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## Healing Centered Engagement of Black Survivors of Sexual Trauma in Marion County, Indiana

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COUN 6785: Social Change in Action:  
Prevention, Consultation, and Advocacy

**Social Change Portfolio**

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## OVERVIEW

**Keywords:** Healing Centered Engagement, Sexual Trauma, Black, African-American, Marion County, Indiana, Indianapolis

Healing Centered Engagement of Black Survivors of Sexual Trauma in Marion County, Indiana

**Goal Statement:** The goal of this project is to prevent adverse experiences and support healthy coping skills within the Black community from collective and individual trauma in Marion County, Indiana by using healing centered engagement as a tool for praxis and methodology: in particular, trauma rooted from the intersections of race and sexual violence.

**Significant Findings:** There are extreme gaps in the intersectional needs of survivors of sexual trauma. Prevention programs have focused on a universalized approach, but individuals of diverse populations (and the intersections therein) have noted that a divorcing of their whole selves is not possible in the quest towards healing (Vera & Kenny, 2013). In order to address sexual trauma fully within populations that are also coping with racial trauma, one must be intentional in the approach and pull in the community to support the prevention of adverse experiences (Mosley et al., 2020, p. 6; Social Programs That Work, 2019).

**Objectives/Strategies/Interventions/Next Steps:** For human services practitioners in the field, it is essential that five steps are utilized in the addressing of preventing adverse experiences of Black Americans who are survivors of sexual trauma (in particular, in communities of poverty such as Marion county, Indiana):

1. **Objectively Assess the Community:** it is essential to remove biases from the assessment of not just the client but the communities they represent. This will allow for a successful prevention strategy to be developed.
  2. **Include Community Stakeholders and Members:** Ratts, et al., 2015 states that it is essential for practitioners to be culturally competent and relevant in their practices. A way to do this is by including community stakeholders and members in one's process of developing prevention programming.
  3. **Engagement in Community and Adherence to Community Norms:** Active engagement is a key tenant of ensuring a community that has a history of exploitation of superficial bonds to feel comfortable with therapies and prevention strategies developed (Ratts, et al., 2015).
  4. **Intersectional and Racial Justice Approaches to Prevention and Therapeutic Modalities:** Mosley et al., 2020 note that it is essential for human services professional to actively address racial trauma with clients. It is essential for the addressing of trauma and prevention of adverse experiences to see the whole person and the impact of salient ideas in rationalizing and conceptualizing one's own experiences.
  5. **On-Going Evaluation of Effectiveness:** Prevention programs such as EAAA (Social Programs That Work, 2019) have been proven effective in the quest towards sexual violence prevention and liberating voices. Although this is true, evaluating the effectiveness and gaps will allow for a greater efficacy in the outcomes. Integrating and redeveloping approaches to prevent a "color-blind" approach is essential in making sure that no one's voice and experiences are left out of the conversation (Wooten, 2017).
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## INTRODUCTION

### Healing Centered Engagement of Black Survivors of Sexual Trauma in Marion County, Indiana

Trauma is a manifestation of the pain and experiences that holistically impact an individual physically, mentally, emotionally, intellectually, and interpersonally. One element of trauma that is in need of exploring is its impact *collectively*. That is, the shared hurt by a community that transcends a personal silo. In particular in the Black community, an ethnically marginalized community, this injury has a history of being “politically instigated...with aims at inflicting collective injury against certain groups thus undermines a collective wellbeing of a people” (as cited in Annie, 2020). This social phenomena, combined with personal experiences sexual violence that disproportionately impact the Black community, can cause survivors to feel that their journey to thrive is too far to conquer. Healing centered engagement is a new approach to addressing the collective needs of marginalized communities surviving collective traumatization. With the Black populations having a higher rate of sexual victimization and intersectional forms of trauma leading to adverse experiences, healing centered engagement can serve as a strength based approach to supporting the collective and individual healing. With the large population of Black individuals, higher rates of *reported* sexual victimization, and the socio-political landscape of racial trauma, Marion County, Indiana serves as a microcosmic background for understanding how healing centered engagement can support Black survivors of sexual trauma.

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## PART 1: SCOPE AND CONSEQUENCES

### Healing Centered Engagement of Black Survivors of Sexual Trauma in Marion County, Indiana

Marion County, Indiana is home to many Indiana landmarks. Whether it is the Indianapolis Colts team, largest cemetery and children's museum, or the largest community college system in the United States, it is a top destination for visitors. Behind the shadows of a tourist attraction is a telling story of poverty, racial segregation, and trauma that is interwoven into diverse communities. The statistics are clear that disparities exist and where the majority of these societal ills exist are within the Black community. According to Indiana University's Kelley School of Business (2005), 20.4% of Black residence in Marion County are living in poverty versus the 7.8% White population. In addition, 32% of Black residence live in food deserts in this area versus 18% White community members (Nowlin, Townsley, Colbert & Kandris, 2020). In 2019, Indianapolis (a part of Marion County) was ranked 2<sup>nd</sup> in eviction rates in the United States (Washington, 2019). In the Urban environments of Indianapolis, historical racial segregation of residential areas still exist, and the legacy continues with further gentrification of former lower income areas (Indiana Legal Archive, n.d.). Times magazine named Indianapolis (within Marion County) the sixth most economically segregated cities in the United States (Wilson, 2017).

With poverty, gentrification, and legacy of racist practices such as racial segregation, these systemic issues have developed Marion county into a space battling the outward manifestation of trauma: *violence*. Marion County is the third most violent areas in Indiana, and has increased in homicides with over 80 murders since January of 2020 (The IndyChannel, 2019; Cox, 2020). As for intimate partner violence, since 1999, "Marion County's rate of reported

rapes has been at least double that of the U.S. average” (SAKI, 2019). Although Indiana does not thoroughly collect sexual violence statistics by race, nationwide we know that 45.1% of Black women and 40.1% of Black men have experienced intimate partner physical violence, intimate partner sexual violence and/or intimate partner stalking in their lifetimes, and 8.8% of Black women have been the victims of intimate partner rape in their lifetimes (NATIONAL COALITION AGAINST DOMESTIC VIOLENCE , 2020).

Previous best practices in healing societal issues like the ones presented have been individualistic. Programs to address the symptoms banded a larger, collective trauma within the Black community compounded by structural and systemic racism, and for survivors of sexual trauma, an interpersonal nature that have generational patterns. Addressing both in communities on the margins is a delicate dance of supporting the collective and individual healing to strengthen generations to come. Healing centered engagement allows for a greater emphasis in this methodology.

Goal Statement: The goal of this project is to prevent adverse experiences and support healthy coping skills within the Black community from collective and individual trauma in Marion County, Indiana by using healing centered engagement as a tool for praxis and methodology: in particular, trauma rooted from the intersections of race and sexual violence.

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## PART 2: SOCIAL-ECOLOGICAL MODEL

### Healing Centered Engagement of Black Survivors of Sexual Trauma in Marion County, Indiana

Correlational and Contributing Factors in the Collective and Individual Trauma of Black Survivors of Sexual Violence



Researchers have attempted to identify the “Black Problem” for centuries with a lens that stems from anti-Blackness and the eradication of racial trauma. With disproportionalities of sexual violence within the Black American community, it further complicates the quest to identify best practice to support a community that battles with multiple forms of societal implications that cause adverse impacts on its constituents. To support social change, there is a requirement of looking at collective and individual trauma within the confines of Black survivors of sexual violence in a holistic way: individual, family, interpersonal, and community/cultural. Each of which are influenced by the intersectional nature of collective and individual adverse experiences as well as the intersections of racial and sexual trauma.

### **Individual Influences**

For Black survivors of sexual trauma, there is a multiple consciousness that one is required to grapple with (Mitchell & Means, 2014, pp. 27-28). Not only seeing themselves in a world that has othered them because of their Blackness, but also from a world that has systematically erased the ability for Black survivors to be validated. To straddle both spaces in an attempt to navigate one’s victimhood in racial and sexual trauma can be a daunting task without support or in a community or family that has normalized its existence. On an individual perspective, Black survivors of sexual trauma have increased depressive episodes and post traumatic stress disorder and decreased social support (Catabay, Stockman, Campbell, & Tsuyuki, 2019, pp. 147-148). In addition, the perceived stress of Black survivors of sexual violence has an increased rate due to the roles of racial trauma as well; in particular, as PTSD and lack of social support had adverse ratings, it increased the likelihood of perceived stress (*ibid*, pp. 146-147). With this being said, protective measures such as support systems were shown to decrease perceived stress and symptoms of PTSD (*ibid.*, 2019, pp.147-148). These

individual factors have to be taken in consideration with understanding the lived experiences with Black individuals impacted by collective and individual trauma.

### **Family Influences**

Research has shown that “childhood exposure to family violence” increases the possibility for “intergenerational transmission of violence” (West, 2008, p. 247). When families model violence and reward it through interactions with children and adult relationships, it lays the foundation that it is normative and positively correlated to violence against intimate partners (*ibid.*, 247). Within the Black community, these adverse experiences of witnessing family-based violence is reportedly 2.4 percent higher than white populations, and Black women experience 35% higher rates of intimate partner violence than whites experience (Hampton & Oliver, 2006, p. 2). Despite these risk factors, protective factors such as support and family coping skills aid in the preventative factors for the family influence that violence can have (West, 2008, p. 250). These aspects are essential to note in understanding the role that racial trauma and sexual violence has in mass and on the individual and the importance of addressing such societal ills in an intersectional approach.

### **Community/Cultural Influences**

Community and cultural has strong impact on the norms, actions, and inactions of populations. Black survivorship of sexual trauma is both informed by institutions of racism but also societal expectations. Carolyn West (2008) noted that community violence is linked to intimate partner violence (p. 247) as well as presence of physical aggression in family dynamics. In particular, with sexual violence within the Black community, greater attention has been shown on the disproportionate experiences and devaluation of one’s victimhood within family structures, culture, and criminal justice: there are institutional and systemic patterns of “control,

silencing, and erasing survivors' experiences" (Zounlome, Wong, Klantucky, David & Stephens, 2019, p. 876). Intersectionally viewing race and sexual violence is required because there is often a straddling of lines that causes one to inform each other. A great example is that of workplace sexual harassment policies aimed at supporting women in situations of misconduct had a combination of racial elements (*ibid.*, 2019, p.876). In addition to the policy considerations, there is a historical legacy of sexual and racial violence that has accounted for Black slaves to be sexually violated for mass production and further racial trauma (*ibid.*, 2019, p. 884). In addition to further codification of Blacks being seen as hypersexualized beings and silencing and lack of community protections that legitimize Black victimhood (*ibid.*, 2019, pp. 886-887). Liberating the voices of survivors by allowing for space to talk about experiences and normalizing empathy has been shown to be a way to prevent adverse aspects such as silencing and controlling: it reframed the narrative.

### **Summary**

Addressing collective and individual sexual trauma that is interwoven with race requires a holistic lens. One must see that both are both individually impacting Black communities, but also, intersectionally driven together to create systems that impact generations. Healing centered engagement aims to address the collective and individual approach to develop great coping mechanisms and to prevent adverse experiences from impacting a full community. In order to effectively address systems that breach communities, one must look at societal implications in socio-ecological space of strata that all manifest into influences that ought to be a focus of prevention.

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## PART 3: THEORIES OF PREVENTION

### Healing Centered Engagement of Black Survivors of Sexual Trauma in Marion County, Indiana

Evidence-based prevention programming requires a focus on the three C's: community, collaboration, and culture (Raczynski, K., Waldo, M., Schwartz, J. P., & Horne, A.M., 2013) to increase successful implementation and gauge reputability. It is also rooted in research and evaluation. Healing-centered engagement is a new theoretical consideration to address collective trauma and requires the active prevention of trauma. In addition, addressing the intersectional racial trauma will be essential as a theoretical component. The Enhance, Assess, Acknowledge, Act (EAAA) Sexual Assault Resistance Program while adding healing-centered engagement, and the Practical Prevention Model to Prevent and Resist Racial Trauma would allow for a culturally relevant and responsive approach to addressing Black survivorship of sexual trauma and collective coping mechanisms.

The EAAA Program is a sexual violence prevention program evaluated primarily in Canada but with a large sample size of 899 females and implemented in diverse settings (Social Programs That Work, 2019, p. 1). This program is focused on preventing sexual violence against females by male perpetrators (acquaintances) and utilizes a gamification of knowledge, education, and activities to support the learning of “sexual health, relationships, safer-sex practices, communicating about sex, and an opportunity for participants to explore their sexual attitudes, values, and desires” (as qtd. In Social Programs That Work, 2019, p. 1). It is important to note that the study of this program utilized self-reporting, and thus, has a limitation due to potential reporting biases of experiences and possible over/understatements (Social Programs That Work, 2019, p. 3).

Healing-centered engagement (HCE) has not been practiced extensively, and thus, is a theoretical practice, It centers communities, addressing the root causes of trauma, and an asset-based approach that affirms cultural and identity (Riemer & Miller, n.d., Slide 7). Unlike trauma-informed care, HCE recognizes and centers the process of the collective experience in healing, focuses on root causes, and is well-being, asset-driven foundationed (Riemer & Miller, n.d., Slide 3). In addition, it affirms cultural diversity as a viable tool for grounding individuals and unifying (Ginwright, 2018). There are several limitations of the EAAA program to Black survivors of sexual trauma that can be addressed by healing-centered engagement informing this prevention methodology: 1) EAAA focuses on higher educational environments, 2) race is not affirmed or utilized as a tool for healing, 3) intersectional views of trauma are not taken in consideration: individuals of all genders can be survivors of trauma (Social Programs That Work, 2019). With this considered, healing-centered engagement can address these gaps missing in EAAA by providing a more culturally competent, community-focused approach by providing workshops and education that address prevention and healing in a way that centers the community and collective experiences.

Due to to the nature of Black survivorship, it is important to address the racial component of the traumatic experience. Mosley, D. V., Hargons, C. N., Meiller, C., Angyal, B., Wheeler, P., Davis, C., & Stevens Watkins, D. (2020) developed a “Practical model to prevent and resist racial trauma” and theoretical considerations to preventing trauma from Anti-Black Racism (ABR). This model was developed from a study utilizing a critical ideological and Black feminist-womanist foundation to center diverse identities, and using a constructivist grounded theoretical (CGT) method that was nonconfidential (Mosley et al., 2020, p. 2). Using a nonconfidential and CGT was selected to amplify the purposeful sampled activists selected as

participants (Mosley et al., 2020, pp. 2-3). There is limited research on racial trauma and its prevention; in particular, as it intersects with sexual trauma. Since we know that over 59% of sexual violence is perpetrated by someone the survivor knows and 34% being family members (RAINN, n.d.), racial trauma becomes an increasingly different conversation when the battle for legitimacy one's acceptance in White communities also intersects with potentially being victimized by a member of one's own community. Mosely and colleagues (2020) do not address sexual trauma in their practical model and study, but it utilizing a lens of critical consciousness of anti-Black racism (CCABR) that "involves witnessing, processing, and responding to [Anti-Black Racism] ABR. In addressing healing and healthy coping mechanisms for Black survivors (individually and collectively), this would be an essential aspect in developing the healing-centered engagement to prevent adverse experiences. The Critical Consciousness of anti-Black Racism (ABR) Model (figure 1) would inform EAAA by enhancing the knowledge and education to include a social justice lens that affirms racial experiences; addressing the link between race, culture sexual shame, and silencing; and re-situating EAAA from risk-reduction to tertiary prevention (Mosley et al., 2020, p. 6; Social Programs That Work, 2019).

Mosley, et al., 2020, p. 7

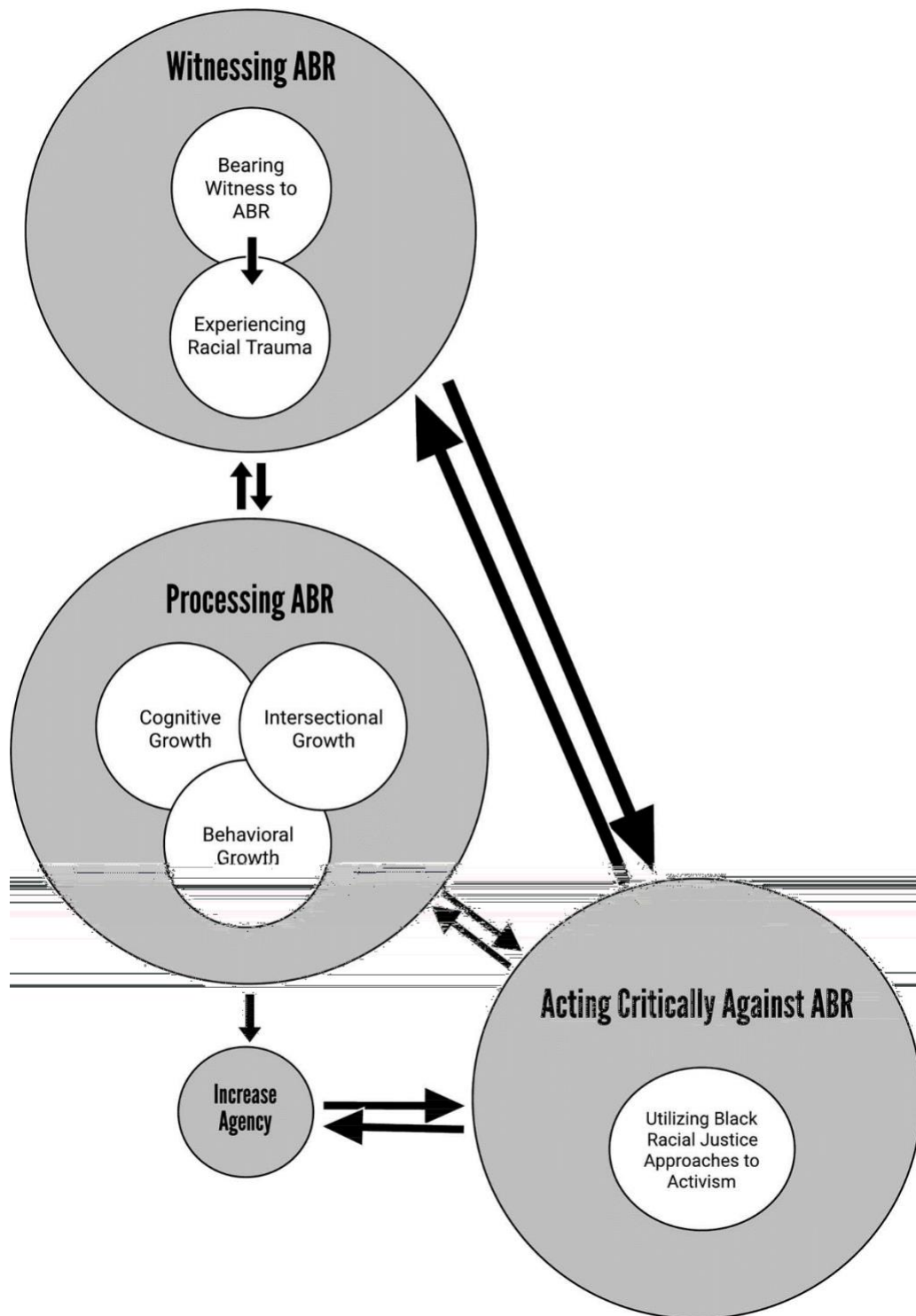


Figure 1: Critical Consciousness anti-Black Racism Model (CCABR)

## PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS

### Healing Centered Engagement of Black Survivors of Sexual Trauma in Marion County, Indiana

Sexual assault is a pervasive issue within all populations in the United States, but within the Black community, ciswomen are disproportionately impacted at alarming rates compared to their White ciswomen counterparts. Over 1 in 5 Black women in the United States are survivors of sexual assault, and over 4 in 10 have been victimized by an intimate partner (Wooten, 2017, p. 408). When considering the Black survivorship in Marion County, Indiana and the role of healing centered engagement as a tool for empowerment and support, one must consider that this is a societal trend that impacts this population uniquely. A culturally relevant and responsive approach to prevention programming that is community-conscious, intersectional, and inclusive of multiple identities is needed to prevent the increase of adverse experiences in Black survivors. In addition, it is essential to consider ethics while working with communities of survivors of sexual trauma and Black populations. All of these factors aid in the development of a prevention program that will comprehensively support healing individually and collectively.

Research is clear: there is sexual assault issue within the Black community. Data has shown Black survivors are “blamed more and are less likely to disclose their assaults than other women” (as qtd. in Donovan & Williams, 2002, p. 95). So, within the confines of survivorship within the Black community, racism, social conditioning, and negative codification is a salient force that aids in the silencing and shame of Black women. Donovan & Williams (2002) discuss how the historical implications of how Black women have been depicted in society is a contributing factor in the the inability for Black survivors to be seen, heard, and healed (pp. 95-97). The codification of Black women as being hypersexual or part of the blame carries from the



legacy of slavery when many were subjected to sexual assault for producing more slaves for plantation owners without it being addressed in the courts or seen as misconduct: breeding (Donovan & Williams, 2002, pp. 97-98). The stigma of Black women's sexuality and rape continues to carryover and is seen in previous studies that showed that college students were less likely to believe Black women were capable of being date raped, rated them less truthful, and were more likely to be held responsible for their sexual assault than those who were White (Donovan & Williams, 2002, p. 97). As a juxtaposition to this Jezebel image, Black women have also been categorized as matriarchs or *Strong Black Women* who provide strength and wisdom (Donovan & Williams, 2002, p. 100). This strength can be seen as a blessing and a hindrance to Black women survivors who often prefer silence than to be perceived as weak.

Wooten notes (2017) that the universal lens of prevention programming serve as an erasure of Black experiences, in particular women, in the area of sexual assault and trauma p. 405. Although women are often the focus of many sexual violence prevention programming, race and cultural considerations are often not considered in the conversation but are significant factors in the ability for a survivor to feel heard, grounded, heal, and report (Wooten, 2017, p. 406). Color-blind programming and practices continue a legacy of typecasting survivors into an "ideal victim" category, and Black women become antithetical to this due to the historical image of Black sexuality and Black bodies (Wooten, 2017, p. 408). In addition, the impact of historical trauma isn't prevalently addressed in prevention work which negates the role it has in the silence and shaming of survivors from communities on the margins (Wooten, 2017, p. 409-411).

Cultural relevance and responsive programming is essential to uplift voices that have historically been disenfranchised in the area of sexual assault or not accounted for in policy and practice. To prevent the erasure of Black women's experience, it is essential to provide

programming that is specific to their cultural underpinning to allow for an ability to address historical and collective trauma as well as equity and justice implications (Vera & Kenny, 2013, p. 2).. In addition, the ability to develop resources that are culturally responsive to the environments served. A gap of these literature found was the ability to affirm intersectional identities that Black women also possess. For example, LGBTQ+, faiths, individuals with disabilities, etc. These intersections also have strong implications for sexual violence prevention programming as well.

As a human services professional, it is essential to honor a code of ethic that would support prevention programming, one's clients, and the communities served. In particularly, the ACA Code of Ethics aims to provide an ethical guideline for counselors and individuals working within a human services capacity to formulate a professional foundation (American Counseling Association, 2014, p. 3). In particularly, it is essential for successful implementation of a prevention program to develop a relationship with community stakeholders and collaboration (when appropriate and with consent), to always engage in informed consent, and to understand the importance of culture in the practice and process of healing and transformation (American Counseling Association, 2014, p. 4). The issue of informed consent is an essential aspect of the code of ethic for this work with survivors of sexual assault. Sexual assault involves nonconsensual contact with someone and prevents the voice and proactive permission to enter, continue or opt out. Informed consent is important for professionals engaging in prevention programming that is culturally relevant and responsive for Black women survivors that have often culturally and sexually become erased from the process of having a voice.

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## PART 5: ADVOCACY

### Healing Centered Engagement of Black Survivors of Sexual Trauma in Marion County, Indiana

Multicultural and advocacy implications have increasingly become a salient aspect in sound practices for human service professionals. Ratts, Singh, Nassar-McMillan, Butler & McCullough (2015) developed “The Multicultural and Social Justice Counseling Competencies” to provide a critical foundation in supporting the theoretical, research, and praxis implications for counselors and practitioners (p. 3). These competencies include “counselor self-awareness, client worldview, counseling relationship, and counseling and advocacy interventions” (as qtd. in Ratts, et al., 2015, p. 3). Of the four mentioned, the fourth competency, counseling and advocacy interventions, furthers the work in creating a prevention program focused on healing centered engagement of Black survivors of sexual trauma in Marion County, Indiana. Based on this competency, there will be several barriers to addressing the target problem of lack of access to holistic healing support for Black survivors to support the mitigation of adverse experiences at the institutional, community, and public policy levels. In addition, there are advocacy actions to take to address this problem each of the levels mentioned to ensure an effective prevention program implementation.

To develop a successful prevention program, it is essential to consider the various levels of advocacy and the barriers that may be faced. Although interpersonal and intrapersonal are often the most commonly addressed areas, institutional is a level that will not only be imperative to addressing the healing centered engagement of Black survivors but will also require special considerations. Institutional considers the “social institutions”, and the interventions require both

privileged and marginalized-identified human services professionals to address inequities within those spaces (Ratts, et al., 2015, p. 12). In the confines of Black sexual trauma, one particular spaces are essential to enter into are religious spaces (churches). This not only will pose a supportive environment due to the Black church often being the center of social action in the Black community (Pattillo-McCoy, 1998, p. 767), but it will also pose a barrier. The Black church has been a center of racial equity movements, but the metaphorical needle in the areas of intimate partner violence and conversations of sex is still a major roadblock to providing advocacy through this institutional method. Spaces of religion and biblical teaching can “reinforce submission to men as a proper authority figures in the home and also support the idea that God sanctions the abuse of women” (as qtd. in West, T., 1999, p. 61).

Community refer to the “spoken and unspoken norms, value, and regulations” that make up a society, and the role of intervention is for a human services professional to address those aspects that may impact the holistic growth at every level of human interaction (Ratts, et al., 2015, p. 13). Addressing community needs requires special care because relationships and an inclusive worldview is essential. A major barrier to this form of intervention is bias: being informed by one’s own personal experiences as a marginalized human service professional or by what they may perceive as the “problem” by a privileged human service professional. What one may be perceived as a negative norm, value, or regulation by one individual, may be something acceptable and transformational for a group.

Public policy is an essential area of advocacy in the area of healing-centered engagement of Black survivors of sexual trauma. The prevention program developed ought to have implications for how local to federal laws, policies, and protocol around survivorship. As a human service professional, it would be essential to address potential public policy issues around

sexual violence and the Black community that could impact the ability for this community to thrive. A barrier to this would be that each county, specifically in Indiana, has different codes in the sexual assault response and resources allocated of survivors of intimate partner violence (Indiana Coalition to End Sexual Assault & Human Trafficking, n.d). In addition, there are currently no precedent on culturally relevant and responsive practices towards diverse communities for victim advocates (ICESAHT, n.d.). Sexual assault has become universalized without the intersectional aspect in public policy despite the disproportionalities that make it a precedent to include special attention to particular populations.

The Black church is an essential area of support in Marion County, Indiana. In particular, Indianapolis ranked number one in religious institutions per capital with over 2,892 religious institutions for over 834,852 individuals and only 19% religiously unaffiliated (Speiser, 2015). Since this is major social institution in this particular area, the advocacy action around healing-centered engagement of Black survivors of sexual trauma would need to include them. Their power and influence spiritually, but also in the area of social advocacy, would make this an ideal space to begin a prevention program that would have a further reach. As an advocacy action, developing a victim advocacy program rooted in healing-centered engagement and intersection would not only allow for furthered support, but also, a countering of the current narrative of Black churches being absent in the conversation of sexual violence in the Black community.

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