A Descriptive Study of Non-Reported Sexual Victimization among Black Women

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Victims have been described as criminal-legal gatekeepers, as their decision to call for help activates a criminal-legal system response (Gottfredson & Gottfredson, 1988). Reporting to police, however, especially for sexual violence, is severely low. Recent estimates reported to the National Crime Victimization Survey indicated that 459,310 incidents of sexual assault occurred in 2019 (Morgan & Truman, 2020). Of these incidents, only 34% of respondents reported their sexual victimizations to police. Reporting to the police is not an automatic decision. Research suggests that victims' perceptions of the severity of the crime, perpetrator actions, and self-blame play significant roles in victims' decisions (Bachman, 1998; Clay-Warner & McMahon-Howard, 2009; Decker et al. 2019; DuMont et al., 2003; Fisher et al., 2003; Wolitzky-Taylor et al., 2011).

While these factors shape victims' help-seeking, other social factors, including race and gender, also affect how victims view and respond to the attacks against them. Women of color experience victimization and subsequent help-seeking differently than men of color and White women (Crenshaw, 1991). Black women experience "double-discrimination" that manifests in the form of combined race and sex discrimination (Crenshaw, 1989, p.149). Double discrimination can negatively affect Black women's perceptions of their victimhood and subsequent help-seeking behavior. Therefore, to understand and adequately respond to the needs of Black women who seek help, help-seeking research needs to center the lives of Black women and consider how sociohistorical and contemporary culture-specific factors affect their perceptions and subsequent actions. The current study examines Black women's narratives contained in sexual assault exam reports to highlight their help-seeking experiences in real-time.

Black Women and Help-Seeking

Though limited research exists, research that centers Black women victims highlights gender-based and race-based barriers that discourage Black women victims from reporting to both formal (e.g., police) and informal (e.g., family and friends) support systems (Decker et al., 2019; Neville & Pugh, 1997). For example, gender-based discrimination manifests in the form of victim-blaming and sexual shaming (Morabito et al., 2019). Victim blaming attitudes are informed by rape myths—or misperceptions about the cause, contextual factors, and consequences of sexual violence (Herman, 1988). While all women are subjected to rape myths, Black women have the added burden of oppressive stereotypes that depict them as unrapable, not only because of their "risky behavior" but because of who they are and their social identity. In other words, Black women get a "double dose of rape myths" when they are subjected to rape myths that affect all women *and* those that characterize Black women as promiscuous temptresses and resistant to victimization (Donovan & Williams, 2002, p. 98). Race-based barriers are derived from America's problematic history with racial politics. Historical gender and racialized stereotypes created about Black sexuality and Black

women are time transcendent and serve to discredit Black women as true victims which create barriers to reporting their victimization to police (Tillman et al., 2010).

When Black women do report to police, they face skepticism, under-enforcement, and non-mobilization of the law (Crenshaw, 1991; Donnelly et al., 1999; Jordan, 2004; Potter, 2010). Research that examines Black women's experiences with police finds that Black women are fearful of victimization by police (Amuchie, 2015; #SayHerNameMovement, 2015). This fear is grounded in reality, as Black women are more likely to be arrested when they call for help (McCormack & Hirschel, 2018), more likely to be victims of police sexual violence (Fedina et al., 2018), and more likely to be killed by police than White women (Iati et al., 2020; SayHerNameMovement, 2015). These findings demonstrate how intersecting axes of oppression, such as racism and sexism, work to create distinctive barriers for Black women that White women do not encounter when they seek help. Gender-based and race-based discrimination affects Black women's perceptions of their victimization and their decision to seek criminal-legal help (Wyatt, 1992).

Reporting is encouraged when women see themselves as victims of a crime (Neville & Pugh, 1997; Williams, 1984). Williams (1984) argues that prior to reporting, it is essential that victims must first see themselves as such. Research shows that for Black women, this perception is shaped by victimization experiences, crime severity, cultural beliefs, perceived outcomes, and social position (Decker et al., 2019; Holliday et al., 2019; McNair & Neville, 1996; Neville & Pugh, 1997; Washington, 2001). Regarding cultural beliefs and social position, Black women have long been characterized as strong, resilient, and independent. This Strong Black Woman (SBW) ideal, though associated with seemingly positive qualities, may have a negative impact on how Black women perceive victimization and help-seeking (Potter, 2008). Strength for Black women manifests in various ways including the mothering of children both within her house, especially when leading the household, as well as children among her community. Black women are therefore expected to stay silent about the violence they endure to maintain family dynamics (Potter, 2008).

Black women also consider the image of Black culture. McGuffey's (2013) study of Black women survivors revealed that Black women did not see rape as a part of Black culture and therefore, in response to rape or the threat of rape, Black women form a culture of silence to protect the "truth of their inner lives and selves" (Hine, 1989, p. 912). Black women participate in a culture of secrecy in response to sexual violence as a survival strategy (Hine, 1989). Silence is also used to protect themselves from inner community judgments. Black women are vulnerable to social sanctions when disclosing their rape, especially to police (Decker et al., 2019). The problematic history of racist policies and practices conducted by criminal-legal actors has influenced mistrust of the criminal-legal system among Black people. Black people have, therefore, encouraged the practice of police

avoidance. Decker and colleagues (2019), for example, revealed that when Black women reported their victimization to police, they experienced social isolation and even death by community members. Within this cultural context, it makes sense that some Black women feel that silence is the only option (McGuffey, 2013). Black women may feel the need to protect their culture by being silent regarding their sexual victimization to protect their partners or other members of their community (Washington, 2001). To report their victimization could be seen as traitorous to the social image by perpetuating negative stereotypes about Black culture and potentially subjecting Black people to further mistreatment by police.

Taken together these findings articulate the importance of contextualizing Black women's perceptions of victimization and help-seeking within sociohistorical and culture-specific foundations to understand and adequately assist them when they do seek help. The current study responds to calls for more research that includes all Black victim-survivor samples to understand their perceptions and experiences when they seek help (Bryant-Davis et al., 2009; Decker et al., 2019; Long et al., 2007; Potter, 2006). This research takes an active role in centering Black women's help-seeking to inform policy regarding adequate responses to their calls for help.

Centering Black Women

The Black Feminist standpoint arose from the Black women's position in U.S. society and experiences with both sexism and racism. Black Feminist epistemology asserts that Black women have specialized knowledge that allows them to interpret the experiences of Black women and critique dominant groups to effectively improve the lives of Black women (Collins, 1989, 2000). Black women should be researched from the perspective of sustained oppression from both within the Black community and society-at-large (Potter, 2015).

Black Feminist thought (BFT) is grounded in sociohistorical experiences of Black women from the period of enslavement to current day (Potter, 2006). Three tenants of BFT include the assertation that: 1) Black women are self-defined and have a unique standpoint; 2) Black women experience multiple oppressions that are different from Black men and white women; and 3) BFT is ever-evolving (Collins, 2000). It is important, therefore, that criminological research seeks out analyses that evaluate oppressed groups using theoretical lenses that center their experiences. Applying theoretical frameworks and research analyses that center Black women's victimization and post-sexual assault help-seeking pathways will provide a more complete examination of the historic, structural, community, and interpersonal level factors that influence Black victims' decisions (Crenshaw, 1991). Informed by BFT, this study examines Black women's sexual victimization and subsequent help-seeking experiences.

Data and Methods

The setting for this study was a non-profit healthcare agency staffed with 18 forensic nurse examiners (FNEs) who offer forensic examinations and medical treatment to crime victims in a large Southeastern portion of the U.S. The research site is located in a racially-ethnically diverse city in Southeastern Texas, with a population that consists of 24.4% White (non-Hispanic), 22.6% Black (non-Hispanic), 45% Hispanic/Latino, and 6.8% Asian individuals (U.S. Census Bureau, 2021). FNEs at the partnering organization deliver 24-hour specialized care to victims of crimes including sexual assault, domestic violence, human trafficking, child maltreatment, and elder abuse. Since its launch, the agency has provided over 2,500 forensic medical examinations and treatment plans to crime victims.

Sample

Data were drawn from a larger study examining victims' help-seeking experiences and consisted of 1,698 victims who sought forensic medical care from the agency between March 2019 and March 2021. The larger study evaluates the coordinated community response and forensic medical response to crime victims. Data for the current study comes from forensic medical reports completed during medical examinations conducted by FNEs. During forensic medical exams, FNEs conduct head-to-toe assessments of the victim's body and ask a series of questions regarding the victim's medical history, sexual history, and details of the crime. FNEs take detailed notes and record victims' accounts verbatim in medical reports, which is the source of the data for this study.

For the current study, non-Black individuals, male victims, and non-sexual assault cases (e.g., domestic violence, human trafficking, physical assault) were removed from the study sample (n=1,287). To examine Black women's help-seeking decisions directly, third-party reportees were removed from the sample (n = 115). Given this region is a mandatory reporting area that requires anyone who has knowledge of child abuse to report to authorities victims under the age of 17 (n = 118) were also excluded, which resulted in a final sample size of 178 cases. FNEs asked the women in this study whether they wanted to report the crime to police. Based on victims' responses, the cases in this study were divided into two groups: those who reported their victimization to the police (n=152) and those who did not want police help (n=26). The current analysis focuses on non-reported sexual assault cases. Descriptive statistics for these cases are presented below in Table 1. The exam, case, suspect, and victim characteristics presented below were informed by existing sexual assault and help-seeking scholarship.

Descriptive Findings

Forensic Medical Exam Characteristics

The average forensic medical exam lasted 125 minutes (range: 65-290; SD=53). Using the victims' narratives of the sexual assault as a guide, FNEs collected relevant evidence from the victim's body during the exam. FNEs collected sexual assault evidence in the majority of the cases (84.6%). The average number of items collected from the victims was approximately six items. The most commonly collected evidence items (not presented in Table 1) were vaginal swabs (73.1%), perianal swabs (69.2%), and buccal reference swabs (80.8%).

Sexual assault exams can be a retraumatizing process as victims are asked to revisit the crime to provide details as well as personal information regarding their sexual history. Further, sexual assault exams include invasive and sometimes uncomfortable body assessments. In the current study, some victims declined portions of the examination process. Among the cases in this sample, 34.5% of the victims declined a portion of the examination. For example, victims in this study declined body photos, evidence collection, and speculum examinations (not presented in Table 1). This could be due to the shame and pain victims feel after experiencing an attack.

Case Characteristics

Article 56A.251 of the Texas Code of Criminal Procedure (2021) states that when victims seek help from law enforcement within 120 hours (i.e., 5 days) of the crime occurrence, police must obtain a sexual assault exam for evidence collection. Although, victims in the current sample did not file official police reports, most sought medical treatment shortly after (i.e., within 5 days) the crime; only 11.5% delayed help. These cases did not frequently involve a co-occurring crime (e.g., physical assault and robbery; 11.5%). Additionally, 61.5% of the attacks occurred at night, and a small portion of the crimes occurred in public locations

(3.8%).

Table 1. Descriptive statistics for non-reported cases of sexual assault of Black women (n=26)

Sample characteristics	% or Mean	SD	Min	Max
Exam characteristics				
Duration (minutes)	125	53.0	65	290
Evidence collected	84.6%			
Number of items collected	6.10	1.92	2	10
Portion of exam declined	34.6			
Case characteristics				
Delayed help-seeking	11.5%			
Crime co-occurrence	11.5%			
Time of crime:				
Night time (8pm-6am)	61.5%			
Day time (7am-7pm)	26.9%			
Unknown	11.5%			
Location of crime:				
Public	3.8%			
Suspect characteristics & behaviors				
Single suspect	61.5%			
Suspect stranger	23.1%			
Suspect male	76.9%			
Suspect threatened victim	11.5%			
Suspect used a weapon	3.80%			
Suspect used drugs/alcohol	23.1%			
Victim characteristics & strength of evidence				
Victim age (years)	32.5	12.1	18	56
Victim suffers from mental illness	15.4%			
Victim engaged in any risk behaviors	50.0%			
Victim participates in recreational drug use	42.3%			
Victim verbally resisted the suspect	26.9%			
Victim physically resisted the suspect	19.2%			
Victim bleeding after attack	42.3%			
Victim provided suspect identity:				
Victim did not provide suspect's identity	30.8%			
Victim provided suspect's physical description	3.8%			
Victim provided suspect's partial or nickname	38.5%			
Victim provided suspect's full name	26.9%			
At least one witness present during attack	26.9%			

Suspect Characteristics and Behaviors

Turning to suspect-related characteristics, the majority of the cases in this study involved single suspects (61.5%) who were male (76.9%). Rape culture fosters the false idea that "real rape" occurs when strangers assault victims using physical force (Estrich, 1987); however, the cases in this sample are not in line with these assumptions. Rarely did cases involve stranger suspects (23.1%). During the attacks, suspects did not frequently use threats (11.5%) or weapons (3.80%) to subdue the victims. Further, about 23.1% of the suspects in these cases were under the influence of drugs and/or alcohol during the attacks.

Victim Characteristics and Strength of Evidence

The women in this sample were relatively young with an average age of 32 years. A small percentage of the women in these cases suffered from mental illnesses (15.4%) including bipolar disorder, schizophrenia, manic depressive disorder, and anxiety. Approximately 42.3% of the women disclosed recreational drug use with the majority engaging in marijuana use (not presented). Regarding victims' actions before and during the attacks, approximately half of the women engaged in perceived risk-taking behaviors such as walking alone at night, alcohol and/or drug use, going to the suspect's home, inviting the suspect to their home, and accepting a ride from a stranger.

During the attack, most of the women did not verbally or physically resist the suspects (26.9% and 19.2% resisted, respectively). After the attack, 42.3% of the victims noticed they were bleeding. Regarding the strength of evidence, the majority of the victims in this study provided some information about the suspect's name, either partial name/nickname (38.5%) or their full name (26.9%). These findings speak to the victims' proximity to the suspects in these cases. Lastly, less than a third of the attacks had witnesses present (26.9%).

Overall, descriptive findings are in line with current sexual assault and help-seeking scholarship. However, these descriptive findings do not elucidate how Black women view the crimes committed against them. Therefore, to capture Black women's perceptions of their victimization and help-seeking, and to contextualize Black women's lived experiences, the current research turns to qualitative analyses.

The Power of Naming

Black women's self-definition is an essential element of BFT. Further, examining Black women's viewpoints illuminates the ways they perceive crime and help-seeking. When FNEs asked the women in this study "can you tell me what brought you here today," the women described their victimizations in various ways. For example, one woman stated that she was "sexually violated" while another woman expressed that the perpetrators "had their way" with her. As discussed earlier in this report, reliance on police help is contingent upon individuals' perceptions of the crime against them. For Black women, their perpetual exclusion from discourse regarding true victimhood creates a barrier to their self-acceptance as crime victims. Some of the women in this study minimized the crime against them. For example, it was common for the women who decided not to report to the police to use "sex" to describe their victimization.

Other women in this sample explicitly stated that they were raped. Most of the women who defined their victimization as rape were attacked by strangers and presented with injuries from the attack. Societal constructions of rape myths perpetuate the false belief that real rape occurs when the perpetrator is a stranger. Stranger attacks are often regarded as severe crimes. Black women may feel the need to present severe crime factors to define themselves as crime victims and seek help. Even though some women viewed themselves as rape victims and sought medical help, they opted out of police intervention.

Strong Black Woman

The SBW image is socially constructed to depict Black women as independent and resilient. Internalization of the SBW image may affect whether and how Black women seek help. Many of the women in this study demonstrated a need to seek help on their own. For example, though some women came to health care facilities with family members and friends, the majority of them drove themselves to the hospital for medical care, often still in pain from the attack. Further, some of the women mentioned that they did not disclose their victimization to anyone other than the FNE during the exam.

Victimization was seen by some of the women as a moment of weakness and vulnerability. For example, some of the women expressed embarrassment for being vulnerable to the attacks and therefore, wished not to report. Some women blamed themselves for the attack. The blame they internalized and often hid from others, manifested into self-loathing and suicidal ideation as demonstrated by statements such as they "shouldn't still be here." Though some of the women in this study told friends and family about their victimizations, others described not wanting anyone to know about the crime. Some women even hid the mental and emotional toll their victimization took on them to maintain an appearance of strength in front of others.

Further exemplifying the SBW ideal was the declination of treatment and support after their victimizations. During the exams, FNEs assessed the women's needs including advocacy, shelter, and treatment. After the exam, FNEs offered resources to the women, however, some of them declined support citing they "have all the resources they need." Other women declined medical treatment for their assault. For example, some women did not want medication for possible sexually transmitted infections or pregnancy. While the SBW ideal appeared to play a role in whether some Black women accepted medical treatment, for others, medical intervention can be cumbersome and costly. For example, HIV prophylaxis involves a 28-week regimen in which victims will need to procure a prescription. The medication is costly for individuals with and without insurance. This presents a class-based barrier for some women to receive proper treatment after sexual victimization.

Black Cultural Mandate of Silence

Regarding victimization experiences, some women stay silent for various reasons including fear, embarrassment, and shame. Another factor that affects some Black women's help-seeking is silence as a form of protection of the image of Black culture, family dynamics, and Black community members from police intervention. In line with this context, some of the Black women in this study expressed the need to protect their attackers. Though the sample does not include perpetrator race, the majority of rape crimes are intraracial (Morgan & Truman, 2020). Most Black women victims are sexually victimized by Black men, especially men they know. Most of the women in this study were sexually assaulted by known acquaintances, intimate partners, friends, and relatives. Therefore, victims' proximity to their attackers, regarding both racial identity and relationship, may be associated with their reluctance to report.

During the reporting decision, Black women are faced with the overrepresentation of Black men in the legal system. Some Black women feel an obligation to protect Black men from police mistreatment and system entry. During their exams, the women provided vivid details regarding the attacks against them; however, when presented with questions regarding the identity of the suspects, they remained silent and protected the attacker's identity.

For some Black women, reporting to the police could alter their family dynamics. Some of the perpetrators may be caregivers and breadwinners. Consequently, removing the perpetrator from the home could put a financial strain on the family. Protecting the identity of the perpetrator, therefore, would protect their family members from the stress that comes with reporting to the police. For other women, the silence was used for self-preservation.

Conclusion

Help-seeking research generally combines all women's experiences to improve the overall response to sexual assault. However, there are intragroup differences in how women from different racial-ethnic groups experience victimization and subsequent help-seeking. Though the same crime-related and person-related factors may exist for all women, Black women perceive victimization differently from women in other racial-ethnic groups. To adequately respond to Black women's needs when they seek help, it is important to center their lived experiences. The current report, therefore, examined forensic medical exam records in non-reported sexual assault cases among Black women to identify crime and person-related factors and to highlight their perceptions, which influence their decision making. Specifically, informed by BFT, this report contextualizes Black women's victimization and help-seeking experiences.

BFT emphasizes the importance of Black women's self-definition as an instrument of empowerment. Understanding how Black women view themselves and the crimes committed against them is the first step toward meeting their needs. Overall, descriptive findings were in line with themes in help-seeking research. However, though similar factors exist for women from all racial-ethnic groups, it is important to discuss how they may affect women differently. For example, Black women have been depicted as hypersexual beings by individuals from outside and within their communities. Consequently, their engagement in perceived risky behaviors including engaging in sex work and drinking alcohol further perpetuates these false images and therefore hinders their reporting. Half of the women who decided not to report to police engaged in risky behaviors before or during their attacks. These women may have felt they would be discredited and therefore did not report to police.

This study also highlighted the ways that Black women described their attacks. Many did not use legal definitions of rape or sexual assault. Some women minimized the attack by referring to their victimization as sex. Accepting themselves as victims is not easy for all Black women who have long been excluded as legitimate victims. For some Black women, rape is not openly discussed. Sexual victimization is supposed to remain behind closed doors. Disclosing these crimes could be viewed as traitorous by community members and sometimes their family members. Black women could receive social sanctions for reporting Black men to the police. Black women, consequently, are often left to their own devices to cope with their victimizations. Some of the women in this study subscribed to the SBW ideal as they relied on their strength and resources to "get through it." For some women, when they felt they could not "push through it" they expressed that they had suicidal thoughts and "shouldn't still be here."

For some Black women, carceral responses are not always the goal of seeking help. The women in this study prioritized medical help over police intervention. Support providers should be cognizant of social and cultural factors that affect Black women's perceptions and help-seeking actions. When rendering care to victims, support providers must listen intently to their accounts while acknowledging the barriers they faced prior to seeking help. For some women, FNEs may be the only person they feel they can talk to about their victimizations. Furthermore, FNEs' responses to victims can influence their subsequent help-seeking actions. Therefore, it is incumbent upon support providers to create a safe space for Black women to feel heard, validated, and supported.

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