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Empowering Silenced Voices:

Counseling techniques for Black rape survivors

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Empowering Silenced Voices:

Counseling techniques for Black rape survivors

by

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Report

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Dedication

I dedicate this report to the millions of women who have been raped and silenced by their perpetrators, loved ones, or by shame. The voice of Black rape survivors is often ignored or dismissed but I hear you and I will not allow your story to go unheard. While these words may not spark a social revolution, its purpose is to act as a starting point of support in the healing process for Black women.

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Abstract

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The University of Texas at Austin, 2014

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In the United States, Black women are more likely to be sexually victimized than any other ethnic group. Despite the higher rates among Black women, there is little research that provides therapists with approaches and techniques that are culturally specific to Black women. Instead, most literature has focused on women as a whole, rather than examining the different cultural values and forms of support that are needed for recovery in different ethnic groups. Therefore, this report will provide therapists with a sociocultural lens to increase awareness of the Black woman's identity, while suggesting a Womanist theoretical approach to group psychotherapy as an ideal method of treatment.

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A woman's experience is not culturally universal

Research by Rozee and Koss (as cited in Neville, Heppner, Oh, Spanierman, & Clark, 2004) has shown that 14% to 25% of women will experience rape at least once over the course of their lifetime. In other words, it can be expected that roughly 1 in 4 women will be sexually attacked by a perpetrator, leaving the woman to deal with the effects of the rape long after the perpetrator has walked away. After surviving such a violent act, a survivor will have to make a monumental choice; share her story or remain in silence. If she decides to disclose the rape, the possibility of someone reacting in a negative manner is more likely to cause the survivor to be reluctant about further discussing the assault with others (Neville & Pugh, 1997). These survivors may decide to not seek treatment and deal with the ordeal in silence.

Since the definition of rape is continually evolving, it is pertinent to define it based on its application in this review. Rape will be referred as nonconsensual sex, in which there is vaginal, oral, or anal penetration. Additionally, retracting consent nullifies any previous consent and subjects the perpetrator to rape if he continues with nonconsensual sex (Lyon, 2004). While both men and women can commit rape, the focus of this report will be geared towards rape committed by males against women.

Although rape can occur at any time during the life span, all life stages will not be critically examined to the same degree. Since more than half of all rape and sexual assault survivors are under the age of 25 (Cecil & Matson, 2005), adolescence to early adulthood will be the life stages that receive the highest consideration. During these stages, women may suffer from depression, anxiety, low self-esteem, and acute and

chronic fear (Neville & Heppner, 1999; Feinstein, Humphreys, Bovin, Marx & Resick, 2011). Rather than allow these survivors to slip through the cracks, mental health providers can play a key role in providing a safe place in which these women can regain their voices.

Since it is common for survivors to be more likely to develop anxiety, depression, or posttraumatic stress disorder (PTSD) (Neville & Heppner, 1999; Feinstein, Humphreys, Bovin, Marx & Resick, 2011), therapists can become allies to rape survivors and facilitate the healing process. The ways in which rape manifests in the lives of each survivor may differ in severity (Neville et al., 2004). Despite these differences, the benefits of psychotherapy are available to survivors if they are knowledgeable of available resources and empowered to employ them. The responsibility of treatment should not be placed solely on the potential client. Mental health therapists should be visible allies in the community to ensure that survivors are aware of the safe havens found in therapy.

Acknowledging the Black Woman

Rather than focus on women collectively, this article will address the complexities of outreach and treatment for Black women. Since Black women are more likely to be sexually victimized than other ethnic groups (Cecil & Matson, 2005), culturally sensitive treatment is essential to providing a significant portion of rape victims, specifically Black women, with effective treatment. While there have been conflicting reports of rape across ethnic group, a recent study in 2007 showed that Black women, in both community and college samples, were subjected to higher rates of rape in comparison to

Caucasian, Latina, and Asian women (Kilpatrick, Resnick, Ruggiero, Conoscenti, & Cauley, 2007). The high rates of sexual victimization in Black women (Cecil & Matson, 2005), coupled with lower rates of reporting (Hamby & Koss, 2003); can make outreach and therapy a difficult task. Therapists are presented with a double-edged sword as they face added challenges in treatment that are specific to Black women. Therefore, this report will attempt to address specific approaches for Black rape survivors.

In academic literature, the Black woman's voice has been lost. Her issues have been subsumed into two of the following areas: Black issues or women's issues (Hull, Scott, & Smith, 1993; Bentley-Edwards & Adams-Bass, 2013). Without the examination of issues specific to the Black woman, therapists will miss the nuances of her identity, strengths, and struggles. The need to understand and recognize the multiple layers of race, gender, and sexuality is especially significant when addressing the sensitive subject of rape. It is critical that therapists be aware of the cultural values that can be used to strengthen the client and counter the stereotypical images that stem from institutionalized racism and sexism.

When Black women seek treatment, the varying intersections of identity add further complexity to the assault, thus calling for a treatment that will attempt to address each layer of the attack. A survivor may not interpret rape as a solely physical attack against her body; it may be a myriad of attacks against her racial, ethnic, religious, socioeconomic, or sexual identity. Since each survivor responds and internalizes rape in a unique way, this report encourages therapists deepen their understanding of the societal

pressures and constraints that may impact the identity and recovery of Black women after surviving rape.

Unfortunately, there are a plentitude of barriers that prevent Black women from seeking treatment. Stigma has been noted as one of the most significant impediments to seeking mental health treatment (Wade, Clark, Heidrick, 2009). Other barriers come in the form of inaccessibility, availability of services, poor quality of care, or culturally incompetent therapists (Wade et al., 2009). With less than 2 percent of therapists identifying as Black or African American (U.S. Department of Health and Human Services, 2001), it is expected that most Black rape survivors will engage in an interracial therapeutic relationship. Generally, Blacks have a negative attitude regarding counseling (Smith & Wermeling, 2007) and think of psychotherapists as older, White men who will not be sensitive or able to understand their social and economic realities (Thompson, Bazile, & Akbar, 2004). This fear of mistreatment and misunderstanding with non-Black therapists is closely related to cultural paranoia, also known as cultural mistrust (Thompson et al., 2004). Therefore, therapists should increase their awareness of the barriers that prevent Black women from seeking treatment and find ways to address these barriers. Considering that Black women are in the greatest need for counseling services among all other ethnic groups (Pack-Brown, Whittington-Clark, & Parker, 1998), reevaluating current techniques and approaches are essential to providing the most culturally sensitive treatment. Education about cultural mistrust and the long history of institutionalized racism and sexism of Black women is essential to beginning treatment that validates the Black woman's identity and experience.

Power over the Black woman's body

Since colonization, Black women have been subjected to heinous forms of physical, emotional, verbal, and sexual abuse (Roberts, 1997; White, 1985). As slaves, Black women were humiliated as they stood before White men, naked on auction blocks and examined like livestock. Then paired with men to breed strong slaves to the benefit the wealth of slave masters. In most cases, women had no choice in marriage or sexual intercourse, being raped at the hands of slave masters or other enslaved men (Roberts, 1997; White, 1985). The exploitation of Black women did not cease with the abolishment of slavery but continued into the Civil Rights Movement.

As the Civil Rights Movement gained more momentum and power, white men used rape as a weapon to intimidate the Black community. Rape became a display of power over the Black body (McGuire, 2004). Recy Taylor was one of the survivors of particular attack (Atwater, 1945; "Grand jury refuses," 1945). After attending a church revival, Recy departed towards home when a car of seven white men approached her. She was forced into the car by gunpoint and taken to a forested area in which she was raped by six of the men. In court, the men admitted to having sex with Taylor but made claims that she was a prostitute, thus a willing participant. Out of the seven men, only one confessed to the true chain of events, stating that Recy was forced into the car by gunpoint and gang raped. Despite this information, the court found the men innocent (Atwater, 1945; "Grand jury refuses," 1945).

Tragedies like the Recy Taylor case are not uncommon. Unfortunately, the Jezebel stereotype continues to perpetuate the idea that Black women are sexually

available with an insatiable sexual appetite, specifically for white men. In comparison to the modest and moral portrayal of white woman, Black woman are seen as sexually deviant. Therefore, the rape of Black women by white men can be easily rationalized as a desired experience for both parties.

The dismissal of the Black woman's tragic experience is not a distant memory. The voices of Black women have been ignored, discredited, and silenced. Even the use of rape as a form of resistance to the Civil Rights Movement is largely overlooked; with focus on the acts of violence again Black men (McGuire, 2004). While Congress has attempted to address some of the cruelties and injustices of the Civil Rights Movement, it has still failed to hold responsible the perpetrators of sexual crimes. With the passing of the Emmet Till Unsolved Civil Rights Act, the efforts to rectify some of the injustices of violent acts that resulted in death (Govtrack.us, 2007) excluded the living survivors of sexual assault and rape. Whether the act of exclusion was deliberate or unintentional, the government failed to protect the sexuality and morality of Black women.

Stereotypical images of Black women

Rather than protect the innocence and sexuality of Black women, society has projected over sexualized stereotypes onto Black women. Three of the most recognized images are the Jezebel, Mammy, and Sapphire. In the case of the Mammy, the Black woman is expected to be subservient to Whites, nurturing, domestic, and sexless (West, 1995). Physically, she is undesirable to most men, yet honored as matronly. On the other hand, the Jezebel dismisses traditional gender roles and thrusts all of her energy into appeasing her sexual appetite (West, 1995). She engages multiple sexual partners and

presents herself as sexually available to all men. Typically, she is depicted as having light skin and long hair (Collins, 1998), which is in direct contrast to the darker skinned image associated with Mammy (West, 1995). Lastly, the Sapphire represents the aggressive, hypercritical, and emasculating Black woman (West, 1995). These stereotypes have carried into modern day culture and saturate the media with over sexualized and aggressive images of Black women (Stephens & Few, 2007). Not only are these images a part of mainstream culture, they may play a role in how African American females view themselves (Sinclair, Hardin, & Lowery, 2006).

Sapphire

Sapphire, a prominent character from the Amos and Andy show, is viewed as overbearing, controlling, loud, and combative (Thomas, Hoxha, & Hacker, 2013). Her emasculating and argumentative behaviors leave much to be desired. In many ways elevated speaking, eye rolling, finger pointing, or neck rolling are associated with the Sapphire image. Unfortunately, this image can be generalized and potentially applied to all Black women. In the event of disagreement or conflict, it can be assumed that non-Blacks will expect the Black woman to act in a manner that reflects the Sapphire stereotype. Despite the form of communication, some Black women are automatically perceived as Sapphire regardless of their actions. Regardless of the way a Black woman presents her opinion, the sheer quality of assertiveness can be perceived as representative of the Sapphire image. This imposed identity restricts free expression in Black women and falsely labels her as irrational and quarrelsome.

Modern Day Mammy

Unlike the Sapphire image, Mammy revisits the "Gone with the wind" era by emphasizing a loyal, obedient, and meek image of Black women that is usually fashioned after Mammy, the loyal housekeeper and nanny to White mothers and her children (Givens & Monahan, 2005). Loyalty demonstrated a level of devotion to the oppressor that transcended the devotion and care the Mammy gave to her own family (Abdullah, 1998). It sent the message that the sole purpose of the Black woman is to meet the needs of others, specifically Whites, without calling any attention to herself. She serves a purpose but only when needed. In other instances her presence is dismissed or overlooked. In other words, her presence is only valid when it's requested.

To add fuel to the fire, the upsurge in the male-Mammy, such as Madea in Tyler Perry films or Rasputia from Eddie Murphy's *Rasputia* has intensified the stereotype these images induce (Chen, Williams, Hendrickson, & Chen, 2012). Overweight, unattractive, and desexualized are three of the key identities of the Mammy (Fuller, 2001; West, 1995) that the male-Mammies magnify on an international stage. In Chen et al.'s study (2012), a participant explained, "using men to portray these women 'raped us of our identity'" (Chen et al., 2012, p. 125). Needless to say, the damage that these images cause is not only humiliating; it sends the message that the presence, dignity, and voices of Black women are worthless.

Jezebel

Contrary to the Mammy image, the Jezebel is known for being highly attractive and using her sexuality as a means of power (West, 1995). Today's media has taken the

Jezebel stereotype and created satirical images of the Black woman's identity with the roles of freak, gold digger, diva, and baby mama (Stephens & Phillips, 2003). Based on these images, it is assumed that the Jezebel is only useful for one thing, sexual intercourse. Outside of sex, she has no desirable traits and reduces her worth to a sexual act, preventing them from being perceived as anything other than sexual beings.

Superwoman

Lastly, one of the less mentioned stereotypes is the Superwoman, usually referred to as the strong Black woman. "The strong Black woman is easily recognizable. She confronts all trials and tribulations… hard-working bread winner… She suppresses her emotional needs while anticipating those of others. She has an irrepressible spirit that is unbroken by a legacy of oppression, poverty, and rejection" (Harris-Perry, 2011, p. 21). Women like Oprah Winfrey and Michelle Obama embody the strength, selflessness, and achievement that lie within this image (Townsend, Thomas, Neilands, & Jackson, 2010). While this particular image exudes positivity, it can also be a stressful place for Black women. The expectation of constant perfection could lead some Black women to interpret they must bare all their burdens alone. The tendency to keep troubling or embarrassing information from others is known as self-concealment (Cramer, 1999). When Black rape survivors are perceived as strong, their traumatic experiences and the culpability attributed to the perpetrator is reduced in comparison to other survivors (Donovan, 2007). This behavior could potentially be used as a self-silencing mechanism. Not only does she want to silence her own matters, society reinforces this ideal with the more desired role as an accommodating and invisible Mammy. Thus perpetuating the

idea that Black women are expected to lift their voices to help others, but remain silent

when facing personal issues.

Silence or Disclosure

With so many stereotypes, it's rather difficult to understand the multitude of layers that construct the true identity of Black women. These stereotypes make it difficult to lift the racial veil and view Black women as individuals, outside of stereotypical images. Unfortunately, the inability to look past these images is magnified when Black women are raped. When Black women report a rape, their credibility is questioned to a higher degree than that of white women (Wyatt, 1992). Furthermore, George and Martínez (2002) found that Black women are perceived as more culpable if the rape was interracial. Participants came to this decision based on the general stereotype that Blacks are hypersexual and promiscuous, with their sexuality acting as an uncontrollable trigger for a white man's actions (George & Martinez, 2002). Thus shifting responsibility of the rape from the perpetrator to the Black woman's inherent and dominating sexuality. This sends the message that Black women are not capable of being sexually exploited, but receptive and welcoming of sexual advances (Collins, 1991). To be labeled as "unrapeable" can only further stigmatize rape for Black women while simultaneously diminishing and silencing their experience. To further complicate the matter, Black women do not fare better outcomes when raped by Black males. Instead, Black women may experience an internal struggle to protect her wholeness or battle the idea of disclosing the rape and potentially perpetuate violent stereotypes about Black men (McNair & Neville, 1996). This allegiance to the Black identity and sacrifice of the individual experience illustrates how intersectionality adds a unique complexity specific to the Black woman's experience.

Deciding to disclose

Due to the obvious bias working against Black women, rape disclosure becomes an intensified and complicated undertaking for a survivor. For the purpose of this report, two forms of support will be referred to when discussing disclosure, formal and informal support. Informal support will be defined as disclosing rape to an individual who has a pre-established personal relationship with the survivor, such as a family member, friend, or romantic partner. Disclosure is not limited solely to the previously mentioned individuals. A woman may disclose to any person of her choosing. Formal disclosure is the process of informing a professional form of support such as a therapist, lawyer, or medical personnel. Although the process of disclosure varies, the responses and reactions from direct and indirect disclosure may affect the survivor in a negative or positive manner.

Disclosure is not an inherent response to sexual victimization. Instead, it will be discussed as a form of coping. Similar to other coping mechanisms, the results of disclosure can either aid in the healing process, cause damage, or have little to no effect. Prior to disclosure, women evaluate the benefits and consequences of disclosure (Ahrens, Campbell, Ternier-Thames, Wasco, & Sefl, 2007). Survivors are less likely to disclose rape is directly related to the personal and communal beliefs about rape and rape survivors (Neville & Pugh, 1997; Mazelan, 1980; Wyatt, 1992; Holzman, 1994, 1996; Donovan, 2007). Additionally, it is less likely for survivors to disclose when it could result in further emotional distress or blame (Neville & Pugh, 1997). Despite these potential consequences, the majority of survivors disclose their victimization to someone

(Long & Ullman, 2013). In fact, nearly two-thirds of rape survivors disclose to at least one purpose after the assault (Filipas & Ullman, 2001), but the reactions are not always positive.

Reactions to disclosure

Most rape survivors experience positive reactions after disclosing, yet the impact of negative reactions has been shown to have a greater effect in the survivor's process of healing, while positive reactions have little to no effect (Ahrens et al., 2007). While some may label certain responses as positive or negative, the survivor's perception of the response dictates whether it will cause harm to the healing process (Campbell, Ahrens, Sefl, Wasco, & Barnes, 2001). If a woman interprets a reaction as negative, she will exhibit higher psychological and physical health symptoms (Campbell et al., 2001). The way that these reactions are perceived and internalized will vary from woman to woman. While most women share their victimization with someone (Long & Ullman, 2013), Black women who disclose to informal support are more likely to receive negative reactions, causing them to become less likely to disclose the assault to additional people (Neville & Pugh, 1997) and allow negativity to manifest in the survivor as self-blame (Ahrens, 2006). Negative responses reinforce stereotypes about Black women's sexuality and culpability and act as potential deterrents to disclosure.

While the reactions of informal support can be rather dismal, the reactions of formal support tend to have similar results for survivors. According to Ahrens et al. (2007), survivors who seek formal support providers are more likely to receive negative reactions. These findings are consistent with other reports of rape survivors receiving

negative or unhelpful reactions from legal and medical professionals (Campbell et al., 1999; Filipas & Ullman, 2001). If the survivor continues to receive an increasing number of negative reactions, emotional and physical health will worsen (Campbell et al., 2001). Unfortunately, the experience of Black women seems to stray from this norm. Instead of an outpour of support, Black women are more likely to face negative reactions from formal and informal support, potentially limiting network of support and poor emotional and physical health outcomes.

Beginning to heal

After experiencing trauma, it is no surprise that an individual will employ different coping mechanisms to deal with the varying degrees of emotional and physical pain. While coping mechanisms can be adaptive and maladaptive, coping will be defined as the continuous change of cognitive and behavioral efforts to manage specific demands that are labeled as stressful (Lazarus & Folkman, 1984). These efforts are expressed in a multitude of ways, especially when considering a traumatic event like rape.

When discussing coping methods, it should be understood that each method may not result in universal outcomes as certain methods will produce different results for certain women or stressors. Black women are more likely to use avoidance as a coping mechanism instead of problem solving or social support (Utsey, Ponterotto, Reynolds, & Cancelli, 2000). These avoidant coping mechanisms are closely linked to an increase of internalized coping such as alcohol, drug use, and self-blame for Black women in segregated urban communities (Long & Ullman, 2013). These avoidant coping mechanisms align with the ideals that compose the image of the Black Superwoman; despite trauma, she is expected to succeed personally and professionally, while attending to the needs of other and masking her own. Once again, falsely constructed roles have intruded on the wellness and wholeness of Black women.

Avoidant coping mechanisms paint a bleak picture for the healing of the Black woman, but Black women are not without hope. Instead, social support and religiosity can be utilized as adaptive forms of coping to the rape. In order to create a network of social support, a survivor has to a level of willingness to share her experience with at

least one person to gain social support. As previously noted, disclosure can be a positive or negative experience for survivors. The idea of disclosure may not be perceived as a desirable option but different techniques can be used to provide support for the survivor, as well as her network of social support. It should be noted that the family unit will vary based upon the survivor and is not limited to the nuclear family. In some cases, a family unit will consist of distant relatives or persons who are not related biologically to the survivor. These persons will be considered members of the family if they are regarded as such by the survivor.

Additionally, romantic partnerships will be considered as significant forms of social support for the survivor and considered a member of the family unit. While much of the literature observes rape recovery in heterosexual relationships, this report will not assume that a survivor's partner is male. Instead, the term "partner" will be used to refer to male and female partnerships. In general, social support may help reestablish a sense of safety for the survivor (Bryant-Davis, Ullman, Tsong, & Gobin, 2011). Therefore, the "working compromise" will be suggested as a means of providing the survivor and her network of support with the guidance that is needed to create interpersonal dynamics that promote intimacy and support.

Social Support

Although a family may not experience the traumatic event directly, their lives can be impacted significantly. To some extent, the family is traumatized when they become aware of the survivor's experience (Cwik, 1996). The sensitivity and patience needed to address the needs of the survivor could potentially lead to a change in interpersonal

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dynamics as each individual reacts and responds in a unique way. Although the feelings and needs of family members are important, those particular needs are not the focus of this report. Energy will be redirected towards facilitating a healthy dialogue between the survivor and her social support system.

Montgomery (as cited in Cwik, 1996) developed the concept of the "working compromise" as a way to guide individuals who are unaware of how to react to the rape or survivor. This concept refers to the idea that each member of the social support collectively agrees to a definition of how they will respond to the rape (Cwik, 1996). With the guidance of a therapist, members in the social support are able to set guidelines for the best way to respond to the trauma, interact with one another and create the least stressful environment for the survivor's healing process (Cwik, 1996). Overall, this form of support grants women the clarity and freedom to process and heal without feeling burdened by the emotions of her family.

Religiosity and Spirituality

While social support is an identified strength, it is not the solitary strength for Black women. Therapists can look to religiosity and spirituality, as it plays a key role in the lives of many Black women, acting as coping mechanism for hardship. Consistently, Black Americans have been found to be the most religious ethnic group in America (Ellison & Taylor, 1996; Sherkat, 2002. In fact, higher participation in religious activities are more predictive of lowered anxiety and depression in Black women (Cokley, Beasley, Holman, Chapman-Hillard, Cody, Jones, McClain, & Taylor, 2013).

Incorporating religiosity and spirituality gives both the client and therapist a unique experience that acknowledges the client's individual and cultural strengths.

Religiosity provides survivors with the freedom to release emotionally, cry, or scream without the fear of criticism and judgment (Bryant-Davis, et al., 2011). More importantly, trauma survivors find reassurance in knowing that there is someone (e.g. a higher power) who listens and believes their experiences (Harris, Erbes, Engdahl, Olson, Winskowski, & McMahill, 2008). Counselors working with Black rape survivors can assess ways to incorporate religiosity and spirituality into therapy through prayer, meditation, or chants, as they appear to be relevant for the client (Bryant-Davis, et al., 2011).

While engagement in religious activities can be beneficial to survivors, it should be duly noted that traditional religious views on sexuality and gendered violence could intensify distress in survivors (Bryant-Davis, et al., 2011). While religiosity seems to be a significant coping mechanism for most survivors, its effectiveness is not universal, as each woman is unique. With so many unique experiences, religiosity and social support are not the only tools that can be used for therapy with Black survivors. Instead, these strengths can be intertwined into group therapy and provide survivors with the space to process their identity, experience, and strengths.

Therapeutic Implications

Each client has her personal strengths and multicultural counseling challenges therapists to evaluate biases and prejudiced beliefs about the strengths and weaknesses of diverse clients. For this reason, it is strongly suggested that therapists not only examine their biases about Black women but critically examine how these views are shaped by the stereotypes that society has created. Without this introspection, therapists are at risk of inadvertently revictimizing the survivor by creating a relationship built on unbalanced power and stereotypical images. Once this damage is created, it may be difficult to reframe the relationship and continue in the healing process. Further suggestions include personal reflections about the intersectionality of religious, sexual orientation, class, or gender identities. By taking all of these complex identities into consideration, the therapist has the opportunity to better understand and empathize with the Black woman's experience before initiating treatment.

Introspection is a great start towards working with diverse populations but it does not address all the possible challenges that can occur when working with diverse clients. In addition to introspection, therapists who desire to provide multiculturally competent services should aim to increase visibility in the communities of diverse clients. Research has shown that Black Americans express reluctance to participate in psychotherapy when therapists are inactive in the Black community and fail to engage in community education or outreach (Thompson, Bazile, &Akbar, 2004). Partnering with predominantly Black churches, agencies and organizations can be a way to begin forging relationships in the

Black community and demonstrate the willingness to fully engage the Black women's experience individually and collectively.

Theoretical Approach

Quite often when beginning therapy with Black clients, Afrocentric theory seems to be a suitable framework. It appears that it can easily be applied to psychotherapy groups for Black women, allowing African cultural patterns of communalism, emotional expressiveness, and harmony with nature (Mbiti, 1990) to facilitate healing. While this seems like an obvious theoretical approach for Black rape survivors, Afrocentric theory does not address human attributes that will vary based on gender. Instead it is implied that these attributes transcend to all Black Americans, regardless of biological sex. To remedy this shortcoming, a therapist may opt to use feminist theory to better address gender issues, despite feminist theory's lack of acknowledgment to racial and ethnic differences (Comas-Diaz & Greene, 1994). While this choice is based on individual clinical judgment, both Afrocentric theory and feminist theory fail to simultaneously examine the intersection of gender and race. To act as if these identities are separate and not interactive are a disservice to the Black woman.

Therefore, a recently developed approach that evaluates intersection seems most appropriate. The Womanist theoretical approach offers a model that will address the intersections of the Black woman's identity as she navigates through racism, sexism, classism, and homophobia (Williams, 2005). The concept of "Womanism" was first introduced by Alice Walker (1983) and came from Black folk culture as a way to preserve the identity and wholeness of the Black woman. This approach allows the many

layers of the Black woman to be identified and utilized as strengths in the therapeutic process. Due to its relative infancy, there are few studies that have applied this framework in psychotherapy. For the purpose of this report, themes will be proposed from a Womanist approach to facilitate a twelve week psychotherapy group that would acknowledge both the Black and female identities of the survivor and how they influence the recovery process.

In this particular group, members will have the opportunity to share their experience by writing a narrative essay. This particular session will set aside time for members to write their essays. By writing the details of the rape, members' fear of disclosing to social support is likely to decrease (Brown & Heimberg, 2001) and could lead to a greater circle of social support with the increase of disclosure. It is also noted that participants who share a moderate level of disclosure of personal information experience a decrease in symptoms of social anxiety (Brown & Heimberg, 2001). Although narratives may provide a reduction in somatic symptoms (Brown & Heimberg, 2001), a member may choose to opt-out of this particular activity. In the event that a member chooses to forgo the narrative essay, the group leader should support the member's decision and respect each member's individual process. Rather than write a narrative essay, the group leader may propose an alternative narrative that allows group members to remain engaged in the session, such as identifying social supports, feelings toward the group, or goals for the future.

Group Therapy

Rather than individual counseling, psychotherapy groups seem to better facilitate healing among Black women. Research has found that group counseling strategies are more therapeutic and empowering for Black women (Shipp, 1983; Pack-Brown, Whittington-Clark, & Parker, 1998; Parham, White, & Ajamu, 2000) because survivors are provided with a safe space to feel supported, validated, and understood in a way that may be lacking in their personal lives (Koss & Harvey, 1991). In order to create a safe place, it is suggested that the group be no larger than eight members to allow all members to have enough time to share and participate in the group (Jacobs, Harvill, & Masson, 2008). Smaller groups promote an intimacy that "…unfolds as a series of conversations that unsilence women's own truths (Wood & Roche, 2001, p. 6)." For this reason, group counseling with a Womanist approach is proposed as the ideal therapeutic method for Black rape survivors.

In order to ensure fidelity to the Womanist approach, themes addressing Blackness and womanhood will be recommended for the twelve group sessions. These two identities may be further aggregated by sexual orientation, socioeconomic status, or religion. Themes may be modified to address salient identities that are relevant to the group. These themes are proposed as topics to initiate group dialogue and can be modified or omitted if group members do not resonate with the content.

Themes for Beginning Stages

1. "What to Expect": Group members should be able to discuss what they expect for the group, in regards to the leadership, group structure, fears, or concerns.

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If the group leader(s) is non-Black, the leader should give group members the space to discuss what concerns or reservations they hold about cultural differences that may present challenges in the future.

2. "Defining Rape": Since every group member's experience will vary, it is important to clarify any misconceptions that may exist about what constitutes a "valid" rape.

3. "What do we have in common?": Although the participants will share biological sex and race, they may come from many different walks of life. Rather than allow these differences to separate the members, universal experiences will be used to build unity in the early stages of the group.

4. "How can we support one another as Black women?": Group members examine the different stereotypes that influence their interactions with the other women in the group and cause difficult sharing or providing support. If these stereotypes are present in the group, members may fail to see one another as an individual and become unable to move forward collectively in the group.

Themes for Working Stages

1. "What does it mean to be raped as a Black woman?": This theme prompts members to process their feelings about the impact of rape that is specific to the Black woman.

2. "Silence and Secrets": Women do not make a choice to be raped but they do have the power to choose how they will respond. Group members explore

why some survivors choose silence rather than disclosure. Additionally, group members discuss why they may have chosen to break their silence or what they would need to feel empowered enough to disclose. Members will have the chance to discuss how greatly stereotypes about Black women impacted their decision to disclose or remain silent.

3. "Dealing with everyone's hurt": While group members are processing their feelings post-rape, they may also be burdened by the emotions and reactions of loved ones, acquaintances, or witnesses. This theme allows members to discuss self-care and personal needs, rather than reenact the Superwoman role by caring for everyone over before herself.

4. "I'm no Jezebel": Due to over sexualized images of Black women, it is highly plausible that group members are well aware of the stereotypes of Black women. This theme allows group members to deconstruct these messages and recreate their own identities by defining who they are as individuals.

Themes for Adjourning Stages

1. "I have a voice": Survivors are not ignored in this group; instead their voices are heard and respected. Group members will be given time to voice their experience by writing a narrative essay. Group members are able to share as much or as little in their essay. In the following group, members will have the opportunity to share their story, if they choose to do so.

2. "Sharing my story?": Group members will be given the opportunity to share their story. Members may choose to share or they may choose to listen;

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sharing is optional. The session will close with the members discussing what it meant to share or hear each member's story.

3. "What lies ahead": With one remaining session, group members will begin to process what it means for the group to terminate. Members may discuss fears about termination or excitement about moving forward.

4. "I took back…": In the final session, group members will share what they have regained in their lives. Each round will begin with a group member stating, "I took back…" and finish the statement with their personal feelings or sentiment. Ex: "I took back my voice." or " I took back the ability to live again."

The content of these themes is not limited to the twelve previously mentioned sessions. Group leaders have the freedom to organize sessions based on the most pertinent content for the group members. Since the dynamics in every group will differ, therapists should rely on clinical judgment to decide if the previously arranged themes will best facilitate therapy, making modifications when deemed necessary. Regardless of modifications, content should permit members the opportunity to explore their complex identities by incorporating a Womanist approach that fuses religiosity, spirituality, and social support. To minimize the unique culture and experience of Black women would continue to perpetuate the traditionally Eurocentric approaches and silence the experience of the group members.

A starting point, not the finish line

The need for culturally sensitive psychotherapy is not only evident in the low number of Blacks seeking treatment but also in premature terminations and no-show appointments. Researchers and therapists can continue to do more in order to better understand the needs of Black women by increasing available research that is specific to Black women. Rather than rely on Afrocentric or feminist frameworks as the keys to unlocking all the mysteries of the Black and female experience, intersecting cultures should be critically observed. The mental health community has the responsibility of providing adequate and culturally sensitive treatment that meets the needs of its diverse clients.

While disparities are present, therapists can continue to improve multicultural competence and awareness about issues faced by marginalized people. Although this report outlines approaches for a specific population, it is only the tip of the iceberg. The intent of the report is not to provide a standard approach to a problem solely experienced by Black rape survivors. Instead, it recognizes rape as an unfortunate, but common, experience among women and uses culture as a way to facilitate treatment. This is done by recognizing that the Black woman has a unique experience apart from her collective identity, while acknowledging the influences and expectations that stem from her intersecting identities. As the quantity and quality of research in this area increases, the treatment and outcomes of Black women, and other ethnic groups, can only improve over time.

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