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**AFRICAN AMERICAN RAPE SURVIVORS IN
CHICAGO: TRANSLATING RESEARCH INTO POLICY**

Introduction

What are factors that facilitate or limit African American rape survivors in the Chicago metropolitan area from seeking help? How might services and intervention better meet the recovery needs of African American rape survivors?

According to the National Intimate Partner and Sexual Violence Survey, 22% of African American women experience rape and 44% experience some form of sexual victimization. Sexual assault has various consequences including impacts on women's sexuality and risk of being revictimized, and psychological harms including lower self-esteem, self-efficacy, and maladaptive coping. Recovery often requires multiple sources of formal and informal support, but barriers to help-seeking impede the recovery process. This is particularly true for marginalized populations like Black women, especially those who are also low-income, HIV positive, bisexual, or incarcerated.

This project examined survey and interview data on African American rape survivors in the Chicago metropolitan area (data gathering was supported by NIH grant #17429). The goal of this project was to highlight the policy-relevant factors related to their recovery and ask how services and intervention can be adapted to better meet their needs. The project particularly paid attention to the barriers to and facilitators of black women seeking help, including the reactions victims receive when telling potential support providers (both informal and formal) about their assault.

Findings

- African American women survivors in the Chicago area often turn to alternative sources of support such as family, friends, and church groups prior to seeking formal service agencies.
- One of the factors that limited some victims of sexual assault from seeking help was their own status as survivors of early abuse as children, especially sexual abuse by close trusted family members. These early experiences meant they were more likely to normalize subsequent incidents of abuse, be less likely to disclose abuse to others, be targeted for further victimization, and struggle with ongoing shame and feelings of stigma regarding their sexuality.
- Another factor limiting victims of sexual assault from seeking help was their low income or lack of insurance and the high cost of mental health treatment necessary to address the serious psychological effects of complex trauma histories.
- Validation from healthcare professionals can be especially healing for survivors harboring feelings of self-blame and/or responsibility for their assaults.

Recommendations

Service agencies interested in increasing disclosure of sexual assault by their African American clients need a culturally competent and ethnically diverse staff that is sensitive to the impact of stereotypes, discrimination, and oppression for marginalized populations. Further, a full physical, psychological, and sexual trauma history screening should be part of standard intake procedures at every mental health and medical agency to account for past trauma. Post-assault experiences and reactions vary based on the survivor's personal characteristics (e.g., age, income, education, immigration status, sexual orientation, etc.). Therefore, practitioners should work in collaboration with survivors to develop services that best fit their individual needs, accounting for the intersecting consequences of these characteristics. Mental health and medical care professionals should screen women for sexual assault, validate survivor's experiences, listen to their individual needs, and provide referrals to other formal and informal support resources. Culturally competent care responsive to socioeconomic challenges includes assistance with transportation, child care, community-based or home-based interventions, and trauma-informed treatment.