EXAMINATION OF A CULTURALLY SPECIFIC BRIEF INTERVENTION FOR AFRICAN AMERICAN SURVIVORS OF SEXUAL ASSAULT

By

Oluwafunmilayo Oyesola Ayeni

A THESIS

Submitted to
Michigan State University
in partial fulfillment of the requirements
for the degree of

Psychology—Master of Arts

2019

ABSTRACT

EXAMINATION OF A CULTURALLY SPECIFIC BRIEF INTERVENTION FOR AFRICAN AMERICAN SURVIVORS OF SEXUAL ASSAULT

By

Oluwafunmilayo Oyesola Ayeni

Sexual assault is a global crime involving any form of unwanted sexual acts committed against an individual. Survivors of sexual assault have physical, mental, and other life needs that must be addressed to give them opportunities to recover from such traumatic experiences. Sexual assault agencies play an important role in providing relevant support services to improve outcomes of survivors. Despite the prevalence of sexual assault in minority communities, there are limited culturally specific interventions available to address the unique needs of survivors in these communities. Bearing this in mind, the current study investigates women's experience with a one-time, culturally specific brief intervention for African American survivors of sexual assault to identify which aspects of the intervention, if any, are viewed by the women as being particularly helpful. The study utilized a qualitative phenomenological approach. In-depth individual interviews were completed with nine African American women who have participated in the Healing is Possible (HIP) brief, group-based, culturally specific sexual assault intervention offered by the SASHA Center to better understand the perceived value of the intervention to participants. Data were analyzed utilizing thematic analysis. All participants identified culturally specific components of the intervention that were beneficial to their experience with the intervention. The women also identified several ways in which they believed the intervention had positively improved their quality of life. By closely examining the experiences of women with a culturally specific brief intervention, this study sheds new light on the value of culturally specific sexual assault services.

This thesis is dedicated to every survivor of sexual assault.
Our lives are evidence that we can be bent but never broken.

ACKNOWLEDGMENTS

I would like to express my sincere gratitude to everyone who has been instrumental in making this thesis possible. First, to God, for the grace to successfully complete this project. I am who I am because of you and my life is proof of your love and faithfulness.

I would also like to thank my thesis committee, Dr. Cris Sullivan, Dr. NiCole Buchanan, and Dr. Kaston Anderson-Carpenter for your guidance, valuable insight and expertise throughout this process. Cris, thank you for being a supportive mentor. Your unwavering encouragement has been extremely valuable. Thank you being patient with me, affirming me every step of the way, and making space for me to pursue a project that I am truly passionate about.

I also want to thank my village – my incredible community of friends and peers who have supported me throughout my graduate experience. To my friends in the program, especially members of my cohort, thank you all for being such a bright light in my life. Thank you for listening to my ideas, supporting my growth, and celebrating every one of my accomplishments throughout the process of completing this project.

To my loved ones, family and friends of inestimable value in Maryland, New York and Nigeria, thank you all for loving and supporting me in the ways that you do. Thank you for always praying for me, listening to me, encouraging me, and making me a priority in your lives. My life wouldn’t be the same without you all in it.

Finally, to Kalimah Johnson, the group facilitators and participants of the HIP program at the SASHA Center, thank you all for welcoming me into your space, sharing your truth with me, and trusting me to relay your experiences to the world. Without you all, this project would not have been possible.

TABLE OF CONTENTS

INTRODUCTION

Sexual assault is a pervasive global health problem that affects multiple people from multiple backgrounds (Bent-Goodley, 2007; Black et al., 2011). Sexual assault can be broadly defined as "a sexual act committed against someone without that person's freely given consent, and includes both penetrative and non-penetrative acts as well as non-contact forms" (Basile & Saltzman, 2002). Forms of sexual assault include attempted rape, fondling or unwanted sexual touching, forcing a victim to perform sexual acts, such as oral sex or penetrating the perpetrator's body, or penetration of the victim's body also known as rape (Joyce, 2012). While the rate of sexual assault and rape has fallen 63% since 1993, sexual assault still occurs every 98 seconds in the United States (BJS, 2017). Sexual assault affects men, women, and children; however, women have the highest rates of sexual assault victimization (BJS, 2015). This prevalence underscores the importance of research on female survivors of sexual assault.

The detrimental effects of sexual assault are well documented in previous literature and include both short-term and long-term effects (Boykins et al., 2010). Sexual assault may affect the psychological, physical, emotional and social well-being of survivors and their families (Fedina, Holmes, & Backes, 2018; Jina & Thomas, 2013). These consequences include but are not limited to mental health problems (Campbell, Dworkin, & Cabral, 2009), injury, reproductive health issues, and other chronic health problems (Black et al., 2011; Ullman, 2014). There are also economic costs related to sexual assault. Sexual assault may impede educational attainment, lead to job instability, lost quality of life, high out-of-pocket medical costs and debt (Barrett, Kamiya, & O'Sullivan, 2014; Dolezal, McCollum, & Callahan, 2009; Loya, 2012; Macmillan, 2000). Given the consequences of sexual assault, victims often require extensive legal and social support services to cope with the aftermath of their experiences (Zinzow et al., 2012).

The problem of sexual assault has been documented among many racial, cultural, and ethnic groups, but is more prevalent among women of color (Boykins et al., 2010; Bryant-Davis, Chung, & Tillman, 2009). In particular, African American women are at a slightly higher risk for sexual victimization. They are disproportionately affected by multiple and more severe forms of violence when compared to other groups of women (Bent-Goodley, 2009; Prather, Fuller, Marshall, & Jeffries, 2016). For example, in a review of female sexual victimization, results showed that African American girls and women aged 12 years and older experienced higher rates of sexual assault than White, Asian or Latina girls and women (Planty et al., 2013).

Despite the prevalence of sexual assault perpetrated against African American women, very little attention has been devoted to their experiences with sexual victimization in sexual violence research and literature (Tillman, Bryant-Davis, Smith, & Marks, 2010; West & Johnson, 2013). Additionally, researchers have called for research examining culturally specific interventions that target the needs of women of color who have survived sexual violence to see if these interventions are working successfully and to assess what is most helpful to those survivors (West & Johnson, 2013; West, 2014**)**. Bearing this in mind, this study examined an innovative, brief, culturally specific, group-based intervention for sexual assault survivors. Specifically, this qualitative study examined, from participants themselves, their perceptions of its value to them.

LITERATURE REVIEW

Sexual Assault in the African American Community

Research shows the prevalence of sexual assault perpetrated against African American women is relatively high. The National Intimate Partner and Sexual Violence (NIPSV) survey found that 21.2% of non-Hispanic Black women reported experiencing rape during their lifetime (Basile, Smith, Fowler, Walters, & Hamburger, 2016). African American females experience sexual violence at a rate 35% higher than that of Caucasian females, and about 2.5 times the rate of women of other races (BJS, 2001). For example, a study of college students found the prevalence of forced rape among African American female students was 50% higher than that of Caucasian and Hispanic students (McCauley, Ruggiero, Resnick, Conoscenti, & Kilpatrick, 2008). Additionally, African American women experience more intense sexual assault such that weapons and other threatening objects are used to facilitate the assault (Basile et al., 2016). Despite the substantial numbers of African American women that have experienced sexual assault, many survivors never disclose (West & Johnson, 2013). African American women are equally less likely to receive post-assault support (Alvidrez, Shumway, Morazes, & Boccellari, 2011; Long, Ullman, Starzynski, Long, & Mason, 2007; Weist et al., 2014). The continued prevalence of sexual assault in this community warrants an in-depth focus on African American women's experiences. Examining sexual assault in this population is also relevant for the development of appropriate interventions.

Historical context of sexual assault. Scholars have emphasized the importance of contextualizing the sexual assault of African American women to better understand their reluctance to help-seeking (West, 2014). Developing a comprehensive understanding of African American women's experiences involves investigating the sociohistorical context of sexual

assault in the Black community. The sexual vulnerability of African American women can be understood by examining how the sexuality of Black women is constructed. The sexual exploitation of Black women dates back to the slavery era when the bodies of Black women were systematically used and abused by White slave owners (Thompson-Miller & Picca, 2017; West & Johnson, 2013). Black women were dehumanized, devalued, and forced to fulfill the sexual desires of White slave owners (Tillman et al., 2010). Additionally, Black women were regarded as promiscuous, seductive and inviting of the sexual advances of White slave owners (West, 2014). The bodies of Black women were legally and politically deemed property, and as such, the assault of a Black woman by a White slave master was not considered a crime and had no social consequences (Long et al., 2007; Thompson-Miller & Picca, 2017). In addition, rape and forced breeding were used to increase the population of slaves after international slave trade was made illegal (West, 2013). As a result of these experiences, Black women were compelled to remain silent about their assault to prevent further victimization (West, 2014).

The inhumane legacy of slavery and access to a Black woman's body had a lasting impact on the social constructions of the sexuality of African American women. African American women continue suffering the consequences of stereotypes created during the slavery era. In present-day society, the negative constructions of Black women as "Jezebels" portrays Black women as sexual aggressors governed by libido and loose morals (Syzmanski, Moffitt, & Carr, 2011; West & Johnson, 2013). These portrayals normalize sexual violence against Black women and erroneously lead some to believe that Black women are promiscuous and less credible rape victims (Thompson-Miller & Picca, 2017). African American sexual assault survivors are more susceptible to concerns about victim-blaming and such beliefs can create barriers to the disclosure and help-seeking efforts (Long et al., 2007; Tillman et al., 2010). The

summation of the historical context of trauma and the present-day experiences of oppression creates a system that devalues, dehumanizes, and objectifies African American women. In addition, the system creates an invisibility such that the sexual violence perpetuated against members of this group and its related consequences are often overlooked (Bryant-Davis et al., 2009).

Sociocultural context of sexual assault. Sexual assault against African American women is not only gendered but also influenced by other forms of discrimination such as racism and classism (West, 2014). African American women are more likely to resist service for fear of discriminatory practices, mistreatment and further victimization (Bent-Goodley, 2009). There are existing racial differences in the provision of services (e.g., criminal justice system, law enforcement, health care professionals, and social service agencies) related to systemic and institutional racism (Curry-Stevens & Muthanna, 2016). Prior negative experiences with medical, legal and social service systems serve as a notable barrier to disclosure for African American sexual assault survivors (Tillman et al., 2010). Several studies have documented the extent of racism in healthcare in the United States (Dossey, 2017; Kennedy, Mathis, & Woods, 2007; Prather et al., 2016). A prime example of medical racism against African Americans is the infamous Tuskegee tragedy where African American men were used as experimental guinea pigs for the syphilis virus (Dossey, 2017). The history of medical mistreatment and experimentation, in addition to the systematic racial discrimination experienced by African Americans in other contexts, has created a deep-seated distrust of the medical system, thus making them less likely to seek help (Kennedy et al., 2007). Additionally, in instances where African American female survivors seek help, studies have indicated they are less likely to access services (Basile et al.,

2016) and more likely to receive substandard medical care (Zinzow et al., 2012; Prather et al., 2016).

As a systemic barrier, racism is also evident in the experiences of African American women with law enforcement. African Americans experience greater injustices across multiple legal contexts (Woolard, Harvell & Graham, 2008) and are overrepresented in the criminal justice system (Brewer & Heitzeg, 2008). In particular, African American women's experiences with law enforcement are marked by violence as they are assaulted, murdered, unlawfully arrested, and incarcerated by law enforcement (Jacobs, 2017). Studies have also documented the invisibility of sexual assaults against African American women. Sexual assault against African American women is underreported, under-investigated and under-prosecuted when compared to their White counterparts (Jacobs, 2017). Results from a study that examined charging decisions in Philadelphia and Kansas City found the victim's race influenced the prosecutor's decision to charge a sexual assault case. Prosecutors were likely to dismiss the case based on the race of the victim (Spohn & Holleran, 2001). Another study found that men found guilty of raping Black women often received shorter sentences than men who raped White women (Morti, 2002; Tillman et al., 2010). The limited access to legal support and negative encounters with the criminal justice system deters African American women from seeking help (Richie, 2012).

The unjust treatment endured by African American men has been extensively documented in research and literature (Jacobs, 2017; Browning, Miller & Spruance, 2018). Numerous instances of police brutality against Black men have also received substantial media attention in recent years. Desmond, Papapchristos, and Kirk (2016) found the experiences of police violence impacted citizen crime reporting in Black neighborhoods. The residents were less likely to report a violent crime to the police. In line with this, scholars have found that African

American female survivors are hesitant to disclose their assault and seek help from law enforcement in instances where the perpetrator of the assault is an African American male (Bryant-Davis et al., 2009). This reluctance is rooted in the desire to protect the men from perceived injustice, given the negative history of African American males with the criminal justice system (Tillman et al., 2010). This constitutes a major barrier to help-seeking efforts as African American women are most likely assaulted by someone from their own racial-ethnic group (West, 2014).

Sexual assault against African American women is also influenced by classism. Among racial and ethnic groups, African Americans had the highest poverty rate (21.2%) in 2017, as 9 million people fell below the poverty line (Fontenot, Semega, & Kollar, 2018). The relative lower levels of income, education, and employment of African Americans impacts their experiences of violence (Whitaker et al., 2007). The economic and social disadvantage of African American women places them at greater risk for sexual assault and significantly impacts their ability to seek help (Bent-Goodley, 2007). Additionally, sexual victimization increases the likelihood of unemployment and reduced income (Bryant-Davis, Ullman, Tsong, Tillman, & Smith, 2010). As such, African American survivors of sexual violence are more likely to be impoverished, with less access to care and services (Bryant-Davis et al., 2010; West & Johnson, 2013). Lack of money and health care insurance serve as a barrier to help-seeking and resource utilization among African American survivors (Lucea et al., 2013). Given the historical experiences of oppression and present-day realities of discrimination in the African American community, it is imperative to identify and implement sexual assault interventions that are culturally relevant for this population.

Culturally Specific Interventions

Culturally specific interventions (also known as culturally appropriate interventions) are those designed by and for a target population (Gillum, 2008). These interventions are centered around the culture and experiences of the target community. Community members are affirmed as experts with subjective knowledge and actively participate in designing these interventions. In addition to being culturally relevant, these interventions are likely to include community development, systemic, and individual advocacy (Curry-Stevens & Muthanna, 2016). Gillum (2008) outlines the components of a culturally specific intervention informed by previous studies. These components include: incorporating the cultural elements of the target population into the intervention; co-creating the intervention with relevant stakeholders including the target population; utilizing language familiar to the target population; hiring representative staff; constructing a safe environment for participants; and utilizing effective dissemination mechanisms relevant to the target population.

Culturally-specific community-based organizations are more likely to emphasize the larger context that explains the distress of individuals (Uttal, 2006). Such programs emphasize the sociohistorical context of an individual's experiences and proffer interventions suited to address the immediate needs of communities of color (Curry-Stevens & Muthanna, 2016). These organizations have a nuanced understanding of the complex difficulties that clients from their communities' encounter when attempting to access services. Advocates reported that culturally-specific agencies are also more likely to employ staff from the community who are more relatable to the target population's culture and can foster meaningful relationships with victims and facilitate the co-creation and implementation of services tailored to address the diverse and unique needs of survivors (DOJ, 2012).

Scholars have emphasized the benefit of culturally specific services that holistically consider the context of the individual's life experiences (Iglehart, & Becerra, 2007). A review of client engagement in previous studies suggests that clients of color who received culturally-specific services were less likely to drop out of services, more willing to return for service provision, used services more fully, and engaged in services for longer periods of time (Curry-Stevens & Muthanna, 2016). In a study demonstrating the benefit of a culturally specific domestic violence intervention, Gillum (2008) found survivors identified the incorporation of culturally specific components as helpful and important to them. Similarly, Harrison (2014) found survivors of domestic violence supported the concept of culturally-specific services and emphasized the importance of working with agency staff who could relate to their experience as African American women.

Culturally specific sexual assault interventions. The sexual assault movement has evolved over the years and there is increased recognition of the role of sexual assault agencies in improving outcomes of survivors. This recognition was accompanied by increased government funding for agencies. For example, the 1994 Violence Against Women Act (VAWA) provides increased and more predictable funding for domestic violence and sexual assault service providers (DOJ, 2012). Community-based sexual assault agencies provide vital services to survivors of assault (Maier, 2011). Such agencies are instrumental in changing the social norms of how various communities respond to survivors of sexual violence and address critical gaps in health, human, and legal services (Macy, Giattina, Parish, & Crosby, 2010). Sexual assault agencies provide support and services to victims to aid in physical and emotional recovery. These may include information and referral services, personal advocacy and/or accompaniment,

emotional support or safety services, medical response, and criminal or civil legal assistance (Gaines & Wells, 2017).

Despite scant evidence, scholars have argued that culturally specific services are essential to address the needs of African American survivors of sexual assault (West & Johnson, 2013). Scholars recognize and advocate for the relevance of culture when responding to sexual violence because survivors of varying racial/ethnic identities may have similar yet distinct experiences (Bryant-Davis et al., 2009). A survivor may perceive, manage, and resist violence based on religious beliefs, ethnicity, language, race, and cultural and social norms (Bent-Goodley, 2007; Campbell, Sharps, Gary, Campbell, & Lopez, 2002). As culture largely influences the way individuals construct their lived experiences, the cultural context of a survivor should be considered to better perceive their experience of assault and determine appropriate interventions (Bryant-Davis et al., 2009; O'Brien & Macy, 2016).

Mainstream programs and services for sexual assault are underutilized by African American women because such interventions often adopt a Eurocentric approach to service delivery (Gillum, 2008; Wilkins, 2007). Interventions that adopt a Eurocentric approach are developed from a worldview that centers European experiences and values (Curry-Stevens & Muthanna, 2016). A Eurocentric approach does not acknowledge non-European world views and fails to provide culturally, ethnically and racially appropriate services (Wright, Martinez, Dixon, & Buckner, 1999). For example, Eurocentric approaches tend to focus on a person as an individual that can be separated from their environment, while ignoring the role of societal and situational factors that shape outcomes (Baldachin, 2010). While such approaches may work effectively for the intended population, more culturally appropriate interventions may need to be implemented to holistically address the needs of African American women (Tillman et al., 2010).

Specifically, scholars have noted the importance of understanding the situation in which individuals come from and the variations in trauma between cultures (Bent-Goodley, 2007). Recognizing the cultural influences on reactions to trauma and mechanisms for coping is essential for the development of culturally appropriate interventions (Baldachin, 2010). Additionally, institutional factors such as the lack of cultural competence, stereotyping and labeling behaviors by service providers serve as obstacles to help-seeking among African American women (Bent-Goodley, 2007). Advocates report that survivors of sexual violence are more likely to seek out services from agencies that are familiar with their culture, language, and background (Harrison, 2014).

Considering this, researchers have called for developing and testing culturally appropriate sexual violence interventions for women of color, particularly African American survivors, to adequately address the issue of sexual violence within this community (Bryant-Davis, 2011; Symth, Goodman, & Glenn, 2006; West, 2006; West & Johnson, 2013; Weist et al., 2014). Bryant-Davis and colleagues (2009) suggest a three-fold approach to addressing the needs of African American survivors of sexual assault: (1) seeking out opportunities to actively collaborate with the target community to develop interventions; (2) employing diverse staff persons; and (3) providing cultural competence training and modifying interventions to ensure they are culturally responsive to the experiences of African American female survivors. Scholars recommend that culturally specific interventions should be holistic, culturally-grounded and based on the real-life experiences of African American women. Additionally, interventions should be focused on individual, social and system-level factors relevant to the experience of survivors (Bent-Goodley, 2009). Scholars equally recognize the importance of implementing mental health interventions rooted in culturally responsive practices that consider the

sociohistorical context of African American women's experiences in the United States (Bryant-Davis et al., 2009). This is associated with evidence that suggests cultural attitudes and ideals play an important role in fostering and helping to maintain resilience in the aftermath of trauma (Tummala-Narra, 2007). Scholars emphasize the importance of a strong social support network in culturally specific interventions to develop collective resilience and healing from trauma, particularly among communities of color (Bryant-Davis et al., 2010; West & Johnson, 2013). Bearing this in mind, adopting a group intervention approach to providing culturally specific services may be beneficial for African American survivors.

Brief Review of Evidence for Group Interventions

Social support is one of the most effective means by which people can cope with traumatic events (Kim, Sherman, & Taylor, 2008). Taylor, Welch, Kim, and Sherman (2007) define explicit social support as "an individual's specific recruitment and use of their social networks in response to specific stressful events that involves the elicitation of advice, instrumental aid, or emotional comfort" (p. 832). Group interventions are a form of explicit social support that can be used to reduce feelings of social isolation (Taylor, 2000). This form of social support is an effective coping strategy for traumatic experiences (Nakimuli-Mpungu et al., 2014; Taylor, 2000). Research indicates that interventions that emphasize connectedness are potentially more effective and sustainable in reducing the impact of traumatic experiences (Schultz et al., 2016). For example, results from a randomized control trial (RCT) evaluating the effectiveness of a group intervention with older women survivors of interpersonal trauma showed those who received the intervention had significantly lower depressive symptoms, posttraumatic stress, anxiety, and physical symptoms at posttest compared with the control group (Bowland, Edmund, & Fallot, 2012). Another study examining the effects of a group intervention

for survivors of conflict-related sexual violence found that all women were able to identify some kind of improvement (physiological, psychological, economic, or social) after participating in the group sessions (Koegler et al., 2018).

Sexual assault group interventions. The types of services survivors of sexual violence seek out may evolve over time as their needs change. The need for psychosocial support to better manage the trauma of the sexual assault is well established among survivors (Bryant-Davis et al., 2009; Campbell et al., 2009; Tummala-Narra, 2007). Bryant-Davis and colleagues (2015) found that high social support predicted lower PTSD among African American female sexual assault survivors. The interactions in a group setting may be significantly impactful for survivors and represent a gateway to other services (Macy et al., 2010). In a review of domestic violence and sexual assault services literature, researchers found that service providers highlighted the potential of group interventions for survivors to improve their safety, increase self-sufficiency and self-esteem, and reduce social isolation and self-blame. Additionally, service providers indicated the objectives of group interventions was to enable survivors to have a better understanding and more knowledge about their experiences and learn from others' experiences with the violence. The emphasis on mutual support is to enable survivors to feel supported and understood (Macy, Giattina, Sangster, Crosby, & Montijo, 2009).

Culturally specific group interventions. Very few scholars have examined the importance of culturally specific group-support interventions (Taylor, 2002, Gillum, 2009). Prior research has explored the collectivist nature of ethnic minority groups, which emphasizes interpersonal relationships and social support networks consistent with strong cultural values about the importance of family and community (Arevalo, So, & McNaughton-Cassill, 2016; Sawriker & Katz, 2018). Considering this, scholars have recognized the role of culturally-

specific interventions that center community connectedness in relation to healing from experiences of trauma (Greenfield & Marks, 2010; Schultz et al., 2016). This suggests that communities of color may benefit from group-based interventions. Culturally specific group interventions have been found to be important for the healing process of African American intimate partner violence survivors, as these groups represent a community, which is an important healing element of African American culture (Taylor, 2002). Through one group-based intervention, survivors were able to connect with other Black women who shared similar cultural and interpersonal experiences. They also received positive affirmation to support their healing process. In another study, domestic violence survivors identified culturally-specific group settings as a comfortable and welcoming space to talk about problems and receive helpful feedback (Gillum, 2009). Survivors were able to relate better to staff and group members and reported gaining more helpful knowledge. Group-based interventions for individuals who have experienced trauma-related distress are often time-limited and may depend on the context and focus of the intervention (Foy, Eriksson, & Trice, 2001). This means that interventions may be short or long term. In the next section, I present evidence for brief interventions identified in previous research and literature.

Evidence for Brief Interventions

There is no consensus on the definition of brief interventions in the literature, and scholars have operationalized brief interventions differently based on the context of the research study. For example, in a study evaluating the effectiveness of brief alcohol interventions, Kaner and colleagues (2018) defined a brief intervention as a conversation comprising five or fewer sessions of brief advice or brief lifestyle counselling for a total duration of less than 60 minutes. In another study that reviewed brief alcohol interventions, Field, Baird, Saitz, Caetano,

and Monti (2010) defined a brief intervention as “short, face-to-face conversations regarding drinking, motivation to change, and options for change which are provided during a window of opportunity or potentially teachable moment occasioned by a medical event” (p. 2005). Similarly, McQueen, Howe, Allan, Mains, and Hardy (2011) defined a brief intervention as a conversation in a single session or up to three sessions covering information and advice, often using counselling type skills to encourage a behavioral change. While there is no consensus on the definition, a common denominator is that brief interventions are extremely short in duration, often motivational in nature, and utilize counselling skills to encourage changes in behavior. Despite scant evidence on brief culturally specific interventions in sexual assault research and literature, there is existing research evidence for brief interventions addressing other problems.

Scholars have demonstrated the general efficacy of brief interventions in diverse settings. An example is the 5A’s model of brief smoking cessation. This is a brief intervention recommended in the U.S. Public Health Service Clinical Practice Guideline (Kruger & Halloran, 2016). As part of the intervention, health care practitioners are to (1) *ask* all patients whether they use tobacco; (2) *advise* all smokers to quit; (3) *assess* smokers’ willingness to quit; (4) *assist* smokers with quitting; and (5) *arrange* follow-up contact to prevent relapse (Simmons, Litvin, Unrod, & Brandon, 2012). Kruger and Halloran (2016) analyzed data from 2009–2010 National Adult Tobacco Survey (NATS) to evaluate the association between smokers’ self-reported receipt of the 5A’s and use of cessation assisted treatments. Results from this study indicated the receipt of the intervention was associated with a significant increase in patients’ use of recommended counseling and medication for cessation. These results are aligned with previous research that suggests delivery of this brief intervention yields greater patient use of smoking cessation services (Rigotti, 2011). In another context, Nilsen and colleagues (2008)

conducted a systematic review of 14 studies of emergency care brief alcohol interventions for injury patients. Their findings indicated that brief interventions were effective in reducing alcohol consumption, alcohol-related injuries and hazardous use of alcohol, in comparison with usual emergency department care. Similarly, results from the preliminary evaluation of a brief mindfulness-based stress reduction intervention conducted in Australia revealed a perceived reduction in the psychological distress of mental health professionals (Dobie, Tucker, Ferrari, & Rogers, 2016).

Although few in number, scholars have also examined the effectiveness of brief interventions for domestic violence and sexual assault survivors. One study evaluated the self-reported changes associated with a community-based, trauma-informed brief intervention (TIBI) and found that participants reported improvements in overall quality of life, physical and psychological health symptoms (Trabold, O'Malley, Rizzo, & Russell, 2018). Participants equally reported increased self-esteem and self-confidence. Similarly, results from an RCT evaluating the effectiveness of a brief behavioral intervention on psychological distress among women with a history of gender-based violence in urban Kenya showed moderate reduction in psychological distress (Bryant et al., 2017). Another study examined the efficacy of a brief video-based intervention that provides psychoeducation and modeling of coping strategies to survivors at the time of a sexual assault nurse examination. Results indicated survivors who received the video intervention had significantly fewer anxiety symptoms at the follow-up assessments (Miller, Cranston, Davis, Newman, & Resnick, 2015). Evidence from studies on brief interventions suggests that providing brief interventions could be immensely beneficial for survivors of sexual assault. The brevity of such interventions provides a cost-effective and efficient alternative to group-based traditional interventions.

CURRENT STUDY

As the sexual assault movement is paying increased attention to issues of diversity, and recognizing the need for culturally appropriate interventions, it is important to investigate women's experience with existing programs to find out which aspects are particularly helpful so that those factors may be included in subsequent programs. There has been a general call for additional research to aid in the development of culturally specific programs (Tillman et al., 2010; West & Johnson, 2013; West, 2014). The purpose of this qualitative study is to document the value of one culturally-specific, group-based, brief intervention from the lens of survivors. Specifically, this study seeks to understand how helpful a culturally specific sexual assault intervention, which targets the African American community, has been perceived by African American women female survivors of sexual assault. The research questions guiding this study are:

1. What, if anything, do sexual assault survivors participating in the intervention find helpful about it?
2. What culturally specific components of the intervention, if any, do sexual assault survivors participating in the intervention identify as helpful to their experience with the intervention?
3. How, if at all, do women perceive the impact of the culturally specific group-support intervention on their lives?
4. What is the extent of match between the agency's intended outcomes of the intervention and participants' reports of experiencing the intervention?

METHODS

SASHA Center's Brief Intervention: Healing is Possible (HIP)

This study involves examining sexual assault survivors' experiences with a culturally specific, group-based, brief intervention. The intervention was chosen because it adopts a strengths-based approach that acknowledges the healing strategies that have been successfully used by African American women. The HIP intervention was developed in response to the absence of safe spaces for African American survivors of sexual assault who feel isolated in their experience. The group format offers a unique setting where it is safe enough for them to intentionally share their experiences and start to heal. The Sexual Assault Services for Holistic Healing and Awareness (SASHA) Center is a culturally specific, Afrocentric sexual assault center in Detroit, Michigan. SASHA Center, founded in 2010, was created by Kalimah Johnson, an African American woman who is a survivor of sexual assault. SASHA Center is a sexual assault service, prevention and educational agency that primarily focuses on educating the public, raising awareness, and providing support to self-identified survivors of sexual assault. Survivors are able to participate in culturally specific sexual assault educational/support group interventions that are free of charge and confidential. The services provided at this agency target the African American community, and the staff are African American.

In addition to offering ongoing support groups, the SASHA Center offers a brief, group-based intervention, called the Healing Is Possible (HIP) program. The HIP program differs from other open and ongoing support groups offered by the SAHSA Center because it is designed as a one-time, 60-minute intervention. This means that the intervention is administered in a single session. In contrast, the other support group interventions at the SASHA Center are structured to be administered in multiple sessions over a specified period of time. The HIP intervention brings

African American female survivors of sexual assault together in a safe, comfortable space to simultaneously express their vulnerability and celebrate their resilience. The session is open to self-identified African American survivors of sexual assault, ages 16 and older in the community. The program information is shared with community members during outreach events and is available on the agency's website and social media platforms for interested individuals to register for the session. Staff equally share the program information with women who attend the ongoing support groups offered by the SASHA Center. The HIP intervention is a single event offered on a weekly basis. The session lasts for about an hour and is led by a licensed master's level clinical social worker and a sexual assault expert.

To gain a better understanding of the components of the HIP group intervention, I conducted individual interviews with the executive director and group facilitators at the SASHA Center. In my conversations with them, I asked questions related to the purpose, format and mode of delivery, content area and intended outcomes of the HIP intervention. The group facilitators at the SASHA Center indicated that the five overarching goals of the intervention are to: (1) provide a safe and welcoming space for women to process their thoughts, feelings and reactions about sexual assault, (2) help women connect with others who have had similar experiences, (3) encourage culturally relevant holistic healing practices, (4) educate and raise awareness about available sexual assault services, and (5) reduce isolation and alienation.

When asked about the format and mode of delivery, group facilitators shared that the sessions are intentionally held in a group setting. The women come together in a private, comfortable space and the session is led by a facilitator. The group is run in a relatively standard format, but specific topics draw on current events to elicit conversation. The session begins with an opening affirmation. Next, the group facilitator explains the ground rules of mutual respect

and confidentiality to all participants. The conversation starts off with a quick reflection or pop question. Then, the facilitator goes into the discussion topic and group activity. The women are also given the opportunity to write down specific questions they would like to discuss with the group and the facilitator guides the discussion accordingly. The session ends with a closing affirmation.

As a culturally specific intervention, HIP incorporates cultural practices and especially meaningful references for African American survivors. The intervention intentionally incorporates a communal activity for women to participate in. The group activities may include a burning bowl ceremony, candle lighting ceremony, libation ceremony, and the opening and closing affirmation in a call and response format. Staff shared that these practices and references are included to establish a commonality around African and African American culture. The group format of the intervention promotes interaction between the participants which emphasizes the collective nature of African American culture. The women are able to define their experiences in their own language and explore what healing means to them. Additionally, through personal narratives, the shared experiences of the women provide an opportunity for healing and mutual learning. Another culturally specific element of the intervention can be found in the content of the intervention. Staff shared that the topics discussed in the group session explore everyday nuances and experiences of how race and culture impact experiences of sexual assault trauma. Some of the topics that have been discussed in the group include the depiction of African American women in print media, the analysis of rape culture in rap music, the emotional impact of the Surviving R-Kelly documentary series, and self-care practices.

Finally, staff at the SASHA Center talked about the intended outcomes of the HIP intervention. Group facilitators expressed that they hope this brief intervention enables survivors

to (1) have a better understanding of sexual assault, (2) develop a strong social support network through interactions with other participants, (3) have a greater sense of self-confidence to cultivate a supportive environment within their households and community, and (4) know more about the services and resources available to them.

Ethical Considerations

Prior to data collection, the study protocol was approved by the Institutional Review Board (IRB) at Michigan State University. Participants consented to take part in the research after being provided with detailed written and verbal information about participation. Participant confidentiality was emphasized. The digitally recorded interviews were processed anonymously, and recordings were accessible only to the researchers. All data will be stored in a protected folder on the institution's server for 3 years after completion of the study.

Study Design

To accurately answer the proposed questions, this study is based on a qualitative research approach. A qualitative approach is appropriate to describe and articulate different perspectives and realities in different contexts (Mayan, 2016). In this approach, the knowledge and experiences of individuals who are at the center of the social problem are legitimized and emphasized (Creswell & Poth, 2017). Specifically, this study utilized a descriptive phenomenological approach. The phenomenological method is used to explore a defined phenomenon by understanding and condensing people's experiences into a universal description (Facchin & Margola, 2016; Starks & Brown Trinidad, 2007). The focus is on the lived experiences of the participants, i.e. their own subjective experiences and the objective experiences of those who share the phenomenon of interest (Frey, Hans, & Cerel, 2016). The phenomenon of interest in this study is the experiences of women with a culturally specific,

group-based, brief sexual assault intervention. Individual interviews were conducted to capture the full diversity of perspectives among survivors and to protect respondents' confidentiality.

Sampling and Recruitment

Purposive sampling was used to recruit participants in this study. In purposive sampling, participants are selected based on their rich knowledge about and experience with the phenomenon of interest. As the focus of this study is the experience of African American women who have participated in a culturally specific sexual assault intervention, participants were recruited from the SASHA Center's HIP intervention. Bearing in mind the legal age of consent in the United States, only participants aged 18 years or older were invited to participate in this study. There were no other inclusion or exclusion criteria.

To recruit participants, I worked with the group facilitators of the HIP intervention at the SASHA Center. Recruitment flyers were provided to staff at the SASHA Center to be distributed to the group participants. Throughout the data collection period, which lasted for 8 weeks, group facilitators shared the study recruitment flyers with eligible survivors during the group sessions (See Appendix A). Women who expressed an interest completed a recruitment contact form giving me permission to contact them personally (Appendix B). Additionally, I attended some of the sessions to introduce myself as the researcher to the group attendees and further explain the nature of the study. I reached out to attendees who completed the recruitment form to provide additional information about the study, answer their questions and schedule interviews with their consent.

Over the eight weeks of study recruitment, 13 women attended HIP sessions and were given information about the study. Eleven women completed the recruitment contact form and nine were ultimately interviewed. Three out of the four women who did not participate in the

interviews were first-time attendees. Observations from the recruitment process indicates that, despite HIP being advertised as a one-time program, most of the women who attend the HIP program go multiple times. All interviews occurred approximately two weeks after the session in which the participant was recruited to gain more substantial information about the participant's experience. The decision to conduct the interview in the two-week period following the group session is in line with previous research investigating the effectiveness of group interventions (MacMahon et al., 2015) and based on the context of the study. Bearing in mind that this study investigates the perceived impact of an intervention in the lives of participants, the passage of time is necessary to accurately address the proposed research questions.

Materials

This study utilized a semi-structured interview guide. The interview guide included open-ended questions in a semi-structured format to allow more flexibility in guiding the discussion, to solicit the widest range of responses and encourage participants to share experiences not constrained by my expectations. The interview questions were developed in collaboration with the group facilitators from SASHA Center. The interview questions address the experiences of the survivors who have attended the Healing Is Possible group session (See Appendix C). The questions and associated prompts were used flexibly to guide the interview process according to the natural flow of responses and discussion provided by each participant. The interviews began with an introduction and questions designed to build rapport and ensure that participants are aware of the group intervention I wanted to discuss with them. Subsequent questions and prompts focused on participants' expectations of the intervention before the start, experiences of taking part in the intervention, its perceived value and the impact, if any, of taking part in the intervention.

Procedure

All interviews were conducted in English using the standardized interview guide. Six (6) interviews were conducted in-person while three (3) were conducted over the telephone. The decision to end data collection after conducting nine (9) interviews was informed by the analysis of field notes maintained throughout the data collection process. The interviews conducted presented substantive evidence to inform the research questions and no new information was being gained in the interview process as participants repeated ideas expressed in previous interviews.

Due to the prioritization of participant autonomy, the day, time, format, and location of the interview were dependent on the participant's preference. Informed consent was explained and obtained at the beginning of all interviews. The consent form can be found in Appendix D. The interview was structured in a conversational manner and started with a broad frame of questioning to avoid leading participants. In instances where participants did not discuss ideas related to all aspects of the intervention, I used probing techniques to encourage participants to provide complete responses. At the conclusion of the interview, participants were thanked for their participation and invited to contact me to discuss any follow-up questions related to the study. Participants also received a $25.00 gift card as an honorarium for their participation. The length of the interview ranged between 25 to 80 minutes. All interviews were audio-recorded with the permission of participants.

Bracketing

Bracketing is a method used in qualitative research in which the researcher identifies any personal preconceptions, biases or experiences related to the research topic that may influence the research process (Tufford & Newman, 2012). While it is not possible to completely eliminate

the researcher's assumptions and personal biases, it is important that the researcher is aware of these views through the process of bracketing. I undertook bracketing by engaging in reflexive journaling at the beginning of the research process. I maintained a journal in which I explored various aspects of my preconceptions. These included my reason for undertaking the research, my personal value system, my assumptions related to gender and race/ethnicity, my place as a researcher in the power hierarchy of the research, and possible role conflicts with the community partner and research participants. Throughout the recruitment and data collection process, I also engaged in bracketing by writing memos. I carefully documented my experience in building rapport with group facilitators and participants before, during and after conducting interviews. During the portion of the study in which the informed consent was explained and discussions occurred, I emphasized with the participants the intent and purpose of this study and appreciated their sincere and honest answers. While conducting the interviews, I was careful to monitor my own reactions and watch for nonverbal cues from the participants. Further, although I was extremely mindful of my verbal and nonverbal responses to the information being shared by participants, I cannot completely eliminate the possibility that I allowed my own personal identity and experiences to present within the interviews and either persuade or dissuade further sharing of their experiences.

Data Analysis

Upon completion of data collection, all interview audiotapes were transcribed verbatim in preparation for data analysis. Transcription accuracy was verified by checking transcripts against the audiotapes. NVivo, a qualitative computer software was used to assist with data analysis. Data analysis was conducted in four stages using theoretical thematic analysis to encourage rigor and validate findings. Thematic analysis is an approach used in qualitative research to recognize,

analyze, and report the themes identified in the data. In the first stage, I familiarized myself with the data by reading interview transcripts repetitively and reflecting on the ideas presented in the data. In doing so, notes that highlighted key observations and impressions from each interview were generated.

The second stage focused on organizing the data in a meaningful and systematic way. Preliminary ideas about codes were developed and I worked through three transcripts coding every segment of text that was relevant to or captured something interesting about the research questions. A trained research assistant was recruited to assist with the data analysis process. To ensure data accuracy, the research assistant read and independently coded these transcripts. Open coding was utilized during this stage such that there were no pre-set codes. Instead, codes were developed and modified through the coding process. Upon completion of the coding, codes were compared for confirmation of ideas and modifications were made accordingly before moving on to the rest of the transcripts. As the coding process advanced, new codes were generated and existing codes were modified. After all interviews were coded, the independently coded NVivo files were merged and a coding comparison query across persons was run. Divergent codes were discussed and modified accordingly.

In the third stage, updated codes were examined to identify which codes fit together into an initial theme. The codes were organized into broader descriptive themes that were specifically related to the research questions. Preliminary themes were developed, reviewed, and modified. Data relevant to each theme was gathered and I considered how the themes worked within a single interview and across all the interviews. Emerging sub-themes were also noted.

In the final step, the themes were confirmed with the research assistant and shared with my committee chair, who provided relevant feedback. All themes were refined to identify the essence of each theme and how subthemes interact and relate to the main themes.

Trustworthiness and rigor. To examine the trustworthiness of my interpretations, I conducted member checks. Member checking is an approach that allows a researcher to ensure that the voices of participants are accurately and fairly represented (Lincoln & Guba, 1986; Stake, 1995). In this process, participants are given the opportunity to endorse or refute the accuracy and interpretations of data (Creswell & Miller, 2000). After analyzing the data, I reached out individually to all study participants by phone to schedule a voluntary follow-up meeting to review the findings of my study. Follow-up conversations were conducted over the phone with six (6) participants. In these conversations, I discussed the summary generated from the individual interview and interpretations from the analysis of all data. All participants endorsed the interpretations and findings from this study as accurate reflections of their experiences. Conducting these member checks ensured rigor and robustness of overall findings.

RESULTS

The purpose of this study was to investigate women's experiences with a culturally specific brief intervention for sexual assault. Participants consisted of nine (9) African American self-identified adult survivors of sexual assault over the age of 18 years. The interviews began by asking participants how they heard about the HIP Program. Respondents shared that they learned about the program through various avenues which included personal recommendations from family members, friends, or a therapist; conducting online searches to identify helping resources; accompanying a family member to act as a supporter, or in interactions with staff from the SASHA Center at community events.

None of the participants had received help from another sexual assault agency before coming to the SASHA Center. Participants cited denial and minimization of personal trauma, unreadiness, anxiety, and lack of available services in their community as reasons why they did not seek help from other agencies. When asked why they decided to seek help now, participants shared that they wanted a safe space to fully open up, talk about and process their emotions and reactions to the assault. In doing so, participants hoped to learn from the shared experiences of others in the session, get closure, and learn trauma coping strategies. Results are presented by examining the four primary research questions explored.

Research Question 1: What, if anything, do sexual assault survivors participating in the intervention find helpful about it?

The first research question explores what sexual assault survivors participating in the intervention find helpful about it. In the individual interviews, participants responded to questions about which aspects of the intervention they found to be beneficial. In-depth analysis

of interviews revealed that the strengths and valuable aspects of the intervention from the perspectives of participants were related to the content, format and structure of the intervention.

Content of the Program

The relevance of sexual assault information and resources. Most participants (7 out of 9) identified the relevant information and services discussed in the group session as a helpful aspect of the intervention. Survivors were able to learn about the nature of sexual assault and how it impacts people differently. Participants reported that they received information about available resources at the SASHA center and in the community in various formats. In some sessions, participants received flyers/pamphlets indicating various resources available, while in other sessions, group facilitators discussed available services and upcoming events/programs. Participants were also aware of additional information and resources available on the agency's website. Two (2) participants discussed practical ways in which they have utilized these services. Those who were yet to utilize any of the services indicated a willingness to do so if the need arises. Additionally, five (5) participants were able to identify various service and social opportunities to engage with the community. For example, one participant said:

> *They do give you a listing [of services] that you can reach out to. One time I had to go into a shelter because I was attacked by my husband and had to escape. By having one of those places to go to, I called, and they gave me more information so I could go to a shelter to get away from all the violence and was protected. I was glad that this really helped me along the way. (Participant 4)*

Format and Structure of the Program

Convenience and availability of the intervention. A few participants (2 out of 9) discussed the convenience of the meeting time and location as a strength of the intervention. One of the barriers to previous help-seeking efforts identified by these participants was the lack of transportation to access sexual assault services that were located outside their immediate community. Additionally, such services were not offered at a time that was convenient for most

participants due to their work and/or school schedules. As such, participants considered the availability of the HIP intervention within the community as a strength because the meeting location and times were generally convenient for participants. Participants also liked that the sessions were open to all self-identified survivors.

For example, one participant said:

> *[Other organizations] are far. I mean, [it is far] if you don't have a car or whatever, and then even if I have a car, I'm not driving all the way to [another agency]. It's not conducive to my lifestyle. (Participant 3)*

While the HIP program was designed to be a stand-alone, one-time intervention, the SASHA Center does not preclude survivors from attending multiple sessions. HIP is offered on a weekly basis, and three (3) participants identified the consistency in offering the program on a set schedule as a strength of the intervention. Participants also liked that there were no restrictions on the number of sessions they could attend. For example, one participant said:

> *I think the consistency is meaningful. I think that it is great that they are here whether there are 2 people or 10 people because some people that may be freshly in their trauma need that and there is a place where they can go. (Participant 6)*

Attendance at Multiple Sessions

Despite the fact that HIP was designed to be a one-time intervention, eight (8) out of the nine (9) participants attended more than one group session. Participants identified three reasons for attending multiple sessions, which included: a) Learning new information each time, b) Maintaining connections with other survivors, and c) Receiving continued support to heal.

Learning new information. While the HIP program is set up as a one-time intervention, four (4) participants indicated that the uniqueness of each session offered an opportunity for group members to learn new information each time. For example, one participant said:

> *I attended multiple sessions because each session is different, and you learn more at each session and I can take a little more in to help myself as well as others. (Participant 4)*

Maintaining connections with other survivors. Some participants (4 out of 9) who attended multiple sessions shared that doing so allowed them to meet, maintain connections with, and receive support from other women who have similar lived experiences in a safe space. For example, one participant said:

> *I don't look at this group as a one-off thing cause it's not. I understand that it is self-contained in that if you do come to one, you might find something that is useful, but certainly I think if you are on a healing journey from the specifics of what we are talking about here, the commodore of sitting in a space with people who know exactly what you have been through is just helpful. (Participant 6)*

Receiving continued support to heal. Many participants (6 out of 9) acknowledged that healing is an ongoing process. As such, attending multiple sessions provided more opportunities for members to receive informational resources and support to process their trauma and continue in their healing journey. For example, one participant said:

> *Honestly, I found my niche in a way, to be quite frank with you. At first, I thought I would just go to one session, but it just continued because I felt like I was able to talk about things that were buried down. (Participant 7)*

Value of the Group-based Format

All participants discussed the group format of the sessions as a strength of the intervention. This format fostered sisterhood among participants. It also reduced individual pressure and allowed participants to feel more relaxed and comfortable in the shared space.

Sense of sisterhood. All participants liked the togetherness and unity the group setting had to offer and reported feeling a sense of belongingness with other group members. Participants also shared that the atmosphere cultivated by the group facilitators and other members was beneficial as it encouraged respectful interactions and the group dynamics offered a sense of familiarity, safety, and confidentiality. Participants were able to freely express their thoughts and also benefitted from listening to the experiences of other women. Additionally,

participants described the group as a mutually supportive environment where they were able to build friendships, offer and receive support from others within and outside the group setting. For example, one participant said:

> *I like that when we are together and somebody might get a little emotional that we are all there for you, you're not alone now. There's not just one person there to try to console you, you've got a bunch of people. So, I think it makes you smooth out better when you got a crew. (Participant 3)*

Another participant said:

> *I guess for some reason the word normalizing comes to mind. Not like I didn't know there were other people like me because even Oprah talks about it but I guess in terms of like everyday people because especially as [Black women], our role in society is that we pick ourselves up and we keep moving, that's what we do and so you don't know. Even my sisters who I suspect experienced some of the stuff that I did but it was never talked about and I have never talked about it with them, and because it's been so long ago, I've grown and have kids who are teens, and maybe I thought that I was the only person that didn't talk about it for this long. So, it was normalizing and comforting to see other women in there who had kept secrets as long as I have. It felt relaxed and comfortable and just a good feeling. (Participant 6)*

A third participant said:

> *My grandmother shared that my court date was coming up. Everyone was really happy to hear that I'm getting my justice. Everybody wanted to know about how it goes. She gave them the location of the place and whoever could make it, made it. I thought that was really helpful because it was a specifically really hard time for me. (Participant 5)*

Less pressure on the individual. Another value of the group format utilized in this intervention for participants is that it reduces pressure on the individual such that each participant is able to move at their own pace and self-determine if, when, and how much they contribute to the conversations. For example, one participant said:

> *I like the fact that when you're in the group setting you can learn from everybody. It's not like I'm talking and then there's somebody telling me what I am supposed to work on, so on and so forth. In a group setting you are able to speak your truth and hear other people speak their truth and, in a way, connect with them or be able to grab a piece from their insights and advice, and so on and so forth. I also do like one-on-one as well just because basically the whole session is about you and you are just talking. Would I trade the [HIP program] for it? No, I wouldn't, and that is shocking coming from an introvert like me who would rather be on my own instead of talking in a group full of people but I feel like there*

> *is something special about the [HIP program] that a lot of other groups don't have. (Participant 7)*

Another expressed:

> *I think meeting in a group setting takes some of the pressure off unlike one-on-one sessions that is literally going to be a conversation between two people, and so the counselor or the therapist is going to ask questions that only you can answer and it may be things that you are prepared to talk about or maybe not, maybe you need to work through them more emotionally before you can articulate things. But being in a group setting, it takes that pressure off, because you're having a group conversation. So, if there's a question or conversation that goes forth that you don't feel like you can participate in it at any given point, then you don't have to say something. You're not required to talk. You can just listen and take in what's happening in that moment. (Participant 8)*

Research Question 2: What culturally specific components of the intervention, if any, do sexual assault survivors participating in the intervention identify as helpful to their experience with the intervention?

All participants identified culturally specific components of the intervention that were beneficial to their experience with the intervention. The culturally specific components identified included: a) Holistic healing and crafting activities, b) Emphasis on African American ancestry and history, c) Opening and closing affirmations recited in a call and response format, and d) Shared racial identity with facilitators and group members.

Holistic Healing and Crafting Activities

Respondents who attended the group sessions discussed participating in various holistic healing and crafting activities during the sessions. Some participants engaged in holistic healing activities which included activities that had cultural significance such as lighting of a candle and burning of sage. All participants additionally engaged in one or more crafting activities such as drawing, coloring, painting, and making necklaces, keychains, and bracelets. Two (2) participants who participated in holistic healing activities identified these activities as a strength of the intervention because it helped them connect with their bodies and breath, as meditation

anchors and releases negative energy to facilitate healing. Six (6) participants who engaged in crafting activities shared that these activities helped them feel relaxed and comfortable in their bodies and minds, and provided a medium for the artistic expression of their trauma. Additionally, participants who reported having no previous experience with arts and crafts were able to take advantage of the opportunity to learn something new and take pride in their art. For example, one participant said:

> *Well when I was there, we did a making of a necklace and a keychain. I was trying to relieve my tension. I was trying to fill in the little gaps that will make me feel comfortable. We slid them onto the string in order to pull things together in my life…Doing things with my hands, it just relaxes me, and I enjoy doing things with my hands. So, I would love to continue doing things that we did there with my hands. (Participant 4)*

Emphasis on the Ancestry and History of African American Women

All participants identified the opportunity to examine the intersection of their identities as women and Black in discussions at the group sessions as a culturally specific strength of the intervention. The group discussions were centered on the historical and present-day realities of Black women. Participants were able to openly explore the connection of slavery to the present-day experiences of Black women with rape. Participants described the opportunity to learn about their history as insightful, liberating and an essential part of their healing journey. Some of the participants also discussed watching a documentary on rape in the Black community at the group session. The documentary focused on the experiences of Black women and centered their perspectives as survivors in relation to gender and racial identity. Similar to the group discussions, participants indicated that this activity was impactful because it helped them to develop a more in-depth understanding of the relationship between historical trauma, slavery and rape of Black women in today's society. For example, one participant said:

> *I think it helped me connect the dots because for me I never really realized that how Black women are treated today connects to what happened during slavery. I don't know why, maybe because in society we're taught that what happened in slavery was different. We're*

> *never told that Black women were raped, and we were treated as unrapable. We weren't told that our ancestors were sex slaves and so on and so forth. I guess the connection with how Black women are treated today and how we are treated as sex symbols to the ties to slavery, for me that was mind blowing. I guess another thing about the group is that it's not only about what is currently happening in the healing process, what I really like about this group is we go deeper by connecting in a way to our ancestors and family history and learning how to untie the ties from there so we can deepen our own healing in our own lives by untying the knots from past trauma from our ancestors. (Participant 7)*

Opening and Closing Affirmations

All participants discussed the opening and closing affirmations recited in a call and response format as a helpful culturally specific component of the intervention. The opening and closing affirmations are always recited at the beginning and end of the group session. Participants expressed a deep connection to this activity and identified it as similar to their practices in other spaces such as places of worship. As a culturally specific activity, affirmations were important for helping participants feel a sense of belonging, comfort and validation in the group setting. Additionally, reciting the affirmations helped participants feel centered and maintain a positive mood. For example, one participant expressed:

> *It gives you a sense of entitlement that this is here for you and it connects you to the group, where it makes you feel like you belong; it has a meaning to do it. To me, it's like the opening and closing when we go to church and pray or when I was in the Optimist club, we would always close with the Optimist creed…It gives you a sense of community, belonging and whatnot. (Participant 2)*

Another expressed:

> *It helps me within myself and when I repeat [the affirmations], it seems like it brings relief inside of me. When I'm saying the affirmation, I'm able to relieve myself and it make me happy. It gives me a piece of joy in myself. (Participant 4)*

Shared Racial Identity with Group Facilitators and Members

Many participants (6 out of 9) identified the shared racial identity of the group facilitators and other group members as a meaningful component of their experience with the intervention. These participants indicated that the racial match with facilitators encouraged openness and

honesty. Participants indicated being able to openly express their thoughts, feelings and reactions because they believed that the shared commonalities in culture positioned the group facilitators as credible sources of help and allowed them to better understand participants' lived experiences. One participant expressed:

> *I spend a good chunk of my professional life surrounded by non-African Americans. I am the only Black face in the office kind of situation and so, to step into a space that already could potentially be stressful and see not familiar faces, but faces that look like mine already alleviates some of that stress immediately because I know that I'm in an environment where there are people who have similar experiences to mine that will understand where I'm coming from even if I am not able to articulate it necessarily because they live a similar experience in the country of the Black woman. So, having them as facilitators in that space absolutely makes a difference. (Participant 8)*

Similarly, the racial match of participants with other group members offered a sense of safety that allowed participants to feel comfortable sharing their thoughts and feelings with individuals they believed were truly capable of understanding their lived experiences. One participant said:

> *Honestly, I always felt that there was a connection in a way with being a sexual assault survivor and being Black. Even with my own personal story, I feel like race took up a lot within that. So, to be in a group with women who are Black just like I am, who've dealt with the struggles of racial profiling and a variety of other stuff that ties onto that, it's really good because then I'm not only able to talk about what happened, I'm also able to talk about how it is to be a Black woman and also be a survivor, and also be a Black woman in a world that in a way defiles Black women. (Participant 7)*

Research Question 3: How, if at all, do women perceive the impact of the culturally specific group-support intervention on their lives?

Participants in this study identified several ways in which they believed the intervention had positively improved their quality of life. These included: a) Encouraging disclosure, b) Developing and utilizing adaptive coping strategies, c) Healing from trauma, d) Practicing self-care, e) Reduced sense of isolation, f) Improved self-esteem, g) Improved perspective-taking and ability to empathize, h) Improved knowledge about sexual assault, and i) Improved knowledge and capacity for advocacy.

Encouraging Disclosure

Some respondents (5 out of 9) indicated that their participation in the intervention helped them to develop the confidence to own their truth, speak out about their assault and no longer be ashamed. These participants also reported that they had actively disclosed the assault to people in public and private spaces since attending the group session(s). For example, one participant said;

> *I was ashamed to let people know what happened to me. I was still in a phase of not wanting anyone to know, I was ashamed…Now I don't care who knows and I have no problem speaking about it. (Participant 1)*

Another participant said:

> *I wasn't very open to having conversations and talking about this before I started going to group. So, just the idea of being able to have those conversations is definitely a step-up for me, but it is also forcing me to think a lot more about myself and the way that I think. (Participant 8)*

Developing and Utilizing Adaptive Coping Strategies

Some respondents (4 out of 9) shared that participating in the intervention helped them identify and develop positive adaptive coping strategies, which they currently utilize in their daily lives. Some of the strategies identified include meditation, positive affirmations, deserve-ability statements, and trigger bags. Two (2) participants discussed group sessions that involved discussions on meditation exercises and techniques. Information on concentration and mindfulness meditation, and yoga was shared with participants. Three (3) participants shared that the opening and closing affirmations recited in the group setting encouraged them to create personal affirmation statements which they recite daily. Additionally, one (1) participant discussed an activity from one of the group sessions where participants drafted a deserve-ability statement, which is a statement that includes sentences about self-love, self-worth and positivity. Participants shared that they utilized these coping strategies to manage triggers and flashbacks.

In addition to utilizing these strategies, participants have been able to share the knowledge with others. For example, one participant said:

> *It has gotten to the point now where I have and listen to my own affirmations and I didn't know about them if it wasn't for that session. (Participant 6)*

Another participant said:

> *The one thing I can say I picked up which wasn't something that was on my radar before was the idea of a trigger bag. So, we had a collection of items whether it was things that you could hold in your hand, or whether it was particular scents that was soothing to you or whatever the case may be, something that was a go-to for you to use if you felt triggered by something, and that was not even something that I had even heard of before. (Participant 8)*

Healing from Trauma

Many respondents (6 out of 9) shared that participating in the intervention facilitated their healing process by providing a space for them to transform their old negative feelings and reactions related to the traumatic event. Participants discussed being able to forgive their abusers, let go of self-blame, and explore avenues to channel their anger into positive action. One participant who was previously on prescription medication shared that participating in the intervention enabled her to stop needing the medication. For example, one participant said:

> *I do think that it is helping with my healing process which is something that is really big for me to say because I didn't think it would make much of an impact. Going was just an idea. So, when I went and it did make an impact, it was really nice, and I enjoyed going. Things like writing out my feelings and saying affirmations and trying to have a really better look at life happened because of me attending the sessions. (Participant 5)*

Practicing Self-Care

Four (4) respondents indicated that their participation in the intervention encouraged them to actively prioritize their physical, emotional, and social well-being. This involves viewing self-care as an on-going daily practice necessary to maintain optimal health and not as a selfish activity. Participants also emphasized acknowledging and respecting their physical and

emotional needs. Participants were able to understand the value of self-compassion and reported engaging in self-care activities since attending the session. For example, one participant said:

> *I really like that they try to support a 'do-me' day and self-care because when you are taught not to be selfish, not to do this, you've got to take care of this and that; you don't think about self-care. Really, having a do-me day makes you way better than not having one because you can re-group and I didn't learn about that kind of stuff until coming to the HIP group. (Participant 3)*

Reduced Sense of Isolation

All participants reported that participating in the intervention helped them feel less alone and better able to share their emotions with others. Engaging with others in the group sessions helped participants feel supported and encouraged. Participants also shared that they are now more actively engaged in their communities and social networks, and able to communicate more effectively. For example, one participant said:

> *It's really easy with this as your personal experience to feel very alone in the process and to sort of feel like what you are going through is something that you are going through and other people are not going to understand because the experience is unique to you, but to be in a circle where you realize that the experience is not unique to you, and there are other people who have not only experienced it but survived it who are healing and being okay despite having gone through it, I think means a lot. (Participant 8)*

Improved Self Esteem

Five (5) respondents shared that participating in the intervention has led to an increase in their confidence, self-awareness, self-love, and body positivity. By talking about their experiences and receiving support and affirmation from the group, participants were able to begin the process of releasing shame and guilt. Additionally, participants identified the group activities on positive affirmation such as the deserve-ability, and discussions about self-worth and self-care as components of the intervention that led to an increase in their self-esteem. Participants described ways in which they have been able to use positive affirmations correctly, eliminate self-criticism and affirm self-worth. Participants additionally reported taking care of

their appearance, recognizing their accomplishments, and taking chances instead of living in fear. For example, one participant expressed:

> *I used to feel worthless. I felt like things didn't matter. I felt I was living my life like I was going to die the next day and it's all been coming full circle actually because now, I am taking life by the horns. I find something that I'm grateful for every day and because of the affirmations and things like that, it becomes embedded in your mind. It is like a reflex. Like, oh no – you don't have to do that, you can do this. I put on lipstick now. I have on more fitting clothes. Well, the summer weather is helping but I don't mind taking the hair off my face so you can see my face. I don't mind dressing cute because I would wear clothes where you couldn't see me and stuff. I feel freer. (Participant 4)*

Another participant said:

> *I did go on a date with someone and I almost canceled until I just had that conversation with myself that if I don't take this opportunity now, who knows when the next opportunity will come up and I'll have to go through these feelings again and have that bring up my trauma again and that I'm okay, and If I don't feel comfortable, I can leave but I need to understand if I am saying no because I'm scared or no because I don't want to go, and not because of fear. (Participant 9)*

Improved Perspective-taking and Ability to Empathize

Three (3) participants shared that participating in the intervention enabled them to develop the capacity to identify with the emotions of the other people in the group, better understand their experiences, and provide support. This experience has also led to an increase in participants' capacity for compassion, empathy, and genuine care for others outside of the group setting. For example, one participant said:

> *You're not focusing on yourself. You're listening to other people stories and you're trying to figure out what to do to help them or say the right thing or support them. It's not just about you anymore. I think that's the biggest thing. (Participant 2)*

Another participant said:

> *It really made me more sensitive, and it makes me have a lot of empathy. It makes me really care, genuinely care. I've always been a compassionate person, but I mean to the point where, you want to make a difference out here. (Participant 3)*

Improved Knowledge about Sexual Assault

Four (4) participants identified an increase in their knowledge and understanding of sexual assault as one of the impacts of the intervention. Participants shared that attending the group session allowed them to learn new and relevant information about the nature, forms, and impact of sexual assault. In addition to being equipped with new knowledge, participants reported being able to share the information with others. For example, one participant said:

> *It did really open my eyes to certain things. Certain facts that I didn't know before. It made me have a different perspective on things. (Participant 5)*

Improved Knowledge and Capacity for Advocacy

Many participants (7 out of 9) identified an increase in their knowledge and ability to engage in self-advocacy and advocate for others as an impact of the intervention. Since attending group sessions, five (5) participants reported being actively engaged in advocacy efforts to advocate for themselves and others within and outside the group participants. These efforts include facilitating conversations about sexual violence within their family units, establishing support groups for survivors, volunteering with sexual assault organizations in the community in various capacities, referring and connecting survivors to helping resources, and engaging in public education and awareness efforts in different spaces such as churches, high schools, and universities. For example, one participant expressed:

> *I've personally held workshops myself in places nobody would go, like churches, which made a big difference and impact. Various religions have asked me to come to their churches and actually talk about [sexual assault]. It made a difference for me that we finally have an open conversation/dialogue and are willing to say this actually happens to us in our community, to those of us who are in a religious setting. (Participant 1)*

Another participant said:

> *With these tools, I have been able to talk to my nieces because I don't have any children, but I have been able to talk to them and have open dialogue about what and what not to do, and about your body and your space, and saying no and not feeling coerced. (Participant 3)*

In addition to recounting the perceived impact of the HIP program on their daily lives, all participants indicated they would recommend the program to others because it offers all survivors an opportunity to heal, learn relevant information and receive helpful support and resources. Some participants had already invited other survivors to the group, and a few had posted relevant information about the program on their social media platforms to publicize the intervention.

All participants also expressed an interest in engaging in future programs, activities, and events hosted by the SASHA center. Many (5 out of 9) participants discussed ways that they were already involved and had participated in other events hosted by the SASHA Center including the New Orleans Healing Tour, Take Back the Night event, the 2-day Detroit Institute of Art (DIA) event, and the fundraising Bike Tour. Participants believed that the events hosted by the SASHA center were unique, fun, and greatly beneficial for their healing. Participants also engaged in these activities as a way to support the organization's work.

Research Question 4: What is the extent of match between the agency's intended outcomes of the intervention and participants' reports of experiencing the intervention?

The initial interviews conducted with group facilitators during the development of this study revealed that the overarching goals of the intervention were to:

(1) Provide a safe and welcoming space for women to process their thoughts, feelings and reactions about sexual assault,

(2) Help women connect with others who have had similar experiences,

(3) Encourage culturally relevant holistic healing practices,

(4) Educate and raise awareness about available sexual assault services, and

(5) Reduce isolation and alienation. An in-depth analysis of participants' responses shows that all of the intended outcomes of the intervention were met, as the agency's intended outcomes converged with participants' reports of how they experienced and were impacted by the intervention.

Provide a Safe Space

Overall, all participants discussed the HIP sessions as a comfortable and safe space where they were able to process their feelings and share their thoughts without judgment. Participants shared that the group offered a sense of familiarity and togetherness.

Help Women Connect with Others

All participants emphasized the value of the intervention in connecting the women to other survivors of sexual violence who could relate to their lived experiences.

Encourage Culturally Relevant Holistic Healing Practices

All participants identified and discussed the culturally specific aspects of the intervention as an essential component of their experience. Additionally, four (4) participants reported utilizing some of the coping strategies learned in the group sessions such as affirmations and meditation in their daily lives.

Educate and Raise Awareness about Sexual Assault Services

Most participants (8 out of 9) indicated that they received and utilized relevant information about sexual assault services available through the SASHA Center and other community organizations at the sessions.

Reduce Isolation and Alienation

Finally, all participants reported that their participation in the intervention was instrumental in reducing their feelings of loneliness. Many participants recounted examples of

instances where they had provided and received support from other group members, and five (5) participants discussed the advocacy efforts they have engaged in outside of the group setting since attending the HIP sessions.

DISCUSSION

The purpose of the current study was to examine the value of a brief, group-based culturally specific intervention for African American female survivors from the perspective of the women. Despite the critical role that culturally specific sexual assault agencies play in providing programs and services to support African American survivors (Maier, 2011), there is a gap in research literature on the impact of these programs on the well-being of survivors (Weist et al., 2014). The current empirical study attempted to address this knowledge gap and contribute to bridging the gap between research and practice-based knowledge.

The women who participated in this study discussed the content, format and structure of the intervention as useful components of the intervention. The group-based format of the intervention was particularly beneficial for participants as the group setting promoted a sense of togetherness and safety, which encouraged self-disclosure, receptiveness to the intervention, and allowed participants to self-determine their level of participation. This is consistent with a larger body of research on the effectiveness of group interventions in addressing the needs of survivors of trauma by fostering openness, social support, and observational learning (Foy et al., 2001; Hickle & Roe-Sepowitz, 2014; Marrs Fuchsel & Hysjulien, 2013; Pfeiffer, Sachser, Rohlmann, & Goldbeck, 2018). Additionally, the proximity of the meeting location and the convenience of meeting times were highlighted as useful components of the intervention. As issues with transportation was one of the reasons why some participants had never sought previous help, the accessibility of the intervention to participants was particularly important. This is reflective of previous research that identifies limited accessibility to sexual assault services as one of the barriers to service utilization among African American survivors (Basile et al., 2016). In this

study, the proximity of the intervention to survivors residing in this community and the convenience of meeting times addresses this notable barrier.

As expected, the incorporation of culturally specific elements in the intervention contributed to African American female survivors' experiences of the intervention. One of the culturally specific elements of the intervention is the racial match between group facilitators and group members. All group facilitators self-identified as African American women. Many of the women in this study emphasized the usefulness of having facilitators and fellow group members familiar with their culture, values and norms. This facilitated the process of building trust and rapport, and participants viewed facilitators as credible sources of help. These results are consistent with previous research literature regarding provider-client racial match in mental health care that suggests racial match is an important element of care that predicts client satisfaction (Meyer & Zane, 2013). The value of racial match has also been underscored in other studies that have shown that survivors are more likely to seek out services from agencies familiar with their cultural values and norms (Harrison, 2014; Nicolaidis, 2013).

Another culturally specific element of the intervention that participants identified as beneficial is the emphasis on historical experiences of Black women in America. At the group sessions, participants engaged in discussions and watched documentaries that centered the experiences of Black women and related the present-day realities of rape to the historical experience of slavery. Participants identified this element as valuable to their experience with the intervention because it allowed them to explore the intersection of their gender and racial identities. It also served to legitimize their experiences and promote a sense of resilience and self-efficacy. This is in line with previous research that identifies discussions on race as an important element of mental health treatment for racial/ethnic minorities (Meyer & Zane, 2013)

and emphasizes the value of interventions that explore the historical context of Black women in America (Bryant-Davis et al., 2009).

The intervention also utilized practical elements of African American culture such as the integration of holistic healing and crafting activities, and the opening and closing affirmations recited in a call and response format. The collectivist nature of these activities performed in a group setting reinforced elements of the African American culture. Additionally, the incorporation of these group activities and its relevance to African American culture promoted a sense of comfort and familiarity among participants, which is an important element of culturally specific interventions discussed in previous studies (Gillum, 2008). Participants also highlighted the inclusion of art-based activities such as drawing, painting, and beadwork as creative opportunities to emotionally express their trauma, connect with other group members, and develop art skills. These results are in line with existing research on the use of art-based interventions with survivors of abuse as an approach to foster healing (Murray, Moore Spencer, & Crowe, 2017).

The women who participated in this intervention identified several ways in which the intervention had positively impacted their lives, some of which included encouraging self-disclosure, reducing isolation, developing adaptive trauma coping strategies, increasing capacity for self-advocacy and self-esteem and promoting self-care practices. These results are consistent with research on the relevance of group-based psychosocial interventions to trauma treatment. For example, studies have emphasized the value of culturally specific group-based interventions in reducing isolation by providing opportunities for individuals to give and receive mutual support, and learn from the experiences of others (Marrs Fuchsel & Hysjulien, 2013). Additionally, findings from previous studies highlight increases in self-esteem and coping

abilities as outcomes of culturally specific group interventions for trauma survivors (Marrs Fuchsel & Hysjulien, 2013; Nicolaidis, 2013). Overall, these findings are consistent with research that highlights the benefits of culturally specific services for survivors of sexual assault and trauma (Taylor, 2002, Gillum, 2008).

The HIP intervention was designed to be a brief, one-time intervention. However, there are no restrictions placed on attendees such that the women are able to attend any number of sessions. Findings revealed that the HIP program was not a stand-alone intervention for most women. Eight (8) out of the nine (9) women who were interviewed had attended multiple sessions and considered the HIP to be a continuing resource and a strong source of support. These women identified the opportunity to learn new information, receive continued support to heal, and maintain connections with other survivors as reasons why they chose to attend multiple sessions. These reasons are consistent with the value for support groups identified in available literature. Support group interventions are underscored as a unique opportunity for trauma survivors to explore their feelings and emotions, receive accurate information and connect with others who share similar experiences in a safe space (Ralph, 2014).

Limitations

There are a few limitations to consider in this study. First is the issue of social desirability, which is when participants give the most socially accepted response. In this context, interviewing women who may still be involved with the agency could have influenced their responses. However, social desirability in this study was minimized by utilizing recruitment and interview protocols that emphasized confidentiality of participants' identity and responses. Second, this is a small study and the results are based on nine (9) interviews. As such, the nature

of this study is self-selecting and it is possible that other survivors who have participated in the intervention may have had negative experiences and opted to not participate in the study. Third, most of the women who participated in the interviews had attended multiple sessions. As such, it is unclear whether the impacts of the intervention discussed by women are related to their attendance at one session or their attendance at multiple sessions over time. Additionally, this study is not a program evaluation and did not include a control or comparison group. As such, all interpretations discussed are solely based on the perceptions of the women who were interviewed. The findings from this study are not generalizable, but that is not the intent of qualitative research. It is possible that other survivors and providers of sexual assault services will have different viewpoints and opinions regarding culturally-specific services. Nevertheless, this study is a steppingstone to gain information about a phenomenon we know very little about.

Implications for Future Research

This study provides promising empirical evidence for the value of culturally-specific sexual assault interventions with African American survivors. The study was designed to be exploratory, with the hope that findings can inform larger studies. This study models the importance of partnerships between researchers and community-based organizations to highlight effective service provision for survivors. Future studies can conduct more robust evaluations of culturally specific sexual assault programs for African American survivors and publish findings in academic journals. This may include applying the methodology utilized in this study to conduct in-depth interviews with a larger sample of women receiving culturally-specific services. Studies can also be conducted to explore the differences and similarities in the experiences and outcomes of women who have received services from culturally specific organizations and mainstream organizations. The methodology used in this study provides a

guide for future phenomenological qualitative inquiry in this population. Future researchers can also utilize other methodologies to investigate the value of culturally specific services for the target population. For example, researchers can evaluate the effectiveness of culturally specific group interventions by conducting a Randomized Control Trial (RCT) to examine differences in outcomes between survivors participating in a culturally specific intervention and survivors who are not participating in the intervention.

Implications for Policy

The results of the study have implications for advocacy efforts and policy development. This study provides preliminary evidence of the benefits of a culturally specific program for survivors. As the results from this study was documented and made available to the SASHA Center, the results can be used to demonstrate the effectiveness of the intervention in raising awareness for culturally specific services. National, state and local funding agencies should prioritize resource allocation and grant making in support of culturally specific work (such as through the Sexual Assault Services Culturally Specific Program funding stream administered by the Office on Violence Against Women). In addition, funding agencies with existing discretionary grant programs for culturally specific services should increase the amounts appropriated to these programs. Grant making institutions should enhance culturally specific services for sexual assault by enacting policies that encourage mainstream organizations to collaborate with organizations providing effective culturally specific community-based services to ensure that survivors are able to access these services. Finally, grant making institutions should seek to fund future research to develop and evaluate culturally specific programs and services.

Implications for Sexual Assault Service Providers

The results from this study have direct implications for the SASHA Center. The results provide useful information on participants' perspective of the HIP intervention which the agency can use to modify and improve the intervention. Overall, the degree of match between the intended outcomes of intervention and participants' reports of their experience with the intervention highlights the success of the intervention. However, findings also suggest that the HIP intervention is not a one-time session for participants as many of the participants attended multiple sessions. As such, the agency may consider re-framing the description of the program from a one-time intervention to an on-going support group intervention.

The results from this study also have direct implications for the practice of sexual assault service providers. This study highlights the satisfaction of participants with a culturally specific program and provides empirical evidence for service providers in support of culturally responsive practices for communities of color. This indicates the need for other culturally specific sexual assault programs within African American communities. The results from this study can inform the development of other community-based interventions to address the needs of racial or ethnic minority groups. Additionally, existing sexual assault agencies located in predominantly African American communities should examine their services and ensure that culturally specific approaches are embedded in their programs and practice. Additionally, mainstream organizations, even those that may be located outside predominantly African American communities should adopt components of culturally specific practice into their programs to better meet the needs of diverse clients. Community-based organizations should focus on hiring staff that represent the communities they serve, and should incorporate the cultural values and norms of the target population into their interventions. Service providers

should also ensure that they are culturally competent to provide these services to survivors. Service providers should regularly conduct process and outcome evaluations of their interventions and programs to highlight strengths, challenges, and opportunities for improvement.

Conclusions

Overall, findings from this research study shows that the HIP program as a culturally specific intervention successfully met the needs of the African American survivors involved in this study. In conclusion, this study validates previous findings that emphasize the value of culturally specific services for minority populations. In addition to contributing to scholarly literature on culturally specific interventions, this study highlights a culturally specific sexual assault intervention specifically developed for the African American community, provides insight into the usefulness of a culturally specific sexual assault intervention for African American survivors, and underscores implications for future areas of research, grant making institutions, and sexual assault service providers.

APPENDICES

APPENDIX A: Recruitment Flyer

WE'D LIKE TO HEAR ABOUT YOUR EXPERIENCE WITH HIP

Funmi Ayeni, from the Department of Psychology at Michigan State University, would like to hear about your experience with SASHA Center's Healing Is Possible (HIP) program. She hopes to help us improve our program, and to see what is working well.

You are eligible to participate in this study if you are at least 18 years of age and have participated in the HIP Program.

The study will take place on a day, place and time most convenient for you.

As part of participating, you will be asked to complete an audio-recorded, in-person interview. This interview will take about 45 minutes, and you will be asked to respond to questions about your experience with the HIP program. Everything you tell her will be kept confidential.

If you decide to participate in this interview, you will receive a $25 gift card to thank you for your time and expertise upon completion of the interview.

If you would like to hear more about this study, please contact **Funmi Ayeni** at

ayeniolu@msu.edu.

APPENDIX B: Contact Recruitment Form

READ: I would like to tell you about a study being done by a graduate student from Michigan State University. The goal of the study is to understand your experience with the HIP program. People in this study will be asked to participate in a one-time, in-person interview two weeks after you attend the group session. To thank you for your time and expertise, the researcher is offering each person a $25 gift card for the interview. Each interview will take about 45 minutes. During the interview, you will be asked about yourself and your experience with the group session. The researcher hopes that results from this study can shed more insight on culturally specific interventions. If you're interested in hearing more, the researcher, Funmi Ayeni can reach out and talk with you more about this. Do I have your permission to have her get in touch with you?

<table>
<tr><td>Name:</td><td colspan="4"></td></tr>
<tr><td>Email:</td><td colspan="4"></td></tr>
<tr><td colspan="5">Please list the best/preferred phone first.</td></tr>
<tr><td>Phone 1:</td><td></td><td colspan="3">☐ cell ☐ voicemail ☐ home ☐ work</td></tr>
<tr><td>Phone 2:</td><td></td><td colspan="3">☐ cell ☐ voicemail ☐ home ☐ work</td></tr>
<tr><td rowspan="2">What are the best times to reach you?</td><td colspan="2">☐ Weekdays</td><td colspan="2">☐ Weekends</td></tr>
<tr><td>☐ Mornings</td><td>☐ Afternoons</td><td colspan="2">☐ Evenings</td></tr>
<tr><td></td><td colspan="4">Specific Times:</td></tr>
<tr><td colspan="5"></td></tr>
<tr><td colspan="4">Are there times she should NOT call or contact you?</td><td>☐ Yes ☐ No</td></tr>
<tr><td>IF YES, please add notes:</td><td colspan="4"></td></tr>
</table>

APPENDIX C: Survivor Semi-structured Interview Guide

Participant ID: _____

Interviewer: Funmi Ayeni

Time of interview: _____ am/pm Date of interview: _____

Introductory Statement:

Thank you for your willingness to speak with me. As you know, this study explores African American women's experiences with SASHA Center's HIP program. About two weeks ago, you attended the Healing Is Possible (HIP) program. Do you remember that well enough to tell me about your perceptions of it? [if yes, continue]

Background:

1. Can I just start by asking you, before going to the SASHA Center, did you reach out to any other sexual assault agency? If so, what agenc(ies) did you reach out to?
    - Did you receive any services from th(ese) agenc(ies)? If so, what services did you receive?
    - What, if anything, was helpful about the services you received?
    - What, if anything, was missing from the services you received?
2. What brought you to the SASHA Center? Why now?
3. How did you learn about HIP and what made you go?
    - Could you tell me more about what you were hoping to get out of program?
4. Did you go more than once?

    If more than once: The HIP program is set up as a one-time intervention, can you tell me more about why you chose to attend multiple sessions?

Program Elements:

5. Thinking back on your experience, can you tell me what it was like to take part in the group?

6. Can you tell me what about the group session, if anything, was useful to you?

PROBES:

a. In your opinion, what was the value, if any, of meeting in a group format?

b. Would you have preferred to meet one-on-one? Can you tell me more about that?

c. Was it at all meaningful that the group facilitators were African American, or would it have not made any difference? Can you tell me more about that?
d. Was it at all meaningful that the other survivors were African American, or would it have not made any difference? Can you tell me more about that?
e. Did the group facilitator talk about other resources in the community?

If Yes:

- What resources did the facilitator talk about?
- Do you remember any of the resources on the list? If so, which resources do you remember?
- Were you previously aware of any of these resources?
- Was it useful to talk about these resources? How?
- Will you use any of these resources? Why or why not?

If No:

- Would it have been helpful for you to learn about other resources in the community? Why or why not?

f. Did you participate in any group activities at the session?

Prompt of Group Activities:

Here are some of the group activities that are offered:

• Opening and closing affirmations in a call and response format
• Libation ceremony
• Burning bowl ceremony
• Candle lighting ceremony

- Did you participate in any of these group activities?

If so:

- What group activity did you participate in?
- Were you previously aware of this group activity or have you done this before in a different setting?
- Was it useful to participate in the activity? Why or why not?

If not:

- Do you know of these activities or have you done any of these activities before in a different setting?

- Would it have been helpful for you to participate in one of these activities? Why or why not?

g. Is there anything else about the group that was meaningful to you? Can you tell me more about that?

7. Is there anything else about the group that was not meaningful to you? Can you tell me more about that?

Outcomes:

8. Do you think taking part in this group has made any meaningful difference in your life?
    a. So, has the group made a difference in how you get along with other people? Can you tell me about that?
    b. So, has the group made a difference in how you feel about your experience? Can you tell me about that?
    c. So, have you done anything differently since attending the group session? Can you tell me more about that?
    d. Did participating in the group help you feel less isolated at all, or wasn't that a change that happened for you?
    e. So, are you more aware of sexual assault services and resources in your community? Can you tell me more about that?
        - Have you tried to access any sexual assault services or resources in the past two weeks? Why or why not?
        - Do you plan to access any sexual assault services or resources moving forward?
9. Is there anything about the group that was not useful to you?
    a. Is there anything that made you uncomfortable? Can you tell me more about that?
    b. Is there anything you wish was done differently? Can you tell me more about that?

Future Involvement

10. Would you be interested in participating in other groups at the SASHA Center?
11. Can you tell me more about what would influence your decision to participate in other groups?

12. Would you recommend the HIP program to someone else? Why or why not?

Conclusion

13. Is there anything else you would like to share with me?

Thank you very much for your time today.

APPENDIX D: Research Participant Information and Consent Form

Study Title: Examination of a Culturally Specific Brief Intervention for African American Survivors of Sexual Assault.
Researcher and Title: Funmi Ayeni, Graduate student
Department and Institution: Department of Psychology, Michigan State University
Contact Information: Email: ayeniolu@msu.edu

BRIEF SUMMARY
You are being asked to participate in a research study. Researchers are required to provide a consent form to inform you about the research study, to convey that participation is voluntary, to explain risks and benefits of participation including why you might or might not want to participate, and to empower you to make an informed decision. You should feel free to ask me any questions you may have.

PURPOSE OF RESEARCH
You are being asked to participate in a study examining your experience with SASHA Center's HIP program.

WHAT YOU WILL BE ASKED TO DO
The interview will take about 45 minutes, and I will ask you questions about your experience with HIP. This interview will be audio-recorded for my own accuracy. You are free to skip any interview questions that you would prefer not to answer.

POTENTIAL BENEFITS
You may not benefit personally from this study. However, I hope that, in the future, researchers, sexual assault service providers and funders might benefit from what is learned from the study.

POTENTIAL RISKS
No risk or discomfort to you is expected beyond that which you may experience in everyday life. The chances of facing physical, psychological, or social risks from participating in this study are minimal. However, it is possible that the interview may ask questions about topics that you find uncomfortable or upsetting.

PRIVACY AND CONFIDENTIALITY
Your privacy will be protected to the maximum extent allowable by law. I request your permission to audio record your interview and take written notes in order to ensure accuracy of information. Please tell me at any time if you are concerned about the discussion being recorded. The audio recording and typed notes will be kept strictly confidential and your interviews will be kept separately from any identifying information about you. The results of this study may be published or presented at professional meetings, but the identities of all participants will remain anonymous.
A master list containing your name and a ID number will be kept under strictly confidential conditions and separated from all study materials on a secure server at MSU. De-identified data will be stored on a password protected server at MSU, only accessible by password-protected computers. These audio recordings will also be stored on the password-protected server at MSU, and they will be destroyed after completion of the project. If at any time you chose to withdraw

from the study, I will ask your permission to keep any documents or audio files that I have collected. If you wish for me not to use these materials, I will destroy all audio files, transcripts, and notes I took during the interview, and your consent form. The data will be accessible to the MSU HRPP and any applicable sponsors for at least three years after the project closes, after this time the data will be safely destroyed.

YOUR RIGHTS TO PARTICIPATE, SAY NO, OR WITHDRAW

You have the right to say no to participate in the research. You can stop at any time after it has already started. There will be no consequences if you stop and you will not be criticized. You will not lose any benefits that you normally receive, and your participation will have no impact on whether you can use any of SASHA's services in the future.

COMPENSATION OF BEING IN THE STUDY

At the beginning of the interview, you will receive a $25.00 gift card as a form of compensation for participating in this study.

CONTACT INFORMATION

If you have concerns or questions about this study, such as scientific issues, how to do any part of it, or to report an injury, please contact the researcher Funmi Ayeni at 443-683-4119, or e-mail ayeniolu@msu.edu or regular mail at 316 Physics Road, Room 139D, East Lansing, MI 48224.

If you have questions or concerns about your role and rights as a research participant, would like to obtain information or offer input, or would like to register a complaint about this study, you may contact, anonymously if you wish, the Michigan State University's Human Research Protection Program at 517-355-2180, Fax 517-432- 4503, or e-mail irb@msu.edu or regular mail at 4000 Collins Rd, Suite 136, Lansing, MI 48910.

DOCUMENTATION OF INFORMED CONSENT

This interview may be completed **via the phone.**

Note: By completing this interview, you are voluntarily agreeing to participate in this study. Please indicate whether you consent to have your interview be audio recorded, by either indicating **"yes"** or **"no"**.

Note: This interview may be completed **in-person**, by selecting the "Yes" text box below, you are consenting to your interview being audio recorded.

- I agree to allow audiotaping/videotaping of the interview.

☐ Yes ☐ No Initials_____

Your signature below means that you voluntarily consent to participate in this research study.

_____ _____

Signature of participant date

REFERENCES

REFERENCES

Alvidrez, J., Shumway, M., Morazes, J., & Boccellari, A. (2011). Ethnic disparities in mental health treatment engagement among female sexual assault victims. *Journal of Aggression, Maltreatment & Trauma, 20*(4), 415-425. doi:10.1080/10926771.2011.568997

Arevalo, I., So, D., & McNaughton-Cassill, M. (2016). The role of collectivism among Latino American college students. *Journal of Latinos and Education, 15*(1), 3-11. doi:10.1080/15348431.2015.1045143

Baldachin, J. (2011). *The Problematic Nature of Using Western Treatments for PTSD in Non-Western Settings and a Discussion of Culturally Sensitive Interventions* (Doctoral dissertation, Barnard College, New York, United States). Retrieved from https://academiccommons.columbia.edu/doi/10.7916/D8KH0VB9

Barrett, A., Kamiya, Y., & Sullivan, V. O. (2014). Childhood sexual abuse and later-life economic consequences. *Journal of Behavioral and Experimental Economics, 53*, 10-16. doi:10.1016/j.socec.2014.07.001

Basile, K. C., & Saltzman, L. E. (2002). *Sexual violence surveillance: Uniform definitions and recommended data elements*. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.

Basile, K. C., Smith, S. G., Fowler, D. N., Walters, M. L., & Hamburger, M. E. (2016). Sexual violence victimization and associations with health in a community sample of African American women. *Journal of Aggression, Maltreatment & Trauma, 25*(3), 231-253. doi:10.1080/10926771.2015.1079283

Bent-Goodley, T. B. (2007). Health disparities and violence against women: Why and how cultural and societal influences matter. *Trauma, Violence, & Abuse, 8*(2), 90-104. doi:10.1177/1524838007301160

Bowland, S., Edmond, T., & Fallot, R. D. (2012). Evaluation of a spiritually focused intervention with older trauma survivors. *Social Work, 57*(1), 73-82. doi:10.1093/sw/swr001

Boykins, A. D., Alvanzo, A. A. H., Carson, S., Forte, J., Leisey, M., & Plichta, S. B. (2010). Minority women victims of recent sexual violence: Disparities in incident history. *Journal of Women's Health (2002), 19*(3), 453-461. doi:10.1089/jwh.2009.1484

Brewer, R. M., & Heitzeg, N. A. (2008). The racialization of crime and punishment: Criminal justice, color-blind racism, and the political economy of the prison industrial complex. *American Behavioral Scientist, 51*(5), 625-644. doi:10.1177/0002764207307745

Browning, S. L., Miller, R. R., & Spruance, L. M. (2018). Criminal incarceration dividing the

ties that bind: Black men and their families. In *Impacts of incarceration on the African American Family* (pp. 87-102). Routledge. doi:10.1007/s12111-001-1016-0

Bryant, R. A., Schafer, A., Dawson, K. S., Anjuri, D., Mulili, C., Ndogoni, L., . . . van Ommeren, M. (2017). Effectiveness of a brief behavioural intervention on psychological distress among women with a history of gender-based violence in urban Kenya: A randomised clinical trial. *PLoS Medicine, 14*(8), e1002371. doi:10.1371/journal.pmed.1002371

Bryant-Davis, T. (2011). Surviving sexual violence: A guide to recovery and empowerment. Lanham, MD: Rowman & Littlefield.

Bryant-Davis, T., Chung, H., & Tillman, S. (2009). From the margins to the center: Ethnic minority women and the mental health effects of sexual assault. *Trauma, Violence, & Abuse, 10*(4), 330-357. doi:10.1177/1524838009339755

Bryant-Davis, T., Ullman, S., Tsong, Y., Anderson, G., Counts, P., Tillman, S., . . . Gray, A. (2015). Healing pathways: Longitudinal effects of religious coping and social support on PTSD symptoms in African American sexual assault survivors. *Journal of Trauma & Dissociation, 16*(1), 114-128. doi:10.1080/15299732.2014.969468

Bryant-Davis, T., Ullman, S. E., Tsong, Y., Tillman, S., & Smith, K. (2010). Struggling to survive: Sexual assault, poverty, and mental health outcomes of African American women. *American Journal of Orthopsychiatry, 80*(1), 61-70. doi:10.1111/j.1939-0025.2010.01007.x

Campbell, R., Dworkin, E., & Cabral, G. (2009). An ecological model of the impact of sexual assault on women's mental health. *Trauma, Violence, & Abuse, 10*(3), 225-246. doi:10.1177/1524838009334456

Campbell, D. W., Sharps, P. W., Gary, F., Campbell, J. C., & Lopez, L. M. (2002). Intimate partner violence in African American women. *Online Journal of Issues in Nursing, 7*(1), 5.

Creswell, J. W., & Miller, D. L. (2000). Getting good qualitative data to improve educational practice, *Theory Into Practice, 39*(3), 124-130.

Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry & research design: Choosing among five approaches* (Fourth ed.). Thousand Oaks, CA: SAGE.

Curry-Stevens, A., & Muthanna, J. S. (2016). In Defense of Culturally-Specific Organizations: Understanding the Rationale and the Evidence. *Advances in Applied Sociology, 6*, 67-70.

Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, National Crime Victimization Survey, 2012-2016 (2017)

Desmond, M., Papachristos, A. V., & Kirk, D. S. (2016). Police violence and citizen crime reporting in the black community. *American Sociological Review, 81*(5), 857-876. doi:10.1177/0003122416663494

Dobie, A., Tucker, A., Ferrari, M., & Rogers, J. M. (2016). Preliminary evaluation of a brief mindfulness-based stress reduction intervention for mental health professionals. *Australasian Psychiatry, 24*(1), 42-45. doi:10.1177/1039856215618524

Dolezal, T., McCollum, D., & Callahan, M. (2009). *Hidden costs in health care: The economic impact of violence and abuse.* Eden Prairie, MN: Academy on Violence and Abuse. Retrieved from https://avahealthorg.presencehost.net/file_download/inline/1a8d6243-ef53-44a3-98c8-7c840ec4534c

Dossey, L. (2018). The shock of Charlottesville: Unmasking racism in healthcare. *Explore: The Journal of Science and Healing, 14*(1), 1-9. doi:10.1016/j.explore.2017.10.001

Facchin, F., & Margola, D. (2016). Researching lived experience of drugs and crime: A phenomenological study of drug-dependent inmates. *Qualitative Health Research, 26*(12), 1627-1637. doi:10.1177/1049732315617443

Fedina, L., Holmes, J. L., & Backes, B. L. (2018). *Campus sexual assault: A systematic review of prevalence research from 2000 to 2015*. Los Angeles, CA: SAGE Publications. doi:10.1177/1524838016631129

Field, C. A., Baird, J., Saitz, R., Caetano, R., & Monti, P. M. (2010). The mixed evidence for brief intervention in emergency departments, trauma care centers, and inpatient hospital settings: What should we do? *Alcoholism, Clinical and Experimental Research, 34*(12), 2004. doi:10.1111/j.1530-0277.2010.01297.x

Fontenot, K., Semega, J., & Kollar, M. (2018). Income and Poverty in the United States: 2017. *Current Population Reports*, (P60-263).

Foy, D. W., Eriksson, C. B., & Trice, G. A. (2001). Introduction to group interventions for trauma survivors. *Group Dynamics: Theory, Research, and Practice, 5*(4), 246-251. doi:10.1037//1089-2699.5.4.246

Frey, L. M., Hans, J. D., & Cerel, J. (2016). An interpretive phenomenological inquiry of family and friend reactions to suicide disclosure. *Journal of Marital and Family Therapy, 43*(1), 159-172. doi:10.1111/jmft.12180

Gaines, D. C., & Wells, W. (2017). Investigators' and prosecutors' perceptions of collaborating with victim advocates on sexual assault casework. *Criminal Justice Policy Review, 28*(6), 555-569. doi:10.1177/0887403415592176

Gillum, T. L. (2008). The benefits of a culturally specific intimate partner violence intervention for African American survivors. *Violence Against Women, 14*(8), 917-943. doi:10.1177/1077801208321982

Gillum, T. L. (2009). Improving services to African American survivors of IPV: From the voices of recipients of culturally specific services. *Violence Against Women, 15*(1), 57-80. doi:10.1177/1077801208328375

Glass, J. E., Hamilton, A. M., Powell, B. J., Perron, B. E., Brown, R. T., & Ilgen, M. A. (2015). Specialty substance use disorder services following brief alcohol intervention: A meta-analysis of randomized controlled trials. *Addiction, 110*(9), 1404-1415. doi:10.1111/add.12950

Greenfield, E., & Marks, N. (2010). Sense of community as a protective factor against Long-Term psychological effects of childhood violence. *Social Service Review, 84*(1), 129-147. doi:10.1086/652786

Hall, E. L., & Rammell, K. (2017). Racial- and ethnic-sensitive practice: From the practitioners' perspective. *Journal of Social Work, 17*(6), 678-694. doi:10.1177/1468017316651993

Harrison, L. (2014). *Culturally specific services: domestic violence services for African American women in the Central Valley* (Doctoral dissertation, California State University, Stanislaus, United States). Retrieved from http://scholarworks.csustan.edu/bitstream/handle/011235813/700/HarrisonL%20Sp2014.pdf?sequence=1

Hickle, K. E., & Roe-Sepowitz, D. E. (2014). Putting the pieces back together: A group intervention for sexually exploited adolescent girls. Social Work with Groups, 37(2), 99-113. doi:10.1080/01609513.2013.823838

Iglehart, A. P., & Becerra, R. M. (2007). Ethnic-sensitive practice: Contradictions and recommendations. *Journal of Ethnic and Cultural Diversity in Social Work, 16*(3-4), 43-63. doi:10.1300/J051v16n03_04

Jacobs, M. S. (2017). The violent state: Black women's invisible struggle against police violence. *William & Mary Journal of Women and the Law, 24*(1), 39.

Jina, R., & Thomas, L. S. (2013). Health consequences of sexual violence against women. *Best Practice & Research: Clinical Obstetrics & Gynaecology, 27*(1), 15-26. doi:10.1016/j.bpobgyn.2012.08.012

Kaner, E. F. S., Beyer, F., Dickinson, H. O., Pienaar, E., Campbell, F., Schlesinger, C., . . . Burnand, B. (2007). Effectiveness of brief alcohol interventions in primary care populations. *The Cochrane Database of Systematic Reviews,* (2), CD004148. doi:10.1002/14651858.CD004148.pub3

Kennedy, B. R., Mathis, C. C., & Woods, A. K. (2007). African Americans and their distrust of the health care system: Healthcare for diverse populations. *Journal of Cultural Diversity, 14*(2), 56.

Kim, H. S., Sherman, D. K., & Taylor, S. E. (2008). Culture and social support. *American Psychologist, 63*(6), 518-526. doi:10.1037/0003-066X

Koegler, E., Kennedy, C., Mrindi, J., Bachunguye, R., Winch, P., Ramazani, P., . . . Glass, N. (2019). Understanding how solidarity Groups—A community-based economic and psychosocial support Intervention—Can affect mental health for survivors of conflict-

related sexual violence in Democratic Republic of the Congo. *Violence Against Women, 25*(3), 359-374. doi:10.1177/1077801218778378

Kruger, J., O'Halloran, A., Rosenthal, A. C., Babb, S. D., & Fiore, M. C. (2016). Receipt of evidence-based brief cessation interventions by health professionals and use of cessation assisted treatments among current adult cigarette-only smokers: National adult tobacco survey, 2009-2010. *BMC Public Health, 16*(1), 141-10. doi:10.1186/s12889-016-2798-2

Levine, E. C. (2018). Engaging the Community: Building Effective Partnerships in Sexual Violence Prevention. Journal of Applied Social Science, 12(2), 82–97. https://doi.org/10.1177/1936724418785416

Lincoln, Y. S., & Guba, E. G. (1986) But is it rigorous? Trustworthiness and authenticity in naturalistic evaluation. *New Directions for Program Evaluation, 30,* 73-84. San Francisco, CA: Jossey-Bass.

Long, L. M., Ullman, S. E., Starzynski, L. L., Long, S. M., & Mason, G. E. (2007). Age and educational differences in African American women's sexual assault experiences. *Feminist Criminology, 2*(2), 117-136. doi:10.1177/1557085106296583

Loya, R. M. (2012). *Economic consequences of sexual violence for survivors: Implications for social policy and social change.* (Doctoral Dissertation). Available from ProQuest Dissertations and Theses database. (UMI No. 3540084).

Lucea, M. B., Stockman, J. K., Mana-Ay, M., Bertrand, D., Callwood, G. B., Coverston, C. R., . . . Campbell, J. C. (2013). Factors influencing resource use by African American and African Caribbean women disclosing intimate partner violence. *Journal of Interpersonal Violence, 28*(8), 1617-1641. doi:10.1177/0886260512468326

MacMahon, P., Stenfert Kroese, B., Jahoda, A., Stimpson, A., Rose, N., Rose, J., . . . Willner, P. (2015). 'It's made all of us bond since that course…' - a qualitative study of service users' experiences of a CBT anger management group intervention: Users' experiences of a CBT group. *Journal of Intellectual Disability Research, 59*(4), 342-352. doi:10.1111/jir.12144

Macmillan, R. (2000). Adolescent victimization and income deficits in adulthood: rethinking the costs of criminal violence from a life-course perspective. *Criminology, 38*(2), 553-588. doi:10.1111/j.1745-9125.2000.tb00899.x

Macy, R. J., Giattina, M. C., Parish, S. L., & Crosby, C. (2010). Domestic violence and sexual assault services: Historical concerns and contemporary challenges. *Journal of Interpersonal Violence, 25*(1), 3-32. doi:10.1177/0886260508329128

Macy, R. J., Giattina, M., Sangster, T. H., Crosby, C., & Montijo, N. J. (2009). Domestic violence and sexual assault services: Inside the black box. *Aggression and Violent Behavior, 14*(5), 359-373. doi:10.1016/j.avb.2009.06.002

Maier, S. L. (2011). Rape crisis centers and programs: "Doing amazing, wonderful things on

peanuts". *Women & Criminal Justice, 21*(2), 141-169. doi:10.1080/08974454.2011.558802

Marrs Fuchsel, C. L., & Hysjulien, B. (2013). Exploring a domestic violence intervention curriculum for immigrant Mexican women in a group setting: A pilot study. *Social Work with Groups, 36*(4), 304-320. doi:10.1080/01609513.2013.767130

Mayan, M. J. (2009). *Essentials of qualitative inquiry*. New York: Routledge. https://doi.org/10.4324/978131542925

McCauley, J., Ruggiero, K. J., Resnick, H. S., Conoscenti, L. M., & Kilpatrick, D. G. (2008). Forcible, drug-facilitated, and incapacitated rape in relation to substance use problems: Results from a national sample of college women. *Addictive Behaviors, 34*(5), 458-462. doi:10.1016/j.addbeh.2008.12.004

McQueen, J., Howe, T. E., Allan, L., Mains, D., & Hardy, V. (2011). Brief interventions for heavy alcohol users admitted to general hospital wards. *The Cochrane Database of Systematic Reviews,* (3), CD005191.

Meyer, O. L., & Zane, N. (2013). The Influence of Race and Ethnicity in Clients' Experiences of Mental Health Treatment. Journal of Community Psychology, 41(7), 884–901. https://doi-org.proxy2.cl.msu.edu/10.1002/jcop.21580

Miller, K. E., Cranston, C. C., Davis, J. L., Newman, E., & Resnick, H. (2015). Psychological outcomes after a sexual assault video intervention: A randomized trial. *Journal of Forensic Nursing, 11*(3), 129-136. doi:10.1097/JFN.0000000000000080

Murray, C. E., Moore Spencer, K., Stickl, J., & Crowe, A. (2017). See the triumph healing arts workshops for survivors of intimate partner violence and sexual assault. *Journal of Creativity in Mental Health, 12*(2), 192-202. doi:10.1080/15401383.2016.1238791

Nicolaidis, C., Wahab, S., Trimble, J., Mejia, A., Mitchell, S. R., Raymaker, D., . . . Waters, A. S. (2013). The interconnections project: Development and evaluation of a community-based depression program for African American violence survivors. *Journal of General Internal Medicine, 28*(4), 530-538. doi:10.1007/s11606-012-2270-7

Nilsen, P., Baird, J., Mello, M. J., Nirenberg, T., Woolard, R., Bendtsen, P., & Longabaugh, R. (2008). A systematic review of emergency care brief alcohol interventions for injury patients. *Journal of Substance Abuse Treatment, 35*(2), 184-201. doi:10.1016/j.jsat.2007.09.008

O'Brien, J. E., & Macy, R. J. (2016). Culturally specific interventions for female survivors of gender-based violence. *Aggression and Violent Behavior, 31,* 48-60. doi:10.1016/j.avb.2016.07.005

Pfeiffer, E., Sachser, C., Rohlmann, F., & Goldbeck, L. (2018). Effectiveness of a trauma-focused group intervention for young refugees: A randomized controlled trial. Journal of Child Psychology and Psychiatry, 59(11), 1171-1179. doi:10.1111/jcpp.12908

Planty, M., Langton, L., Krebs, C., Berzofsky, M., & Smiley-McDonald, H. (2013). *Female victims of sexual violence, 1994-2010. Special Report.(No. NCJ 240655).* Washington, DC: Bureau of Justice Statistics. US Department of Justice.

Prather, C., Fuller, T. R., Marshall, K. J., & Jeffries, W. L. (2016). The impact of racism on the sexual and reproductive health of African American women. *Journal of Women's Health, 25*(7), 664-671. doi:10.1089/jwh.2015.5637

Richie, B. (2012). *Arrested justice: Black women, violence, and America's prison nation*. NYU Press.

Rigotti, N. A. (2011). Integrating comprehensive tobacco treatment into the evolving US health care system: It's time to act: Comment on "A randomized trial of internet and telephone treatment for smoking cessation". *Archives of Internal Medicine, 171*(1), 53.

Sawrikar, P., & Katz, I. (2018). Preventing child sexual abuse (CSA) in ethnic minority communities: A literature review and suggestions for practice in Australia. *Children and Youth Services Review, 85*, 174-186. doi:10.1016/j.childyouth.2017.12.028

Schultz, K., Cattaneo, L. B., Sabina, C., Brunner, L., Jackson, S., & Serrata, J. V. (2016). Key roles of community connectedness in healing from trauma. *Psychology of Violence, 6*(1), 42-48. doi:10.1037/vio0000025

Simmons, V. N., Litvin, E. B., Unrod, M., & Brandon, T. H. (2011;2012;). Oncology healthcare providers' implementation of the 5A's model of brief intervention for smoking cessation: Patients' perceptions. *Patient Education and Counselling, 86*(3), 414-419. doi:10.1016/j.pec.2011.06.016

Stake, R. E. (1995). The art of case study research. Thousand Oaks, CA: Sage.

Starks, H., & Brown Trinidad, S. (2007). Choose your method: A comparison of phenomenology, discourse analysis, and grounded theory. *Qualitative Health Research, 17*(10), 1372-1380. doi:10.1177/1049732307307031

Szymanski, D. M., Moffitt, L. B., & Carr, E. R. (2011). Sexual objectification of women: Advances to theory and research 1ψ7. *The Counseling Psychologist, 39*(1), 6-38.

Taylor, J. Y. (2002). The straw that broke the camel's back: African American women's strategies for disengaging from abusive relationships. *Women & Therapy, 25*(3-4), 79-94.

Thompson-Miller, R., & Picca, L. H. (2017). "there were rapes!": Sexual assaults of African American women and children in Jim Crow. *Violence Against Women, 23*(8), 934-950. doi:10.1177/1077801216654016

Taylor, S. E., Welch, W. T., Kim, H. S., & Sherman, D. K. (2007). Cultural differences in the impact of social support on psychological and biological stress responses. *Psychological Science, 18*(9), 831-837. doi:10.1111/j.1467-9280.2007.01987.x

Tillman, S., Bryant-Davis, T., Smith, K., & Marks, A. (2010). Shattering silence: Exploring barriers to disclosure for African American sexual assault survivors. *Trauma, Violence, & Abuse, 11*(2), 59-70. doi:10.1177/1524838010363717

Trabold, N., O'Malley, A., Rizzo, L., & Russell, E. (2018). A gateway to healing: A community-based brief intervention for victims of violence. Journal of Community Psychology, 46(4), 418-428. doi:10.1002/jcop.21948

Tufford, L., & Newman, P. (2012). Bracketing in Qualitative Research. Qualitative Social Work, 11(1), 80–96. https://doi.org/10.1177/1473325010368316

Tummala-Narra, P. (2007). Conceptualizing trauma and resilience across diverse contexts: A multicultural perspective. *Journal of Aggression, Maltreatment & Trauma, 14*(1-2), 33-53. doi:10.1300/J146v14n01_03

Ralph, S. (2014). Intimate partner sexual violence: A multidisciplinary guide to improving services and support for survivors of rape and abuse. Abingdon: Routledge. doi:10.1080/13552600.2014.949068

Ullman, S. E. (2014). Correlates of posttraumatic growth in adult sexual assault victims. *Traumatology*, *20*(3), 219-224. doi:10.1037/h0099402

U.S. Department of Justice, Office on Violence Against Women. (2012). 2012 Biennial report to Congress on the effectiveness of grant programs under the violence against women act. Retrieved from: http://www.ovw.usdoj.gov/docs/2012-biennial-report-to-congress.pdf

Uttal, L. (2006). Organizational cultural competency: Shifting programs for latino immigrants from a client-centered to a community-based orientation. *American Journal of Community Psychology, 38*(3), 251-262. doi:10.1007/s10464-006-9075-y

West, C., & Johnson, K. (2013). *Sexual violence in the lives of African American women.* Retrieved from: https://works.bepress.com/DrCarolynWest/5/

Weist, M. D., Kinney, L., Taylor, L. K., Pollitt-Hill, J., Bryant, Y., Anthony, L., & Wilkerson, J. (2014). African American and white women's experience of sexual assault and services for sexual assault. *Journal of Aggression, Maltreatment & Trauma, 23*(9), 901-916. doi:10.1080/10926771.2014.953715

Whitaker, D. J., Baker, C. K., Pratt, C., Reed, E., Suri, S., Pavlos, C., . . . Silverman, J. (2007). A network model for providing culturally competent services for intimate partner violence and sexual violence. *Violence Against Women, 13*(2), 190-209. doi:10.1177/1077801206296984

Wilkins, E. J. (2007). Using an IFS informed intervention to treat African American families surviving sexual abuse: One family's story. *Journal of Feminist Family Therapy, 19*(3), 37-53. doi:10.1300/J086v19n03_03

Woolard, J. L., Harvell, S., & Graham, S. (2008). Anticipatory injustice among adolescents: Age

and racial/ethnic differences in perceived unfairness of the justice system. *Behavioral Sciences & the Law, 26*(2), 207-226. doi:10.1002/bsl.805

Wright, T. J., Martinez, Y. G., & Dixon, C. G. (1999). Minority consumers of independent living services: A pilot investigation. *The Journal of Rehabilitation, 65*(2), 20.

Zinzow, H. M., Resnick, H. S., Barr, S. C., Danielson, C. K., & Kilpatrick, D. G. (2012). Receipt of post-rape medical care in a national sample of female victims. *American Journal of Preventive Medicine, 43*(2), 183-187. doi:10.1016/j.amepre.2012.02.025