. (2010) on the other hand focused on a culturally informed intervention, making use of empowerment-focused psychoeducational group (Nia) and the theory of triadic influence or treatment as usual (TAU) to reduce psychological symptoms such as suicide ideation, depression among African American women who had experienced abuse. 208 African American women who had experienced intimate partner violence and suicide attempt from low socio-economic status were used in the study. The study design randomized these women based on either Nia or TAU and assessed at baseline post-intervention with a 6 to 12 month follow up. At the end of the process, the participants were assessed on their levels of Index of Spousal Abuse, The Beck Scale of suicide Ideation was used to determine suicidality while the Beck Depression Inventory-II was used to

assess depression; PTSD was measured using Brief Symptom Inventory. After the data was subjected to hierarchical data modelling, the results indicated that the women who received culturally-informed care showed a reduction in depressive symptoms and suicide ideation even when subjected to intimate partner violence. This study, therefore, shows the importance of using culturally competent interventions when dealing with abused, suicidal, low-income African American women. Intervention methods in therapy, therefore, need to be adjusted to address more mediating and moderating constructs in order to effectively target key outcomes. This study, therefore, takes into consideration the fact that African American women experience higher stress levels than most European women, as such, there is the need for evidence-based interventions to be more refined before being replicated on African American women since African American women and European women do not experience life the same way

4.1 Limitations

One of the major impediment treatment is the fact that the majority of black women are apprehensive about speaking about their abuse even in their adulthood. Statistics indicate that at least 60% of black women experience sexual assault by the time they are 18, however, from this group only 1 in 15 reports the crime (Tillman et al., 2010). Furthermore, most of the women who have disclosed their victimization have been assaulted by people they know; the perpetrators are usually family members, neighbors, teachers or even family friends. In the African American community, there is a general avoidance in discussing issues surrounding childhood sexual abuse. This is based on the concept of collectivism that is widespread in the black community. In a collectivist culture, an individual is expected to sacrifice one's own interests in order to protect the interests of the group. This culture is based on a web of systemic oppression that has facilitated the transmission of abuse and lack of personal culpability from generation to generation (Tillman et al., 2010). The African American community has been forced to build a collective culture to fight oppression that now makes it difficult to address the issue sexual abuse of children since families and communities often feel the need to protect one of their own.

This system also does not allow for healing or treatment of black youth since there is a negative perception of mental health in the black community. When those children that have been victimized start developing maladaptive symptoms of the abuse are usually labeled and stigmatized by the rest of the community. The school to prison is one example of this; many black children are funneled from the public school system into the juvenile and criminal justice system. Many of these students, however, happen to be victims of learning disabilities and a history of abuse and neglect (Tillman et al., 2010).

In African American communities, there is a lot of transgenerational trauma dated back to the slave days. During the slavery era, sexual assault and exploration were the main tools used by white men to dominate the enslaved women. Even after slavery, when African American women started working outside the home as maids, they were repeatedly subjected to sexual assault and harassment by the men they worked for. In American history there was a time rape laws did not apply to African American women, even though the laws have changed African women claims of sexual assault and sexual harassment are still met with a lot of doubts and questions. Victim blaming is especially common when it comes to African American women since oppressive and

stereotypical images still exist to warrant the victimization of African American women (Tillman et al., 2010)

Even most of the studies I came across did not focus on African American women. African American women are, therefore, severely underrepresented in research that affects them slightly more severely. Finding papers focused on African American women was a struggle. Other women of color, including Latinos and Asians, are also severely underrepresented in this area of research. The patterns of the bigger society, therefore, continue to be reflected even in microcosm such as research where the white woman is the priority while women of color take a backseat. The results of the research can, therefore, not be generalized since there are certain cultural considerations that need to be made while designing interventions for women of color. There are certain dynamics within these communities that make interventions different; if they were applied as are, they would most likely not work

5.1 Discussion

Based on this discussion, it is, therefore, possible to see that there are not very many interventions focused on the treatment of African American women who have suffered from sexual abuse as children. The only intervention that was directed towards African American women was from Kaslow et al. (2010) who made use of culturally informed intervention through empowerment focused psychoeducational groups. Cultural informed evidenced-based practices are, therefore lacking when it comes to African American women and women of color in general. The method suggested by Kaslow is therefore very strong since it calls for intervention methods in psychotherapy to be adjusted to include certain cultural considerations. Current research predominantly serves the white community, and there is need for more research to be conducted to address the needs of the minority groups in the US who have certain key differences that may make these interventions less effective. In the African American community, for instance, there is a negative outlook on therapy and such it is extremely difficult to get victims of abuse to come forward and seek for help; this, therefore, calls for unique methods that may make this particular group of people more conformable with seeking people such as empowerment focused psychoeducational groups. With strength in numbers and the sharing experiences; these individuals will be able to unlearn some of the misconceptions they may have about therapy. By sharing experiences, they will learn to identify patterns and be able to seek out the common source of their emotional and psychological distress; by figuring out the problem, it is then possible to develop a solution.

This review is therefore significant it gives shine to African American women; women who have been sidelined due to sexism, racism and classism. It can influence practice in that it can encourage more research to be done to develop interventions best suited for the needs of African American women.

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