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A Culminating Project Presented to the Faculty
of the Graduate School of Lindenwood College
in Partial Fulfillment of the Requirements
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Abstract

A sample of Black females who had been identified as victims of sexual abuse, were interviewed regarding their victimization experiences and psychological treatment. An examination of the research literature on black sexually abused victims and the treatment considerations provided to them was also explored. There are significant differences that emerge between the literature search and research studies of white victims, versus black victims. Explanation of the association between race, or ethnicity and psychological treatment services and protocols are explored. Recommendations for psychological services for black victims and their families are discussed.

COMMITTEE IN CHARGE OF CANDIDACY

Professor Patrick Openlander, Ph.D., Chairperson
and Advisor

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To my husband, Bernard, who has supported and encouraged me throughout this Research Project.

Chapter I

Introduction

Although, there are victims of sexual abuse in all ethnic or racial groups, across all socioeconomic levels, and in each gender group, minimal attention or research has been given to sexual abuse among Blacks. This lack of acceptance and attention is upsetting especially since there is evidence that black females are more likely to be sexually abused than white females (Wyatt, 1985).

A computerized search of the psychological and sociological abstracts for the years 1970 to 1991 yield only ten citations that even mention the words black, incest or sexual abuse in their various combinations.

Thornton and Carter (1986) found during their research, that Americans do not feel that the sexual abuse among Blacks is of equal status or value as the abuse among whites. They found evidence that if a sexual abuse case regarding Blacks is reported, it is usually minimized or disregarded by the agencies that are assigned to investigate and treat the problem.

Gil, (1975) states that in the American society, social policies influences the different levels of rights for children. He feels that these rights are dependent upon several major factors, such as race, sex, social and economic status. Factors that relate to the sexual abuse of people have very little to do with their race, religion, sex, social

or economic status, so why should the political laws? Sexual abuse is a social problem as well as a personal problem.

Kempe (1978) feels that society should focus more of its attention on understanding how and why sexual abuse occurs in so many families, rather than on ineffective and often negative treatment approaches, that occur in many communities.

The more the American people (Black and White) find stress in their lives, the more they turn to their family members to meet their needs. The ironic problem that occurs within these systems is that no one can fulfill all the needs of another person. When the latter becomes the belief of the family members it is very obvious that the role of each family member is no longer clear. There is uncertainty and confusion that is now controlling or influencing the family structure.

During stressful times in a family when sexual abuse occurs, the family struggles with fear of shame and guilt. Therefore, when a case of sexual abuse is reported, it should be respected and accepted by the professionals in authority. Meiselman (1978) also believes that all reports of sexual abuse should be taken seriously regardless of what a professional may think or believe.

A victim should not be treated as if he or she is an object, instead victims should be assured that they will be protected against any further abuse. They should be treated with respect and empathy regardless of their race or ethnic backgrounds, regardless of their economic status or sex.

Sexual abuse is such a traumatic experience that it is extremely difficult for victims to report incidents or receive treatment. These victims do not automatically submit to treatment out of spontaneous insight, they typically are urged to come forward by others, or agree to treatment after they have experienced several crisis that destroys their emotional defense system. Therefore, it is deeply discouraging to see the Black victims of the American society treated as if they are non-feeling, un-important and unworthy of any mental health considerations.

The growing awareness of the prevalence of sexual abuse has forced mental health professionals to develop more effective treatment protocols. Although, these protocols are extremely helpful and necessary for the victims, many professionals ignore the ethnic or racial issues that are prevalent in the American society. Sexual abuse has been considered the most severe form of child maltreatment (Garrett and Rossi, 1978).

The purpose of this study is to investigate the relationship of treatment considerations of incest victims and their families to race and ethnicity. Specifically, the objective of this study is to determine if the treatment of black sexually abused victims and their families is insufficient because of their race?

Chapter II

Review of Literature

For the purpose of a rational review of literature an understanding of sexual abuse is required. Sgroi (1982) gives direct and clear definitions of sexual abuse and incest:

What Is Child Sexual Abuse?

> Child Sexual Abuse is a sexual act imposed on a child who lacks emotional, maturational, and cognitive development. The ability to lure a child into a sexual relationship is based upon the all-powerful and dominant position of the adult or older adolescent perpetrator, which is in sharp contrast to the child's age, dependency, and subordinate position. Authority and power enable the perpetrator, implicitly or directly, to coerce the child into sexual compliance (Sgroi, 1982, p. 9).

What is Incest?

> Defined from a psychosocial perspective, incestuous child sexual abuse encompasses any form of sexual activity, between a child and a parent or step-parent or extended family members (for example, grandparent, aunt or uncle) or surrogate parent figure (for example, common-law spouse or foster parent). Incest is variously defined by statute as specific sexual acts (usually involving some types of intercourse) performed between persons who are prohibited to marry. In general, persons are not permitted to marry their parents, grandparents, aunts, uncles, siblings or step-relatives. The crucial psychosocial dynamic is the familial relationship between the incest participants. This is especially important when the incestuous sexual relationship involves a child. The presence or absence of a blood relationship between incest participants is of far less significance than the kinship roles they occupy (Sgori, 1984,

p. 10).

History of Sexual Abuse

There has been several studies that focuses upon sexual abuse, the types, the psychological and physical effect in addition to the victims, the perpetrators and the families. The research dates back to the late 19th century, (1896). One of the radical thinkers of the time, Sigmund Freud, published a paper entitled "The Aetiology of Hysteria." In this work, he proposed that there was a direct relationship between sexual traumas that were experienced during childhood and later psychic damage that had been sustained by an adult. Freud later (1905) retracted his previous beliefs/theory. He did this because he no longer believed that such a significant occurrence could happen in so many females. His new theory was that females had a recurrent fantasy about childhood seduction. This fantasy of being seduced by the "father, or father figure", was considered by Freud to be the Oedipus Complex in females.

In 1942, Sloan and Karpinski described findings similar to Freud's. They too developed common beliefs concerning sexually abused females and males.

> . . . The defective formation of the super-ego undoubtedly played a role. In addition the girl's desires in each case received reinforcement from the fact that the man assumed responsibility by being the aggressor. Another factor was the weakness of the (girl's) ego in association with a possible abnormal craving for sexual excitation which led to submission to the incest in the first

place (p. 672-673).

They also found that psychological problems developed for the females, because of their incestual experience. Their results showed that incestual experiences during adolescence caused serious psychological problems compared to incestual experiences during childhood. They concluded that this was because the adolescent females were dealing with their inner conflict of sexual pleasure and sexual desire, versus shame, or guilt.

In 1954, Kaufman, Peck and Tagiuri's research found that there was more to this phenomenon. They found that these females were not enjoying this fantasy, as Freud had claimed. Their results indicated that the female victims and their fathers were experiencing various degrees of depression, as well as suicidal ideations and suicide attempts.

In support of Kaufman et al., Cameron and Molnar (1975) reported, that they also found female victims of sexual abuse to be depressed and suicidal, because of their dysfunctional home life. Their study indicated that these victims often ran away from home or became destructive individuals when they were unable to purge themselves of their emotional pain.

Shelton's (1975) research findings supported the belief that many sexually abused victims became promiscuous. Interestingly, he found that many victims displayed and participated in this behavior, so that they could cleanse their feelings of guilt and shame. He feels that the victims try to deal with their emotional pain through the only way

they know how, which is their sexuality.

Foward and Buck (1978) express that:

> incest is almost always a devastating experience for the victim. It's [SIC] emotional and psychological impact is destructive for several reasons - partly because of our cultural reactions to incest, yet to a greater degree, because the child is thrust into an adult role for which he or she is unprepared, and most tragically, because of the aggressor's betrayal of the child's trust and dependence. The victims are not always virginal, but they are generally too young and naive to understand treachery and that is the innocence that is so fragmatically betrayed by incest. The people they have learned to depend on, trust, and love, suddenly turn on them in a bewildering terrifying and physically painful fashion (p.40).

Finkelhor (1979) published the first significant findings that suggested that there is a larger percentage of sexually abused victims than previously presumed. In a sample of 796 undergraduate students from six New England colleges, 19.2 percent of the females and 8.6 percent of the males reported at least one childhood experience of sexual victimization. He concluded that his findings indicated why this is not just the victims problem, but also, a significant family problem. Like other researches, Finkelhor believes that there are certain types of families that appear more at risk than others. Factors that exist within these families are (1) families headed by stepfathers, (2) lack of emotional unity between mothers and daughters, (3) low income families with stepfathers.

Other studies have confirmed Finkelhor's findings that sexual abuse is not the uncommon, isolated childhood experience but rather it is a major risk for children and adolescence. The belief that agencies are underestimating sexual abuse because the issue of "secrecy" has been validated by several research studies. Wyatt (1985) found in her study of 248 Los-Angeles residents, that 45 percent were sexually abused before their 18th birthdate. Russell (1983) conducted a study of 930 females who lived in San Francisco, she also found that many victims (30 percent) had experienced sexual abuse, by the time they reached 18 years of age.

Although it is said that Americans love their youth-orientated culture, it is rather ironic how they treat their children. One could conclude that Americans do not care for their children, due to the enormous amount of child abuse and neglect that exist today.

Finkelhor's (1979) study revealed that 15 to 30 percent of all American females were sexually abused. He also states that 5 to 10 percent of all American males have also been sexually abused. Based on these latter statistics, as well as other research data (Russell, 1983, & Freidrich, Urquiza, and Beilke, 1986) it would seem obvious that there should be some indication that Black Americans are included in these figures. Yet, there is very little attention given to minorities, especially blacks, regarding sexual abuse.

Black Sexual Abuse Literature

The literature on sexually abused black victims shows that the experience of the non-caucasian or non-European victim has not been represented adequately. The literature has addressed race and ethnicity in three distinct ways: (1) researchers state that only caucasian women are included in the study (Herman, 1981; Finkelhor 1979; Kinsey, 1953); (2) they fail to mention the race of the victims (Greenburg, 1980); or (3) they include ethnic victims, but not in percentages proportional to the number of victims in the national population, who have been sexually abused (Browning and Boatmen, 1977; Meiselmen, 1978; Weinbergs, 1955). Thomas and Sillen (1972) wrote:

> "Color - blindness is no virtue if it means denial of differences in the experience, culture, and psychology of black Americans or other Americans . . . To ignore the formative influence of substantial differences in history and social existence is a monumental error (p. 58).

Thornton and Carter (1986) found in their research study that minimal attention has been directed to the black incest victim and his or her family. Their results indicate that American society does not hold sexual abuse among blacks to be significant, as it does with the sexual abuse among whites. Interestingly, they found that the majority of professional research, has focused on incest among predominantly white middle class females. Moreover, Thornton and Carter noted that folklore and taboos observed and accepted in white

society influence the reaction of agencies and law enforcement toward black victims. Staples (1978) states that:

> Folklore and research depict the black man as preoccupied with his role as a sexual partner; the concept of black male hypersexuality dates back as far as the 16th century, when Englishmen described Africans as beset by unrestrained lustfulness (p. 170).

Wyatt (1985) examined the relationship between the sexual abuse of Afro-American and White-American women in childhood. Her results indicate that American Black women and American White women were of equal risk of being sexually abused in childhood. She additionally found that although Black and White women had similar incidents, the age at which the abuse occurred were different. Black American women usually experienced abuse later in childhood, compared too the earlier years of childhood for white American women. She found that there is <u>empirical evidence</u> which suggests that Black American women are at a higher risk of being sexually abused than White American women (p. 518).

Pierce and Pierce (1984) also explored the relationship between race and sexual abuse with differing outcomes. Their results showed that Black sexually abused children (ages 8.7) were significantly younger than white children (ages 11.1) Their conclusion was that their is a tremendous need for further research into this social problem that is affecting many Black families.

Phillips and Ramos (1989) found statistics of the 1986

New York State Child Abuse and Neglect register, which showed that there were 1,675 active maltreatment cases in New York City. The Black and Puerto Rican residents of New York City made up 80 percent of the cases. These statistics makes it extremely clear that minorities are at a high risk for abuse.

Wyatt (1988) stated that identifying the relationship between child sexual abuse and the onset and patterns of sexual activity in a community sample which includes Black-American women would accomplish many objectives. It would confirm that the effects of sexual abuse are pervasive and traumatic for both Black and White victims. She also feels that this type of sample would confirm that there is more empirical evidence that shows the increase in traumatic sexualization for Blacks as well as Whites.

Herman, Russell, and Trocki (1985) survey indicated that there is a statistically significant correlation between race or ethnicity of incest victims and the magnitude of trauma that they report.

> Eighty-three percent of Latino incest victims report extreme or considerable trauma compared with seventy-nine percent of Black American victims, fifty percent of Asian victims, forty-nine percent of white victims and seventy-one percent of incest victims from other races or ethnic groups (significant 0.05 level) (p. 193).

Wyatt (1984) found in her study that there were no significant statistical differences in the short-term effects of child sexual abuse for white women, or for Black women. However, she found that a large percentage of white women

compared to Black women reported being suspicious, cautious, and less trusting because of their sexual abuse. Her conclusion was that:

> Afro-American women tend to seek more internal reasons, such as their physical development, as the cause for their victimization . . . This finding, along with Afro-American women's highly negative reaction to abuse, their tendency not to disclose incidents as often to nuclear family members or to police and to disclose abuse to extended family members, some of whom have been found to abuse them, place Afro-American women at risk for more severe consequences of abuse (p. 21-22).

Thornton and Carter (1986) found evidence in their study that sexually abusive Black father-daughter relationships cause role boundary confusion and poor impulse control.

Research findings of Browning and Boatmen (1977) confirmed that although the victim's mother is aware of the sexual abuse, fewer than 1/3 of the mothers react in a protective manner toward their children. They indicate that the mothers focus more on the stability of the family (financial) or the scandals that arise after disclosure of the problem, than the childrens emotional or physical needs.

Mental Health Issues For Black Victims

Sgori (1982) states that sexual assault is harmful and society has every right to intervene in order to prevent further abuse.

Lyles and Carter (1982) state that the Mental Health Community in the United States has not met or addressed

methodically the needs of the Black American regardless of the increased stress and vulnerability that they incur.

The ethnocentrism that existed before and during the 1960's still exists today. There are still mental health professionals who do not actively pursue the application of beliefs/theories to practice with black victims, who need psychological help.

The general literature on therapeutic concerns of black Americans indicates that the Black population is extremely reluctant to seek psychological treatment. If they do obtain treatment they are considered to have lower expectations, beliefs and lack of trust of others, compared to the white population.

Pierce and Pierce (1984) state that the treatment approaches and protocols that are frequently used with the American white population are not always applicable to Black victims and their families.

Soloman (1982) notes that mental health services to Black-Americans must in many ways be similar to mental health services given to others. Yet, services also need to be similar to those provided to others who share the status of being a "minority." In summation they must incorporate services that will be unique to the Black clients and their problems.

Carter (1979) feels that the goals of therapy with black clients should be consistent with goals for all patients. He

sees the goals as the following: (1) to help the patient learn how to make "sound" and "independent" decisions; (2) to improve self-esteem; and (3) to increase ones self-reliance. He feels that therapy for Black Americans must not only include the impact of racism and the many concerns of the Black population, but also aspects of their heritage which influence their behavior in the present.

Wyatt, Powell, and Bass (1982) express that a therapist's understanding and acceptance of cultural differences can play a major role in the increased self-esteem and self-acceptance of their clients.

The ethnocentricity of mental health professionals has been found to influence and affect the type and length of therapeutic treatment that is received by Black Americans.

> The ethnocentricity of mental health professionals is of increasing concern due to the fact that Afro-Americans are significantly less often recipients of individual or group psychotherapy, spend less time in the hospital, and often are discharged without referral despite pathology and diagnosis similar to white patients (Wyatt et al., 1982, p. 20).

Prudhomme and Musto (1973) express that mental health professionals validate and endorse theories of racial inferiority. They also feel that these professionals justify their behavior based on their racial theories/beliefs. Pinderhughes (1973) feels that due to the racism that is found in the mental health care system, many Blacks are suspicious of the clinicians as well as the type of services they

receive.

If this is what occurs within the health system, how is a Black client able to obtain the professional care that is necessary in order to deal with their sexual abuse issues? Sexual abuse is not worse for the Black children, yet, the pressures and prejudices that they endure from society compound their abuse issues. This then makes it difficult for a victim to ask for help or guidance from others who are supposed to help.

Droisen (1989) states that if a white man abuses his child, the situation is looked at in terms of individual problems. But if a black man abuses a child, racist stereotyping will point the finger at the Black culture (p. 162).

Driver (1989) explains that there is a myth that black males' sexual bravado leads frequently to the abuse of black women. She believes that this myth has caused general racism against people who belong to ethnic minority groups, as well as guaranteeing that minorities who have been sexually abused are not allowed the same protective and preventive services they deserve.

Droisen (1989) conveys a personal experience that sums up how Black American victims seemed to be treated in America (Ironically, the incident took place in London). She states:

> Some years ago I went to a meeting of radical health visitors who were discussing child sexual abuse. One of the health visitors said that she was

> working with a Nigerian family whose 2 year old daughter had gonorrhea. She describes how the girls parents had told her that the child had been assaulted by a man in Nigeria, but was now safe with them in London. The health visitor said that as an English white woman she felt very uneasy about intruding into these people's home, and basically she had just accepted their explanation and was letting them alone. She didn't feel as a white woman that she could do anything more. Not one other health visitor in that room (they were all white) questioned her response or actions. I assume that not one of them would have treated a white family in the same way (p. 164 - 165).

White (1985) states that:

> the images and expectations of black women are actually both super and sub-human. This conflict has created many myths and stereotypes that cause confusion about our own identity and make us targets for abuse . . . by what is considered our seductively rich but repulsive brown skin, black women are perceived as inviting but armored. Society finds it difficult to believe that we really need physical or emotional support like all women of all races (p. 20).

Chapter III

Method

The research study consisted of life history interviews with 6 black females who have been sexually abused. They range in age from 16 to 49, with a mean age of 30. Three subjects were married at the time of the interview, three were single - they had never been married. Each victim knew their perpetrator.

Table 1: Characteristics of the Victims

Age Range	Number
16 - 20	2
21 - 30	2
31 - 40	1
41 - 50	1
Education	
11th grade or less	1
High School	2
Partial College	3
College Graduate	
Graduate Education	
Children	
No children	2
One or more	4
Marital Status	
Single	3
Married	3
Divorced	0
Separated	0

The subjects were recruited from two St. Louis based psychiatric hospitals. All six had received psychological treatment for their emotional problems.

This was a volunteer sample that was not randomly selected. Data from this sample, can provide insight into how black sexually abused victims are treated by professionals and mental health agencies.

An interview guide provided structure to the interviews. The subjects were asked open ended questions to minimize the imposition or controlling behavior of the interviewer. The average number of interviews was two. Interviews average three hours total. Questions included those such as "Could you talk to me about the sexual abuse situation which you were involved in as a child/adolescent?" and "Did you have any feelings while you were being interviewed by the professionals (after she had disclosed the problem)?"

Interviews were tape recorded and transcribed. Transcripts were then analyzed for the content and written into a vignette format. The interviews were designed so that the subjects would feel as comfortable as possible and free to comment or remain silent. Several times the interviewer asked subjects if they want to stop and begin discussing a different question when she noticed that the subjects appeared uncomfortable. Several of the subjects reported that this approach allowed them to feel freer to disclose what they felt needed to be disclosed, rather than what the interviewer may have wanted to hear. Subjects signed an informed-consent form.

Chapter IV

Results

Marsha:

Marsha was an attractive Black single female. She was five feet, five inches tall and weighed about 130 pounds. She had short black hair. Her speech was loud and aggressive. Marsha was 18 years of age.

Marsha was the sixth child of nine. She has four older brothers and one older sister. She also has three younger siblings - one brother and two sisters. Marsha's father was not a member of her household. He left the family when she was a young child (4 or 5 years of age). Her mother was the breadwinner and disciplinarian of the house.

As Marsha discusses her family life, it is obvious that it brings emotional pain and hurt. A lasting impression that she remembers from her childhood is the physical beatings she received from her mother (explained to her as discipline), the physical beatings she received from two of her older brothers (22 and 20 years old) when they wanted her to participate in sexual activities, and the physical and psychological pains of the sexual abuse.

Marsha denied that her mother or brothers meant to hurt her, she stated "They just didn't like me, I don't know why."

Marsha recalled how school was an outlet for her because no one abused her. As Marsha expressed her enjoyment of school she smiled and looked at the researcher for the second

time during the interview.

Marsha's family came to the attention of legal authorities and Division of Family Services (DFS) because Marsha arrived at school with physical bruises. The Division of Family Services investigated and removed Marsha from her home because of the physical and sexual abuse. She was then placed in the foster care system.

Although DFS knew she had been physically and sexually abused Marsha never received any psychological help or guidance from her Social Worker, or foster parents (who were told of the sexual abuse).

After living with her foster parents for several months, she was approached and sexually abused by her foster care father. Marsha, never told anyone about this new experience, but she did begin acting out in school. Her behavior was so bad that the school principal contacted her foster parents and DFS. Marsha was 15 1/2 years of age at this time. She was taken from her foster care parents and placed in Hawthorne Children's Center for 6 months.

Marsha stated this was the first time she was given the chance to discuss her problems. She feels that the therapist listened to her but they didn't believe her.

Marsha was released from Hawthorne and placed in another foster care home. After being there for 2 months, her foster brother 18 years of age began making sexual comments and suggestions. She told her foster mother about the situation,

she was called a liar and a tramp. The foster mother was upset because the 18 year old was her biological son. Marsha was then picked up by Division of Family Services and placed with Care Unit Hospital with the diagnosis: Conduct Disorder. The therapist who is currently working with Marsha verified that DFS and Hawthorne authorities felt Marsha was exaggerating her abuse (sexual). The Care Unit therapist stated that Marsha was finally dealing with her sexual abuse in a healthy manner. The therapist also expressed that Marsha had been seeing a gynecologist, who stated she had severe vaginal damage.

Marsha cried as her therapist expressed their findings. This researcher sat throughout the interview because of the contract agreement the researcher made with Care Unit and the patient. Marsha was no longer a ward of DFS as of the date of this interview, therefore, the patient was legally able to sign the consent form.

Marsha was discharged from Care Unit with a direct referral to the Women's Self Help Center so that she would receive further psychological assistance.

Sylvia:

Sylvia was an unemployed secretary. She is a Black single female. She was five feet, six inches tall and weighed 200 pounds. She had short black hair, which was streaked with blonde. She was a very articulate young woman. She uses several hand gestures when she speaks. She was 30 years of

age.

Sylvia was the youngest child of five. She had four older brothers. Sylvia's parents had been separated for several years (at least 10 years). She had a stressful relationship with her Mother and three of her brothers. Her father died one year ago. She was extremely close to her fourth oldest brother.

Sylvia left home when she was 17 years of age. She had just completed high school and felt she could no longer live with her mother. Sylvia grew up in a dysfunctional household that appeared to others as a loving, happy family. However, there were serious problems. Sylvia's father was an alcoholic, her brothers were on drugs, and her mother was emotional abusive.

Due to her family's lack of energy and avoidance of responsibility, Sylvia was responsible for the household duties. Sylvia felt that these extra responsibilities that were forced on her as a child caused her to resent her family members. Sylvia felt like she was never allowed the opportunity to grow up like other children, or have fun like others in her neighborhood.

Sylvia, remembers being sexually abused when she was 7 years of age by her Uncle. This relationship continued for 1 1/2 years. Over the year and a half it evolved from inappropriate fondling and kissing to oral sex. Sylvia finally got tired of the events and told her mother. Her

mother refused to accept what Sylvia said and told her she was a liar and troublemaker. Sylvia became the "black sheep" of the family after this incident.

Six months after Sylvia's confession, her younger male cousin was abused by the same man and was hospitalized with physical injuries. Sylvia's mother never apologized but she did take her to see a physician. The physician did a physical exam and told the mother it was nothing to worry about. Her mother reinforced the physician's belief and told Sylvia to forget about it because it wasn't important. According to Sylvia, neither the physician nor her mother contacted the authorities about the sexual abuse.

Sylvia was later raped when she was 17 years of age. Again she approached and told her mother. She was taken to Barnes Hospital emergency room the very next hour. Sylvia was placed in the hospital for 2 weeks because of physical problems/damage. The emergency room physician stated they would call the appropriate authorities. Sylvia says she never saw any authorities while hospitalized. After she questioned her physician he stated they were doing the best they could - "don't worry about it." Sylvia also got this same reply from her mother. After she was released from the hospital, she began receiving help through a rape counseling program. Sylvia says she expressed her feelings about the childhood abuse as well as the rape, but her counselor only dealt with the rape incident. Sylvia said, "I felt like I was crazy,

because I was the only one who wanted to talk about the childhood experience." According to Sylvia, the counselor told her she had cried about the incident now she needed to forget about it and deal with the rape.

Sylvia completed her rape counseling treatment and began a new life. Several years later she began experiencing problems that extended from the sexual abuse as a child. She placed herself in treatment for an eating disorder. It wasn't until then that she felt she was allowed this opportunity to deal with her emotions, fears, and anger. Sylvia is planning on following up her inpatient hospitalization with individual psychiatric care.

Eunice:

Eunice was a 30 year old black married female. She had three children - two sons and one daughter. She was a very attractive and rather shy woman. She was a computer operator. She was five feet, eight inches tall. She had shoulder length black hair. She frequently played with her fingers as she talked.

Eunice was the third oldest of five children. She had one older sister, two younger sisters and one brother. She had a stressful relationship with her mother, whom she felt was very controlling and domineering. She smiles as she discusses her childhood relationship with her father. Her father died when she was 12 years of age.

Eunice's initial sexual encounter was when she was 13

years of age. This experience (sexual abuse) occurred with her older sister's boyfriend (now husband). Eunice stated that she never had intercourse with him but there were several occasions when her forced her to participate in oral sex games. Eunice was fifteen years old when this relationship ended. As she reached her 18th birthday, this same man approached her about participating in sexual intercourse with him. Eunice became angry and afraid, therefore she threatened to tell his wife (her sister). He fondled her and verbally abused her before he left her alone.

Eunice never told anyone, not even her husband. Due to psychological and sexual problems this subject signed herself into the hospital for treatment. She refused to discuss the sexual abuse events until she could no longer deal with the emotional guilt.

Eunice told her therapist about the ordeal and was surprised by the support she received from the staff members. Eunice still has not told her family members about the abuse. She stated she was afraid it would hurt her sister and the other family members. Yet, she feels that she needed to tell them because she feel her brother-in-law was abusing his own daughter without her sisters knowledge. Eunice plans on receiving outpatient individual and marital counseling.

Eunice feels it's to late to get the authorities, involved but she feels good about telling her therapist.

Danielle:

Danielle was an extremely attractive black married female who had 4 children - three sons and one daughter. She was five feet, five inches tall and weighed 150 pounds. She had short black hair, which was streaked with red. She spoke with a soft voice. Danielle was 34 years of age.

Danielle was the youngest of six children. She had three brothers and two sisters (one sister is deceased). Danielle's parents are both deceased. Danielle came from a dysfunctional family. Her mother was an alcoholic. Her eldest brother and second oldest sister both suffered from psychological problems. Danielle's second oldest sister was sexually abused by their eldest brother for several years.

Danielle was also sexually abused, but her incident involved an adult family member. Danielle's sister's brother-in-law abused her when she was 16 years of age. The perpetrator was 35 years of age. Danielle was originally angry and upset with her sister because she felt it was her sister who set her up to be abused. Danielle's sister knew that this man was known for his sexual, deviant behavior, yet, she sent her sister to the grocery store with this man.

Danielle remembers how she felt violated and betrayed by this man as well as her sister. Danielle confronted her sister about the situation, but she never let anyone else know about the situation until she received psychological treatment four months ago.

Danielle states she never obtained treatment because of fear, guilt, shame and low self-esteem. Danielle also admits that her financial situation also influenced her decision. She admits that she had needed psychological help because of this intense emotional problems that she has experienced for the past 19 years.

Danielle finally shared her sexual abuse with two professional therapists when she was hospitalized for grief therapy.

Danielle feels each therapist helped her deal with her feelings in a constructive and therapeutic manner. Although Danielle expressed her problems, it took pressure from her spouse to get her to open up and trust the professionals. Danielle, admits she didn't "trust" the therapist which caused her to hold on to her emotions for several weeks. She is happy that she gained some insight into her sexual abuse but she knows she needs more individual therapy to deal with her abuse.

Danielle plans on seeking out a private therapist for this issue, now that she knows that this type of treatment exists.

Arniece:

Arniece was a very light complexion black single female. She was five feet, six inches tall, and weighed 140 pounds. She had extremely short red hair. When she talks, she speaks very softly, almost like a whisper. She appeared younger than

her stated age of 16.

Arniece was the second oldest of eight children. She had one older brother and four younger brothers, she also had two younger sisters. She was the mother of two children. Her oldest daughter is 3 years of age, her youngest daughter is 1 years of age.

Arniece admits to being sexually abused from the age of 11 to 15 years of age. She stated her older brother who is mentally handicapped would force himself on her at night. She expressed that her mother knew about the events because she walked in on them on several different occasions. Arniece believes her mother was also afraid of her brother which is why she did not protect her. Arniece feels her brother is not responsible for his behavior because of his mental status. She does admit to feeling physically and emotionally hurt by this relationship.

Arniece first child was the offspring of her step-father. Her youngest daughter was the offspring of a young man she met at a party. She appeared confused about the events and why they happened to her.

Although her family members know about the sexual abuse, they acted as if it was normal. Arniece became a ward of the court through DFS after they investigated the family. Her oldest daughter was left in her custody, but her younger daughter was taken and placed in foster care because she too, had been sexually abused and had gonorrhea in the mouth.

Arniece's situation had been discussed and investigated by several professionals, but she never received any psychological help to deal with her own abuse as well as her daughters abuse.

After talking with this young lady it was obvious that she was developmentally delayed. Her Social Worker confirmed that she was delayed. Yet, she was capable of understanding her experiences. This according to Arniece and her Social Worker was the first time she was seeking emotional help.

Arniece has a Social Worker who checks up on her and her daughter once a month, but she is basically on her own. She resides in an apartment in the St. Louis metropolitan area.

Carolyn:

Carolyn was an attractive black married female. She was five feet, five inches tall and weighed about 150 pounds. She had three children - two girls and one boy. She was a soft spoken young woman who appears to by shy. She had short black hair with a red tint. She was an office manager at a St. Louis firm. Carolyn was 49 years of age.

Carolyn was the oldest of seven children. She had four sisters and two brothers. Carolyn's father was a part of the family system until she reached early adulthood. He then divorced her mother. Carolyn admitted to being Daddy's girl. She felt her relationship with her mother was fine. But it could be improved.

Carolyn discussed her family life as a young girl as

isolated and emotionally painful. She admits to feeling angry throughout her childhood and adulthood.

Carolyn's first sexual abuse experience began at the age of 5. She recalls how her adolescent (15 and 17 year old) male cousins forced her into having oral sex with them on several occasions. She cannot recall how long this relationship lasted but she knows it was for a couple of years. According, to Carolyn no one in her family knew about the sexual abuse.

Carolyn's second sexual abuse experience occurred when she was 9 years of age. She states she had 2 different male cousins (9 and 10 years old) who forced her to kiss and fondle their genitals. According to Carolyn this incident only occurred one time. Again, Carolyn refused to verbalize what had happened to her.

Carolyn's third sexual trauma occurred when she was 11 years of age. Again, two male cousins (adolescents) forced her to kiss and have oral sex with each of them. She states this relationship took place on several different occasions. She remembers the incidents in great detail but cannot recall how long it went on.

Carolyn finally reached adulthood and married her husband Steve. She told him about the abuses but he, according to Carolyn, acted as if they were nothing to be concerned about.

Steve and Carolyn began marital therapy. During one of their therapy sessions Carolyn revealed her childhood traumas.

The therapist, according to Carolyn, encouraged her to discuss the subject because she felt it affected their relationship. Carolyn states she discussed the subject for one session and it never was mentioned again while they were in marital therapy. The subject did arise again when Carolyn went into a treatment program for her depression and compulsive behaviors. Carolyn's therapist like the latter therapist brought the subject up for discussion but did not pursue it. She instead dropped it because of Carolyn's negative and explosive behavior.

Carolyn stated that she was trying to reach out for help to each therapist, but instead received rejection and abandonment. She stated that she has always wanted someone to listen to her pain, anger, fear, and embarrassment, but she never found the right person.

Carolyn was tearful while talking about her traumas. Carolyn is now in private individual therapy, but she still states her sexual trauma issues are not being addressed.

Victims:

All six subjects reported feelings of humiliation and shame. All six subjects reported that they felt violated by their perpetrators. All subjects reported feelings of guilt and betrayal.

Two subjects told their mothers about the incidents but were shunned by them. Two subjects never told anyone about

the sexual abuse until they received psychiatric help. One subject told her husband after they were married.

One subject's family members knew about the possibility but did not inform her sister. Researcher spoke with victims sister who verified that she knew about the perpetrators behavior but didn't feel he would have violated her sister.

One subject's family member walked in on the abuse but did not stop or intervene in the situation. Researcher questioned victims previous Division of Family Services Social Worker who verified the information.

One subject was removed from her family because of the sexual abuse. Verification was established by the researcher when she spoke with the victims previous Division of Family Services Social Worker.

One subject had a daughter removed from her custody and placed in foster care. As the researcher called the subject's previous Social Worker she refused to answer specific questions, but she did state that the child had been placed.

One subject had told her traumatic story to the local authorities but the perpetrator was never charged. The researcher verified this information with the subjects husband and mother.

One subject had two medical physicians who were involved in her case, but according to the subject, nothing was ever reported to the authorities, nor did anyone from the local authorities ever questions her about her abuse.

Counseling for Victims:

All subjects had received counseling by the time of this research. Two subjects received counseling in their late teens. Two subjects received counseling in their early thirties. One subject received counseling in her mid-thirties. One subject received counseling in her late thirties.

The first subject revealed that she had a white female Social Worker who felt she was making to much of an issue out of her childhood experiences. This subject was later admitted into a psychiatric center for psychiatric problems that stemmed from her trauma. As she shared her feelings with her therapist, the subject found that her therapist was extremely helpful and accepting of her. According to the subject this was the first time she received this type of warmth. This subject's therapist was a Black female.

The second subject stated that she had two white female counselors who worked with her on her sexual abuse issues. According to the subject one of the counselors refused to deal with her childhood issues; while the other one listened and helped her work through many of her emotional problems.

The third subject stated that the only therapist she told was a Black inpatient counselor. She felt this counselor was helpful, supportive, and therapeutic.

The fourth subject stated that she had contact with two white therapists who were helpful and supportive.

The fifth subject stated that she had one white social worker who knew about her sexual abuse but never intervened to help her psychologically or obtain psychological treatment for her. She finally received treatment after she became dysfunctional (screaming and cursing at others) at home. This subject stated she felt her Black Social Worker helped her face reality about her childhood.

The sixth subject stated that she had two white female therapists who tried to help her deal with her trauma. Yet, according to the subject, the first therapist did not pursue the issue after one session, while the other therapist refused to pursue the subjects needs because of her negative and explosive behavior.

<u>After Results:</u>

The significance of using qualative analysis for this project was that I found that the face to face approach permitted a lengthy and thoroughly interview. Another advantage was that I got a high response rate from the victims. I gained a broader perspective on each client. There were significant profiles that develop throughout the interview. I don't feel I would have gained as much insight into the problems that exist for these victims if I had used quanatitive analysis.

Chapter V

Summary and Discussion

There are many limitations in trying to use this data to draw a conclusion about the problem of Black sexual abuse. Readers should keep this in mind when evaluating the findings of this research: I found limited research literature on Black sexually abused victims, as well as limited empirical statistics on the Black victim. Additionally, a lack of applicable data from the St. Louis Mental Health Agencies limited the number of subjects used for this research study.

The subjects interviewed overwhelmingly felt that they were maltreated as well as misinformed due in part to racially motivated misunderstanding. These views converge with those of Thomas and Sillen, 1972. They concluded that:

> Racist preconceptions may distort the psychiatric treatment process at every stage. Such ideas influence the criteria for patient acceptance, availability of facilities, form and length of therapy, nature of patient-therapist relationship, therapeutic goals, and judgement of outcome (p. 135).

What these findings suggest is that rigid political and social systems combined with socially accepted stereotypical attitudes concerning Blacks, make it extremely difficult, if not impossible, for Black victims to receive therapeutic benefit from the present system.

As distressing as these findings were, this researcher has found these facts to be an everyday occurrence. Sgroi (1982) reported:

> Most cases of child sexual abuse are managed badly. Those who are responsible for case management tend to have limited knowledge of the problem and an inadequate understanding of the issues involved. They tend to work for agencies that are reluctant to be responsible for child sexual abuse cases and a willingness to make the commitment to train staff properly and develop appropriate responses (p. 81).

The findings suggest that the non-caring attitudes that are expressed both verbally and non-verbally leave great room for growth in clinical skill and empathy.

When individual and family interventions are appropriate and desired, it is important for the properly trained social work professionals to participate in this process.

Carter and Thornton (1986) said that Therapists must not buy into racist stereotypes or misperceptions that the sexual abuses of Black victims are acceptable and do not warrant a full investigation i.e., 1) giving respect to the victims, 2) prosecuting on behalf of the victims, 3) psychological treatment. When Therapists buy into the myths about Black victims and their families, this causes another generation of Black Americans to be at high risk for progressive deviant behavior.

Mental health professionals have ethical responsibilities to help all people regardless of the race. In reference to this particular ethical standard, Section A: Appendix A: of the American Association for Counseling and Development, article 8, reads:

> In the Counseling relationship the Counselor is aware of the intimacy of the relationship and maintains respect for the client and avoids engaging in activities that seek to meet the counselor's personal needs at the expense of that Client. Through awareness of the negative impact of both racial and sexual stereotyping and discrimination, the Counselor guards the individual rights and personal dignity of the client in the counseling relationship (p. 106).

Patient's rights platforms have also been developed by the American Hospital Association Patient's Bill of Rights, Article #1 The patient has the right to considerate and respectful care (Edge, 1990, p. 267). In summation those who interact with the Black families must understand that their typical therapy style and system amy not be functional for this particular ethnic group.

Lyles and Carter (1982) states that:

> The therapist should not feel pressured to label the family functional or dysfunctional, but rather should look objectively for strengths and weaknesses. Family strengths should be identified first because they can become the vehicle for developing a therapeutic alliance and a template for molding positive change. Greater emphasis should be placed on the quality of relationships that on structures, acknowledging that Black families possess a variety of power structures and that some ar perhaps matriarchal. Also crucial to therapy is an awareness that partial Black families are at risk for problems, and their situation is often complicated by poverty and racism (p. 1122).

Additionally, Thomas and Sillan (199) in retrospect talked about the issues of racism as they pertained to the

mental health profession in the 1960's:

> The initiative and persistence of the Black caucuses spurred a long overdue re-examination of basic attitudes and practices on the part of White mental health workers. As never before, these workers were forced to take a serious look at the extent to which racism had infected their own ranks. The Black challenge shattered the illusions of many that their commitment to mental health and integration shielded them from racist influences that are so pervasive in American society (p. 146).

Appendix A

Dear Survey Participant

Thank you for agreeing to participate in this survey. The information recorded in your response will be used to help me in the completion of the research study. My research will attempt to identify if there are sufficient services and treatment choices available to black sexual abuse victims and their families.

You have been invited to participate only on a voluntary basis. Your participation in this survey is in no way connected to the therapy process in which you are currently engaged. Due to the fact that your participation is completely voluntary, please read and sign the following consent form.

I will interview each participant regarding their sexual abuse history and the type of psychological help they receive from professionals and mental health agencies. All discussions will be taped and transcribed. Upon completion of this research, all tapes and transcriptions will be destroyed.

Thank you very much for your participation. Your time has been greatly appreciated.

Sincerely,

Appendix B

Name of Participant:
Phone: _____ Address: _____

Title of Project: The Treatment Consideration Given To Black Sexually Abused Victims.

1. Twana Cooks-Allen is doing a research study on black sexual abuse victims. She has requested my participation in her master's degree research project.

2. I understand the purpose of the study is to examine the treatment considerations given to black sexual abuse victims.

3. My participation will involve a one to two hour question and answer interview. I understand my participation in the interview is voluntary.

4. I understand that there are possible risks to me if I agree to participate in this study. There is a possibility that some unresolved psychological issues may surface during and after the interview. I will be referred to my primary therapist in the event such issues arise.

5. I understand that my legal name will not be used in this study, and that any information or details which might identify me to another reader will be disguised. Interview tapes will be used by the researchers only and they will be erased immediately following the transcribing.

6. I understand that my participation in this research study will be beneficial to others who have experienced the same type of encounters. I also understand that there is no direct advantages for me.

7. I understand that I have a right to refuse to answer any questions that I feel violates my rights.

8. It is not the Policy of Lindenwood College to compensate me or to provide psychological treatment for me in the event that the research study results in injury.

9. Any questions that I have concerning the research study before, during or after I give consent, will be answered by Twana Cooks-Allen.

10. I understand that my participation is voluntary and the refusal to participate will involve no harassment or penalty to me. I also understand that I may withdraw from this research study at any time that I feel necessary without prejudice or penalty.

11. I have read all the above statements (1-10) and have been given the opportunity to ask questions, and express my concerns and needs, which have been sufficiently taken care of by the chief investigator. I believe I understand the purpose of the study as well as the potential risks and benefits that are involved. I hereby give my informed and free consent to be a participant in this study.

_____

Signature of Participant

_____

Date

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