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The Effects of Abuse for African Americans Using Critical Autobiographical Analysis

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Abstract

This analysis looks into the effects of sexual abuse on the social outcomes and behavior of black children into adulthood. Incorporating current research findings on the effects of abuse on childhood development, an autobiographical analysis is conducted through the lens of critical theory to see the direct impact abuse has on an individual's behavior and their social outcomes. Specifically this analysis will investigate the factors of socio-economic background, race, culture, community response to admitting abuse, access to therapeutic resources, externalized behavior, internalized behavior, and adulthood outcomes for African American abuse victims. This research contributes to the sparse literature on the effects of abuse for African Americans. More research is needed on these unspoken experiences of Black children, given that abuse appears to contribute to problematic outcomes like high suicide rates in youth and criminality in adulthood.

Introduction

Events and customs of an individuals' childhood often frame their development and actions as an adult. An adolescent's environment and familial structure can have life-long impacts on their mental and physical health. Early life trauma like physical and sexual abuse can increase risk of anxiety, depression and PTSD (Dumonthier, Childers, & Milli, 2017). Access to therapeutic resources can mitigate these damages but if there are numerous populations of people experiencing disproportionately higher rates of abuse and trauma combined with little to no therapeutic resources, it poses the question: what happens to these individuals' psychological and social outcomes?

African American children in particular are experiencing high rates of abuse and socialized violence within their families and schools alongside their surrounding communal environment. Black children are often perceived with increased maturity and suspicion, placing these individuals in circumstances that are both physically and mentally taxing. In terms of educational environments, black children are disciplined at a disproportionately higher rate than any other racial or ethnic group (GAO, 2018). In tandem with this, disciplinary actions taken by the school can include cuffing and arrest by in-school officers leading to the development traumatic experiences and even PTSD symptoms. In schooling environments, black students are perceived as more disruptive and less likely to succeed when assessed by white teachers, yet the opposite is found when assessed black teachers (Guilliam, Maupin, Reyes, Accavitti, & Schic, 2016) (Gershenson, Holt, & Papageorge, 2016). Instructors may not explicitly verbalize their views, but sentiments can be interpreted through differential treatment. Schools can provide an extra guard of protection for children experiencing abuse at home, but instead they can add another layer of trauma.

In home environments, black children face immense amounts of physical and sexual abuse at the hands of family friends and caretakers. Recent studies have shown black girls face an extremely high rate of sexual violence starting an early age (Dumonthier, Childers, & Milli, 2017). A recent study focusing on sexual trauma within African Americans found that in some areas, 60% of black women were assaulted before the age of 18 (Black Womens Blueprint, 2012). Overall, studies show that black children are at the greatest risk of sexual and physical abuse, along with increased chances of being physically threatened with a weapon (Friedman, Marshal, Guadamuz, Wei, Wong, Saewyc, & Stall, 2011). In tandem with this, black women are the highest victims of domestic homicide and domestic violence (Dumonthier, Childers, & Milli, 2017). The perception of black children is with suspicion and wariness from an interracial community level, often leading to discriminatory stops by law enforcement in areas of commerce or public spaces where they can be considered a threat (Goff, Jackson, Leone, Culotta, & DiTomasso, 2014). This combined atmosphere of tension and violence engulfing black youth leads to mental anguish and physical health issues, yet very few resources are actually allocated to specifically helping black youth in these volatile environments. In recent years the suicide rate for black children has tremendously increased, with about 1/3 of all elementary suicides being committed by black students (Sheftall, Asti, Horowitz, Felts, Fontanella, Campo, & Bridge, 2016). This environment of hopelessness with little intervention is pushing black children to make the detrimental decision to end their lives.

Numerous barriers inhibit access to therapeutic resources for black children facing abuse. These obstacles range from lacking the financial means to location and cultural stigma. Rarely do adolescents have financial control and value in their environments to be able to afford therapeutic resources if their guardian is unable to do so. Although there can be access to a

therapist in an educational setting, they may be not be fully equipped to help the individual with their healing. Outside of lack of financial resources, due to the location of the individual, there may be no accessible therapist within the nearby vicinity. Most children would rely on their guardian for transportation to a therapist but parents or guardians may lack the time to actually get their child physically there without sacrificing work time or other non-negotiable obligations. Lastly, the cultural stigmas surrounding receiving treatment for mental health in Black communities is a major impediment to healing for black children and black adults that have suffered abuse. Expressing the occurrence of abuse or admitting to mental anguish is considered taboo (Tillman, Bryant-Davis , Smith, & Marks, 2010). Culture is a basis for community and family building, but when one's culture is in opposition to addressing mental health, most individuals no longer have positive ways of healing.

Thus, very commonly, receiving treatment for mental illness or addressing any aspect of it, is often shunned in Black communities. Recently there have been large organizational pushing for black people to start engaging in therapeutic resources. Often times addressing the sexual abuse their children may have faced would mean cutting off abusive family members which their guardian may be unwilling to do. Alongside this, there's a cultural belief that receiving treatment to better one's mental health from abuse is a sign of a weakness. Often times thoughts of suicide or depression that result from abuse are seen as things one can shrug off if they are strong enough. In receiving actual aid for addressing strings of mental anguish and stress, individuals can be ostracized as being considered *crazy*. Commonly negative perception of individuals with mental illness may worsen one's treatment from community members when it is known they live with depression or anxiety. Mental illness is usually placed behind the importance of physical

disorders and pain, so receiving mental health treatment is at times viewed as a waste of resources.

If individuals aren't receiving care from a therapist for treatment from their traumatic past, then individuals often turn to self-destructive behaviors or end up incarcerated as they wrestle with past experiences of abuse. When individuals feel hopeless about their current situation, they often engage in self-destructive activities as a means of keeping themselves busy from thoughts of their traumatic experience. Individuals can either internalize or externalize the harm they are facing from their environment, becoming self-destructive through extensive drug use and other self-debilitating behaviors or outwardly overly aggressive and violent towards individuals in their environment. Research findings have shown that individuals who have experienced childhood abuse are more likely to engage in criminal behavior and extensive drug usage (Cuadra, Jaffe, Thomas, & DiLillo, & 2014). Women who have experienced sexual abuse in their childhood are found to be in more domestically violent relationships alongside higher chances of alcoholism (La Flair, Reboussin, Storr, Letourneau, Green, Mojtabai, Pacek, Alvanzo, Cullen, & Crum, 2013). Drug usage as form of coping mechanism can lead to negative outcomes for individuals academically due to expulsions and socially by way of incarceration or ostracism.

The current research analysis focuses on the access to mental health resources for black children facing sexual and physical abuse along with their adult outcomes. Part of this analysis delves into the barriers to mental health resources including cultural stigmas, environmental factors, abuser domination, and systematic domination. To see the effects of child abuse and therapeutic care on ones adulthood outcome, autobiographical analysis will be conducted focusing on 1) socio-economic background, 2) response to admitting abuse, 3) access to

therapeutic resources 4) mental effects 5) externalized behavior, 6) internalized behavior, and 7) adulthood outcome. The objective of this analysis is to investigate the barriers affecting black children from receiving mental health care from abuse along with its impact on their lives as adults.

Method

Autobiographical Analysis

Personal narratives of individuals who have experienced sexual abuse primarily in childhood and adolescence are analyzed. Seven major components are sought out to gauge the multiple aspects of the effects of sexual abuse, 1) socio-economic background, 2) response to admitting abuse, 3) access to therapeutic resources 4) mental effects 5) externalized behavior, 6) internalized behavior, and 7) adulthood outcome (See Table I). A critical theory approach (below) will be used to explicate the findings and implications for the following four autobiographies of *Hush* by Bromley, *Surviving the Silence* By Baker*, A Piece of Cake* by Brown, and *Raped Black Male by Rogers Jr*. The use of autobiographical analysis is to gain insight on factors affecting an individuals' adulthood outcome from a personalized self-admitted perspective.

Critical Theory

A critical theory model is a method of examining the roles of power in their effects on an individual's relationship formation and productivity. Power is manifests through two types of domination, abuser and systematic (fig. 1). Abuser domination is direct control over the individual's personal life impacting their social communication, physical actions, and health.

Systematic domination is the limitations on an individual due to socio-economic status, cultural influences, and societal stigmas. Using Systematic and Abuser domination, we examine the impact on individuals' mental health, coping methods, and life outcomes.

Results

Rogers: Raped Black Male

Rogers autobiography titled, Raped Black Male, shows the continual internalized effects and conflicts that result from unaided childhood abuse. Although he does not engage in self-destructive coping mechanisms, he exhibits obsessive mannerisms that keep him distracted. He experiences occasional depression from the trauma he experiences that leads to isolation and suicidal thought. He expresses the fear of repeating the cycle of abuse with his own children as being the reason why he disassociates himself at times from his own children. His own childhood experience of being abused still affects the ways in which he builds relationships, especially in terms of his own children.

Roger's abuse began through a family member that was not much older than he was. Alongside this, culturally and through his lens of masculinity he is raised to believe men were unable to be raped, therefore leading him to deny his own experience. Although he lamented how he felt angry and helpless through this experience, he was unaware of how to receive help for something that is not widely culturally acknowledged.

Socio-economic background

In Roger's adolescence, he came from a two parent household from a middle socio-economic level, in which his home environment is often surrounded with extensive arguing from his guardians, which lead to their separation in last years of high-school. He graduates from

high-school and attends several colleges, where he experiences multiple drop-outs. He did eventually graduate from college

Response to Admitting Abuse

Roger never admitted to his guardians he experiences abuse from a sibling due to fear of backlash and dis-ownership. From a cultural and societal standpoint, he is raised to believe men are unable to be raped, therefore reporting rape does not occur. He states, "It is the belief of our society that the raping of males never occurs because the sexual abuse of males is hardly every reported, no matter what the age. Therefore, it seemingly does not exist" (Rogers, 2016)

Mental Effects

This individual admits feeling powerless and helpless from the abuse. He experiences episodes of depression, that occasionally involve strong thoughts of committing suicide. He recalls, "In my head, I was worthless. I couldn't do my job as a father, husband, or teacher so, I thought, I needed to die." (Brown, 2016)

Internalized Behavior

Directly after the abuse, at the age of 13, he experienced self-hatred due to blaming himself for the sexual trauma. In adolescence and adulthood, he has issues with his self-esteem and self-confidence. He struggles with seeing himself as the victim but also the perpetrator due to his gender. In college and high-school, he engages in drama and writing in order to cope with the sentiments he is unable to express himself to friends. He states, "I did running and writing, and everything I tried, was to keep my fear and anxiety locked down deep inside," (Brown, 2016)

Externalized behavior

As an adult, he has limitations of himself in how he chooses to bond with his children, due to fear of repeating the cycle of abuse with his own children. In order to cope with his experience he often exerts himself into ritualistic activities that relieve anxiety and induce calmness. He participates in yoga, meditation jogging, attending church and writing.

Adulthood Outcome

Following therapeutic sessions and gaining positive methods for coping, he continues to work as a teacher and writer. He has positive ways of coping and networks of support to allow himself to heal from the trauma he experiences in his childhood.

Baker: Surviving the Silence

Through this autobiography, there is the experience of domination and invalidation of the traumatic effects rape has on an individual from her community. She speaks of the mental effects of constant anxiety, fear, and PTSD after the attack, along with the expectation that healing is a one-time thing. Though she was able to go to therapy, the time needed for recovery is not fully grasped by close family, as she felt as though she was burdening her family by needing accommodations. She finds there is this expectation that everything will go back to normal yet her PTSD symptoms, it was clear healing is a long process. For her, healing is aided by spending time outside of the area where the trauma happened, yet when there is a constant reminder for individuals of the trauma healing can be more arduous to accomplish. As Baker works to recover from the experience and gain justice for herself, she finishes graduate school and continues to work as a writer and at a University.

Socio-economic background

She is of a middle socio-economic level, who mainly presides within the city. Baker is married with children from a two-parent household, where she obtains a graduate degree. She and her husband work within a university.

Response to Admitting Abuse

This individual received support and resources once she reported being raped. Her parents were willing to let her family relocate to their house for extra comfort and support. Her immediate family show strong support in creating spaces for Baker to feel comfortable after the attack. Responding officers to her rape report, were considered open and non-victim blaming.

Access to Therapeutic Resources

This individuals is able to financially afford and access therapist for mental health care, for PTSD symptoms. When symptoms of PTSD became overwhelming, she immediately accessed their adequate mental health care to seek treatment

Mental Effects

Baker experiences constant flashbacks, anxiety, and sleeplessness following her sexual assault. She is diagnosed with PTSD by a therapist following the attack. She experiences flashbacks and reminders from season changings to fall of her experience of being sexually assaulted.

Internalized Behavior

Baker copes with her sexual assault by spending her time and energy in places away from her home. She distances herself from the place of trauma and relocates for a period of time.

Externalized Behavior

Baker became very anxious and paranoid in spaces that were dark or around men that are the same race as her attacker.

Adulthood Outcome

Baker continually works at a university and as an author focusing the experiences of black sexual assault victims.

Hush: Nicole Bromley

In Bromley's autobiography *Hush,* from her experiences of being abused, the effects of having a therapist to find positive ways of coping become notable. In her childhood and early adolescence, she experiences sexual abuse from her stepfather. In reporting that she is being abused, especially within a small town, she feels the need to appear strong to those within her community to lessen the chances of being hurt. Alongside this, she over-engages herself in numerous activities, to give off the appearance of being strong and manageable through trauma for her mother. For Nicole, her methods of coping through extraneous measures of seeming emotionally strong and overly engaged, were internally exhausting and delaying her from healing . By engaging with a therapist continually throughout her college years, she is able to find other methods of coping that actually bring her solace, such as practicing a religion.

Socio-economic background

In Bromley's childhood and for the early part of her adolescence, she was raised in a middle socio-economic area by her mother and stepfather, there is strong amount of financial stability.

Response to Reporting Abuse

In response to reporting abuse by her step-father to her mother, she receives support and the ability to be relocated from her abuser. She did not experience victim blaming from her mother or other community members. In school room settings, she did face ostracism from several classmates for her history of sexual abuse.

Access To Therapeutic Resources

Immediately following her disclosure of being abused she received therapy. In order to feel comfortable disclosing her situation, she was able to access a therapist in another city for more privacy. In college, she was able to utilize a counselor for continual guidance.

Mental Effects

Following years of molestation and rape, she experience self-admittedly pain and anger at her attacker.

Externalized Behavior

In interacting with peers and other individuals within her community, she put on personas in order to cope with the sexual trauma and for added protection. She develop behaviors for interacting with individuals that are outside of her natural personality before the abuse began She describes herself as taking on a "people pleaser" persona, in order to reduce the chances of being hurt by saying "no," she often did the will or requests of strangers and friends. Alongside this, she also exhibited a "control-freak" behavior. As a young adult, she began using religion as a way of coping and coming to terms with her experience of being sexually abused.

Internalized Behavior

This individual developed low self-esteem following admittance of abuse along with developing the need to be in good favor of her peers and acquaintances. She was also reluctant to show emotions to defer the appearance of being vulnerable. She states, "I thought that the power to control my emotions meant that nobody could hurt me again." She also invested herself in numerous activities to keep herself distracted from thinking of the sexual trauma.

Adulthood Outcome

By receiving adequate mental health care and finding positive ways of coping through her religion. Bromley is now a speaker and an advocate for individuals who experience sexual assault in their childhood or adolescence.

A Piece of Cake: Brown

This autobiography demonstrates the impacts of race, gender, and socioeconomic status on the impact of mental health and their ability to cope with sexual abuse. Brown's early life experience of death and unescapable legal loopholes, left her vulnerable for abuse by individuals within the foster care system during her adolescence. Due to laws surrounding custody, when Brown's mother passes away, she is unable to reside with the man she's known as her father, instead she is placed into foster care until her father can gain custody. Her time spent within foster homes is where she faces sexual abuse. The extreme lack of care and regard for the sexual and physical abuse Brown is in part, due to her race and SES. The sexual violence she experiences from older children within the foster care system is ignored, and the abuse is also used as a weapon to keep her silent on reporting her abuse to authority figures. From one of her foster guardians, she is molested but is then victim blamed, as they considered her to be fast and

responsible for placing herself in that predicament. When she relays her experiences to social workers and medical workers for proof of the necessary need for relocation, she is ignored.

Brown's low SES and race plays a major role in the amount of empathy she receives and the levels of action taken in order for her safety to be secured. Without any adequate steps being taken to ensure her safety, Brown resorts to running away leaving her vulnerable to the abuse of strangers and hitchhikers. Brown's method of coping, since she is unable to find any adults to provide her with relief from the trauma she's experiencing, is through drug usage and alcohol, which she continues to use and abuse throughout much of her 20's. As Brown nears 30, she commits to a rehab program, where she completes her undergraduate in law and eventually becomes a lawyer.

Socio-economic Background

Brown is originally from a middle socio-economic level, who is raised by both of her parents up until the moment her mother passes away. Afterwards, from the ages of 12 until 27, she was primarily in a low socioeconomic level, experiencing occasional homelessness whilst living between relatives and foster families.

Response to Admitting Abuse

Brown never reported to a law enforcement or social worker of experiencing sexual abuse due to fears of being further harmed by her abuser if she was to report. When abuse by her foster father was exposed, she experienced and faced blame for her own assault. Her foster mother calls her numerous derogatory and degrading sexual slurs upon finding out about the abuse her husband is inflicting upon Brown.

Access to therapeutic resources

In Brown's adolescence when experiencing sexual abuse, she has no means of accessing any therapeutic resources. She has no guardians able to provide her with a therapist financially or transportation nor was she receiving access to a counselor in school settings as an adolescence. In her young adult life, she encounters an employer who is able to place her in a rehab program and get Brown access to a therapist for a more positive recovery.

Mental effects

Brown admits to feeling helpless and experiencing depression from her experience of sexual trauma and grief. She often has suicidal tendencies in her late teenage years and early twenties.

Externalized behavior,

In her experience of being abused, she begins treating individuals more harshly in order to provide herself with more safety.

Internalized behavior

This individual delves deeply into alcohol and drug usage, she experiments with coke, meth, crack, speed, and marijuana. In response from the abuse she receives, she becomes heavily involved in using drugs as a way to numb her pain and forget her trauma. She admits she relies on drugs for, "sanity, tranquility, and confidence," (Brown, 2007)

Adulthood outcome.

In her early 20's she struggled with securing a job and regular place of housing due to drug addiction. Eventually in her late 20's, she found a stable job and is able to attend college for a law degree. In her career, she works as a lawyer.

Conclusion

The majority of individuals experiencing childhood sexual abuse alongside adult victims of sexual trauma, experienced commonalities in the way they chose to handle their trauma individually. The impact of socioeconomic status and culture on their mental state, access to therapy, ability to admit, and coping method could be found within the African-American narratives. As class varies amongst the individuals, the ways in which their sexual assault is dealt with on a communal and individual level differs.

Class determines the amount of validity a sexual assault report is given alongside the chances for the individual to receive therapeutic care for their trauma. Coinciding with Brown's experience of being neglected when reporting rape as a woman from poverty, research has shown that individuals are less sympathetic and more likely to blame women for their own rape when they are from a low socioeconomic status (Spencer, 2016). Her experience was the complete opposite of Baker's, who, with the mobility of working as a professor and middle class socioeconomic status, was not only able to successfully report her rape but also see court justice.

The ability to admit to being raped, obtain justice, and have communal support, all impacts the ways in which these individuals cope with their trauma. Their socioeconomic status is a major factor in determining whether or not they are able to receive therapy, allowing individuals to find healthy ways of coping. Individuals who experience sexual trauma with little to no therapeutic intervention are highly likely to have substance abuse and alcoholism in their adult life, as seen with Baker in her adulthood (La Flair, Reboussin, Storr, Letourneau, Green,

Mojtabai, Pacek, Alvanzo, Cullen, & Crum, 2013). Substance abuse is a common form of coping for sexual trauma, but with therapy more positive measures are utilized.

An individual's cultural community is another major factor that affects the admission of rape, which also influences ones coping method. Although black women face extremely high amounts of sexualized violence, they are less willing to report rape committed by black men due to racial loyalty (Tillman, Bryant-Davis, Smith, & Marks, 2010). Baker experienced this dilemma in reporting her abuse, due to fears that her admission would reinforce negative stereotypes of black men. This unwillingness to admit to being sexually assaulted, leads to lesser chances of receiving therapy in order to obtain ways of healing and positive coping mechanisms. This feeling of not reporting rape due to fears of exaggerating racial stigmas is not seen in Bromley's experience of deciding whether to report her abuse.

For black men dealing with sexual assault in childhood, cultural expectations impeded their ability to admit to sexual assault as well. Rogers is raised with the belief that black men cannot be raped, as many individuals in his community pose sex to be positive, without ever mentioning conditions of rape especially for a male. He experiences similar sentiments of shame and embarrassment as other men who are also living with histories of childhood sexual abuse. A study revealed that men are reluctant to report sexual assault due to notions of sexual assault being emasculating (Hlavka, 2016). The experience of rape, impacts Rogers ability to view himself as masculine and his role as a father. For Roger, the struggle of trying to process rape as a male causes him internal turmoil, which he deals with by engaging himself in a multitude of activities for distraction. His internal struggles with suicidal thoughts lead to a mental breakdown, where he finally sought help and admits to being assaulted to a therapist.

       For each of these individuals experiencing sexual assault, having a positive method of coping bettered their chances of having successful adulthoods. Though each of these individuals with their experiences of adolescent trauma, still obtained successful careers as lawyers, professors, and authors, many others still struggle with extensive substance abuse, suicidal tendencies and incarceration from their sexual assault trauma. As low socioeconomic status along with cultural and societal bias and stigma worsen the possibility for therapeutic treatment and successful adulthood outcomes as seen within this analysis, I hope this study brings forth more action towards providing more therapeutic resources with regard to breaking down cultural and societal barriers.

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Table 1

Autobiographical Analysis of Factors affecting Adulthood Outcomes from Sexual Child Abuse

|	BROMELY	BAKER	BROWN	ROGERS
SOCIO-ECON. BACKGROUND	White Female Middle Class 2-Parent Household	Black Female Middle Class 2-Parent Household Held Graduate degree	Black Female Deceased Mother Living Father Lower Middle class	Black Male Middle Class 2-Parent Household
RESPONSE	Acknowledged Able to legally prosecute	Acknowledged Able to legally prosecute	Unacknowledged	Never admitted
ACCESS TO THERAPY	Immediately	Immediately	Delayed	Delayed
MENTAL EFFECTS	Anxiety	Anxiety PTSD	Depression	Anxiety Depression Low-Self Esteem
COPING METHOD	Personas developed for protection Control Freak People Pleaser	Avoided being alone Kept lights on constantly	Alcohol Cocaine Marijuana	Yoga Sports Attends Church Writing
INTERNALIZED BEHAVIOR	Anxiety	Anxiety PTSD	Loneliness	Depression Anxiety Low self-confidence
ADULTHOOD OUTCOME	Author	Professor	Incarcerated throughout youth; Experienced alcoholism; Lawyer	Writer
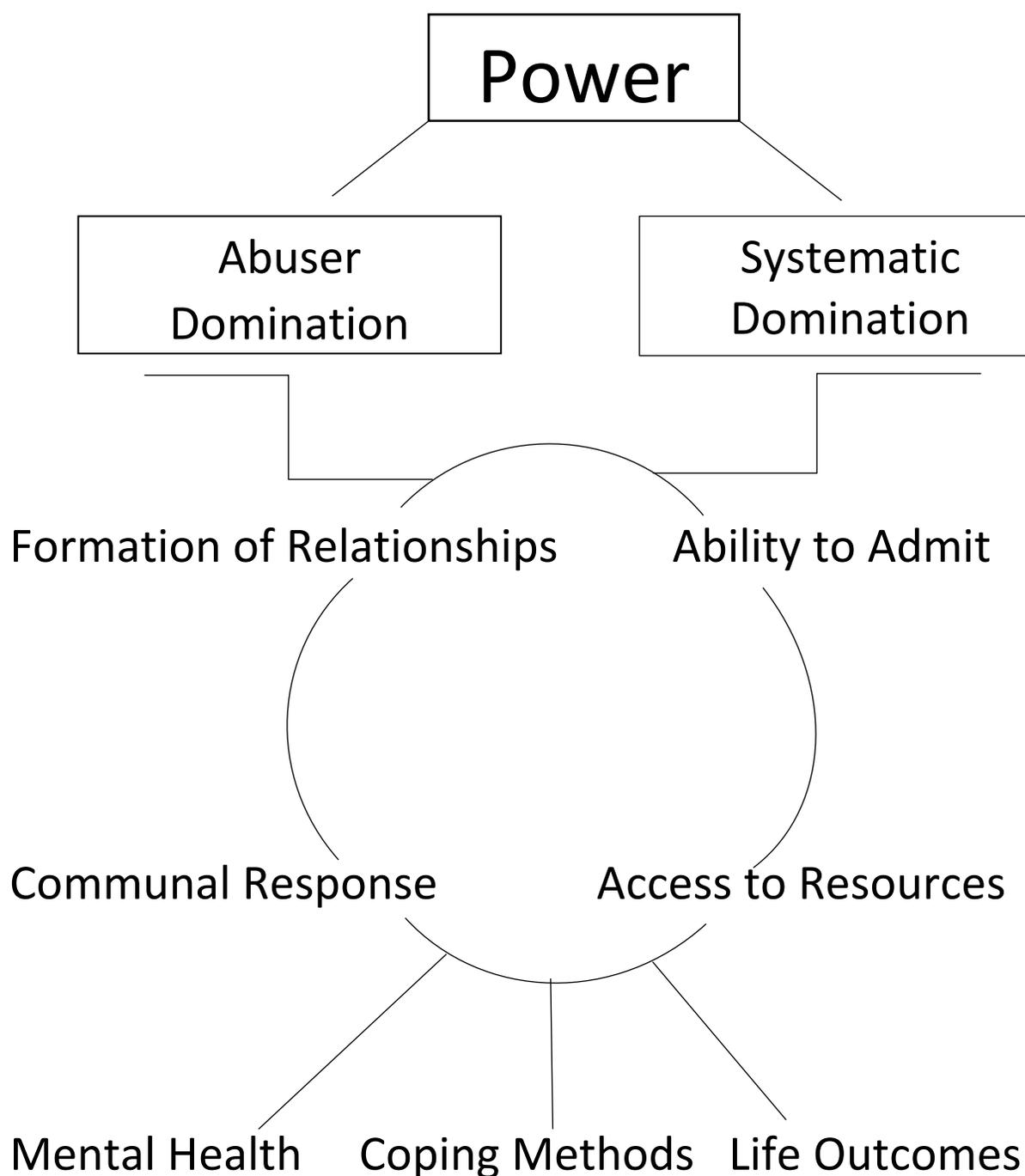
Figure 1. Altered version of the critical theory model stemming from abuser domination and systematic domination. Broad forms of domination affect formation of relationships, communal response, access to resources, and ability to admit. On an individual and variable level these changes and limitations affect ones mental health, coping method and life outcome.