DISCLOSURE AND HELP-SEEKING AFTER SEXUAL VIOLENCE: GIVING VOICE TO THE EXPERIENCES OF AFRICAN AND CARIBBEAN WOMEN

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ABSTRACT

There is little theoretical and empirical exploration of Black African and Caribbean women's experiences of sexual violence in the UK. Subsequently, less is known about their post-sexual violence disclosure and help-seeking experiences. Therefore, this thesis aimed to explore factors that might influence Black women's decision to disclose or seek help after sexual violence and their experiences of doing so.

Black feminists have long argued for the necessity to examine the lives of Black women through an intersectional lens, considering how their unique location within society shapes their lived experiences. Therefore, utilising a Black feminist framework, this study interviewed 12 African and Caribbean heritage women using semi-structured interviews.

A thematic analysis identified three broad themes: 'The Sound of Silence', 'Speaking the Unspeakable,' and 'Needing a Safe Space to Feel Heard.' The themes revealed that for African and Caribbean heritage women, decision-making around disclosure and the experience of doing so is complex, often contoured by broader sociocultural discourses. Furthermore, these themes highlighted that to support Black survivors of sexual violence adequately, more consideration needs to be given to their diverse cultural contexts and intersectional location within British society.

The findings from this study are used to inform implications for how clinical professionals, researchers, and policymakers.

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And finally, to the women who took part in this study and graciously shared their stories with me, thank you. What can I say, the few brief extracts from your narratives can never do you justice, but I hope I have honoured your words the best I could.

1.   INTRODUCTION

There is little theoretical and empirical exploration of Black women's experiences of sexual violence in the United Kingdom (UK); most of the literature derives from the United States of America (USA). In the UK, grassroots organisations that support Black and minoritised survivors of sexual violence have made significant contributions to the evidence base; however, there is limited research available. Furthermore, much of the available evidence often examines experiences of Black, Asian, and minority ethnic 'BAME' women as a homogenous group rather than Black women specifically, which points to a need for further exploration of Black women's experiences.

Within academia and broader public discourse, Black women's experiences of gendered violence are often overlooked, and the veracity of their narratives often questioned. For example, in March 2021, following the horrific rape and murder of Sarah Everard by an ex-Metropolitan police officer, the country responded with a national outcry, held vigils in her honour, and there were calls for action concerning the safety of women. Her tragic murder rightfully received significant attention. Yet, the responses to the murders of Black women such as Bibaa Henry and Nicole Smallman in June 2020 paled in comparison. From minimal media attention to the gross misconduct of police officers taking selfies by their dead bodies (Kirk, 2021), the overwhelming message was that their lives were less significant.

Another example can be seen by the aftermath of the documentary, *Surviving R. Kelly*. The documentary shares the narratives of young Black women who experienced violence and abuse at the hands of the R&B singer. Survivors received mixed responses from men and women alike. Some reactions were empathic, whereas others blamed the victims and accused them of tarnishing the singer's career. Hip-Hop artist Chance the Rapper later shared that he initially dismissed the survivors "because they were Black women" (cited in Fitzpatrick, 2019). His comment speaks to the position of Black women within society at large and how easily they are discredited. Therefore, if Black women are not recognised as legitimate victims of violence, how likely will they be to disclose or seek help in the aftermath of sexual violence?

1.1 Chapter Overview

This exploratory study aimed to learn more about the experiences of disclosure and help-seeking post-sexual violence among African Caribbean heritage women in the UK. The chapter begins by outlining key terminology, the prevalence of sexual violence, in addition to the legal and policy context. Next, theoretical considerations are explored as well as social and cultural norms that perpetuate sexual violence. The chapter develops toward a specific focus on literature exploring Black women's experiences of disclosure and help-seeking. Finally, this chapter concludes by discussing the relevance to clinical psychology and presenting the research questions.

1.2 Definitions and Contextualising Language

1.2.1 Sexual Violence

According to the World Health Organization (WHO), sexual violence is:

> A form of gender-based violence and encompasses any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting. (Jewkes et al., 2002; p. 149).

Sexual violence exists in many forms, including though not limited to, rape, sexual assault, sexual coercion, human trafficking, and female genital mutilation (FGM). Although this definition is generally accepted within an international context, it is necessary to highlight that sexual violence can also occur without coercion and that a significant contributory factor is the lack of consent.

The UK Sexual Offences Act (2003) defines rape as intentional penetration of another person's vagina, anus, or mouth with a penis without the other person's consent. Sexual assault by penetration is similar, although with the use of an

object rather than a penis. Lastly, the Sexual Offences Act defines sexual assault as intentional sexual touching of another person without consent.

1.2.2   Continuum of Sexual Violence

Feminist scholar Liz Kelly proposed the concept 'continuum of sexual violence to describe the "extent and range of sexual violence" men perpetrate against women (Kelly, 1987, p. 47). She argued that sexual violence does not fit into distinct categories but shades in and out of different categories including, though not limited to, sexual harassment, sexual jokes, non-consensual touch, sexual assault, and rape (Kelly, 1987). Conceptualising sexual violence as a continuum suggests that most women experience sexual violence across the lifespan. Kelly (1987) argues that the ramifications of sexual violence are variable across the lifespan and can be influenced by factors such as the woman's relationship to the perpetrator, the form of violence encountered, and the meaning attributed to the experience. Similarly, the coping mechanisms employed will also change over time. The notion of the continuum does not mean that some experiences of violence are more or less severe than others; however, the pertinent factor is how the woman defines it and its effects. Understanding sexual violence as a continuum highlights the limitations of legal definitions of sexual violence, which often impose a hierarchy whereby some acts (e.g. rape) are usually given more weight than others (e.g. sexual jokes).

For this thesis, I will use 'sexual violence' as an umbrella term for rape, sexual coercion, and sexual assault, as participants most discussed these incidents. Nevertheless, I recognise the limitations of the terminology and that participants may have experienced other forms of sexual violence along a continuum, even if not discussed within the context of this study.

1.2.3   Victim/Survivor

There is often contention surrounding how to appropriately describe the position of women who have been subjected to sexual violence. The term 'victim' is often used to describe someone who has recently been victimised and has implications within the criminal justice system (RAINN, 2019). On the other hand, 'survivor'

describes someone further along their healing journey post-sexual violence (RAINN, 2019). This terminology is restrictive as it suggests something binary or suggests some form of linear progression from one stage to the next. The complexities associated with the impact of sexual violence cannot be appropriately captured in either term (Eaton & Anon, 2018). Brown and colleagues (2010) use the term victim-survivor to reflect both the "victimisation and the agency that individuals exercise in coping at the time and subsequently with sexual violence" (p. 4). Although the term 'victim-survivor' can help capture both positions, I have chosen to use the term survivor as several participants spontaneously shared that they no longer considered themselves victims, nor did they like the word. However, when discussing the empirical literature, I will remain consistent with the terminology offered by the study authors.

1.2.4 Disclosure and Help-Seeking

Disclosure and help-seeking are often used interchangeably; however, it is argued that these terms reflect different processes (Campbell et al., 2015). Disclosure is defined as "the act of informing someone about an assault," though not necessarily with the intent of seeking "tangible assistance" (Campbell et al., 2015, p. 825). Survivors of sexual violence typically disclose to informal support providers such as friends or family in the first instance, rather than formal support providers such as mental health services (Ahrens, 2006; Ahrens et al., 2007). Arguably, disclosing sexual violence is crucial to the recovery process, enabling survivors to make sense of their experience and discover avenues of accessing practical support (Ullman, 2010; Ullman et al., 2010).

On the other hand, Campbell et al. (2015) define help-seeking as "the process of informing a formal help provider about the assault" with the intent of obtaining tangible assistance or seeking information on where they might access further support (p. 825-826). For example, survivors might seek help from services like rape crisis centres, mental health services, the police, or a general practitioner (Campbell et al., 2015; Kaukinen & DeMaris, 2009; Ullman, 2007). Although I recognise that survivors of sexual violence may not describe disclosure and help-

seeking as distinct processes, consistent with the literature, this thesis will refer to disclosure and help-seeking as distinct processes.

Throughout this thesis I use the term 'delayed' disclosure and help-seeking. I recognise this term is problematic as it suggests there may be an appropriate timeframe in which survivors should speak of their experience. Furthermore, as will be demonstrated in this study, some survivors do not necessarily conceptualise their experience in this way. There is variation in the literature as to what constitutes as immediate or delayed disclosure. However, consistent with earlier literature I have conceptualised immediate disclosure as occurring within two months of the incident and delayed disclosure as anything after that point (Neville & Pugh, 1997).

1.2.5 Race, Culture, and Ethnicity

Race, culture, and ethnicity are often used interchangeably yet refer to distinct constructs (Young, 1996). Each of these concepts is complex and cannot be wholly examined within this thesis. Thus, I will offer simplified definitions as they are to be understood within the current study context.

The concept of 'race' has been used to categorise people based on shared physical characteristics (e.g. skin colour); however, it has no genetic or biological basis (Clair & Dennis 2015). Racial categorisations are rooted in a history of colonialism and slavery. These categorisations have been used to organise society into hierarchies based on the notion that one 'race' (e.g. White) is superior to others (Durrheim et al., 2009; Patel & Bennett, 2000; Sussman, 2014). Thus, 'race' is a social construct (Durrheim et al., 2009). Although race is a social construct, it has "definite social consequences" (Omi & Winant, 2014, p.110). One consequence is racialisation, a process of attributing racial meaning to groups who may not otherwise identify that way (Omi & Winant, 2014). Racialisations are often grounded in stereotypes (e.g. Black women are sexually aggressive) and are used to "create and reproduce racism" (Gonzalez-Sobrino & Goss, 2019, p. 505).

Culture is a dynamic concept that is often conflated with race (Fernando, 2010). The definition of culture is widely contested but broadly refers to the "values, beliefs, and behaviours shared by…people with a common history and a verbal

and non-verbal system" (Neuliep, 2003, p. 15). Although culture refers to something shared, it is often incorrectly used to explain differences between groups (Patterson, 2000). This is problematic because similar to race, such explanations can result in stereotyping of groups. For example, suggesting 'culture' as a standalone reason for why minoritised groups may not access mental health services.

Lastly, ethnicity encompasses a mixtues certain aspects of race and culture and denotes a sense of belonging by being part of a specific group (Fernando, 2010). Often, terms such as 'minority ethnic' are used in the UK, which suggests that only minoritised groups have ethnicity; however, it is important to recognise that majority groups also have ethnicity (Patel & Bennett, 2000).

1.2.6   Black, African and Caribbean

In the UK, Black women are often homogenised as Black, Asian, and Minority Ethnic (BAME), a category used to describe non-White British ethnic groups (Aspinall, 2021). This terminology is unhelpful because it assumes similarity across the different ethnic groups, thus making African and Caribbean women's unique experiences invisible (Obasi, 2019; Selvarajah et al., 2020). Although I actively resist the use of the term BAME, I will use this term when referencing literature that employs such terminology.

Black women of African and Caribbean heritage are heterogeneous groups consisting of various cultural practices, ethnicities, and experiences. Thus, no umbrella term could fully capture their diversity. Nevertheless, similarities exist between people of the African and Caribbean diaspora. For this thesis, I will use the terms 'African and Caribbean heritage women' and 'Black women' interchangeably. I have conscientiously decided to use a capital B as a representative term for a collective of people instead of a lowercase b which reflects colour (Bhopal, 2004; Tharps, 2014). Finally, 'African American' will be used when discussing literature from the USA.

1.3   Prevalence of Sexual Violence

Sexual violence is a highly prevalent yet underreported crime that has a global impact (Krug et al., 2002). For instance, WHO (2021) reported that one in three women have been subjected to violence perpetrated by either an intimate partner or a non-partner. In England and Wales alone, data from the Crime Survey for England and Wales (CSEW) estimated that for the year ending March 2020, over 1.6 million adults had been subjected to rape or sexual assault by penetration since the age of 16 (Office for National Statistics [ONS], 2021). Furthermore, it was estimated that over 773,000 adults over the age of 16 were subjected rape or sexual assault by penetration within the last year. Women comprised the majority, with estimates of 618,000 compared to 155,000 men (ONS, 2021). Although the CSEW is likely to capture more data than what is reported to the police, many survivors do not report sexual violence; thus, these figures only marginally reflect the full scale of the matter (ONS, 2021).

It is likely that prevalence rates are higher due to the increased incidence of gender-based violence during the Covid-19 pandemic (United Nationals Fund for Population Activities, 2020). For example, job losses, social isolation, and national lockdowns may have increased the risk of sexual violence against women (Muldoon et al., 2021). However, there is currently limited official data to corroborate this.

 Furthermore, there is limited data exploring sexual violence prevalence rates among African and Caribbean heritage women in the UK. However, the CSEW revealed that Black British women were more likely to be subjected to sexual assault than their counterparts of White and Asian ethnicity. Nevertheless, the survey did not find significant differences concerning rape and assault by penetration. However, a report by the Mayor of London Office for Policing and Crime (MOPAC; 2019) which reviewed 501 rape allegations in 2016 revealed that Black women in London were disproportionately affected by rape compared to the general London population. Despite the overrepresentation of Black women however, it was primarily women of White ethnicity (57%) who were more likely to

report compared with 22% of Black women and 17% of Asian women. The prevalence of sexual violence calls for an understanding of the factors which perpetuate sexual violence and the surrounding legal and policy framework.

1.4   Law and Policy

As stipulated by The United Nations (UN; 1993), violence against women, such as sexual violence, is an infringement of specific human rights, including, though not limited to:

- The right to life
- The right to liberty and security of person
- The right to equal protection under the law
- The right to be free from all forms of discrimination

The UN Convention on the Elimination of All Discrimination against Women (1979) and The Declaration on the Elimination of Violence against Women (1992) was established to address violence against women outlining certain obligations for member states. States such as the UK are obligated to respect, protect, and fulfil human rights (Odello & Seatzu, 2020). This fulfilment includes developing policies that protect women from violence, enforcing sanctions where violence is perpetrated, and ensuring adequate resource provision for services that work towards eliminating violence against women (United Nations Convention on the Elimination of All Discrimination against Women, 1979). However, as demonstrated below, these obligations are not adequately fulfilled.

In June 2019, the End Violence Against Women (EVAW) Coalition took legal action against the Crown Prosecution Service (CPS), arguing that policy changes in how rape is prosecuted influenced a decline in rape charges (EVAW, 2019). For instance, between 2016-2017 and 2019-2020, there was an increase in the reporting of rape and sexual assault in England and Wales. Simultaneously, the number of charges and convictions decreased (Home Office & Ministry of Justice, 2021). Furthermore, in 2010, an independent review into the handling of rape

complaints by the Criminal Justice System (CJS) in England and Wales conducted by Baroness Vivien Stern revealed bad practice and inconsistent policy implementation (Stern Review, 2010). Over 10 years later, similar findings have been revealed highlighting poor treatment of survivors, delays in investigations, and inadequate resources (Home Office, 2021a).

There is limited provision of sexual violence services across the UK. Often, where services exist, they are underfunded, resulting in a 'postcode lottery' where a survivor's access to support is contingent on their geographical location (Coy et al., 2009). Although, in recent years, there have been attempts to improve policy and service provision concerning sexual violence, for example, The Rape Support Fund.[1] Nevertheless, little consideration is offered to the needs and experiences of Black and minoritised survivors of sexual violence within existing policy frameworks (Imkaan, 2015). For example, a report by Imkaan (2018)– a UK-based Black feminist organisation– revealed that the collective income of 15 Violence against Women and Girls (VAWG) services designed explicitly for BME women is less than the income of one 'mainstream' service. More specifically, the report found that organisations focusing specifically on the needs of African and Caribbean heritage women are the most poorly resourced. The impact of poor resources was exacerbated during the COVID-19 pandemic due to the increased demand for services yet limited funding (Imkaan, 2020). However, in the government's recent call for evidence for the VAWG Strategy 2021 to 2024, specialist organisations have addressed the need to centre Black and minoritised women through addressing systemic barriers and adequately resourcing services to support their needs (EVAW, 2021). Moreover, these organisations have emphasised the need for prevention of violence against women and girls through "tackling the structures, institutions and attitudes which continue to perpetuate and enable VAWG" (EVAW, 2021, p. 3).

1.5   Feminist Perspectives on Sexual Violence

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[1] The Rape Support Fund was created in response to the increased public policy awareness of the gaps in sexual violence service provision (Imkaan, 2015).

1.5.1 Feminist Theory

Feminist theory has played an essential role in developing our thinking about sexual violence. As knowledge construction usually emerges from and centres on the male perspective, alternate understandings of the aetiology of sexual violence were previously limited (Rennison, 2014). There are various schools of feminist thought; however, a dominant perspective is that sexual violence is perpetuated and maintained by patriarchy (Cahill, 2001; Whisnat, 2017). Broadly speaking, patriarchy is a system in which men disproportionately possess positions of power. For example, patriarchal structures construct norms about masculinity, including narratives about strength, control, and sexual dominance over women (McCarthy et al., 2018). Similarly, women are often socialised from an early age to modify their actions and clothes to reduce the risk of sexual violence (Vonderharr & Carmody, 2015). This socialisation is problematic because it reinforces the narrative that women are responsible for their experiences of sexual violence and absolves the perpetrator of responsibility.

This feminist perspective is useful as it challenges us to shift our thinking away from sexual violence as an individual sexual act and locates it within a broader sociopolitical context (McPhail, 2016). Nevertheless, this perspective has been criticised for being a single-factor theory due to its emphasis on patriarchy and little consideration for social and cultural factors (Ward et al., 2006). Furthermore, it neglects the fact that all men do not equally benefit from patriarchy. For example, as posited by Carby (1982/2003, p.87):

> When white feminists emphasise patriarchy alone, we [Black feminists] want to redefine the term and make it a more complex concept. This is because racism ensures that Black men do not have the same relations to patriarchal/capitalist hierarchies as white men.

Thus, although patriarchy is a component in sexual violence, examining sexual violence only through this lens does not sufficiently attend to additional oppressions experienced by minoritised groups such as African and Caribbean heritage women. Therefore, a more helpful approach would be to employ an intersectional framework.

1.5.2 Black Feminism and Intersectionality

Black feminists in the UK and USA have critiqued 'mainstream' feminism for the erasure of Black women within feminist discourses (Carby, 1982/2003; Crenshaw, 1989; Davis, 1982; Mama, 2000). Crenshaw (1991) coined the term intersectionality to describe how an intersection of race, class, and gender shape Black women's lived experiences. That is, Black women's social position "places them at an economic, social, physical, and political disadvantage compared to White women and Black men" (Zounlome et al., 2019 pg. 876). Although Black women may not be equally disadvantaged due to differences in socioeconomic status and disability for instance, (Nash, 2008), their general position in society may increase susceptibility to violence yet with little protection (McGuffey, 2013). Crenshaw (1989) argued that feminist discourse on sexual violence does not give sufficient attention to the many dimensions of Black women's lives. To view sexual violence only as a tool of male dominance ignores historical context (e.g. the legacy of slavery) and sociocultural factors (e.g. expectations of silence) that have shaped Black women's vulnerability to sexual violence and subsequently presented barriers to them accessing support (Crenshaw, 1989; Grant, 2020).

Furthermore, as Black feminist academic Patricia Hill Collins (2000) argued, Black women experience double victimisation – the actual experience of sexual violence and the structural and cultural response that places blame on the survivor. Thus, to examine Black women's experiences of sexual violence only utilising a "single-axis framework" (Crenshaw, 1989; p.140) further marginalises them. For instance, a single-axis approach centres on the White woman's experience. This is particularly problematic when considering interventions to support Black women as it does not acknowledge their cultural context, societal positionality, or additional barriers to disclosure and help-seeking. These issues will be discussed in more detail in later sections.

Whereas mainstream feminist theorising argues that sexual violence is perpetrated and maintained by patriarchy, Black feminism posits that violence against Black women also maintains race and gender hierarchies (Hill Collins, 2004; Davis, 1982). Although there is less theorising on Black women's experiences of sexual violence in the UK, we can draw parallels with theorising from the USA due to

African Caribbean women's social location and experiences of marginalisation within British society.

1.6   Sociohistorical Context

Sociohistorical context is critical to understanding Black women's experiences of sexual violence (McNair & Neville, 1996). Although African and Caribbean women's lives encompass more than the legacy of slavery and racial oppression, understanding the sociohistorical context of these issues are instrumental to our understanding of sexual violence and factors that may inhibit disclosure.

For instance, during slavery, sexual violence was used as a method of oppression and social control (McNair & Neville, 1996). African women's bodies were always accessible to their enslavers, a theme which continued post-slavery impacting the lives of Black women who were often raped as domestic workers to white families (Bryan et al., 2018; McNair & Neville, 1996). Furthermore, the sexual exploitation of enslaved women served an economic function as children born of enslaved women inherited their mother's slave status; this ensured a constant production of labourers (Leung & Williams, 2019). The institutionalised rape of African women was legitimised through the use of 'controlling images' (Hill Collins, 1991) which still have implications today.

1.6.1   Controlling Images

Controlling images refer to constraining stereotypical representations of a group used to control and subjugate them and justify that subjugation (Hill Collins, 2004). Controlling images were created to justify the exploitation and oppression of enslaved Africans (Hill Collins, 2000). Such images have remained intact and are continually reproduced within contemporary society (e.g., through representations of Black women in the media as angry or hypersexual; Bryan, et al., 2018; Hill Collins, 2004). As argued by Adkinson-Bradley et al. (2009), "because of the social, cultural, and economic connections during the eras of the European Atlantic enslavement trade, African Caribbean women are subject to some of the myths

and beliefs that are often held for African American women" (p.66). Thus, controlling images of Black women as sexually immoral, dirty, and animalistic have contributed to their subjugation in the UK (Marshall, 1996). Marshall (1996) also posits that these images have been used by white and Black men alike to legitimise Black women's sexual exploitation. McGuffey (2013) argued that controlling images may shape perceptions of Black women as victims of sexual violence, and if internalised, controlling images may influence how a survivor perceives their victimisation. However, not all Black women feel affected by these images, and they are often resisted in favour of one's own redefinition of Black womanhood (Crooks et al., 2019; Hill Collins, 2000; Marshall, 1996). Although there are several controlling images of Black women, I will briefly describe two dominant images below.

The Mammy is the obedient servant who faithfully serves and accepts her position of inferiority (Hill Collins, 2000). The Mammy was constructed as overweight thus deemed sexually undesirable; however, she was an acceptable surrogate. Depicting the enslaved woman in this manner perpetuated the idea of her role as 'breeder' while simultaneously exonerating the white enslaver for acting out his sexual improprieties as the dominant narrative was that he could not be sexually interested in her (Jewell, 1993; Nash, 2009). This notion of Black women being sexually undesirable is still present. As posited by Andrea Simon, director of UK-based organisation, End Violence Against Women, "If you are a Black woman, minoritised, disabled, you present as somebody an upstanding White man with a partner would not be interested in. That will play into juries that [you] are not desirable to rape" (cited in Morgan, 2021, para. 15).

Another controlling image is the Jezebel, a seductive woman with an insatiable sexual appetite (Hill Collins, 2000). The construction of Jezebel was used to "relegate all Black women to the category of sexually aggressive women, thus providing a powerful rationale for the widespread sexual assaults by White men typically reported by Black Slave women" (Hill Collins, 2000; p. 81). In essence, the argument was that Black women were always sexually available, therefore, could not be raped (Nash, 2009). Contemporary images of the Jezebel are evident in the UK through the representation of Black women as sexually licentious within music and media (Marshall, 1996). The impact of these myths is that Black women

are more likely to be blamed for their victimisation than perpetrators held to account (Donovan & Williams, 2002).

These controlling images demonstrate that the intersection of race and gender means Black women may have to contend with a "double dose" of rape myths (Donovan & Williams, 2002; p. 98). Rape myths –"attitudes and generally false beliefs about rape that are widely and persistently held, and that serve to deny and justify male sexual aggression against women" (Lonsway & Fitzgerald, 1994, p. 133) – may have implications for how Black survivors may be perceived, how they might perceive their own victimisation, and how they negotiate decision-making around disclosure and help-seeking. For example, Neville et al. (2004) investigated self-esteem among African American and White American college rape survivors. They found that African American survivors were more likely to draw on cultural attributions to explain their victimisation. Specifically, participants in this study used stereotypes of Black women being loose to explain being raped.

Similarly, in the UK, Fielden et al. (2010) explored experiences of sexual harassment among 'BAME' women in the workplace. They found that Black participants in particular felt that they were perceived as more sexually liberal by White and Black men alike, which they believed accounted for their experiences of sexual harassment.

1.6.2   Racial Oppression of Black Women in the UK

As demonstrated above, the legacy of slavery has implications for Black women across the diaspora. Within the UK specifically, intersected experiences of racism, classism, and sexism also left Black women vulnerable to victimisation yet with little protection.

For instance, the 'Windrush' era of the 1950s/1960s saw a mass migration of Caribbean people to Britain to help rebuild the country after World War I (Beckles-Raymond, 2019). However, there was already a small presence of African heritage people prior to this time (Olusoga, 2016). Black people were not warmly received into the country, but rather oppressed. The repression of Black people in Britain manifested through police brutality, discriminatory housing and employment policies, and inadequate schooling education for Black children (Bryan et al.,

2018). Consequently, Black people started to organise into collectives in resistance against State violence.

Although Black women made a vital contribution to the resistance, less consideration was given to 'women's issues' as demonstrated in the quote below:

> The men certainly didn't understand anything about women's oppression. In fact, they didn't have the faintest clue about it... [W]hat they [the men] needed was political education – to read, study and discuss the woman question and to confront their own sexism. No attempt was made to seriously take up women's issues, they just weren't considered immediately pressing (Bryan et al., 2018 p. 144).

Sexual and domestic violence are examples of women's issues that did not receive significant attention (Bryan et al., 2018; Mama 1996/2003). As posited by Nigerian-British feminist Amina Mama (2000), "violence against Black women is a particularly unpopular topic unless it is perpetrated by white racists or the police" (p. 44). Racism was a less contentious topic as it focused on the State's role in oppressing Black people as a whole while obscuring the need for examining violence perpetrated by Black men (Mama, 2000).

In addition, Black women's positionality within British society increased their vulnerability and meant that incidents of violence often went unreported. For example, stereotypes about Black women being sexually aggressive meant that they were less likely to be recognised as legitimate victims of sexual violence should they chose to report (Bryan et al., 2018).

Furthermore, findings from domestic violence and child sexual abuse literature highlighted that for Black women, speaking out was seen as a form of betrayal (Mama, 1996/2003; Wilson, 1993). Due to limited support options available, Black women often drew strength from within themselves or sought solace from other Black women in their network, such as relatives, or developing their collectives with other Black women in the community (Bryan et al., 2018). Although seemingly historical events, the legacy of slavery and racial oppression in the UK still have

implications for disclosure and help-seeking and disclosure today. These
implications will be further discussed in later sections.

1.7   Summary of Background Literature

As demonstrated thus far, sexual violence is a highly prevalent crime that
disproportionately affects women. Such violence is complex and cannot merely
be viewed as an interpersonal sexual act. To do so disregards the wider
sociocultural factors that allow sexual violence to be perpetrated though not
condemned.

Considering sexual violence within its broader context does not negate the fact
that survivors are directly impacted by sexual violence nor the personal
consequences, but rather demonstrates how contextual factors may exacerbate
the personal experience. For instance, an intersectional lens draws attention to
the fact that for Black women, "exposure to racism causes them to experience
sexism in a different way than White women and to experience sexual violence in
unique ways" (Zounlome et al., 2019, p.876). For example, Black women are
more likely to be considered lascivious or undesirable, thus unrapable. Such
controlling images can reduce the likelihood of them being considered credible
victims by others or themselves. Furthermore, there are issues concerning
inadequate legal response to survivors of sexual violence and a limited number of
services for survivors generally, and Black women specifically. All of these issues
may shape Black women's post-sexual violence experiences, such as whether
they choose to seek help.

Disclosure and help-seeking are considered significant steps in the survivor's
healing journey. However, many survivors may delay or choose not to disclose
(Ullman et al., 2010). For instance, a survivor's decision-making around
disclosure and help-seeking may be shaped by factors such as fear of blame or
being disbelieved, stigma, and shame (Thompson et al., 2007; Vidal & Petrak,
2007; Weiss, 2010). For Black women, the decision to seek help or disclose may
be compounded by the sociocultural factors previously discussed. Findings from
the USA have revealed that African American survivors of sexual violence are
more likely to delay disclosure or seeking help than their White or Latina

counterparts (Jacques-Tiura et al., 2010; Postmus, 2015; Wyatt, 1992). In the UK, there are no comparable studies that examine disclosure patterns across different ethnic groups; however, research has found that Black and minoritised survivors may not disclose for several years after the assault (Imkaan, 2020). In light of the above, the literature pertaining to Black women's disclosure of sexual violence will now be reviewed.

1.8   Literature Review: Disclosing Sexual Violence

An electronic literature search focusing on to barriers and facilitators of help-seeking and disclosure among Black women was conducted on three databases Psychinfo, Academic Search Complete and Science Direct. Additional literature was identified using Google Scholar. The search yielded little empirical data exploring African and Caribbean women's experiences of sexual violence in the UK. Therefore, most of the literature drawn on derives from the USA. Literature was searched using terms including "sexual violence," "disclosure", "help-seeking," and "Black women" (see Appendix A for full search terms). A scoping review chart (Peters et al., 2015) can be seen in Appendix A. A total of 90 abstracts were screened and any articles that did not focus on Black women were excluded. Papers that only focused on childhood sexual abuse and not written in English were also excluded. Consideration was given to the study sample, key findings, and limitations. Of the 25 studies reviewed, five key issued concerning regarding disclosure were most prominent. It should be noted that although I present these themes as separate entities for the purpose of this thesis, these issues are interrelated and highlight the necessity of considering African and Caribbean heritage women's experience through an intersectional lens.

1.8.1   Family and Community Loyalty
A key theme identified in the literature was a felt sense of honouring the family and Black community through remaining silent about experiences of sexual violence. This was influenced by messages such as 'don't air your dirty laundry, ' which have been passed down generationally to preserve the image of the family and

community, as speaking publicly about the violence could perpetuate stereotypes about Black communities (Bent-Goodley, 2007).

As posited by Bent-Goodley (2001), a Black woman "may withstand abuse and make a conscious self-sacrifice for what she perceives as the greater good of the community, but to her own physical, psychological, and spiritual detriment" (p. 323). However, this loyalty is not gender-neutral. For example, Black women are often charged with protecting the community (namely Black men), whereas this same level of protection is not always reciprocated.

For example, McGuffey (2010) explored race and racial appraisals of 34 African American survivors of sexual violence – 25 of which were women and the remaining being men. The study aimed to understand the role of racial appraisals in shaping how survivors made sense of their experience. Participants discussed concerns about how they would be perceived for speaking up about their experience, and the impact this would have on the Black community. Specifically, the tension of silence and protecting the Black man is illustrated by the participant below:

> Black people are so concerned about Black males that we let y'all [i.e., Black men] shit on us and Black women are just supposed to keep quiet in order to protect the Black male from lookin' bad in White people's eyes . . . plus everybody thinks everything is a conspiracy against Black men when it comes to sex and rape (p. 275).

One explanation for this emphasis on protecting Black men could be their overrepresentation within the criminal justice system, a prevalent finding in the UK and USA (Decker et al., 2019; Palmer, 2012). Therefore, Black women have to negotiate between protecting themselves versus protecting their community.

McGuffey (2013) conducted a large qualitative study of 111 African American women rape survivors across four cities in the USA. The study examined how race, gender, and class intersections shaped survivors' interpretations of being raped. Among the themes which emerged as a barrier to reporting to professional services was the notion of not airing dirty laundry. Even if friends and family believed the survivors upon disclosure, they were discouraged from reporting to the police due to its impact on African American men specifically and the

community at large. McGuffey states, "the majority of participants suggested that African American culture put a premium on silence in order not to perpetuate negative stereotypes about African Americans" (p. 123). The large sample size and inclusion of multiple geographic locations helpfully demonstrates the pervasiveness of community loyalty and in shaping sexual violence disclosure pattens.

Furthermore, negotiating this position of silence may be difficult within the context of race as the connection to the family and community may be a buffer against other oppressions such as racism which may be experienced outside this network (Richie, 1996). Thus, if disclosure of sexual violence may result in the survivor being ostracised from their community (McGuffey, 2010), it may be reconciled that silence is the better option, especially as there is no guaranteed protection if they are to seek help.

For example, Imkaan (2020), conducted a qualitative study of 36 BME women survivors of sexual violence, which explored experiences of sexual violence and barriers to accessing support. They found that survivors felt responsible for protecting the familial reputation and a sense of obligation to protect the wider community from stereotypes and racism, resulting in silence. Furthermore, participants shared concerns about not wanting to bring shame to the family, which could result in ostracism from the community. Concerns of shaming the family may further reinforce any feelings of shame or self-blame the survivor may already be experiencing as it perpetuates the message that if they speak, they are the ones at fault.

Although this study points to how expectations of loyalty may influence disclosure, the findings report the experiences of 'BME' women which includes, though is not limited to, Black women. The current thesis will contribute to the literature by exploring the perspectives of Black women specifically. Nevertheless, all studies discussed in this section highlight the complexities around disclosure and help-seeking and how Black women have to make considerations on multiple levels.

1.8.2   The Strong Black Woman

The literature also revealed that internalisation of the Strong Black Woman (SBW) construct presented as a barrier to disclosure. The SBW construct can be traced back to slavery, where depictions of the African woman as strong were used to justify their treatment as chattel (Beauboeuf-Lafontant, 2009; Romero, 2000), reinforcing controlling images that the Black woman "cannot be victimized and therefore does not suffer under her circumstances, no matter how extreme" (Beauboeuf-Lafontant, 2009, pg. 25). Furthermore, Black women may be forced to internalise this notion of strength as a means of survival while navigating oppressions such as sexism, racism, economic challenges, and familial responsibilities (Beauboeuf-Lafontant, 2007; Radford, 2002; West et al., 2016). This notion of strength projected onto Black women prevents their vulnerability from being recognised.

Henry (2020) conducted an Interpretive Phenomenological Analysis (IPA) study examining how eight African American women who were subjected to sexual violence as university students made sense of their non-disclosure to formal services, identifying both intrinsic and extrinsic factors. Among the intrinsic factors identified as a reason for non-disclosure was the expectation for Black women to be strong, which participants exhibited by concealing what happened to them and not seeking assistance from others. However, it should also be noted that the SBW construct was an intrinsic barrier found in addition to self-blame and feeling as though they were in a vulnerable place in life at the time of the assault. Thus, although the SBW construct influenced participant's non-disclosure, it is necessary to consider this within the context of other intrinsic factors rather than a standalone reason for non-disclosure. Furthermore, the smaller sample size of IPA necessitates caution in making general claims. However, this theme has been found in wider literature, highlighting the significance of the SBW construct in influencing sexual violence disclosure.

In her seminal study exploring disclosure patterns among 12 African American sexual assault survivors, Washington (2001) found that internalising the SBW construct contributed to delayed disclosure. This included disclosure to formal support providers as well as informal support networks, such as friends and family.

Participants discussed the expectation and internalised belief that as Black women, they should be capable of coping with sexual assault alone. Furthermore, it was felt that their victimisation was less likely to be believed by services than their White counterparts, due to the perception of Black women as strong. These finding highlights how controlling images shape perceptions of Black women and may prevent their victimisation from being recognised.

In the UK, Kanyeredzi (2018a) interviewed nine Black African Caribbean heritage women who experienced violence and abuse across the lifespan. Adopting the SBW persona was a coping strategy for several survivors in this study. Participants learned strength through watching their mothers and female relatives cope with little support and tended to seek help only at the point of significant distress. Kanyeredzi's (2018a) study explored various forms of violence and abuse across the lifespan; the current thesis will contribute to the body of literature in the UK by centring on the experiences of sexual violence specifically.

Contrary to the aforementioned findings, research conducted by Ullman & Lorenz (2020) revealed that the SBW construct was not a barrier to seeking mental health support post-sexual violence. This finding is significant as it has been argued that the SBW construct may be a deterrent to accessing therapeutic support (Romero, 2000). Ullman & Lorenz's (2020) findings relate specifically to mental health help-seeking which suggests there may be alternative interrelated factors which have greater significance for survivors than the SBW construct. The following section considers some additional factors.

1.8.3   Relationship to Services

Research suggests that Black women may be reluctant to access mental health or rape crisis services post-sexual violence due to the stigma attached to disclosure, discriminatory experiences, or inadequate responses when seeking help (Bryant-Davis et al., 2009; Mantovani et al., 2017). For instance, African American survivors are more likely to receive negative, judgemental responses from formal support providers than their White counterparts (Jacques-Tiura et al., 2010). In addition, racism and stereotypical ideas held by support providers about Black

women's sexuality – likely influenced by controlling images as discussed above – may result in Black women being discredited as legitimate victims of sexual violence, therefore acting as a deterrent to help-seeking (Bryant-Davis et al., 2009).

Additionally, organisational factors such as long waiting lists and lack of culturally specific services may also be a hindrance to help-seeking (Imkaan, 2015). Culturally specific services refers to services designed for minoritised survivors of violence, with respect to cultural norms, race, immigration status, and religious practices.

For example, research by Imkaan (2015) examined the barriers BME women face to accessing support services after sexual violence. Participants consisted of service providers from 38 sexual violence and domestic violence services. Respondents reported limited training on issues concerning BME women as a barrier to adequately supporting them. Furthermore, respondents said that the lack of specialist (e.g. domestic violence and sexual violence) services for BME women is a barrier to them accessing services, implying that survivors may be more likely to seek help if more services existed. Additionally, there were concerns regarding the overrepresentation of White staff, which relate to racism or lack of understanding due to the staff's limited awareness of the survivor's cultural background. These findings are helpful as they offer service-provider perspectives on barriers to survivor help-seeking; however, it does not directly capture the voice of African and Caribbean heritage survivors.

Similarly, Ullman and Lorenz (2020) explored barriers and facilitators to African American women seeking mental health support following sexual assault. This was a mixed-methods study where the findings of 836 participants comprised the quantitative analysis and 32 took part in qualitative interviews. Eighteen participants discussed their perceptions and experiences of seeking mental health support in the qualitative interviews. Some participants reported accessing mental health support whereas others were deterred due to limited finances or a mistrust of White professionals. The authors do not report how or why these particular 32 participants were selected for the qualitative analysis nevertheless, the greater sample size enables us to draw useful conclusions from the findings. For instance,

the findings demonstrate how services may be inaccessible for survivors at the intersection of gender, race, and class as participants had to contend with concerns of racism and unaffordability of services due to lower income.

On the other hand, Neville and Pugh (1997) examined disclosure patterns and post-assault social support among 29 African American sexual assault survivors. The findings revealed that over one-third of participants accessed counselling support from White counsellors and positively appraised their experience due to feeling supported by their counsellors. Only one participant who did not access counselling support stated that it was because she could not find an African American therapist. Furthermore, other participants who did not access counselling reportedly chose to rely on inner strength or lacked the financial means. The findings suggest that while there may be barriers to accessing counselling that need to be addressed, for some who are able to access counselling, adequate support from the therapist may help facilitate a safer and positive experience.

Financial concerns were also a theme in other literature. For example, Long and Ullman (2013) conducted a narrative case analysis of nine Black women sexual violence survivors who had experienced multiple forms of marginalisation across the lifespan. Most of the participants were from impoverished backgrounds, thus could only afford free counselling services. Many of these services were overstretched and therefore could not sufficiently cater to their needs. Furthermore, some women were not aware that they could access resources such as crisis houses, which is information they may have had access to had they been in more privileged positions. Thus, it is essential to consider the impact of low SES on a survivor and how that might create barriers to accessing services.

Nevertheless, Alvidrez et al. (2011) found that even when they offered no-cost mental health services, African American survivors were less likely to access the service than their White and Latina counterparts. Interestingly, survivors were more likely to engage with services if they were matched to a clinician of similar ethnicity. This finding further supports concerns about how engaging with White clinicians may deter some survivors from accessing a service. Therefore, where Black survivors may wish to seek help from services, they may feel unable to.

1.8.4   Relationship to the Police

It is widely known that relations between the Black community and police in the UK and USA are volatile, resulting in Black people feeling over-policed yet under-protected (Palmer, 2012). For example, findings in the UK have revealed that Black women are 25% more likely to receive custodial sentencing than their White counterparts and more likely to receive harsher sentencing (Prison Reform Trust, 2017; Uhrig, 2016).

Generally, survivors of sexual violence are less likely to report sexual violence to the police, particularly if they have consumed alcohol or if they know the perpetrator (Kaukinen, 2004). Where survivors do enlist support from the police, research has found that they often receive unhelpful responses, such as victim-blaming (Ahrens, 2006; Campbell et al., 1999; Washington, 2001). For Black survivors in particular, their experiences may be compounded by the fact that they are also more likely to experience discriminatory treatment (Neville & Pugh, 1997). Consequently, Black survivors may have less trust in the police and less are likely to report the incident (Neville & Pugh, 1997).

Imkaan (2020) examined the experiences of sexual violence among 36 minoritised women – 10 of which were of African heritage and six of Caribbean heritage – in the UK. The study aimed to identify help-seeking experiences and barriers to accessing support. Participants reported mixed responses from the police. Whereas some reported positive experiences, mainly when they had been kept informed and offered validating responses, others described not being believed (Imkaan, 2020). "Black Caribbean women in particular expressed not feeling heard by having to encounter slow and racialised responses that cast them as the problem" (Imkaan, 2020, p. 39).

Similarly, Decker et al. (2019) conducted a qualitative study exploring the intersections of gender and race when reporting sexual assault to the police in the USA. Twenty-six women took part in the study, the majority of which were African American(N=19). Several structural factors relating to the tense relationships between the police and the African American community were identified as deterrents to reporting. For example, African American survivors identified racism as a significant factor, highlighting concerns that they would be more likely to be

interrogated despite being victims. Survivors said this on account of vicariously observing police misconduct towards people within the African American community. The survivors also expressed concerns that they would be treated with less regard than a White woman if they were to report to the police.

Furthermore, where the perpetrator was their partner, African American survivors shared concerns about reporting to the police due fears of the police incarcerating their partners or brutalising them.

As evidenced through this section, tense relations between the police and the Black community generally have implications for Black survivors of sexual violence specifically. The findings discussed in this section illuminate the intersectional experiences of racism and sexism that African and Caribbean heritage survivors face and offer insight into why some will choose not to seek help from the police.

1.8.5   Social Support and Responses

As demonstrated throughout this section, Black survivors of sexual violence may not choose to disclose, and where disclosure and help-seeking do occur, they are more likely to confide in friends and family than services such as police, mental health services, or rape crisis centres (Ahrens, 2007; Lindquist et al., 2016). For African American women specifically, it has been found that religiosity and social support have been identified as protective factors against depression (Bryant-Davis et al., 2011).

Survivors of sexual violence may disclose their experience in order to obtain emotional or social support. For instance, Ahrens and Campbell (2007) conducted a mixed-methods study with 102 survivors of sexual violence concerning their first post-sexual violence disclosures. Fifty-one percent of the participants were African American. Qualitative analysis revealed that almost 75% of the first disclosures were to friends or family as participants were seeking emotional support. Furthermore, the study suggested that responses such as empathy, emotional support, and proactive help from professional services can positively impact the survivor through reducing feelings of self-blame. Although African American

survivors comprised the majority of the sample, the broad sample recruited for this study makes it difficult to generalise specifically to this group.

It should also be noted that disclosure may not always be beneficial for the survivor, and negative responses from recipients might actually increase psychological distress, shame the survivor, and lead to secondary victimisation (Ahrens, 2006; Jacques-Tiura et al., 2010). Secondary victimisation refers to the harm caused to survivors due to the insensitive or blaming responses of institutions and other individuals; the impact of secondary victimisation may inhibit future disclosures (Doherty & Anderson, 1998; Marsh & Wagner, 2015).

For instance, Ahrens et al., (2006) interviewed eight sexual assault survivors who reported negative experiences of disclosure to either friends, family, or professionals. Five of the survivors were African American and three were White American. Participants reported negative experiences such as victim-blaming, being admonished not to report the violence, and refusal of help from professionals (e.g. police not investigating). Survivors experienced these responses as silencing, and subsequently did not speak to anyone else about the violence for several years following the initial disclosure.

In this instance, ceasing disclosure was more beneficial for survivors than receiving further negative responses. Thus, choosing to no longer disclose "may therefore have a positive impact on survivors' recovery by helping them avoid such negative reactions" (Ahrens, 2006; p. 47). The small sample size of this study warrants caution in interpreting the findings yet still highlight that disclosure and help-seeking alone are insufficient to support survivors with their healing journey, but that this must be accompanied by affirming responses to ensure no further harm is caused. Furthermore, as survivors are more likely to disclose to or seek help from informal support providers particular, this highlights the importance of the recipient's role, and the need for guidance and education around responding to survivors.

1.9   Summary and Relevance to Clinical Psychology

Sexual violence is traumatic, and the effects are often complex, impacting mental, physical, and spiritual health (Against Violence & Abuse & Agenda, 2018; Campbell & Wasco, 2005; Knapik et al., 2011; Weist et al., 2014). Although sexual violence may affect survivors differently, considerable evidence points to its deleterious effects. For example, women may have an increased risk of gynaecological trauma and unintended pregnancy (McFarlane, 2007; WHO, 2012). Furthermore, research has found that survivors of sexual violence are more likely to experience social withdrawal, low mood, substance abuse, suicidality, and posttraumatic stress disorder (PTSD) than someone who has not been victimised (Bryant-Davis et al., 2009; Campbell et al., 2009; Dworkin et al., 2017; Segal, 2009). However, it should be understood that this is not necessarily a cause-effect relationship. For instance, the psychological impact of sexual violence may be mediated by additional factors, such as the relationship to the perpetrator, prior experiences of victimisation, and social inequalities, such as poverty and racism (Bryant-Davis et al., 2009; Loya, 2014).

Furthermore, although African and Caribbean heritage survivors may be less likely to disclose, it is also likely that clinical psychologists will still encounter survivors in the therapy room, even if 'presenting' for different reasons. For example, research by Kalathil et al. (2011) explored African and Caribbean heritage women and South Asian women's experiences of mental distress. Participants attributed their experiences of distress to various adversities, including physical abuse and sexual violence, although this may not have always been considered by services.

Understanding the intersectional issues that African and Caribbean survivors face is crucial to adequately supporting them in the therapy room. For example, understanding what barriers they may face or how external power structures intersect and perpetuate further distress (Baah & Yeboah, 2020). Furthermore, traditional psychological approaches often neglect the survivor's sociocultural context and may therefore be oppressive (Patel & Mahanti, 2004). However, bringing an intersectional lens to the fore may help identify the issues that African and Caribbean heritage women may face and how best to intervene.

Beyond the therapy room, this study may have relevance for the wider role of clinical psychologists, such as influencing policy and service development (Division of Clinical Psychology, 2010).

1.9.1   Research Questions

Most of the literature concerning disclosure and help-seeking centres the lives of African American women. African American women share similar histories to African and Caribbean heritage women due to the legacies of colonialism, slavery, and racial oppression; however, their experiences do not speak directly to the lives of African and Caribbean heritage women in the UK (Bryant et al., 2018). Therefore, this study aimed to explore the experiences of African and Caribbean heritage women in the UK. Furthermore, as the literature often concentrates on the barriers or responses to disclosure, the current study aimed to answer the following research questions:

1. What factors might influence African and Caribbean heritage women's decision making around disclosure and help-seeking following sexual violence?
2. What are African and Caribbean heritage women's experiences of disclosure and help-seeking following sexual violence?

2. METHODOLOGY

The current study utilised qualitative methodology to explore African and Caribbean heritage women's experiences of disclosure and help-seeking after sexual violence. This chapter gives an overview of the epistemological position, justifying the qualitative methodology adopted. The research process is then discussed in addition to ethical considerations. The chapter concludes by detailing the analytical approach and, finally, my reflexive position as a researcher.

2.1 Design

2.1.1 Ontological and Epistemological Considerations

Ontology relates to the philosophical study of being; it is concerned with what there is to know (Willig, 2008). Ontological positions are considered either realist or relativist. Relativism posits that there are multiple truths and that nothing exists outside of our thinking (Denzin & Lincoln, 2005; Levers, 2013). In contrast, realism suggests that the world comprises "structures and objects that have cause-effect relationships with each other" (Willing, 2008, p. 13). Linked to ontology is epistemology, a branch of philosophy "concerned with how knowledge can be created, acquired and communicated" (Scotland, 2012; p. 9). Epistemology is concerned with answering questions about how we obtain information, how we know what we know, and whether that knowledge is reliable (Harper, 2011). The researcher's epistemological position has implications for collecting and interpreting data (Rubin & Rubin, 2011).

Epistemology exists along a continuum between positivism and constructionism (Braun & Clarke, 2013). A positivist epistemology claims there is one objective reality that is observable and can be measured by using standardised means (Rubin & Rubin, 2011). Proponents of positivism argue that researchers are neutral observers, careful not to influence the research with their own beliefs (Pilgrim, 2019). Consequently, a positivist approach often focuses on statistical conclusions was not deemed suitable for this study.

On the other end of the spectrum, constructionism stipulates that reality can only be perceived rather than measured (Rubin & Rubin, 2011). Constructionism is concerned with how events are perceived and their meanings (Willig, 2013). A constructionist position argues that perception is shaped by social, political, and cultural contexts and that meaning is often constructed through language (Braun & Clarke, 2013). As such, a constructionist perspective argues that there are multiple realities. However, constructionism gives less attention to the material consequences of events which was a significant consideration for this study.

I have adopted a feminist, namely Black feminist epistemological standpoint for this thesis. These standpoints are ontologically realist (namely materialist), arguing that life experiences are influenced by histories and social structures such as race, class, and gender (Willig, 2008). Historically, knowledge construction has not come from asking women about their lives, meaning that our understanding of knowledge centres on the White, elite male perspective (Brooks, 2007; Hill Collins, 2000). Therefore, in instances such as this thesis concerned with male perpetrated sexual violence against women, I chose to privilege this standpoint that centres on the woman's perspective.

The feminist standpoint is a critical theory that stipulates women's socio-political location as a marginalised group affords them access to knowledge and experiences which those in the dominant group do not have access to (Harding, 1993). That is, those who are not oppressed in these ways do not fully comprehend the mechanisms of power and oppression. As this standpoint posits that knowledge derives from social location, starting research from the marginalised group's position highlights critical questions that may not have arisen if starting from those with the most power (Harding, 1993). However, it is not simply belonging to an oppressed group that constitutes a standpoint but rather an awareness of how these oppressions relate to social structures (Jaggar, 2004).

Nevertheless, for marginalised groups such as Black women, the feminist standpoint does not go far enough. Hill Collins (2000) argued that Black women are often precluded from prevailing academic discourse, thus proposing a standpoint that privileges Black women's experiences. The Black feminist standpoint offers a lens whereby we can see and understand Black women's

experiences. For instance, as discussed by Evans-Winters (2019), Black women across the diaspora share histories of "surviving and struggling against White supremacy, economic oppression, and domination and gender oppression" (p.14). Thus, Black women share a specific viewpoint from which they can understand how interlocking oppressions of race, class, and gender impact collective experience and subsequently an understanding of how to address these issues (Hill Collins, 2000). Sociologist and Black Feminist Patricia Hill Collins (2000) outlines four tenets of Black feminist epistemology- a) lived experience as a criterion of meaning, b) the use of dialogue to assess knowledge claims, c) the ethic of caring, and d) the ethics of personal accountability which can be used to guide the research process. These criteria are elaborated on in the discussion section when evaluating the research.

Critics of the feminist standpoint argue that it is essentialist, suggesting a universal stance for women (Gergen, 2017). Similarly, the Black feminist perspective has been criticised for essentialising the lives of African American women and only focusing on specific aspects of Black women's lives such as experiences of oppression and marginalisation (Reynolds, 2002). However, Brooks (2007) stipulates that standpoint theorists recognise that women's experiences are not monolithic and, therefore, feminist standpoint epistemology is an ongoing development. Despite its limitations, I feel this epistemological position was fitting due to its concerns with oppression and power relations, which are significant contributors to Black women's experiences of sexual violence.

2.1.2 Involvement of Research Consultants

Black feminist epistemology emphasises the "use of dialogue in "assessing knowledge claims" (Hill Collins, 2000, p. 260). Engaging in dialogue with other members of a community rather than developing ideas in isolation facilitates the process of generating knowledge (Hill Collins, 2000). This dialogic process also helps the researcher to maintain accountability for the claims put forward.

I engaged in dialogue with a woman of Caribbean heritage who is also a survivor of sexual violence. As research consultant, she advised on the design of the interview guide and data analysis by offering feedback on themes and suggestions of how these may be developed to capture the complexity of Black women's

experiences of disclosure and help-seeking. Furthermore, she consulted at the stage of writing the discussion, offering considerations of what these findings mean within the context of psychological therapy.

I also consulted with a service provider who works exclusively with Black femme survivors of gender-based violence. As research consultant, she advised on the latter stages of the study, corroborating that the themes that emerged were consistent with what she has seen in practice. Furthermore, this consultant offered suggestions concerning the broader implications of the findings, encouraging systemic thinking around the relevance of these findings outside of the therapy room.

2.1.3   Rationale for Qualitative Methodology

Qualitative methodology is commonly used in sexual violence research as it gives 'voice' to the survivor's experience (Campbell et al., 2009; Reinharz & Chase, 2002). As Black women have often been excluded from or misrepresented in empirical research, for instance, pathologising distress, it was necessary to allow space for their voices to be heard (Few et al., 2003). As stated by Few et al. (2003), qualitative methods highlight "the meanings behind the numbers" (p. 206); thus giving insight into how people make sense of their lived experiences (Willig, 2013). As there is a paucity of research exploring sexual violence among African Caribbean women in the UK, adopting a qualitative approach enabled me to gain new insights into the experiences of disclosure and help-seeking.

2.14   Rationale for Thematic Analysis

Braun and Clarke (2006) define Thematic analysis (TA) as a "method for identifying, analysing, and reporting patterns (themes) within data" (p.79). Thematic analysis is a method rather than a methodology in that it is not attached to any theoretical or epistemological position and can therefore be applied flexibly (Braun et al., 2018; Maguire & Delahunt, 2017). Nevertheless, there are several ways to approach TA, and I utilised reflexive TA (Braun et al., 2018). Reflexive TA recognises the researcher's subjective role within the analytic process. In other words, it is understood that the researcher's ideas, social positionality, and

theoretical assumptions shape how data is interpreted (Braun et al., 2018). The emphasis on researcher reflexivity fits particularly well with a Black feminist methodology that considers the researcher's lived experience and interpretations of the world as integral to the research process as participant narratives (Evans-Winters, 2019).

Thematic Analysis was preferred over Grounded Theory (GT; Glaser & Strauss, 1967). The latter aims to generate new theory from the data, which was not the aim of this exploratory study. Another consideration was Discourse Analysis (DA) which is concerned with the role of language in constructing reality (Potter & Wetherell, 1987). However, this study was interested in the material consequences of disclosing sexual violence for African and Caribbean women. Although important to recognise and understand the meaning behind the language, that was not the primary focus of the study. Thus, unlike DA, TA cannot make claims about the use of language (Braun & Clarke, 2013). However, TA can offer complex and detailed insights about the data when appropriately applied (Willig, 2013).

Furthermore, the emphasis on language means that DA is more suited to a social constructionist epistemological position (Braun & Clarke, 2013). TA enabled me to make comparisons across a more extensive dataset instead of an approach such as Interpretative Phenomenological Analysis (IPA; Smith, 1996). IPA focuses on how people understand and make sense of their lived experiences and usually works with a smaller sample due to the detailed level of analysis (Braun & Clarke, 2013; King, 2004). Considering the exploratory aims of the study and the epistemological stance, TA was deemed the most suitable approach.

2.1.5   Developing the Interview Guide

Semi-structured interviews were chosen instead of focus groups due to the sensitive topic nature (Busetto, 2020). As survivors of sexual violence may not often disclose their experiences, the aim was to offer a space where participants could maintain anonymity and feel able to speak freely about their experiences. Furthermore, focus groups would have required me to divide my attention across participants and attend to other factors such as group dynamics (Busetto, 2020). Therefore, semi-structured interviews were deemed most appropriate in enabling

me to privilege one survivor's voice at a time. Semi-structured interviews employ a guide of pre-determined topics which bring structure to the conversation; however, the flexibility of this approach means that the structure does not need to be rigidly applied (Busetto et al., 2020).

I constructed the first draft of the interview guide by considering the study aims and exploring existing literature. As the aim of the study was to learn more about participants' experiences of disclosure and help-seeking rather than their experiences of violence, there were no questions asking directly about their assaults. The guide was refined through conversation with the research consultant and, later, my supervisor. Open-ended questions were used to ensure the conversation did not feel too directive. Furthermore, a combination of descriptive and evaluative questions were employed to understand participants' experiences of disclosure and help-seeking and their associated thoughts and feelings about the responses they received (Spradley, 2016).

The final version of the interview guide (Appendix B) began with a warmup question, inquiring about participants' daily life, and interests. These questions were asked to build rapport and to help put the participant at ease before moving on to sensitive subject matters. The questions then moved on to asking about experiences of disclosure and help-seeking following sexual violence, first to friends and family, and subsequently to professional services. Finally, the guide concluded with questions about race, culture, and ethnicity. As indicated in the introduction, it is necessary to examine African and Caribbean heritage women's experiences through an intersectional lens. Thus, asking questions pertaining to race, culture, and ethnicity was to help support an intersectional analysis. Nevertheless, several participants discussed these matters without prompting.

2.2   Data Collection

2.2.1   Inclusion Criteria

The following inclusion criteria were used to identify potential participants:

- Adult aged over 18

- Female
- Black African and/or Caribbean heritage
- Lived experience of sexual violence (e.g. rape and/or sexual assault) two or more years prior to taking part in the study

There is no specific guidance outlining how long after sexual violence is appropriate to interview survivors for research. The impact of sexual violence varies for each survivor. Furthermore, a survivor's emotional response to the violence and relationship to speaking about the violence may change over time (Campbell & Adams, 2009). Reportedly, three-quarters of survivors of sexual violence do not contact rape crisis services until after one year or more after the incident (Rape Crisis England and Wales, n.d.). Thus, two years was deemed an appropriate starting point as it may have offered survivors time to begin processing their experience.

2.2.2   Recruitment Procedure

Due to the sensitive subject matter, I anticipated challenges with recruitment such as survivors not wanting to come forward or low attrition rates. Therefore, I aimed to utilise several methods to reach as many survivors as possible. The initial recruitment plan involved advertising through non-statutory services that support survivors of sexual violence, posting leaflets in community centres, and advertising via social media. I contacted several 10 non-statutory organisations. Three organisations offered to support recruitment by advertising the study poster (Appendix C) through their social media pages or allowing me to bring paper copies to an event. However, due to restrictions surrounding Covid-19, all recruitment was required to take place online. Thus, two organisations were able to assist recruitment via their social media platforms. The recruitment flyer was also circulated via Twitter.

2.2.3   Initial Contact

Twenty-one participants expressed interest in the study and were emailed a copy of the Participant Information Sheet (PIS; Appendix D) and Consent Form (Appendix E). Participants were given at least one week to consider the materials before I followed up. In most cases, participants contacted me within three days, confirming that they would like to participate in the study. Of the participants who initially expressed interest, 14 responded following receipt of the PIS thus a screening call was arranged. The purpose of this call was to determine eligibility and offer potential participants an opportunity to ask questions. If willing and eligible, the interview was arranged for a convenient time and date where participants could access a confidential space to speak with me over Microsoft Teams. However, if potential participants met inclusion criteria yet showed ambivalence towards taking part or indicated that their participation might result in undue distress, it was mutually agreed to prioritise their wellbeing and safety, and they were not included in the study (N=2).

2.2.4   Participants

The number of participants required for thematic analysis is contested; however, it is agreed that the appropriate sample size should be sufficient for achieving data saturation (Fusch & Ness, 2015). Data saturation is the point in analysis where the researcher no longer finds new information in the data, thereby signalling that data collection can end (Faulkner & Trotter, 2017). Although data saturation can be achieved within six to twelve interviews (Guest et al., 2006), greater emphasis should be placed on the quality of data (e.g. intricacies and nuances) rather than quantity (Fusch & Ness, 2015). In addition, Chenail (2011) argues that the researcher's ideas and biases will influence the exact point of saturation.

In light of the above, the target was to recruit 10 to12 Black women of African Caribbean heritage for the study. Accordingly, a final number of 12 participants were included. Participants' ages ranged from 24-35. All participants reported being from 'working class' backgrounds though two stated they would now consider themselves 'middle-class'. All participants were in full-time employment.

Table 1 presents an overview of basic demographic information and pseudonyms. A copy of the demographics form can be found in Appendix F.

Table 1 Participant Demographics

Pseudonym	Age Range	Self-Defined Ethnicity
Camille	Mid 30s	Black African
Jacqueline	Late 20s	Black African
Kemi	Late 20s	Black British, African
Laiya	Early 30s	Black British
Nara	Mid 30s	Black British African
Portia	Late 20s	Black Caribbean
Renee	Mid 30s	Black British
Serwaa	Early 20s	African
Sienna	Mid 20s	Black Jewish
Sydney	Mid 20s	Black Caribbean
Vanessa	Mid 30s	Mixed
Yasmine	Mid 20s	Black Mixed

2.2.5   Interviews

Semi-structured interviews were conducted using the interview guide described in section 2.15. All interviews took place online via Microsoft Teams. Participants were able to ask questions and reminded of their right to withdraw at the beginning of the interview. No participant asked to stop the study or withdrew their data. After the interview, I electronically obtained consent using the consent form. The interviews varied in length from 45 minutes to 150 minutes. At the end of the interview, participants were debriefed and offered a list of organisations that support survivors of sexual violence should they wish to speak further. A copy of the debrief form can be found in Appendix G.

2.3   Ethical Considerations

Ethical approval was obtained from the University of East London's (UEL) School of Psychology Ethics Committee (Appendix H). Amendments to the original ethical approval were made to reflect the study moving online as documented in Appendix I.

2.3.1   Informed consent

Potential participants were provided with a copy of the PIS and Consent Form at the time of inquiry to ensure they had an overview of the study and what they would consent to should they decide to take part. Participants were given an opportunity to ask questions during the screening call and again at the start of the interview before signing the consent form. All participants were informed of their right to withdraw without explanation up to a specified date following the interview.

2.3.2   Confidentiality

All interview data were treated confidentially as per the Data Protection Act 2018. Electronic copies of consent forms were stored on the UEL H drive system and kept separate from the interview data. Anonymised transcripts and audio recordings were securely stored in an encrypted folder on a password-protected laptop. Participants were informed that only I would have access to the recordings and would transcribe the interviews myself. They were also advised that anonymised transcripts may be reviewed in supervision. Pseudonyms were used during transcription, and any identifiable information was changed to ensure anonymity. Transcribed data will be stored securely for up to three years, after which it will be destroyed.

2.3.3   Minimising Harm

Participating in psychological research may elicit difficult emotions, and for survivors of sexual violence, engaging in research may remind them of their prior experiences of victimisation (Barker et al., 2002; Campbell et al., 2010). Thus, although participants were not asked to describe their experience of sexual violence, there was still potential for distress.

As stipulated by Wiles (2013), consent is an ongoing process. Therefore, in addition to the signed consent form obtained at the beginning of the interview, verbal consent was obtained during the various interview stages. Ongoing consent was critical in this study to emphasise participant's control and not replicate any behaviours which could be re-traumatising (Campbell et al., 2010). Furthermore, participants were offered breaks and given the option to complete the interview over two sessions to reduce any sense of burden from sharing lots of information at once (Steinbrenner et al., 2017). However, all participants completed the interview in one session. Lastly, participants were reminded of their right to withdraw or terminate the study at any point. No participants terminated or withdrew from the study.

At the end of the interview, participants were debriefed and invited to ask questions or share their reflections. In addition, participants were given a debrief sheet that offered information on organisations that support survivors of sexual violence.

2.3.4   Gesture of appreciation

All participants were offered a £20 amazon voucher as a gesture of appreciation. This amount was agreed following a discussion in supervision and exploration of previous literature (British Psychological Society, 2014; Braun & Clarke, 2013; Campbell et al., 2009). The purpose of the voucher was not to secure participation but to acknowledge the time commitment to this study. Although the voucher was willingly received, several participants shared that they were happy to engage in the research process to potentially help others (Campbell & Adams, 2009).

2.3.5   Member Checking

Each participant was offered a copy of their transcript to review to ensure their testimony was accurately reflected (Few et al., 2003). Eight participants asked for a written copy of the transcript, although none requested that any changes be made.

2.3.6   Covid-19 and BLM

When the interviews began in July 2020, the UK had been in a national lockdown for four months due to the Covid-19 pandemic. As such, interviews were required to take place via Microsoft Teams. During the screening call, I established whether participants would have access to a safe, confidential space to speak. Furthermore, at the time of interviews, many Black people were experiencing a collective trauma in the aftermath of George Floyd's murder and the Black Lives Matter (BLM) protests. Therefore, an additional question was added to the warmup section at the beginning of the interview: '*A lot has been happening in the world over the last couple of months; how have you been doing*?' I asked this to get a sense of the participant's current context and whether there may be any contextual factors (e.g. concern for a loved one) affecting them. Most importantly, I wanted to establish whether it was safe to proceed and whether engaging in the interview would cause undue distress.

2.4   Transcription

Transcribing data is considered a key aspect of data analysis (Bird, 2005). Various conventions can be utilised when transcribing qualitative data. Unlike other analyses such as conversation analysis or discourse analysis, thematic analysis does not require a specified level of detail. However, thematic analysis does necessitate a "verbatim account of all utterances" accurately reflecting the discussion (Braun & Clarke, 2006, p.17). Thus, I transcribed each interview verbatim using transcription conventions suggested by Braun and Clarke (2013). Non-verbal utterances such as duration of pauses, emphasis on words, laughter, and tears were also captured. A copy of the transcription key can be found in Appendix J.

2.5   Analytic Approach

Thematic analysis requires analytic effort (Howitt & Cramer, 2011). That is, engaging in an iterative process of reading, analysing, and reviewing the data to

generate themes. I employed the six stages of thematic analysis as outlined by Braun and Clarke (2006). The analysis was a recursive process where I oscillated between the various stages rather than moving linearly (Braun & Clarke, 2013). Although these are the formal stages of analysis, the analytic process started as interviews began.

2.5.1   Data Familiarisation

The first stage of analysis was to become familiar with the data. To achieve this, I transcribed all the interviews myself and repeatedly read over the transcripts. Furthermore, I made transcription notes as I transcribed (Appendix K) and kept a reflexive log throughout the transcription process (Appendix L).

2.5.2   Generating Initial Codes

Codes were generated by reducing data "into small chunks of meaning" (Maguire & Delahunt, 2017, p. 335). Relevant data were coded semantically, and I employed an inductive, data-driven approach rather than a theory-driven deductive approach (Braun & Clarke, 2006). Nevertheless, it was impossible to approach the data wholly devoid of any knowledge, and to some extent, this process was influenced by my standpoint and theoretical perspectives (Braun & Clarke, 2013; Howitt & Cramer, 2011). Coding was initially completed manually, working through hard copies of the transcripts, and using highlighters and coloured pens. I later managed the data electronically using NVivo. A sample of a coded extract and initial codes in NVivo can be found in Appendix M and N respectively.

2.5.3   Searching for Themes

After coding the data, I began searching for themes, defined as "pattern[s] that capture something significant or interesting about the data and/or research question" (Maguire & Delahunt, 2017, p. 335). This process involved organising the codes into potential themes and subthemes with the relevant extracts. This process was the most challenging due to the number of codes and many directions the data could go. I maintained a reflexive log and visually mapped out the data

placing different coloured post-it notes on the wall to assist this process. Using post-its allowed me to easily reorganise the codes into different themes as my thinking developed. An example of the initial workings can be found in Appendix N.

2.5.4   Reviewing Themes

I reviewed the original themes by re-reading the coded extracts, checking for coherence and distinctiveness. Then, where necessary, I made amendments to theme definitions and the corresponding coded data. Discussing preliminary themes in supervision also assisted in this process. Lastly, I re-read the entire dataset to identify any codes which were not previously identified; where applicable, the coded extracts were included in the themes. The final thematic map of themes and subthemes if found in Appendix O.

2.5.5   Defining and Naming Themes

Refining themes enabled me to understand the data better and the broader story being told. I defined each of the themes by highlighting how it answered the research question, considering the individual themes and how each related to the other.

2.5.6   Producing the Report

The final stage in the analytic process was to create a report, organising the complex data into a coherent narrative. I supported each theme through the use of compelling extracts which captured the essence of each theme and ultimately addressed the research question.

2.6   Reflexivity

Maintaining reflexivity is a critical aspect of the research process as it requires the researcher to be transparent about their decision-making and rationale (Berger, 2015). Feminist-informed research posits that the researcher should be "reflexive about her situatedness as a researcher (Ackerley & True, 2008, p. 698)." This

means having an awareness of how personal beliefs, social location, and position as a researcher influence the research process and outcome.

Researchers hold 'insider' and 'outsider' positions concerning study participants (Dwyer & Buckle, 2009). Insider positionality refers to shared experiences, positions, and characteristics, whereas the outsider position relates to the things not shared (Dwyer & Buckle, 2009). Maxwell et al. (2016) moves beyond this binary approach to describe the space 'in-between', arguing that the researcher's intersecting identities also shape interactions throughout the research process and, subsequently, the analysis. I maintained a reflexive journal throughout the study to maintain an awareness of these processes. Below I summarise some of my experiences which I feel influenced the various stages of research, from developing the research questions to the analysis.

My parents are Ghanaian, I was raised in the USA, yet I have spent most of my adult life living in the UK. Despite my US upbringing, I have never considered myself an African American. Despite holding British citizenship, I have never classified myself as Black British, except when constrained by a demographic form. When asked, 'Where do you come from?' My first answer is that I am Ghanaian, but that is complex due to my Western influences. Discussing the complexities of ethno-racial identity is important because although I am speaking about Black women collectively, I recognise that there is no monolithic experience of Black womanhood. Although I could draw parallels in experiences between myself and the participants, I continually needed to hold space for the nuances.

Growing up in the US context has influenced my thinking about race, race relations, and Black women's social positioning. For instance, in an infamous speech given in 1962, Malcolm X stated: "The most disrespected person in America is the Black woman. The most unprotected person in America is the Black woman. The most neglected person in America is the Black woman." Such ideas were influential in my thinking throughout this research, as were my own experiences of marginalisation. However, I also held the position that similar to myself, participants may have privilege in different contexts so as not to assume a unilateral experience.

As discussed in the introduction, sexual violence exists on a continuum (Kelly, 1987). Thus, my conceptualisation of violence is not simply theoretical but grounded in lived and vicarious experiences. I believe this may have enabled me to connect with participants and their emotions rather than intellectualising their experiences. Nevertheless, I recognise that the continuum is broad thus, I could not assume similarities. Although I may have approached the research with a certain experiential knowledge, my role as researcher was to centre each survivor as they articulated their unique experiences. Utilising the reflexive log and my own personal therapy was instrumental in this process of managing the emotional load.

Lastly, I have also been influenced by feminist and Black feminist thinking and my training as a clinical psychologist. These experiences have challenged me to assess how sociopolitical factors perpetuate and maintain oppression. Nevertheless, feminist research stipulates that just as power hierarchies are evident within society, they are also present within the researcher-participant relationship (Campbell et al., 2010). For instance, researchers ultimately control how the data will be used (Durkin et al., 2020). Although I attempted to reduce the hierarchy by encouraging participant choice (e.g. consent and member-checking), I was aware of the power dynamics between myself and the participants. Further reflections on power and reflexivity are offered in the discussion section.

3.   ANALYSIS

This chapter outlines the analysis of 12 interview transcripts used in this study, presented as three themes and seven sub-themes.

3.1   Introducing the Themes

The following three themes describe participants' decision-making around and disclosure and help-seeking after sexual violence: *The Sound of Silence; Speaking the Unspeakable; Needing a Safe Space to be Heard*. Table 2 outlines the themes, sub-themes and which participants' quotes are featured.

Table 2 Overarching themes and Subthemes

Overarching Theme	Sub-themes	Participants' Quotes Featured
The Sound of Silence	Expected to Cope Alone	Kemi Laiya Vanessa
	Culture of Silence	Sydney Portia Camille Renee Nara Jacqueline
Speaking the Unspeakable	I Need to Make Sense of What Happened	Nara Portia Sienna Camille Serwaa Sydney Jacqueline
	What is Going on?	
	Compelled to Speak	

		Laiya
		Renee
		Vanessa
Needing a Safe Space to Feel Heard	A Shared Understanding	Nara
		Kemi
	Needing to Explain Things	Yasmine
		Sydney
		Serwaa
		Camille
		Sienna

3.2   Theme One: The Sound of Silence

This theme describes the complexities of silence, highlighting how some survivors may choose not to disclose their experiences of sexual violence whereas others may feel they have no choice but to remain silent. As suggested by one participant, Kemi, "I think there's loads of women…who live in silence because of what happened to them, and they're not able to like actually share it with people" (Line 272). The two sub-themes: *The Strong Black Woman* and *Culture of Silence* highlight intrapsychic and contextual factors which influenced participants' decisions around silence.

3.2.1   Expected to Cope Alone

Participants discussed how limited spaces to access support and expectations placed on Black women to 'get on' with things shaped their decision-making following their experiences of sexual violence. As seen through participant narratives, expectations to cope alone were shaped by their observations of Black women in their lives and limited spaces to access support.

Laiya reflects on how watching women in her family cope with adversity initially made her reluctant to disclose:

Ruth (Interviewer): *[I] guess speaking specifically about sexual violence, why do you think it's something that can't be held or contained in the family? Or might be difficult I should say?*

Laiya: *I think because they've all got so much that they've had to swallow, because they've not had help for anything that they've gone through. So again, just like the way I'm swallowing everything, they're swallowing stuff because they've not had anyone to get help from… Um and I think especially with something like sexual violence– like when my aunt told me [that someone raped her], I wasn't even surprised that she'd experienced it at all…. And there's probably other people in my family who definitely experienced it, I wouldn't be surprised… I can imagine them not sharing that or be willing to listen 'cause they're dealing with stuff on their own that they've not had ever had support for 'cause the support is not ever really there.*

Laiya describes a pattern of 'swallowing' observed among the women in her family and now herself. These women had no choice but to 'swallow' their experiences, as there was no support available for them. The accumulation of trauma suggests the women in Laiya's family were so full from their own experiences that they did not have the capacity to support others. Knowing this meant that Laiya could not intentionally seek support from the women in her family.

The concept of swallowing is further explained by Vanessa:

Vanessa: *[T]here's just this culture that as women, we just we just get on with things you know, regardless of what kind of goes on, whether it's domestic violence in the home, whether it's abuse, whether it's you know, sexual assault, whether it's anything, we just deal with it. It's as if we're these unbreakable characters in a movie that we call life.*

Ruth: *And this notion of women just getting on with it despite whatever, where do you think that comes from?*

Vanessa: *Um, it's like when I say to you, this whole idea of like this intergenerational trauma. I just feel like, you know when we go years and years back and when we think about the family structure and when we think about slavery and what went on through that, I just think that. I would love to say I think it's something different, but I just really don't.*

Vanessa speaks about Black women's experiences of getting on with things despite incidents of gendered violence. She describes this as 'culture,' suggesting that getting on with things is a common and possibly expected response. Vanessa further explains that this getting on with things is rooted in slavery; Black women learned to get on with things because it was the only way to survive.

For example, after being raped, Sydney had concerns that she was pregnant but, handled these concerns alone:

Ruth: *How did that feel for you?*

Sydney: *Um (2) normal, as mad as that sounds. But I've gone through a lot within my life… I've had to deal with everything by myself. I didn't have the support of other people, so for me it's just another day… it's another traumatic event…but you got through the other ones so you can get for through this one. So, it was literally just normal for me at the time to not tell anyone and deal with things on my own.*

Sydney's reflections indicate how the embodiment of strength is like a double-edged sword. On the one hand, strength enabled participants to cope with their experiences, whereas, on the other hand, it delayed them from seeking help.

Portia also discusses this:

Ruth: *Do you feel that your experience as a Black British woman influenced whether you decided to contact services?*

Portia: *Hmm ((pause)) actually I think it might have because I did wait quite a while and I think I probably just thought I'd be alright, or I'd get through it. But I think as time went on, I realised how much it did impact me. And then when I did go to look for services…I felt like, oh*

> *I had to 'cause I don't know what to do because yeah this is not going great for me so, I've got no other choice…. Maybe if I didn't feel the way I do about Black women in my individual life, then I might have done that sooner.*

Ruth: *And when you say the way that you feel about Black women in your life, can you just elaborate on what you meant there?*

Portia: *Just in terms of just being sort of strong people.*

Portia delayed help-seeking from a counselling service because she expected to 'get through it' alone. However, she was impacted to the extent that she felt she had "no other choice" but to access services. This position of vulnerability is antithetical to the perception of strength she observed in other Black women. Portia's perception of Black women being "strong people" suggests that part of being a Black woman is getting through things alone thus accessing support would be a sign of weakness.

The dichotomy of strength and weakness is also echoed by Camille:

Camille: *Getting help means that you can't handle it, it means that you're weak; it's showing weakness. And within our culture we do not show that level of weakness. We just don't. We don't show weakness like that and we don't reach out for help like that. Um, and that's been half of our trauma.*

Camille states help-seeking is a sign of weakness, implying that if you do not get help, you are strong. She shares that help-seeking displays a level of weakness not shown in "our culture," indicating that there is an expectation for Black women to be strong. This corroborates Portia's account that viewing Black women as strong meant she did not seek help earlier. By highlighting that this has "been half of our trauma," Camille points to the devastating impact of remaining silent, suggesting that speaking would mitigate these effects.

3.2.2   Culture of Silence

Participants discussed how narratives they heard within their families and communities influenced them to remain silent about their experiences of sexual violence. Participants learned that private matters should not be discussed publicly and that doing otherwise could negatively impact them and their family. Such narratives were influential in their decision-making around disclosure, particularly to professional services. Renee discusses this below:

Ruth: *Do you feel that your experience as a Black British woman influenced your decision to not speak to services or the police?*

Renee: *Well, I think in terms of the culture of our family then definitely yes. Because it's, always, 'you keep your private business private.' You know, 'what happens in your home, stays in your home,' and things like that growing up definitely were a thing in my family and in Black culture as well. Whereas I just thought everybody was like that, I didn't know this was like a particularly Black thing; I just thought everybody kind of lived like that.*

Renee learned to keep "private business private," a directive communicated within her family and 'Black culture.' The prevalence of this message suggests that privacy was expected and that acting otherwise (e.g. disclosing private business) would violate familial and cultural expectations. As this narrative influenced Renee's decision not to contact professional services, she may have been more amenable to doing so if speaking publicly was not discouraged.

Camille further explains these ideas around privacy:

Camille: *[I] learned from very young like every single other Black girl, every single Black child out there, you learn from very young that your family business is your family business, you keep that stuff close. You learnt that from the moment you could talk.... And you get into very big trouble for speaking about a lot of things that you shouldn't speak about. So, the little things, you get into trouble for, you better sure as hell not be going on to tell anybody about the big things. We've all learned it, 100%.*

Camille also learned to keep family business private and draws attention to the dominance of this narrative within the Black community. She states that you could get into "very big trouble" for speaking about specific issues, implying spoken or unspoken rules about what should not be publicly discussed. One might also infer that there would be 'trouble' for the family depending on what was disclosed and to whom. Learning this lesson at an early age implies internalisation, thus influencing Camille's later decision-making around disclosure and help-seeking.

Nara and Jacqueline echo the notion that there are ramifications for speaking about private matters:

Ruth: *And do you think that your experience as a Black [West African] woman, influenced your decision to get in touch with services about what happened?*

Nara: *Uh huh, yep. Yep, number one, I was afraid of it [knowledge of being raped] getting out to my mum's people or my dad's people or to anybody who could know us; I wasn't trying to bring shame to the family. Imagine that, being a survivor and your fear is bringing shame to the family in a situation that you had no say over whatsoever.*

Nara speaks about feeling 'afraid of it getting out', which infers that similar to Renee and Camile, she also learned that speaking publicly had negative consequences. Nara recognises the irony of her statement; even though she was the victim, she was concerned about bringing shame to the family. This suggests that preserving the family image took precedence even though it was to her detriment as a survivor. Deciding between accessing services versus potentially shaming the family meant that Nara initially delayed accessing formal support.

Jacqueline: *[A]s Black people, we know shame. Shame, shame, shame! So, even if you're the victim of something, shame. Think about the disgrace to the family, think about the way it's making you look to potential suitors, you know, that type of thing. All of those things that you get fed and now you're a victim, what do you do? I can't do anything. If I talk, disgrace, if I call out, I'll be shunned. You know, if*

I distance myself, they'll tell me that I'm betraying something, you know that type of thing. So culture definitely has a big, big, big impact on how someone sees these things.

Jacqueline describes the role of shame in overshadowing her experience of sexual violence and influencing silence. Like Nara, Jacqueline discusses a shame associated with 'disgracing' the family. However, it appears this shame becomes internalised. Again, the implication is that preserving the family image takes precedence over her welfare. There are also concerns about how others may perceive Jacqueline, implying that the shame is placed on her rather than the perpetrator. As Jacqueline highlights, being 'fed' these messages places the survivor in a position where they either remain silent or risk shaming themselves and their family.

3.3   Theme Two: Speaking the Unspeakable

This theme captures the nuances of participants' early experiences of disclosure and help-seeking. Participant timelines of disclosing sexual violence span from a few hours after the incident to six years. The three sub-themes: '*I Need to Make sense of What Happened*,' '*What is Going on?*' and '*Compelled to Speak*' illustrate how disclosure is a complex process and often unintended. Furthermore, this theme also highlights the recipient's role and how they can impact the survivor.

3.3.1   I Need to Make Sense of What Happened

Participants discussed needing to make sense of what happened to them in the aftermath of the sexual violence. For example, they described navigating feelings of confusion and uncertainty, which prompted their decision to call on a friend for support. Nara reflects on calling a male friend shortly after being raped, while still at the perpetrator's home:

Nara: *And because it was there and then, [I thought] maybe if I explain it to somebody else while it's fresh in my mind, fresh into the situation, they can help me kind of uncover what…has just happened because*

I don't have a clue! I really was discombobulated after it happened, like I couldn't put two and two together. But I was like, something has gone wrong…So I explained everything to him in that moment. He was like, "You've been raped, you need to get out of there, now." And I guess I needed somebody to help me understand exactly what had happened, 'cause I didn't know.

Nara describes feeling 'discombobulated' after being raped and desperate to make sense of what happened to her. Although she intrinsically knew, a mixture of confusion and shock resulted in her needing verification from somebody else. It is noteworthy that Nara contacted a male friend, but she later explains, "he's literally like my brother." (L 569-570). He clearly articulated to Nara what happened and the urgency for her to leave.

Portia reflects on speaking to her best friend within weeks of being raped by her ex-partner:

Portia: *[I] just wondered if my version of events was right, so I needed somebody else's perspective on it; so that's why I told her. Plus, I was a bit upset anyway, so I just thought, I probably need to tell someone.*

Ruth: *And when you say, wondering if my version of events was right, what, do you mean by that?*

Portia: *Obviously, I seen the situation in a certain way, and I didn't know whether I was being unreasonable or if I was exaggerating. So yeah, I just wanted to get someone else's idea on it.*

Portia wondered whether her "version of events was right" suggesting that she had formed some ideas about what happened though experienced an element of doubt. Her experience resonates with Nara who was also validity-checking. Both women were raped by their partners at the time which likely caused them to feel uncertain. Though Portia felt 'upset' by what happened, she was primarily concerned with having another voice affirm that she was not "unreasonable" or "exaggerating." As she later shares, her friend was able to offer that affirming voice by being "supportive" (Line 93).

Sienna also reflects on her experience of speaking to her best friend:

Sienna: *[I] think it was the day after or maybe two days after. Because I was really like not present, and I was like I need to talk to somebody because I don't know how to process what's going on in my head… I thought it just makes sense to tell her because I can't tell my family, and she's my best friend.*

Sienna recognised that she was not 'present' days after being raped which implies, she felt detached. Like Nara, Sienna was likely experiencing a range of confusing thoughts and feelings thus required a safe space to "process." However, she received a blaming response from her friend:

Sienna: *[S]he basically asked all the inappropriate questions of, "Well, what were you wearing, well, what were you doing, oh well, you were out drinking" … and basically insinuated it was my fault… And after that I was like I don't want to tell anybody else, so I kept it to myself for like a few years before I told anybody else.*

Rather than offering Sienna the space she needed to 'process,' her friend asked "inappropriate," blaming questions. As she later states, "in all her questioning, she didn't even ask me if I was ok." (L 121). Her friend did not acknowledge Sienna's victimisation or vulnerability at that moment. This blaming response deterred Sienna from further disclosures for some years, highlighting the impact of her friend's words.

3.3.2   What is Going on?

Participants discussed how their disclosures were prompted by someone asking about changes in their behaviour. Thus, disclosing their experiences was more a matter of circumstance rather than design. Although all participants were amenable to explaining what happened when asked, only one participant explicitly stated that she wanted to tell someone.

Camille's ex-partner raped her then continually tried to contact her for days after the assault. Due to concerns that he would eventually arrive at her house unannounced, she went to stay with a friend:

Camille: *He was just trying to get a hold of me for ages and my friend was just like, "What the hell is going on because you guys have gone from proper like going towards marriage to like, you've just locked him off." So I told her exactly what I'm saying now, and she was just like, "He abused you." Like she was the one that verbalised that for me.*

Camille's friend was perplexed about the behavioural change towards her partner, which prompted the inquiry. Despite going to stay with her friend, it is evident that Camille had not told her the reason for the visit and likely that she may not have disclosed had she not been asked. Camille shares that her friend verbalised the abuse, indicating that she had not yet verbalised this for herself.

Similarly, Serwaa's friends noticed a change in her behaviour:

Ruth: *You just mentioned something about people noticing a change in your behaviour. [I]s that how the conversation came up?*

Serwaa: *Yeah, yeah. So sometimes it will be like I'm very like snappy, you know. Or like maybe I would be um (2) you just won't hear from me more or less. [A]nd then you know, that will turn into a conversation of, 'Right, ok, right. This is what's been going on.' And then kind of I'd be able to* explore. *And that's how I started to realise and learn exactly what I was experiencing as well, just through like conversation with my close people.*

Like Camille, Serwaa's behavioural change prompted a question from her friends. She would likely have delayed telling them or not said anything at all without being asked. Nevertheless, her friend's inquiry gave Serwaa a safe space to begin exploring how the trauma from the violence was impacting her.

Similar to the others, Sydney's disclosure was also prompted by a question:

Sydney: *I got into a relationship with my ex-partner and that [prior experience of sexual violence] was all affecting us being sexual. [T]hen one day*

> *he was like, "Be honest with me, like why aren't we [being sexual],*
> *what's going on?" And then I told him, and he was the first person to*
> *ever know.*

Sydney's ex-partner initiated a conversation about their sexual intimacy, which led to her disclosure. This conversation occurred a year and a half after the rape. The fact that she wanted it to come out implies that the incident was salient for her. Yet, it is plausible that she would have continued to keep it private had she not been asked. Despite waiting so long to tell someone, Sydney's ex-partner responded with silence:

Ruth: *When you say he didn't react how I wanted him to react, how did he react?*

Sydney: *He was silent. So he didn't react at all, he was silent. And I remember I was very emotional 'cause I was crying, and he didn't come up to me, he didn't hold me, he didn't comfort me. He didn't say it's not your fault or are you ok, he was just silent. And that's when I actually thought, 'I shouldn't have told you.' 'Cause no reaction was not the best reaction, it's not a good reaction.*

Sydney describes feeling emotional yet was not comforted or told it was not her fault. These words are likely indicative of Sydney's desired response. Her ex-partner did not acknowledge her experience of victimisation, nor did he engage with her pain in the moment. His silence led Sydney to regret telling him.

3.3.3 Compelled to Speak

Participants often disclosed or actively sought help because they were compelled to do so and, in most cases, unintentionally. For example, two of the participants discussed recognised that they were distressed, which prompted them to act, whereas the other two participants almost seemed surprised at their disclosures.

Jacqueline shares how feeling distressed prompted her tell her parents:

Jacqueline: *[A]ll I know is that for some reason, that whole thing had come back to mind again. It was almost like it was haunting me even though I*

had managed to bury it, I didn't actually. When I look back now, I can
see all of the things that happened as a result of me trying to deal
with what this thing did to me…[I] just remember it resurfacing…and
sitting there for hours trying to take in information and I couldn't take
anything in. And I just remember leaving the library with just my
handbag and books…and just getting on the train to [UK City] to just
speak to my parents about it. I had no plan, no nothing. I just showed
up and told them about it, you know.

Jacqueline was raped during her first year of university. She speaks about feeling haunted by the memory of the rape despite thinking she had buried it. Although Jacqueline thought the trauma was dormant, the 'resurfacing' signalled that it was very much alive. The intrusion came over a year later while studying for exams. She describes leaving the library in a manner that suggests she was on autopilot; it is like she was being driven by the urge to speak. This is reflected by the fact that she did not have an intent or plan but just "told them about it."

Laiya also describes seeking support at the point of distress:

Laiya: *[I] was due to go away for the summer to go work abroad. And before*
I was due to go, I was thinking, I could probably really do with some
help; I could do with seeing a therapist, but I was like, I don't really
have time. [I] was going to spend like three months…doing work with
people who've been victims of sexual, gender-based violence. And I
was like I don't want to go; I want to go and do that right now. And so
I was like crying everyday 'cause I really didn't want to go but I was
like, I've made this commitment…I kept telling myself when I get
home, I'm going to get help…. 'Cause I just kind of felt like I was just
gradually eroding away and so when I got home was like right, I
definitely need to go and find someone. And so I sought out her.

Laiya recognised that she needed 'help' yet did not 'have time to seek it. Ironically, she was going abroad to support women who experienced sexual violence, a 'commitment' made before being raped. Although she felt distressed at the thought of going, she felt compelled to honour her commitment. Laiya describes herself as "eroding away," suggesting that she was gradually losing herself. Later in her

narrative, Laiya describes this erosion as behaving out of character through drinking "every evening" (L 198) and becoming "irritable" and "withdrawn." (L 202). Laiya continued with the trip, which exacerbated her distress. Nevertheless, she sought psychological support on her return.

Other participants did not report feeling actively distressed yet the manner of telling suggests the trauma was salient at the point of disclosure. Renee elaborates on this:

Renee: *It was nearly a year, I think. It was an overspill; I didn't even plan to say anything. I think it was wine influenced. It was a drunk, drunk night, and I just like burst into tears.*

Ruth: *Right, right, so it wasn't a conscious decision to tell her?*

Renee: *I don't think I was ever planning to tell anybody.*

Ruth *Ok, ok, can you say a little bit more about that?*

Renee: *I think I just felt partly responsible, so I felt like embarrassed or like ashamed. So it was just best– and it had happened so what was talking about it going to achieve for anybody?*

Renee unintentionally told her best friend a year after being raped. She describes being "drunk" and bursting into tears, highlighting her vulnerability at that moment. Though she did not plan to tell anyone, it is evident that she needed to speak. Renee corroborates this elsewhere in her narrative, where she describes the sexual violence as "a secret that I was carrying for such a long time and it just felt nice to kind of let it out" (L 115-116). One could argue that letting things out allowed her to exhale and lessen the sense of shame and embarrassment, which initially hindered any disclosure.

Vanessa also describes unintentionally disclosing to her therapist:

Vanessa: *I don't even know how to explain it, but I felt like I didn't intend to speak about it. If anything, it was just something that was kind of dropped into the conversation, that my therapist was literally like, "Ok, we need to rewind here because you've actually just said something that you've never disclosed before and you're just talking*

about it as if it was like, oh, I went to the shop to buy a bag of crisps…" And I just looked at her a bit like, what you're talking about? And she was like "No, I think we need to rewind." Um ((pause)) and I remember it kind of coming up as a result of that. So, it was her who made me kind of explore that more.

Vanessa was in therapy prior to her experience of sexual violence. Despite having this space, she had not disclosed to the therapist. She speaks about how it was casually 'dropped into the conversation' indicating that she had detached from what happened. This may have been a protective factor due to the impact of the trauma and the fact that she was already in therapy dealing with other things. This coincides with the fact that she later shares that she learned to "put it to the back" (L 310) as she was dealing with other "chaotic" (L 311) things in her life. Vanessa's therapist offered her the space for further exploration which suggests that had that space not been offered, she may not have started exploring it when she did.

3.4 Theme Three: Needing a Safe Space to Feel Heard

The final theme describes participants' experiences of accessing therapy after sexual violence. Two sub-themes: *A Shared Understanding* and *Needing to Explain Things* illustrate participants' polarised experiences of therapy. On the one hand, they felt understood by having a therapist of a similar race and culture. However, on the other hand, some participants felt misunderstood and needed to explain cultural differences where the therapist's background differed from their own.

3.4.1 Subtheme One: A Shared Understanding

Participants discussed feeling heard and understood when their counsellor was a Black woman. They speak about the difference it made for them to engage in therapy with someone of a similar ethnicity such as feeling safe. Their reflections highlight that the importance of a shared cultural understanding is often

underestimated in therapy, yet it could be the difference between whether or not women of African and Caribbean heritage access therapeutic support following sexual violence.

Nara accessed support from an organisation which offers counselling to survivors of sexual violence. She initially saw a White counsellor for preliminary sessions then later saw Black counsellor:

Nara: *I finally felt like I found someone who could relate to me. There's this this unspoken rule, there's this unspoken conversation, there's this unspoken energy that we have between two people of the same race. Before you even say anything, you feel that solidarity of 'I understand you,' before you've even said a damn word! And that's exactly what I got from her. There was no patronising, there was no misunderstanding. From the get-go it was a good understanding. And that's why, when she left the organisation, I followed her… and I paid her privately ((laughs)). I was like, 'Where you going? I'm going with you.'*

Nara was passionate about "finally" having a Black counsellor and spoke about the difference this made to her therapeutic journey. She describes something unspoken yet shared just by virtue of being of the same race likely alluding to assumed Nara's reflections speak to a sense of shared experiences; thus, this sense of "I understand you" is experiential rather than theoretical. Her reference to "no patronising" and "no misunderstanding" suggests she may have experienced this with the White counsellor. Following her counsellor and paying privately despite being entitled to a complimentary service illustrates the importance for Nara of having a shared understanding within the therapeutic relationship.

Feeling understood is further discussed by Kemi who accessed support from a service designed specifically for Black women:

Ruth: *And do you think that your experience as a Black British woman influenced whether you decided to speak professional services?*

Kemi: *Um, I think so. 'Cause I think it's a counselling service for Black British women who have gone through sexual violence; I think that*

> *like helped me to actually seek help from them specifically compared to other mental health services.*

Ruth: *Hmm, and why do you think that is?*

Kemi: *I think it's just feeling understood again and having actually um someone you can speak to that looks like you rather than maybe like– I don't know, I think like the therapy um relationship might be different if it was a White British woman or man.*

Kemi accessed a service tailored specifically for Black women indicating that she may not have accessed support if such a service did not exist. She discusses the importance of someone that "looks like you," which similar to Nara's account alludes to something shared, between Black women. Having a Black therapist enabled Kemi to feel safe and understood, which may have been less likely had she engaged with a "White British woman or man."

Yasmine reflects on whether she should look for a therapist of similar racial or ethnic background:

Yasmine: *[M]aybe I need to get a brown woman of any sort um, because she might be able to relate and then I'd be able to feel to be able to open up to her more about the things I've been holding in. Maybe I don't feel like, even though she's a therapist, and dealt with so many people in her life, maybe I don't feel like she's able to really hear it from me and understand.*

Yasmine's therapist was a White woman whom she felt could not relate to her as a mixed-race woman of Caribbean heritage. This prevented Yasmine from opening up about things she had been holding in. Consequently, Yasmine's was not getting what she needed out of the therapeutic space. She surmised that "a brown woman of any sort, meaning a woman of African, Asian, or Caribbean heritage, may be able to relate to her," thus enabling her to open up.

Interestingly, Portia and Sydney held different perspectives from the other participants:

Portia: I do think it's a nice service to offer, to be able to do that. Because as much as I needed it, I'm sure there be many other people that would like to use the service, so there's nothing against the actual service, but I think they could do better at matching counsellors to individuals.

Ruth: And when you say matching can you say a bit more about that, if you don't mind?

Portia: Um, so like I would have preferred a female basically. But I didn't really have the say in that. And I think because I worked full time and the time that I wanted to do it at six o'clock in the evening, there wasn't anybody else available, so I don't really have a choice. And plus, it's a free service as well, so I don't really have a choice then.

Portia was allocated a White male therapist at the counselling service she attended. For her, having a therapist of similar ethnicity was of lesser concern than being able to speak to a woman. Although she valued the service she received, the limitations of it being a free service meant that she was not allocated a therapist of choice, which would have been a woman.

Sydney: They [counselling service] initially got me a six-week trial with therapist. And it was with a White lady… I spoke her about [the rape] and it seemed nice, seemed easy, just for the fact that she was actually opposite of everything I know. She was the absolute opposite of friends, my ex-partner, the perpetrator. It was just like a clean slate. It was like, you never know me outside of this space.

She later shares her initial ambivalence about being allocated a Black therapist:

Sydney: [A]t first, I didn't know if I wanted a Black woman just because it felt so easy with the White woman. Because I'm not looking at you like you could be in my aunt or my mum or my friend. It was just weird, but she's a good therapist.

Sydney appreciated having a White therapist precisely because of their differences. Having a White therapist offered Sydney a sense of anonymity which could be linked to feelings of shame surrounding the sexual violence. Whereas other participants discussed wanting someone who looked like them, for Sydney, this was "weird" because it reminded her of her mum or aunt; presumably people she would feel less comfortable speaking to about the sexual violence.

3.4.2   Subtheme Two: Needing to Explain Things

Participants discussed the impact of cultural differences where they had a White counsellor. Although participants generally had positive interactions with their therapists, this was often overshadowed by needing to explain cultural norms thus, not having sufficient time to discuss their experiences of sexual violence.

Serwa reflects on needing to "… over-explain things because of the cultural barrier…" (L318):

Serwa: …[T]here was some things for example like if I was giving a narrative, if I was to say something that is that make sense in the [West African] culture or in the Black community, I would have to kind of explain, 'Oh no, that's normal, that's ok' type of thing, you know… So yeah, so stuff like that, having to kind of explain certain things within my community. But then again, she was quite open in knowing that I'm a Black woman with all these experiences and just a lack of help, so she was quite open to it. But having to explain can be quite like, ((sighs)) you know ((laughs)).

Serwa needing to explain that certain things were "normal" within West African culture or the Black community suggests her therapist may have pathologised some of what was shared. This is likely due to the "cultural barrier" previously mentioned. Although Serwaa's therapist was "open," it is evident that explaining things was an arduous task. Serwaa directs her final comment, "you know," at me implying that as a Black woman, I could relate to what she was saying. Her comment is reminiscent of earlier participants who discussed speaking to someone who "looks like you."

Camille had a good rapport with her therapist, and they also shared the Christian faith. However, their cultural differences meant that Camille was left needing to offer explanations:

Camille: *There are some things she doesn't understand. She doesn't understand generational things. Um ((pause)) and yes there are things she calls out as being wrong which I appreciate… but she says it in such a way that it's like– actually I'd probably say that 80% of my friends that I know have been through that, you know. Yeah, and I almost feel a little bit defensive of my culture 'cause I don't want her to feel like we're all a bunch of animals. Yeah, I spend more time trying to defend that and then it call becomes a bit long.*

Ruth: *And when you say defend that, can you say a little bit more?*

Camille: *Yeah, 'cause most of the time I'm just like, "Yeah, but that's because this" or "that's because that's the way that person was raised." You spend most of the time doing that in the meeting that you don't just talk about what's happening with you, you know.*

Camille's therapist did not understand certain generational or cultural things. Akin to Serwaa's therapist, Camille's therapist likely pathologised some of her experiences. This Camille left her feeling 'defensive' of her culture, implying that she was defending against wrong assumptions in the therapy room and, by extension, inaccurate generalisations that the therapist could make about Black people. Her reference to animals is striking as historically, people of African heritage have been compared to animals. For Camille, needing to explain and defend her culture took up more space than her discussing the sexual violence.

This experience of not being given the necessary space is also reflected by Sienna, a mixed heritage woman who mainly encountered White, middle class male psychologists via the NHS:

Sienna: *I just feel like I do not get the space that a White woman would get in therapy. Because I have to spend so much of the session trying to*

explain to the other person what I've just said in order for them to understand it. I feel like a White woman can sit down and say such and such a thing has happened to me. And if they sat over a White woman, chances are there's not too much explanation they need to give…. But like when I sit down, it's an endless stream of having to <u>explain</u> things. Because it's that thing of as well, I know that everybody's got preconceived ideas of what someone of a mixed background is and what they think their difficulties might be, and what they think their challenges might be.

Sienna describes not getting the same therapeutic space as a White woman indicating that she was de-centred. Furthermore, Sienna implies how acutely aware she is of the privileging of White women's voices, even within the therapy room. This is a stark contrast to her experience, where she likely feels unable to take up space. Additionally, this psychologist also misunderstands Sienna's nuanced experience as a mixed-heritage woman, which means she has more to explain. Finally, like Camille, Sienna had to give her psychologist explanations, which meant she had less time to discuss matters concerning sexual violence.

For some participants, such issues can be circumvented by matching people of similar race and cultural background or the provision of more safe spaces for African and Caribbean heritage women who have experienced sexual violence:

Nara: *And I don't feel like it's considered. I don't feel like they try to pair us with people of our own understanding where they can, where they can. I understand it's limited; I understand that the system is stretched; I get it. But where they can, I don't feel like they try.*

Sienna: *I don't think this will ever happen, but I do think services would benefit from like having tailored options for people to be race matched to therapists, particularly for women who've experienced sexual violence, like being race and gender matched. And obviously that's not always feasible, but some sort of option, because most of the services I've been in, all the psychologists have been White men; there's not even been a woman to choose from.*

Nara and Sienna recognise that there are limitations within the system, meaning that "pairing" cannot happen for everyone. However, the underlying assumption is that pairing survivors with someone of a similar race, culture or ethnicity would better make them feel understood.

4.   DISCUSSION

4.1   Chapter Overview

The aim of this thesis was to gain insight into African and Caribbean heritage women's experience of disclosure and help-seeking following sexual violence. This chapter explores the themes in light of existing literature and theory. Thereafter, I discuss the implications of these findings for working with African and Caribbean survivors of sexual violence, policy, and future research. Subsequently, limitations of the research are be discussed, and reflexivity is revisited. The chapter ends with concluding reflections.

4.2   The Sound of Silence

For African and Caribbean heritage survivors of sexual violence, silence is complex. Silence becomes more complicated when there are limited spaces to speak (Segalo, 2012). For instance, due to societal narratives (e.g., rape myths) and inadequate legal responses to disclosure and help-seeking, survivors of sexual violence may be less likely to disclose or seek help. In this study, participants' silence was further contoured by limited familial support, cultural narratives around silence, and expectations placed on Black women to cope alone. The racialised, gendered nature of silence discussed in this study highlights the importance of considering African and Caribbean heritage survivors' experiences through an intersectional lens.

A nuanced reading of the first sub-theme '*Expected to Cope Alone*' enables us to draw parallels between participant narratives and the Strong Black Woman (SBW) construct. Specifically, SBW points to the burden on Black women to be self-sufficient and endure oppression and violence without exhibiting distress or requiring external support, all while prioritising the needs of their families, similarly oppressed, regardless of how this may affect them (Romero, 2000). As one

participant noted, Black women are expected to endure all forms of adversity such as violence and abuse as though they are unbreakable. The word unbreakable may refer to the strength often attributed to Black women, preventing their vulnerability from being displayed or recognised.

Participants in this study discussed how the expectation to or practice of coping without help is a response to intergenerational trauma – the cumulative impact of oppressive experiences occurring between and across generations (Barlow, 2018). From slavery until the present day, Black women have needed to "navigate their lives within multiple forms of oppression" (McGuffey, 2013, pg. 111) such as racism and sexism thus learned adaptive behaviours which would enable them to survive (Degruy-Leary, 2005) such as 'being strong'. Similarly, as discussed in the introduction, this image of strength has been projected onto Black women from to justify their maltreatment while diminishing their vulnerability.

Additionally, participants described watching other Black women in their networks remain cope with traumatic experiences by remaining silent. One participant described this as 'swallowing,' which refers to the internalisation of traumatic experiences that are often left unspoken. Through watching other women navigate adversity with little help, participants vicariously learned that there is limited support available to them both within and outside the familial context, which left some feeling as though they had no choice but to swallow too. Participants were forced to deal with the aftermath of sexual violence alone due to limited spaces where they could access support. This finding is consistent with extant literature focusing on Black women's experiences of violence (Kanyeredzi, 2018a; Neville & Pugh, 1997; Washington, 2001).

Furthermore, as found in similar research, some participants conceptualised help-seeking as a sign of weakness as they observed other Black women in their lives cope with adversity alone due to limited avenues for support (Nelson, 2020; Watson, 2016). The polarised view of coping without support as strength, and help-seeking as weakness, meant that some participants did not recognise that they had been impacted by the sexual violence and hence they did not disclose until the point of significant distress. This corroborates literature which has found that Black women who internalised the narrative of the SBW were less likely to

recognise mental distress yet more likely to navigate difficult experiences on their own (Edge & Rogers, 2005; Graham & Clarke, 2021; Nelson, 2020; Watson, 2016). Furthermore, if the expectation is to remain 'strong,' evidenced through navigating adversity alone, it could be argued that help-seeking may be experienced as a betrayal of how they perceive themselves as Black women, and potentially as a betrayal of their family members. For instance, not only did participants observe other Black women cope without support, but some also discussed their own experiences of dealing with traumatic experiences by themselves, thereby normalising not seeking help, with respect to sexual violence. It would be understandable, then that some participants felt conflicted about whether or not to disclose and subsequently chose to delay.

However, it should also be noted for some, remaining silent about the sexual violence was a way of coping which helped them navigate the initial aftermath of sexual violence. Although in the long-term silence may have deleterious effects on mental health, remaining silent and finding alternate ways of coping is understandable, especially where alternative options are lacking, and the expectation to be self-sufficient is predominant. This has also been found in the literature surrounding Black women's help-seeking experiences generally and specifically related to sexual violence (Long & Ullman, 2013; McGuffey, 2013; Watson, 2016; West, 2016).

In addition to the expectation to cope alone, participants also had to contend with a mandate to keep matters private. Some discussed how narratives around keeping business private influenced their decision-making around disclosure and help-seeking. For participants in this study, disclosing private matters would feel like be a betrayal of cultural and familial expectations, thus encouraging silence. This notion of betrayal is consistent with existing literature exploring Black women's general help-seeking behaviour and help-seeking following sexual violence (Long & Ullman, 2013; McGuffey, 2013; Washington, 2001).

Notably, participants primarily discussed these narratives concerning delayed help-seeking from professional services. This notion of not telling 'business' to professional services has been found in existing literature exploring Black women's experiences of help-seeking (Edge & Rogers 2005; Nash, 2005). This can be

explained by a general mistrust of services and discriminatory experiences in mental health services (Adams et al., 2014).

As previously discussed, Bent-Goodley (2007) posits that the notion of not airing your dirty laundry has been passed down generationally to preserve the image of the Black family and discourage any stereotypes. Nevertheless, as seen through the current study, this expectation is problematic because it suggests that the preservation of family and community should be prioritised above oneself (Crenshaw, 1991). Participants reflected this by delaying help-seeking due to fears of disgracing the family. This type of shame could relate to the taboo of accessing counselling support among Black communities (Berwald, 2016) or the shame of others knowing someone raped them (Imkaan, 2015). Both messages are problematic because they suggest that even though the survivor is not at fault, she carries the shame if she speaks, and others find out.

There has been little research on concerns of shaming the family as a barrier to disclosure among African and Caribbean survivors, however, findings by Imkaan (2020) revealed that minoritised women reported that concerns of shaming the family inhibited disclosure.

Thus, not only did participants need to contend with a sense of personal shame commonly experienced by survivors of sexual violence (Ahrens, 2006; Bryant-Davis et al., 2009; Ullman, 2020), they also had to negotiate whether to seek professional help at the risk of being blamed for bringing shame to the family. These tensions of shame and silence are also associated with the dual role of the SBW. Not only is the SBW expected to cope with things independently, but there is also an expectation for her to prioritise others above herself Romero (2000). Therefore, as found in this study, survivors are relegated to silence and experience difficulties with disclosure and help-seeking.

4.3   Speaking the Unspeakable

Research that examines Black women's experiences of disclosure and help-seeking after sexual violence often centres on who survivors choose to tell and the

barriers to disclosure, with less emphasis on the reasons for disclosure. However, knowing why survivors choose to disclose may be equally important in understanding what they might be seeking and how the recipient can best facilitate that. The findings within this theme contribute to the literature by exploring some of the catalysts behind disclosure.

Consistent with extant literature, most participants disclosed to informal support providers such as friends or family in the initial instance (Jacques-Tiura et al., 2010; Postmus, 2015; Weist et al., 2014). Participants were largely met with validating and affirming responses (Ahrens et al., 2007), which gave them a safe space to begin speaking about the sexual violence. However, in some instances, participants were met with silence and blame (Ahrens, 2006; Washington, 2001). Such responses resulted in participants regretting their disclosures and not speaking again until years later (Ahrens, 2006).

In the current study, the process of speaking was nuanced and complex. This complexity could be indicative of the fact that participants often started from a place of deliberate silence; thus, when they spoke, it was either impulsive, unintentional, at crisis point, or initiated by the recipient. These ways of disclosing have also been described in other literature (Ahrens, 2007; Campbell et al., 2005; Steinbrenner et al., 2017; Symes, 2000).

There were stark contrasts between participants' timelines of disclosure. Some disclosed immediately after being assault (e.g. within hours or weeks), whereas others delayed up to a year and a half. These variations in disclosure times have been found in existing literature regardless of the survivor's race or ethnicity, although Black women are likely to delay longer (Jacques-Tiura et al., 2010; Neville & Pugh, 1997; Washington, 2001). These variations speak to the nuances of every survivor's journey of navigating the aftermath of sexual violence.

Some participants who disclosed immediately did so in an attempt to make sense of what happened to them. Though intrinsically aware, their initial state of mind made this difficult to comprehend fully. This is reflected by participants describing themselves as feeling discombobulated and not present. These feelings are consistent with existing literature which has found that the initial aftermath of sexual violence may elicit feelings of shock, denial, confusion, and disassociation

(Eisenberg et al., 2016; Jina & Thomas, 2013). Thus, if a survivor's thinking becomes distorted, it would seem necessary to disclose to someone who could help them make sense of things. This was particularly pertinent for one participant who was still in the perpetrator's home at the time of contacting a close friend who articulated to her what happened and the urgency for her to leave.

Disclosure was also linked to participants wanting someone to corroborate their perspective. This could be due to their relationship with the perpetrator. Though survivors of sexual violence usually delay longer when the perpetrator is known to them (Ullman, 1996; Ullman 2020), it may have been that knowing the perpetrator casted some doubt about whether their experience constituted as sexual violence, which required this validity-checking. Gutzmer et al. (2016) also found this notion of survivor's wanting another perspective in their study on African American women's experiences of sexual violence within an intimate relationship.

It is noteworthy that one participant initially contacted a male friend in the initial instance as he is 'like a brother.' Typically, survivors disclose to a woman in the initial instance (Jacques- Tiura et al., 2010; Neville & Pugh, 1997). Nevertheless, this finding is consistent with Gutzmer et al. (2016) who also found that a survivor intentionally disclosed to her brother because she wanted a male perspective on the situation.

Consistent with findings by Ahrens et al. (2007) some disclosures were initiated by a friend or partner due to noticeable changes in the survivor's behaviour. Although participants had not yet spoken with words, their body language and actions revealed that something was awry. Had they not been prompted; it is likely that these participants may not have disclosed at all or would have waited longer to do so. Nevertheless, their willingness to explain what happened suggests that they may have wanted someone to know yet found it difficult to initiate the conversation. This idea corroborates findings discussed in the earlier theme around some participants needing to swallow their experiences thus not speaking.

Most participants delayed disclosure and help-seeking. In several cases, participants only spoke when they were '*compelled to speak*.' In other words, these participants did not make a deliberate decision to disclose but were so distressed, it was as though speaking was their only option. For example, one participant told

her parents because she felt 'haunted' despite thinking the trauma was buried. This act of "desperate help-seeking", as termed by Steinbrenner et al. (2017, p. 11.), is indicative of survivors seeking help at breaking point, and has been found in extant literature exploring Black women's experiences of disclosing violence (Kanyeredzi, 2018a; Steinbrenner et al. 2017). Notably, only one participant explicitly stated that she was distressed and wanted to seek professional help. However, she delayed because she was going abroad to support other survivors of sexual violence. Understandably, this experience caused even more distress yet compelled her to seek psychological support on her return.

By contrast, other participants who delayed did not report feeling distressed at the time of disclosure, yet their circumstances led them to 'blurt it out' (Campbell et al., 2015). It is as if the impact of the violence had become so salient that they were no longer able to contain it. Consequently, speaking was like a reflex response. This notion of blurting out disclosures of sexual violence has been discussed in literature exploring child, and adolescent experiences of disclosure (Allnock, 2013; Campbell et al., 2015; Symes, 2000) but much less has been explored about adult survivors generally or African and Caribbean survivors specifically.

A possible explanation for participants blurting it out is that they may not have recognised the impact of the sexual violence as they had been coping with it in their own way. This has been found in the literature regarding Black women's general experiences of help-seeking (Nelson, 2020). It could also be that specific circumstances facilitated these disclosures and that participants may have remained silent if these circumstances had not been present. For instance, one participant reported navigating examination stress, whereas another reported drinking wine with a friend and bursting into tears. Remarkably, one participant was in therapy at the time of her assault though she did not deliberately tell her therapist. Thus, her speaking became part of the conversation rather than a deliberate act. A possible explanation for this could be that she found ways to suppress or detach from the experience as a survival mechanism.

Previous research has reported that survivors may disclose as a means of accessing emotional support or needing someone to speak to (Ahrens, 2007; Jacques- Tiura et al., 2010); however, this was less common in this study. Instead,

participants were more likely to disclose if prompted or wanting to make sense of what happened to them. For those who delayed disclosure, although there was a sense of agency surrounding the silence, when they spoke, it was as though they were no longer in control; it seemed more of an unconscious process. Although we cannot generalise the findings in this theme to all African and Caribbean survivors of sexual violence, these findings allow us to consider the catalysts and process of disclosure and help-seeking.

4.4 Needing a Safe Space to Feel Heard

The findings within this theme suggested that accessing services that catered to their needs and experiences as African and Caribbean heritage women could potentially be an integral part of the healing journey. Some participants shared that being able to engage in a therapeutic space with another Black woman enabled them to feel understood. Perhaps, this is because of assumed shared understanding of the expectations and historical significance of the SBW narrative, as well as assumed shared, similar cultural and historical experiences of the intersectional impact of racism and sexism. For some, feeling understood for some meant that participants did not have to explain why they may have chosen to cope with 'strength' or the significance of them accessing services despite gendered and cultural narratives and imperatives to not disclose private matters to strangers, including professionals. Furthermore, it meant they expected they would not be subjected to racism or need to spend extensive amounts of time explaining aspects of their culture and history.

Research in the UK and USA has found that some Black survivors of sexual violence have felt deterred from accessing therapeutic support due to services being predominantly run by White staff (Imkaan, 2015; Ullman & Lorenz, 2020; Washington, 2000). In the current study, only one participant explicitly named this as a deterrent. However, this is significant because it indicates that she would have not received the necessary psychological or practical support if such a service did not exist. For instance, there may be concerns that a White British person would not understand their intersectional experiences or fears of racism

within services. This is reflected by research which has found a reticence among Black women to access mental health services due to mistrust of services or concerns of racism (Memon et al. 2016).

Consistent with findings from Imkaan (2020), who examined sexual violence among minoritised women, participants in the current study spoke about the importance of having a therapist that 'looked like them'. The notion of looking like each other suggested an implied sense of safety: if the therapist looks like them, they could represent another Black woman in their lives who they could trust and feel safe with, such as a friend, mother, or sister. Furthermore, having someone who looks like them may also have been a euphemism for shared lived experiences. By contrast, the assumption may have been that someone who did not look like them would not have this lived experience, or necessary understanding of their social, historical, and cultural context, including how their social location had shaped decision-making around disclosure and their feelings of shame or self-blame; and therefore, that the therapist would not be able to empathise or help an African or Caribbean heritage woman who had been subjected to sexual violence.

Participants who engaged with both Black and White therapists had notable differences in their experiences, primarily that those who saw a Black therapist felt they had 'a shared understanding' with their therapist. This feeling of having a shared understanding was present even despite cultural differences between them (e.g., African heritage survivor and Caribbean heritage therapist), likely due to similar racialised experiences as Black women. Some participants who only had experiences with White therapists hypothesised that a Black therapist would have understood them better. For example, this means that when participants would share certain cultural ideologies such as not wanting to disgrace their family, this could be understood without being pathologised or needing explanation.

This notion of having a shared understanding complements findings from Imkaan (2015), who found that service providers cited 'cultural differences' as a barrier to adequately supporting 'BAME' survivors of gender-based violence. However, it is not sufficient for therapists to mention cultural differences without attempts to explore, understand and engage with the implications of cultural context for the

survivor. Indeed, African and Caribbean mental health service users have cited a need for culturally appropriate care (McClean et al., 2003). Further, Hawkins (2011) argues that a lack of understanding on the therapist's part could adversely affect the therapeutic process. In the current study, this lack of understanding by their therapists left participants feeling hopeless about therapy or as though they needed to defend against stereotypes due to concerns of information being misconstrued.

Participants also reflected on how they needed to explain aspects of their lived experience to their therapists. Specifically, they needed to explain cultural norms due to misunderstandings or a general lack of awareness on the therapists' part. This meant that they did not get the time and space they deserved to discuss their experiences or the impact of sexual violence as they were required to do this extra work. Where therapy should be a space for unburdening oneself, the burden of responsibility to explain was placed on survivors, perhaps reflecting the complex power dynamics enacted within society where minoritised groups often have to 'educate' the privileged, dominant group for their voices to be heard. This is problematic, particularly as African and Caribbean heritage survivors may start from silence and such experiences in the therapeutic space could be experienced as further silencing.

Some participants reflected that matching survivors to therapists of similar race or culture would help resolve these issues. These reflections are consistent with findings from Alvidrez et al. (2011) who found that African American survivors of sexual violence were more likely to engage with mental health services if they were matched with a clinician of similar ethnicity. Furthermore, Cabral and Smith (2011) conducted a meta-analytic review of preferences, perceptions, and outcomes concerning racial/ethnic matching between clients and therapists in mental health services. They found moderate effect sizes for racial-ethnic preference in their therapist. This means that similar to the findings in the current study, participants indicated a preference for therapists of the same racial or ethnic heritage. Nevertheless, a small effect size was found for outcomes in racial-ethnic matching suggesting that therapeutic outcomes were not dependent on being matched with a therapist of similar heritage. Notably, African American participants had the highest effect sizes across all categories highlighting that they were more

likely to prefer an African American therapist, more likely to view African American therapists favourably and showed marginally better outcomes in therapy when matched with another African American.

There are no comparable reviews examining racial-ethnic matching preferences among African and Caribbean heritage women in the UK and there is limited data examining racial-ethnic matching within sexual violence literature. Most of the literature examining racial-ethnic matching presents quantitative information but the current study adds to this discussion by offering qualitative insights into why African and Caribbean heritage survivors of sexual violence may prefer a therapist of similar racial-ethnic background. For participants in the current study, this 'matching' was about feeling understood and not being reminded of the centrality of whiteness in the therapy room. For example, one participant commented on not getting the same space in therapy as a White woman. As White women are likely to be paired with another White therapist, there is less need for giving explanations. However, the impact for African and Caribbean heritage survivors is not only that they are not getting the space they deserve but that even within the therapy room, they are de-centred in comparison to White women which is reminiscent of their experiences within society at large.

Notably, one participant expressed ambivalence around having a Black therapist precisely because she was a reminder of her mother and friend. For this participant, having a White therapist was preferred as it offered a sense of anonymity, which may well have been related to feelings of shame around the sexual violence, and of not being able to cope alone and to be self-sufficient. Additionally, another participant who saw a White male therapist shared that her preference would have been to see another woman rather than race being a significant factor. Whilst having a therapist of similar race, culture, or ethnicity may not be of most importance for all African and Caribbean heritage survivors, where this may be important for the survivor, often services do not typically offer such a choice.

Several participants experienced elements of the therapy quite positively despite having to explain cultural differences to their White therapists. This is not unusual, Neville and Pugh (1997) who found that African American survivors who engaged

in therapy with White therapists felt supported in the relationship. This may be due to the general qualities of the therapist in creating an open and supportive environment. It would seem that there is room for having meaningful connections in the therapeutic space between survivors of African and Caribbean heritage and therapists who do not share their racial or cultural background. However, this should not mask the potentially harmful impact of racism, a lack of cultural awareness and sensitivity in the therapeutic space.

4.5   Implications and Recommendations

4.5.1   Clinical Practice

This study highlighted challenges that women of African and Caribbean heritage face with disclosure and help-seeking after sexual violence. Participants discussed their experiences of accessing therapeutic support from non-profit services specifically designed for survivors of sexual violence, private counsellors, and clinical psychologists within the NHS. Their experiences were variable but highlighted how racism and a lack of cultural awareness could inhibit survivors from receiving adequate therapeutic support. Below I outline some considerations clinical psychologists can make when supporting African and Caribbean heritage survivors; however, these implications may be helpful across other clinical disciplines.

As reflected in this study and extant literature, decision-making around disclosure and help-seeking is complex and may only occur at the crisis point. Silence is a recurring theme for survivors generally, but additional social and cultural factors may compound this. Therefore, clinical psychologists should be aware of the significance of accessing psychological support for African Caribbean heritage survivors. Giving survivors space to speak about their experience at their own pace (Kirkner et al., 2011) may be a helpful way of validating this. Nevertheless, speaking may be difficult; thus, drawing on other approaches such as art or creative writing could be beneficial. These options may offer survivor's another avenue whereby they can express themselves. Furthermore, it is necessary for

psychologists to be aware of reporting procedures and support survivors through advocacy should they require support outside of 'therapy.'

Participants described having positive experiences with Black therapists due to a shared cultural understanding. However, clinical psychology is a predominantly White, middle-class profession, and likely, Black survivors may not encounter therapists of a similar background. Thus, Hawkins (2011) argues that psychologists should engage in personal research and attend training courses to learn more about Black women's experiences. While this learning may offer context, it is essential not to apply a 'one size fits all' approach. For instance, psychologists can conduct a 'cultural assessment' at the beginning of therapy to learn more about what might be necessary to understand about the survivor's race, culture, and ethnicity (Adkinson-Bradley et al., 2007). This assessment may give the psychologist insight into the survivor's context and ensure survivors can use therapy in a progressive and meaningful way rather than using the time to explain cultural differences, as frequently occurred in this study. However, the psychologist needs to acknowledge the survivor's context without problematising elements of culture which may seem less familiar as this can perpetuate the same inequalities that Black women face within society at large, leading to silencing.

Nash (2009) argues that service providers may be influenced by stereotypes about Black women. For example, many Black women reject the strong black woman (SBW) construct yet still be perceived as 'strong' by others. Such stereotypes mean that Black women's vulnerability may not be recognised, even within the therapeutic space. Therefore, clinical psychologists must interrogate their racial biases and how their perceptions of Black women impact on therapeutic interactions. It is also necessary to reflect on these issues in supervision.

Psychological theory, training, and practice are often Eurocentric, which usually means less consideration for the needs and experiences of non-white groups (Naidoo, 1996). Further, psychological approaches often neglect the historical, social, and cultural contexts of survivors (Patel & Mahanti, 2004). Psychologists should be aware of the limitations of such approaches when working with African Caribbean heritage survivors of sexual violence, being flexible in their work and applying an intersectional lens. Situating sexual violence within the wider context

may be helpful for survivors to make sense of some of their feelings of shame or demonstrate how inadequate responses to the sexual violence reflect sociocultural structures that condone sexual violence and blame the victims. For instance, some survivors have found it validating when clinicians have reminded them, they are not at fault (Kirkner et al., 2021) but it may be even more impactful to name patriarchy and misogynoir[2] to reinforce this further and highlight the structural nature of sexual violence.

4.5.2   Policy

4.5.2.1 Institutional and Service Level: Given the prevalence of sexual violence and the implications for clinical psychology, it would seem necessary to include training about gender-based violence more broadly and sexual violence specifically as core teaching on the clinical psychology doctoral training programme. Such teaching should move beyond psychological approaches for working with trauma to supporting clinicians with understanding sexual violence within its sociopolitical context and how to use their position to support advocacy and policy work. Importantly, the teaching could be delivered by organisations working directly with survivors of sexual violence, particularly those who work with minoritised groups such as African Caribbean women. Where this is not possible, consultation from these organisations to inform teaching could achieve similar aims.

Addressing service policy is also a necessary consideration. For instance, it should not be assumed that delayed help-seeking means the survivor is not experiencing psychological distress or does not need immediate support. Long waiting times and unclear referral pathways may exacerbate distress (Imkaan, 2015). Where necessary, services should endeavour to prioritise African and Caribbean heritage survivors for psychological therapy. Alternatively, survivors could also be offered a brief intervention while waiting for longer-term therapeutic support. This recommendation is not to devalue non-African and Caribbean survivors' experiences but to consider the additional obstacles they may face in help-seeking and prioritise accordingly. Furthermore, collaboration with local organisations can

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[2] Anti-Black racist misogyny towards Black women (Bailey & Trudy, 2008).

be helpful for psychologists to develop service-level policies of responding to survivors of sexual violence and writing funding applications to support the service in meeting demand.

4.5.2.2 Local and National Level: As previously discussed, sexual violence is upheld by socio-political factors. Thus, a crucial element in supporting African Caribbean survivors of sexual violence is preventative work. The government's newly released VAWG strategy for 2021 to 2024 (Home Office, 2021b) incorporates a commitment to prevention. This includes methods such as national campaigns to raise awareness about VAWG. Taking a preventative approach toward sexual violence is an essential aspect of dismantling it. Yet, before embarking on new campaigns, it is necessary to conduct a thorough assessment and consult with survivors and organisations supporting African Caribbean heritage survivors to ensure their unique experiences are not excluded from the conversation.

As survivors of sexual violence often seek support from friends and family before accessing services, considerations for localised support are imperative. Therefore, campaigns should operate nationally and collaborate with local authorities, communities, and places of worship to provide education and resources on sexual violence and responding to survivors.

Policies need to be written with Black women in mind, which means considering how multiple areas of disadvantage may increase the risk of sexual violence or affect decision-making around disclosure and help-seeking. In addition, considerations need to be made regarding the funding of services, specifically for Black survivors of sexual violence. Offering specialised support tailored to Black survivors of sexual violence can help ensure their needs are adequately met (Coy et al., 2009). However, there is a lack of such available services and where they do exist, they are often underfunded (Coy et al., 2009). For instance, the recent VAWG strategy for 2021 to 2024 was criticised for not going far enough in securing long term funding, particularly for organisations that support minoritised groups such as Black women (EVAW, 2021). Lastly, in addition to developing policy, there seems to be a need for interrogating the barriers to implementation. Understanding

these barriers may help dismantle some of the structures that perpetuate sexual violence and provide safety for Black women.

4.6   Future Research

As an exploratory study, this study provides insight into some barriers that women of African Caribbean heritage may face when accessing support following sexual violence. Future research may consider how African Caribbean heritage women make sense of their experiences of sexual violence. It could be helpful to conduct an interpretative phenomenological analysis of this. Such research may help capture the meaning attributed to incidents of sexual violence, the impact on the survivor's overall sense of wellbeing, and support needs.

Black and mixed-heritage women's experiences are nuanced. Although I spoke with African and Caribbean heritage women, I recognise that this is not a monolithic group, and cultural variations exist. Therefore, future research may explore African and Caribbean women as separate groups to analyse experiences and specific needs more in-depth.

Survivors may be likely to seek support from friends and family in the first instance, so it may be helpful to do exploratory research with people from African Caribbean communities who have been recipients of disclosures. This may give insight into their listening experiences, identify knowledge gaps, and help create a comprehensive toolkit for supporting and signposting survivors.

As Black women have often been misrepresented in research, they may feel reluctant to participate in research (Few et al., 2003). Furthermore, the limited number of Black researchers may also be a deterrent to participation. For instance, one participant informed me that the only reason she took part in this research was because "you are a Black woman." She likely presumed that because I am a Black woman, I could understand or relate to her experiences and more importantly, I would not misrepresent her words in the research. This implies that some Black women may be more likely to participate in research if they can speak to someone of similar ethno-racial background.

Where this is not possible, researchers must be completely transparent about the research aims, allow participants to view transcripts, consult with other Black survivors, and ensure that participants have access to the written reports. Utilising this approach may facilitate trust. However, this speaks to a broader issue for funding being allocated to Black academics or aspiring academics. As there are limited researchers from African or Caribbean backgrounds in the UK, the narratives of these women may remain hidden, and they may not be appropriately served because their needs are not correctly understood. Furthermore, it may be helpful to take a practice-based approach by collaborating with organisations supporting African and Caribbean survivors to ensure their ideas and voices are centred from the inception of the research to dissemination.

4.7 Critical Evaluation

4.7.1 Epistemological Reflexivity

Alternate epistemologies that centre personal standpoints are often marginalised within academia (Paterson et al., 2016) and hence, Black feminist researchers "run the risk of being discredited as being too subjective and hence less scholarly" (Collins, 2000, p. 19). However, methodological integrity can mitigate this. The core tenets of Black feminist epistemology, alongside how I adhered to them, will be detailed below.

1. *Lived experience as a Criterion of Meaning.*
   Alternate epistemologies such as Black feminism are grounded in lived experience. As posited by Hill Collins (2000), knowledge claims are often more credible when individuals have lived through the issues they are making claims about. The current study centres the lived experiences of African and Caribbean heritage women rather than representations of them constructed by others. For instance, I conducted a comprehensive literature search, engaging with the work of Black women, to understanding of how the intersection of race, gender, and class and shapes Black women's lived experiences (Few et al., 2003). Furthermore, during the planning stage of my research I received consultation from a Caribbean heritage survivor of sexual violence which enabled me to choose questions that

not only related to sexual violence but also consider how culture, history and the intersection of race and gender shaped decision-making around sexual violence. By qualitatively approaching the research questions, I aimed to privilege the narratives of African and Caribbean heritage survivors in this study and used direct quotes to centre them. Furthermore, the use of participant quotes also enables the reader to see how I identified themes within the data.

2. *The use of Dialogue to Assess Knowledge Claims*.
Knowledge claims are developed through dialogue with members of one's community rather than worked out in isolation. This dialogic process also helps the researcher to maintain accountability for the claims put forward. A Black feminist approach requires collaborative discourse which enables those in dialogue to discover new knowledge. I aimed to adhere to this by reflecting back to participants what I heard them say and where appropriate shared my impressions, allowing them to confirm or correct me where necessary. Furthermore, I engaged in member checking by offering participants their transcripts to review, clarify or change anything that was shared in the interview. I continued this dialogue with my research supervisor, who read a random sample of transcripts and supported with creating themes (see Appendix Q). Finally, I engaged with research consultants who are also African Caribbean survivors of sexual violence to support the dialogic process.

3. *The Ethic of Caring.*
Black feminist epistemology highlights the importance of emotion and empathy in the knowledge validation process. For example, "emotion indicates that a speaker believes in the validity of an argument" (Hill Collins, 2000, p. 263). Furthermore, people may be less likely to share their experience if they doubt the empathy of the listener (Scantlebury, 2005). I approached participants from a perspective of empathy by attuning to their emotions, allowing them to express their feelings and not hastily moving on to the next question (Campbell et al., 2010). Where participants became tearful during the interview, I engaged with this by making room for silences, acknowledging their feelings, and reminding them of their right to end the interview.

4. *The Ethics of Personal Accountability.* Black feminist research requires the researcher to be accountable for their knowledge claims (Few et al., 2003; Hill Collins, 2000). As knowledge claims cannot be separated from those who generate and share them, the assessment of knowledge is also an assessment of "an individual's character, values, and ethics" (Hill Collins 2000, pg. 265). Black feminist epistemology recognises that the research process is shaped by personal biases and hence acknowledgement of this is vital. Furthermore, awareness of one's own bias and assumptions can reduce the likelihood of silencing participants and misrepresenting the data (Lindsay-Dennis, 2015). Throughout the research, I maintained a reflexive diary. By being transparent about my own positionality in the reflexive sections, I demonstrate to the reader how my lived experience informed the knowledge claims (Luna & Pirtle, 2021). I also aimed to maintain transparency throughout the research process through engaging in dialogue with others. Additionally, I have detailed the study method and provided examples of my work processes. Furthermore, the knowledge that this thesis will be available to participants and more broadly reminds me that I have a duty to ensure that I take every precaution to accurately reflect participants' narratives and not misuse my position and privilege.

4.7.2 Quality in Qualitative Research

In addition to the core principles of Black feminist epistemology, Yardley's (2000) quality criteria – sensitivity to context; commitment and rigour; transparency and coherence and impact and importance – were also borne in mind.

1. *Sensitivity to Context*

    Interviews took place from July 2020 against the backdrop of the Covid-19 pandemic and BLM protests. I was aware that participants and myself alike would have been affected by these events to varying degrees. Further considerations were made to reflect this, as highlighted in the ethical considerations.

2. *Commitment and Rigour*

Commitment is demonstrated through the researcher's prolonged engagement with the subject (Yardley, 2000). This was particularly important as survivors of sexual violence have discussed the importance of researchers being informed about sexual violence and its impact (Campbell et al., 2009). In addition to the literature review previously discussed, I demonstrated commitment and rigour through conducting a thorough literature review, attending seminars for survivors of sexual violence, and liaising with a survivor and an organisation that supports survivors of sexual violence. Furthermore, I conducted and transcribed interviews myself and applied the steps of thematic analysis suggested by Braun & Clarke (2006). Data analysis was completed over six weeks to allow for immersion. Lastly, throughout the entire research process, I held the research questions in mind to ensure commitment to the study aims.

3. *Transparency and Coherence*

Coherence refers to the 'fit' between the research questions and the study's epistemological position, methodology, and analysis (Yardley, 2000). A Black feminist standpoint and qualitative methods were deemed most suitable for allowing participants' voices to be heard. Furthermore, the theoretical flexibility of thematic analysis paired well with a Black feminist standpoint. Throughout the analysis section, I used direct participant quotes to enable the reader to see how I identified themes within the data.

4. *Impact and Importance*

Yardley (2000) stipulates that a critical element of the research is not only the findings but the study's theoretical, practical, or sociocultural influence. To my knowledge, this is one of very few studies exploring Black women's experiences of disclosure and help-seeking after sexual violence in the UK. As previously discussed, most of the literature in this area derives from the USA. There is more consideration for domestic violence in the UK, and some practice-based research has focused on 'BAME' women's experiences, but this neglects heterogeneous experiences. This is an exploratory study that offers implications for practice and policy. Due to the small sample size, the results cannot be generalised across the

population. Still, this study gives insight into patterns and experiences and provides a foundation for further research. Black feminist epistemology also moves away from traditional epistemologies and centres African and Caribbean heritage women's experiences where they are often excluded in academic discourse.

4.7.3 Interview Limitations

Despite the research being conducted online, I was still able to capture some aspects of non-verbal communication, such as facial expressions, and attend to other elements of speech such as pace, silence, and intonation. However, I likely missed some aspects of communication, such as body language. Furthermore, aside from my facial expressions, participants may not have been able to gain much of a sense of me and how I was attending to their emotions which is an essential element of feminist research (Campbell, 2009).

4.7.4 Sample Limitations

Consistent with the study aims and qualitative methodology, a small sample was recruited for this study. I endeavoured to recruit a representative sample of African and Caribbean heritage women due to the diversity across groups. The sample comprised five African heritage women, four Caribbean heritage women, and three women of mixed heritage. Participants were of similar age (20s-30s), and though most identified as working class, most worked in 'professional' roles. Thus, this study does not hear the voices of older women and women significantly impacted by lower socioeconomic backgrounds. Findings from studies in the USA (Bryant-Davis et al., 2010) highlight the impact of lower socioeconomic status on Black survivor's help-seeking and disclosure; this was not captured in the current study.

In light of the Covid-19 context, recruitment took place online, meaning that all participants were recruited via social media. Recruiting through social media enabled me to reach a wide range of participants, including those who may not be affiliated with organisations for survivors of sexual violence. However, this also meant that I could only recruit those who utilised social media or access

technology such as Microsoft Teams and therefore excluded the voices of those who do not utilise this technology

Another sample limitation concerns the representation of participants across the analysis. I acknowledge that some participants, such as Camille, are referenced more frequently than Yasmin. This could relate to the way that some participants articulated responses that reflected that specific theme. Furthermore, some participants offered relatively brief answers possibly associated with the difficulties around speaking about sexual violence. Nevertheless, I endeavoured to capture the range of voices by featuring participants across themes.

4.7.5   Epistemological and Methodological Limitations

A key consideration throughout this research has been intersectionality. However, I recognise that I have emphasised the intersections of race and gender with less exploration of other factors. For instance, though I held awareness of participants self-identified socioeconomic status, this did not feature heavily in the interviews, thus not discussed in the analysis. Although this was considered within the interview context and analysis stage, it was not featured in the reported analysis. The lack of reporting was not to minimise their experience, but this highlights the complexities of lived experience. It was not possible to adequately capture all dimensions within this study, nevertheless giving close attention to race and gender provides us with a starting point by which we can begin to explore the multifaceted aspects of Black women's lives.

Few et al. (2003) suggest that "triangulating multiple sources" in Black feminist research can enable the researcher to uncover hidden insights (p. 209). This approach may include creativity through collecting data through 'non-traditional' means such as art, poetry, and pictures which may articulate aspects of a survivor's experience. However, the current study only utilised semi-structured interviews. While using multiple sources may have allowed for more rich data, I feel that my inexperience in analysing alternative methods may not have sufficiently captured what participants were trying to convey. Therefore, the use of semi-structured interviews felt appropriate for this research.

I adopted a Black feminist standpoint which stipulates that knowledge derives from social location and that centring women's lived experiences is necessary for constructing knowledge that accurately reflects them (Brooks, 2007; Hill Collins, 2000). However, I recognise that I have drawn on relativist constructs. For example, the SBW is a construction of Black womanhood that has materialist consequences. Although 'strength' is intangible, it has implications for disclosure and help-seeking, evident throughout this study.

4.8   Reflexivity Revisited

As discussed in the methodology chapter, researchers have insider/outsider and in-between identities that shape the research process. Here I reflect on the salience of different aspects of my lived experience and positionality.

4.8.1   Insider/Outsider Status

Some participants spoke about the importance of a shared cultural understanding and their preference for speaking to Black clinicians during the interviews. I presumed this also translated to the research space. My embodiment as a Black woman may have represented someone who could understand or even relate to some aspects of their experiences. For example, one participant stated that she only took part in the research because I am a Black woman. With this statement came a sense of privilege, knowing that I was privy to narratives that another researcher may not have heard. Furthermore, due to shared experiences, there were some nuances which I understood without participants needing to offer explicit explanations. Despite my 'insider' status, it was necessary that I did not assume participants' trust (Lindsay-Dennis, 2015) as there were also differences between us that shaped our interactions. For instance, my position as researcher and trainee clinical psychologist.

As a Black woman and researcher, I felt preoccupied with accurately conveying participants' narratives while not perpetuating stereotypes about Black women

throughout the research process. Similar concerns were reflected by Kanyeredzi (2018b) who also examined the experiences of violence and abuse among African and Caribbean heritage women in the UK. Few et al. (2003) stipulate that how we present the data is integral to this process. For instance, when discussing the influence of the SBW schema on participants' decision-making around disclosure and help-seeking, I wondered whether I did enough to contextualise this or whether I perpetuated stereotypes about Black women's strength and vulnerability. In dialogue with my supervisor and research consultants (all of African and Caribbean heritage), I could explore some of these tensions and consider how best to use language when presenting the data.

4.8.2 <u>The Challenge of Dual Roles</u>

Despite functioning as a researcher, my position as a trainee clinical psychologist came to the fore mainly when participants spoke about their experiences in therapy. Although participants had some positive therapeutic experiences, the accounts of microaggressions, not feeling validated, or needing to explain cultural differences to their therapist resonated with me. I felt a sense of shame that I was part of the same institution that was not making room for these survivors' experiences. Their narratives reminded me of my own experiences of training where I often had to explain things and would feel exhausted and deflated and would resort to silence. I suppose this made me feel even more determined to allow participants to speak uninterrupted yet tangentially. '*Am I overcompensating for what they didn't get in therapy'* is a question I often reflected on, and I continually needed to remind myself of my role within this context.

4.8.3   <u>Reflections on Power</u>

Feminist methodologies aim to address the complex power dynamics of the interviewer-interviewee relationship through concerted efforts to reduce the hierarchy (Campbell, 2010). For instance, researchers are encouraged to answer questions that may arise from participants and even be cognisant of how they dress and what messages they might convey (Campbell et al., 2010; Few et al., 2003). I adhered to this by discussing my motivations for conducting the study and

offering information about my ethnicity and social context as questions arose. Furthermore, I dressed casually for each interview, sometimes with a headwrap and other times with my afro in view. I hoped that participants would see someone who 'looked like' them, and that being authentic and informal within the interview would minimise perceptions of power and enable them to feel comfortable to speak.

Nevertheless, I remain cognisant of the fact that I would be using their narratives for this thesis thus recognise that power dynamics could not be completely eradicated.

4.9   Concluding Thoughts

This thesis explored the post-sexual violence experiences of disclosure and help-seeking among 12 African and Caribbean heritage women. The study's main findings were analysed through themes related to silence, speaking, and hearing to illustrate how each of these interrelated factors shapes experiences of help-seeking and disclosure. For example, being silenced by internalised messages and society at large has implications for when and how a survivor chooses to speak. Yet if the survivor speaks and their experience is not validated, this can lead to more silencing. Admittedly, this process is not unique to African and Caribbean women. Still, as demonstrated in this study, intersected experiences of race and gender in addition to sociocultural factors contour Black women's post-sexual violence experiences and subsequent help-seeking and disclosure. In light of this, clinical psychologists are responsible for shifting current practices to work intersectionally to ensure they are not perpetuating the same silencing oppression that African and Caribbean heritage survivors may face within society. Outside of the therapy room, it is necessary to move beyond the apolitical approach to working with survivors of sexual violence and consider how to use their position and privilege to influence service and policy that amplifies the needs and voices of African and Caribbean survivors of sexual violence.

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Appendix A: Literature Search Terms and Flow Chart

A literature search was employing the following search terms was employed using the following search terms in order to identify relevant papers:

- "sexual assault" or "rape" or "sexual violence" or "or "forced sex" or "sexual coercion" or "Non-consensual sexual act" or "Unlawful sexual intercourse" or "forcible intercourse"
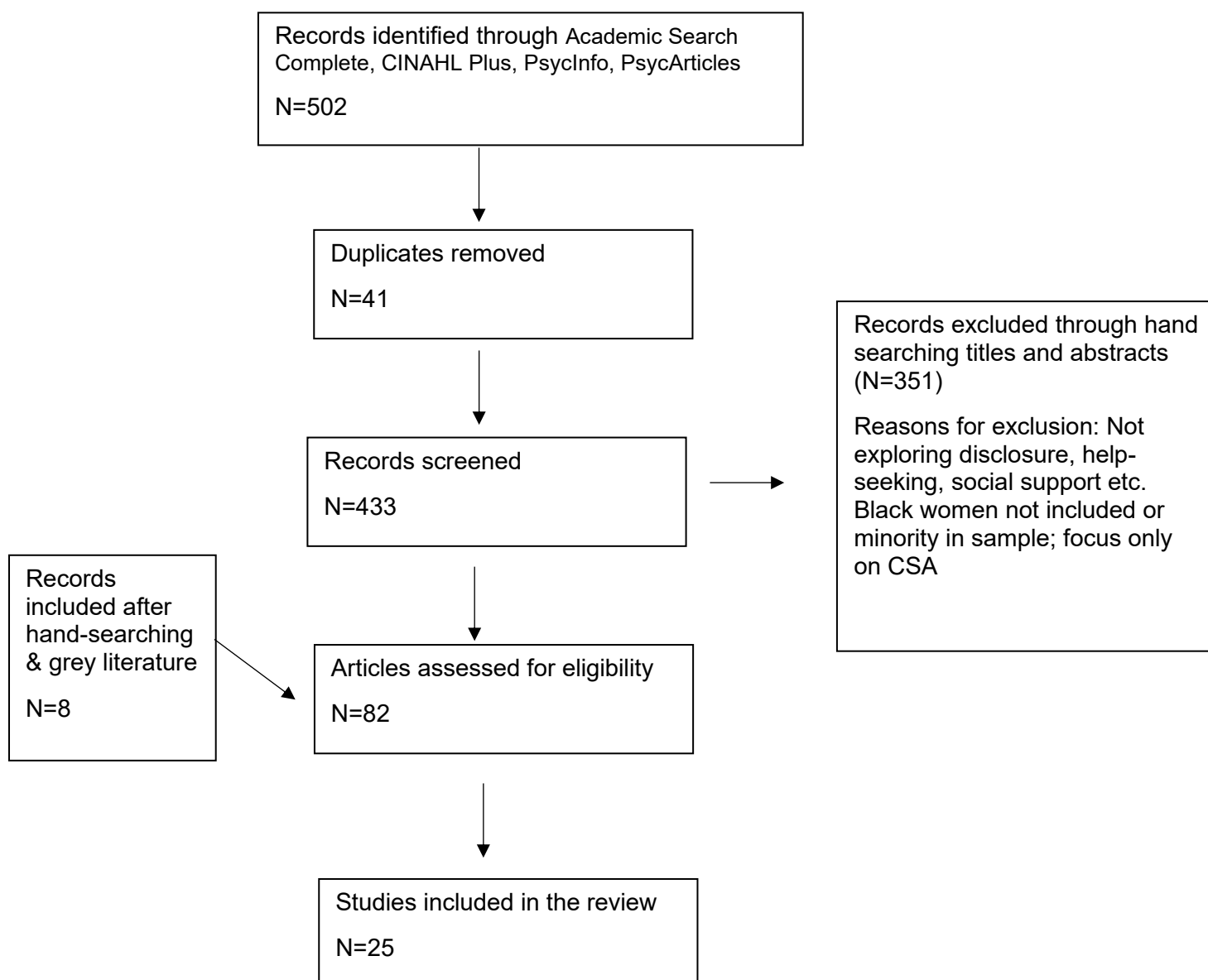
AND

- "Help seeking" or "seeking help" or "help-seeking" or "disclose" or "disclosure" or "disclos*" or "support" or "social support"

AND

- "black" or "african american" or "black american" or "mixed black" or "african" or "caribbean" or "black british" or "afro-caribbean" or "bme" or "black minority ethnic" or "ethnic minority" or "minority ethnic"

AND

- "wom*n" or "Female*" or "gender"

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┌─────────────────────────────────────────┐
│ Records identified through Academic Search│
│ Complete, CINAHL Plus, PsycInfo, PsycArticles│
│                                           │
│ N=502                                     │
└─────────────────────────────────────────┘
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                    ▼
┌─────────────────────────────┐
│ Duplicates removed          │
│                             │
│ N=41                        │
└─────────────────────────────┘
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                    ▼
┌─────────────────────────────┐          ┌──────────────────────────────────┐
│ Records screened            │          │ Records excluded through hand    │
│                             │          │ searching titles and abstracts   │
│ N=433                       │─────────▶│ (N=351)                          │
│                             │          │                                  │
│                             │          │ Reasons for exclusion: Not       │
│                             │          │ exploring disclosure, help-      │
│                             │          │ seeking, social support etc.     │
│                             │          │ Black women not included or      │
│                             │          │ minority in sample; focus only   │
│                             │          │ on CSA                           │
└─────────────────────────────┘          └──────────────────────────────────┘
                    │
┌──────────────────┐│
│ Records          ││
│ included after   ││
│ hand-searching   │▼
│ & grey literature│┌─────────────────────────────┐
│                  ││ Articles assessed for        │
│ N=8              │─▶ eligibility                 │
│                  ││                              │
└──────────────────┘│ N=82                         │
                    └─────────────────────────────┘
                    │
                    ▼
┌─────────────────────────────┐
│ Studies included in the review│
│                             │
│ N=25                        │
└─────────────────────────────┘
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Appendix B: Interview Guide

Thanks again for coming today; we're going to get started now. I'm going to ask different questions about you as well as your experience of speaking to someone about sexual violence. I'll check in with you from time to time about whether you want a break but if at any point you feel you need a break or want to stop, please let me know. I will be jotting things down from time to time so I know what to come back to so if you ever see my head down that's why. Lastly, If the internet cuts, I will end the call and restart

Ok, let's get started

Warmup

1. Can you tell me a little about yourself?

    a. Prompt if struggling: How would you describe yourself? What do you like to do in your spare time?

2. A lot has been happening in the world over the last couple of months, how have you been doing?

Thanks for that, now we're going to talk about what happened after you experienced sexual violence. Are you ready to move on?

Disclosure

1. How would you describe what happened to you? You do not need to describe the actual event, but I wondered what words you would use to describe the incident? (What words would you use to describe what happened to you?)

    a. Prompt:

2. Did you tell any of your friends/family what happened to you?

    a. *Probe **YES**: If yes, who was the first person you told? Why did you decide to tell them? Can you remember what went through your mind before telling them? Do you remember how you felt?*

    b. Probe **NO**: *If no, why did you decide not to? Have you ever thought about telling anyone? How do you think your friends/family would've responded if you told them?*

3. How did X respond to you?

4. What did you think of their response?

    a. *Probe: Was it helpful/unhelpful? Validating/invalidating? Judgemental/supportive/curious? How did that leave you feeling? Is there anything more you wish they did/said?*

  b. *Probe (if response negative): How did that leave you feeling? What went through your mind? What would have been more helpful? What do you wish they did/said instead?*

5. Is there anything else you'd like to say about how X responded?

Thanks for sharing. I'm going to move us on to some questions about speaking to services about sexual violence. Are you ok to move on? Would you like a break?

Help-Seeking

1. Have you ever spoken to anyone from a service about what happened to you? (Examples: such as the Police, GP, counsellor, mental health services, refuge, charities that work with survivors?)

  a. *Probe* **YES**: *If yes, what was the first service you contacted? Why did you decide to contact this service? Can you remember what was going through your mind before contacting them?*

  b. *Prompt: What was it like contacting this service? (i.e. easy to find information about them, easy to find, good location, accessible building etc)*

  c. *Probe* **NO**: *If no, why didn't you contact a service? Have you ever thought about speaking to services (examples above) about what happened? How do you think they would've responded if you told them? What would you like a service to do/say?*

2. How did X service respond to you?

  a. *Prompt: validation, non-judgement, signposting?*

3. What did you think of their response?

  a. *Probe: Was it helpful/unhelpful? Validating/invalidating? Judgemental/supportive/curious? What do you wish they did instead?*

  b. *Probe (**if response negative**): What would have been more helpful? What do you wish they did/said instead?*

4. Is there anything else you'd like to say about this service?

5. When health professionals (e.g. nurses, doctors, psychologists etc) are gathering information about you, do they ever ask anything about violence and abuse?

  a. *Probe* **YES**: *If yes, how do you feel about being asked?*

b. *Probe **NO**: If no, is it something you would like to be asked?*

6. Is there anything else you'd like to add?

Thanks for sharing. We're going to move on to the last part now. I'll be asking some questions about race, culture and ethnicity? Are you ok to keep going? Would you like a break?
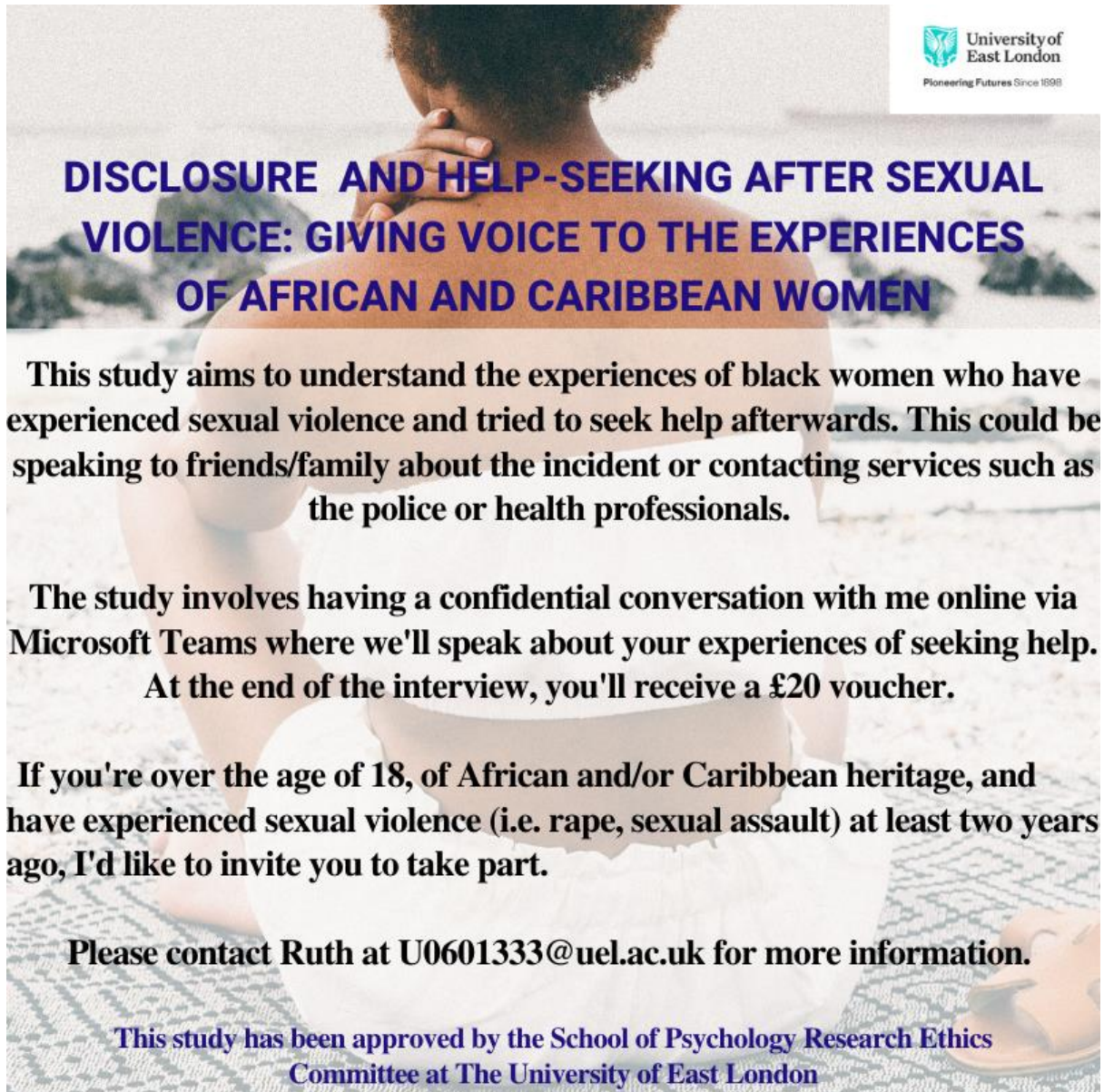
Ethnicity, 'Race' and Culture?

1. How would you describe your race?

2. How would you describe your ethnicity?

3. How would you describe your culture?

    a. *Probe: Do you identify with one of these more than the other?*

4. Are issues around sexual violence discussed in your family culture?
    a. *Probe **YES**: Who talks about it? What kind of things are discussed?*
    b. *Probe **NO**: Do you think it's important to speak about this in your family culture? Why do you think it's not spoken about? What would you like to speak about?*

5. Do you think that your experience as a [**insert appropriate race/ethnicity/culture as they defined**] woman influenced whether you told/didn't tell your friend/family about what happened to you?

    a. *Probe **YES**: If yes, in what ways? Did you think it would affect how they'd respond to you?*

    b. *Prompt: Strong Black Woman, airing dirty laundry*

6. Do you think that your experience as a [**insert appropriate race/ethnicity/culture as they defined**] woman influenced whether you contacted/didn't contact professional services?

    a. *Probe **YES**: If yes, in what ways? Did you think it would affect how they'd respond to you?*

7. Is there anything related to race/culture/ethnicity that health professionals such as nurses, doctors psychologists etc should know/think about when supporting [**insert appropriate race/ethnicity/culture as they defined**] survivors of sexual violence?

8. Is there anything else you'd like to add?

Ok, we've made it to the end now. Thanks again for taking part. How are you feeling? What will you do now that we are finished (e.g. eat, sleep etc)

Talk through debrief form, Give voucher.

Note: Probe/Prompt only required if there is not much detail being given

Appendix C: Recruitment Poster

University of East London
Pioneering Futures Since 1898

DISCLOSURE AND HELP-SEEKING AFTER SEXUAL VIOLENCE: GIVING VOICE TO THE EXPERIENCES OF AFRICAN AND CARIBBEAN WOMEN

This study aims to understand the experiences of black women who have experienced sexual violence and tried to seek help afterwards. This could be speaking to friends/family about the incident or contacting services such as the police or health professionals.

The study involves having a confidential conversation with me online via Microsoft Teams where we'll speak about your experiences of seeking help. At the end of the interview, you'll receive a £20 voucher.

If you're over the age of 18, of African and/or Caribbean heritage, and have experienced sexual violence (i.e. rape, sexual assault) at least two years ago, I'd like to invite you to take part.

Please contact Ruth at U0601333@uel.ac.uk for more information.

This study has been approved by the School of Psychology Research Ethics Committee at The University of East London

Appendix D: Participant Information Sheet

University of East London

Pioneering Futures Since 1898

Title of the Study: Disclosure and Help-Seeking after Sexual Violence: Giving Voice to the Experiences of African and Caribbean Women

You are being invited to participate in a research study. Before you decide, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully. Feel free to ask questions you may have.

Who is carrying out the research?
My name is Ruth Mintah, I am a postgraduate student in the School of Psychology at the University of East London. I am studying for a Professional Doctorate in Clinical Psychology and as part of my studies I am conducting the research you are being invited to participate in.

What is the purpose of the research?
The purpose of this research is to explore the experiences of African and/or Caribbean who have experienced sexual violence and tried to seek help afterwards. This could include (though not limited to) speaking to a friend or family member about the incident, as well as seeking support from services such as the police, a refuge, health practitioners or counselling services. I would like to understand:
- Why you decided to speak to someone
- Who you chose to seek support from
- What that process was like for you

Even if you have never told anybody what happened, I am still interested in hearing from you.

My research has been approved by the School of Psychology Research Ethics Committee. This means that my research follows the standard of research ethics set by the British Psychological Society.

Who is invited to take part?
I would like to invite African and/or Caribbean women over the age of 18 who have experienced sexual violence (i.e. rape, sexual assault) at least two years ago to take part.

Do you have to take part?

No, it is up to you to decide whether or not you want to take part. Your participation in this research is completely voluntary.

What will your participation involve?

- You will be asked to read and sign a consent form before taking part.
- You will be asked questions around whether you told anyone about experiencing sexual violence and what the process was like for you. You will **not** be asked to describe the assault.
- The interview will last for 1.5 – 2 hours but if you prefer, we can split this across two sessions.
- The interview will be audio recorded so that I can transcribe it however I am the only person who will have a copy of the recording. You will also be given an opportunity to read your transcript.
- The interview will take place online using a platform called Microsoft Teams. As this is an online interview, you will need to have access to a smartphone/laptop in order to take part.
- At the end of the interview, you receive a £20 voucher for your time and contribution to the study. You will also receive a list of services to contact if you require further support.

Your taking part will be safe and confidential

Your interview will be audio recorded and only I will have access to the recording. The audio recordings will be typed into a transcript and you will be given the opportunity to read this. In order to ensure that neither you nor anyone else will be identified in the research, your name and any name that you mention will be changed in the transcript. The anonymised transcript will be reviewed by my supervisor, who will also be under agreement to keep the information confidential.

What will happen to the information that you provide?

- The information you provide will be securely stored on password protected computer or encrypted storage device.
- The audio recordings will only be accessed by me and will be deleted once the study is complete.
- Your name and any name that you mention will be changed in the transcript.
- The anonymised transcript will be reviewed by my research supervisor.
- You will be given a brief summary of findings at the end of the study if you would like.
- The final research will include a small number of quotes from the interviews. In addition to using the information to write up the thesis, information from the

anonymised transcripts may be used to write up research in the future for publication in academic journals or for organisations that work with survivors of sexual violence.

What if you want to withdraw?
You are free to withdraw from the research study at any time without explanation, disadvantage or consequence. Separately, you may also request to withdraw your transcript even after you have completed the interview, provided that this request is made by August 2020 (after which point the data analysis will begin, and withdrawal will not be possible).

Contact Details
If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me: Ruth Mintah –

If you have any questions or concerns about how the research has been conducted, please contact the research supervisor, Dr Ava Kanyeredzi. School of Psychology, University of East London, Water Lane, London E15 4LZ, Email: A.Kanyeredzi@uel.ac.uk

or

Chair of the School of Psychology Research Ethics Sub-committee: Dr Tim Lomas, School of Psychology, University of East London, Water Lane, London E15 4LZ.
(Email: t.lomas@uel.ac.uk)

Appendix E: Consent Form

University of
East London
Pioneering Futures Since 1898

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

Disclosure and Help-Seeking after Sexual Violence: Giving Voice to the Experiences of African and Caribbean Women

Initials

I have the read the information sheet relating to the above research study and have been given a copy to keep. The nature and purposes of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information. I understand what is being proposed and the procedures in which I will be involved have been explained to me.

I understand that my involvement in this study, and particular data from this research, will remain strictly confidential. Only the researcher involved in the study will have access to identifying data. It has been explained to me what will happen once the research study has been completed.

I understand my interview will be audio recorded for the purposes of transcription and that the recording be deleted once the study is complete. I also understand that anonymised quotes may be used in the thesis report and publications.

I hereby freely and fully consent to participate in the study which has been fully explained to me. Having given this consent I understand that I have the right to withdraw from the study at any time without disadvantage to myself and without being obliged to give any reason. I also understand that should I withdraw, the researcher reserves the right to use my anonymous data after analysis of the data has begun.

Participant's Name (BLOCK CAPITALS)

………………………………………………………………………………………….

Participant's Signature

………………………………………………………………………………………..

Researcher's Name (BLOCK CAPITALS)

……………………………………………………………………………..

Researcher's Signature

………………………………………………………………………………

Date: ……………………..…….

Appendix F: Demographics From

I would like to collect some demographic information. If you do not feel comfortable answering a question, please leave it blank

1. How old are you? (Circle one)
   18-24
   25-34
   35-44
   45-54
   55-64
   65+
   Prefer not to say

2. How would you describe your race or ethnic background?

3. Are you currently employed?

4. If employed, what is your job title?

5. How would you describe your social class?

Appendix G: Debrief Form

PARTICIPANT DEBRIEF LETTER

Thank you for participating in my research study: **Disclosure and Help-Seeking after Sexual Violence: Giving Voice to the Experiences of African and Caribbean Women**

This letter has some information that may be useful for you now that you have taken part.

What will happen to the information that you have provided?
The following steps will be taken to ensure the confidentiality and integrity of the data you have provided.

- The information you provide will be securely stored on password protected computer or encrypted storage device.
- The audio recordings will only be accessed by me and will be deleted once the study is complete.
- Your name and any name that you mention will be changed in the transcript.
- The anonymised transcript will be reviewed by my research supervisor.
- You will be given a brief summary of findings at the end of the study if you would like.
- The final research will include a small number of quotes from the interviews. In addition to using the information to write up the thesis, information from the anonymised transcripts may be used to write up research in the future for publication in academic journals or for organisations that work with survivors of sexual violence.

What if you have been adversely affected by taking part?
Talking about sexual violence can be distressing and bring up lots of difficult feelings. If you have been affected in any of those ways you may find the following services helpful in relation to obtaining information and support:

- **Black Women's Rape Action Project** – advocacy and support for women who are survivors of sexual violence
  http://www.womenagainstrape.net/black-womens-rape-action-project

email: bwrap@rapeaction.net
Tel: 020 7482 2496
Crossroads Women's Centre
25 Wolsey Mews
London NW5 2DX

- **Galop –** Advice, support and advocacy for lesbian, gay, bisexual and trans* (LGBT) people who have experienced hate crime, sexual or domestic violence www.galop.org
  Helpline: 020 7704 2040

- **Rape Crisis** – National organisation which provides support for women who have experienced sexual violence https://rapecrisis.org.uk/
  Tel: 0808 802 9999 (Daily 12:00 – 14:30 & 19:00 – 21:30)

- **Southall Black Sisters –** An advice and advocacy centre that offers support for African, Asian and Caribbean Women
  https://southallblacksisters.org.uk/
  Tel: 0208 571 0800
  21 Avenue Road
  Southall
  Middlesex
  UB1 3BL

- **Women and Girls Network –** Counselling and support to help women and girls recover from violence. www.wgn.org.uk
  Sexual violence helpline: 0808 801 0770

  The Havens – Counselling and medical support for anyone who has experienced sexual violence withing the last 12 months. thehavens.org.uk
  Tel: **020 3299 6900** (urgent; 24 hours) or **020 3299 1599** (non-urgent; 9-5)

Contact Details

If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me: Ruth Mintah –

If you have any questions or concerns about how the research has been conducted please contact the research supervisor Dr Ava Kanyeredzi, School of Psychology, University of East London, Water Lane, London E15 4LZ,

Email: A.Kanyeredzi@uel.ac.uk

or

Chair of the School of Psychology Research Ethics Sub-committee: Dr Tim Lomas, School of Psychology, University of East London, Water Lane, London E15 4LZ.
(Email: t.lomas@uel.ac.uk

Appendix H: Ethical Approval

School of Psychology Research Ethics Committee

NOTICE OF ETHICS REVIEW DECISION

For research involving human participants

BSc/MSc/MA/Professional Doctorates in Clinical, Counselling and Educational Psychology

REVIEWER: Ian Tucker

SUPERVISOR: **Ava Kanyeredzi**

STUDENT: Ruth Mintah

Course: Professional Doctorate in Clinical Psychology

Title of proposed study: Disclosure and Help-Seeking after Sexual Violence: Giving Voice to the Experiences of African and Caribbean Women

DECISION OPTIONS:

1. **APPROVED:** Ethics approval for the above named research study has been granted from the date of approval (see end of this notice) to the date it is submitted for assessment/examination.

2. **APPROVED, BUT MINOR AMENDMENTS ARE REQUIRED <u>BEFORE</u> THE RESEARCH COMMENCES** (see Minor Amendments box below)**:** In this circumstance, re-submission of an ethics application is <u>not</u> required but the student must confirm with their supervisor that all minor amendments have been made <u>before</u> the research commences. Students are to do this by filling in the confirmation box below when all amendments have been attended to and emailing a copy of this decision notice to her/his supervisor for their records. The supervisor will then forward the student's confirmation to the School for its records.

3. **NOT APPROVED, MAJOR AMENDMENTS AND RE-SUBMISSION REQUIRED** (see Major Amendments box below)**:** In this circumstance, a revised ethics application must be submitted and approved before any research takes place. The revised application will be reviewed by the same reviewer. If in doubt, students should ask their supervisor for support in revising their ethics application.

DECISION ON THE ABOVE-NAMED PROPOSED RESEARCH STUDY

(Please indicate the decision according to one of the 3 options above)

> 2

Minor amendments required *(for reviewer)*:

> 1. State that data collection may occur in a participants' home, in the data collection section. This only currently appears on the risk assessment form.

Major amendments required *(for reviewer):*

Confirmation of making the above minor amendments *(for students)*:

I have noted and made all the required minor amendments, as stated above, before starting my research and collecting data.

Student's name *(Typed name to act as signature):*   Ruth Mintah

Student number: 0601333

Date: 19/03/2020

(Please submit a copy of this decision letter to your supervisor with this box completed, if minor amendments to your ethics application are required)

ASSESSMENT OF RISK TO RESEACHER *(for reviewer)*

Has an adequate risk assessment been offered in the application form?

YES

Please request resubmission with an adequate risk assessment

If the proposed research could expose the <u>researcher</u> to any of kind of emotional, physical or health and safety hazard? Please rate the degree of risk:

☐   HIGH

Please do not approve a high risk application and refer to the Chair of Ethics. Travel to countries/provinces/areas deemed to be high risk should not be

☐ MEDIUM (Please approve but with appropriate recommendations)

[x] LOW

Reviewer comments in relation to researcher risk (if any).

Reviewer *(Typed name to act as signature)*:   Ian Tucker

Date: 10/3/20

This reviewer has assessed the ethics application for the named research study on behalf of the School of Psychology Research Ethics Committee

<u>RESEARCHER PLEASE NOTE:</u>

For the researcher and participants involved in the above named study to be covered by UEL's Insurance, prior ethics approval from the School of Psychology (acting on behalf of the UEL Research Ethics Committee), and confirmation from students where minor amendments were required, must be obtained before any research takes place.

For a copy of UELs Personal Accident & Travel Insurance Policy, please see the Ethics Folder in the Psychology Noticeboard

Appendix I: Approval of Ethical Amendment

UNIVERSITY OF EAST LONDON
School of Psychology
REQUEST FOR AMENDMENT TO AN ETHICS APPLICATION

FOR BSc, MSc/MA & TAUGHT PROFESSIONAL DOCTORATE STUDENTS

Please complete this form if you are requesting approval for proposed amendment(s) to an ethics application that has been approved by the School of Psychology.

Note that approval must be given for significant change to research procedure that impacts on ethical protocol. If you are not sure about whether your proposed amendment warrants approval consult your supervisor or contact Dr Tim Lomas (Chair of the School Research Ethics Committee. t.lomas@uel.ac.uk).

HOW TO COMPLETE & SUBMIT THE REQUEST

1. Complete the request form electronically and accurately.

2. Type your name in the 'student's signature' section (page 2).

3. When submitting this request form, ensure that all necessary documents are attached (see below).

4. Using your UEL email address, email the completed request form along with associated documents to: Dr Tim Lomas at t.lomas@uel.ac.uk

5. Your request form will be returned to you via your UEL email address with reviewer's response box completed. This will normally be within five days. Keep a copy of the approval to submit with your project/dissertation/thesis.

6. Recruitment and data collection are **not** to commence until your proposed amendment has been approved.

REQUIRED DOCUMENTS

1. A copy of your previously approved ethics application with proposed amendments(s) added as tracked changes.

2. Copies of updated documents that may relate to your proposed amendment(s). For example an updated recruitment notice, updated participant information letter, updated consent form etc.

3. A copy of the approval of your initial ethics application.

Name of applicant: Ruth Mintah

Programme of study: Professional Doctorate in Clinical Psychology

Title of research: Disclosure and Help-Seeking after Sexual Violence: Giving Voice to the Experiences of African and Caribbean Women

Name of supervisor: Dr Ava Kanyeredzi

Briefly outline the nature of your proposed amendment(s) and associated rationale(s) in the boxes below

Proposed amendment	Rationale
To add in that the research will now take place online using Microsoft Teams.	Due to the current context of covid-19, research has moved to online platforms. This updated information sheet and recruitment leaflet confirms that the study will be taking place online via Microsoft Teams.
To add in that participants will sign a consent form before taking part	This was not clearly stated on the original participant information sheet

Please tick	YES	NO
Is your supervisor aware of your proposed amendment(s) and agree to them?	YES	

Student's signature (please type your name): Ruth Mintah

Date: 10/07/2020

TO BE COMPLETED BY REVIEWER		
Amendment(s) approved	YES	
Comments		

Reviewer: Tim Lomas

Date: 10.7.20

Appendix J: Transcription Conventions

(Braun & Clarke, 2013)

Feature	Notation and Explanation of Use
Short pause	(.) Less than one second
Pausing	((pause)) Short pause, few seconds long
Laughing	((laughs))
Emphasis particular word	Word Underlined word
((laughs))	Laughing
Clarifying information	[Speech in brackets]

Appendix K: Sample of Transcription Notes

631   as though maybe she wouldn't understand how she wants you to process it. And
632   generally I process things quite weird anything. I think the way we process things is
633   so different that I don't want the extra burden of trying to work out what that other
634   person is thinking. Um, I just want to speak. If I'm at a place where I need to speak, I
635   I just want to speak. So yeah, I was selective you know. I'll be honest with you, the
636   only reason I ended up getting a white counsellor is 'cause I couldn't find a Black
637   one.

638 R: And do you feel that having a white counsellor– well you mentioned in some regards
639   you felt like some parts she didn't understand.

640 P2:   Oh yeah. There are some things she doesn't understand. She doesn't understand
641   generational things. Um [3] and yes there are things she calls out as being wrong
642   which I appreciate because it's getting me to understand that yes that was wrong but
643   she says it in such a way that it's like– actually I'd probably say that 80% of my
644   friends that I know have been through that, you know. Yeah, and I almost feel a little
645   bit defensive of my culture 'cause I don't want her to feel like we're all a bunch of
646   animals. Yeah, I spend more time trying to defend that and then it call becomes a bit
647   long.

648 R: And when you say defend that, can you say a little bit more?

This has come up with another interview

Ruth Mintah
Clarion call! However, also remember that some literature says people prefer not to see a counsellor of the same culture as them. Though I wonder if that is linked to narratives around shame and airing dirty laundry.

Ruth Mintah
When I hear animals I think of how black people are depicted as monkeys and barbaric and that just because our upbringing/way of doing things doesn't align with the dominant white culture it may be seen as less than, barbaric etc. I think also about the time she spends defending culture and how that shifts from the purpose of why she sought counselling. Survivors may try to defend themselves from perpetrators and may feel powerless. I wonder if that is re-enacted in this space or if it could be looked at the defence they were unable to do in the other context.

Appendix L: Sample of Reflexive Log Entry

20.07.2020 Participant 1

Having completed the first interview, I think regarding race/culture/ethnicity it is important that I ask the participants which one they most identify with. Participant 1 talked about how it was a hard question which I agree with and maybe it's about how people identify the most so it is important for me to consider that in my questioning and not just assume that we all have a shared understanding just because we have a similar skin tone.

This participant looked like me – her complexion was the same as mine, her hair (texture and style) was the same as mine and we are in a similar profession only that she is further along the path than I am. I felt a sense of connection to her and when she used phrases like "de-centering" I knew where she was drawing from.

I think I underestimated the fact that it is equally important to feel comfortable with my participant as it is for my participant to feel comfortable with me. I felt comfortable with this participant and felt that there was a natural ease and flow. I wonder how the dynamics of the conversation would shift and take form as the rapport changes. I wonder if there was something about us being of similar age which facilitated the conversation – it was like speaking to a friend, there was something so comfortable about her. She spoke about often having to hold space for people where she actually needed a space to be held for her and I wonder if that was being enacted in our conversation – was she making it 'easy' for me because her prior experiences warranted her packaging things in a way that were understandable and palatable for the person she was seeking help from. Or was it that because I held a space for her she felt comfortable to express herself and share her experience? Rapport building is crucial in this kind of work. It is important not to re-victimise people and not to blame. Her experiences were of blame, shame and not being centred; my hope is that she did not experience that in our interactions.

Appendix M: Sample of Coded Extract

that might have been too shy. And less of a dirty ... spoken about, so it's less of a taboo and less of a dirty ... because it's not your fault.

R: Yeah.

5:     But there's a lot of shame that I personally carry with it, even though it's not my fault, and I was very clear and all this stuff, it's still I carry the shame. And, yeah, I think speaking about that more helps people to deal with that, and I guess feel bit better or comfortable or confident to talk.

Yeah, yeah, ok, important. And I think yeah, there's something important that you mentioned there that you know that it's not your fault. Um, and I think that's always a key thing to remember. But then like you said, the feeling of shame is present even though you know it was not your fault, and it wasn't. Um, and you know, from research, and through also a meeting with different people, it's a common theme that that sense of shame that shame, that really belongs to the other person.

Yep.

Yeah, it belongs to the perpetrators, it never belongs to the person who was impacted.

Uh huh.

Ok, so I wondered, do you think that your experience as a Black, British, Caribbean woman influenced whether you decided to tell your friends or family about the incident?

Um [5] I don't know, I think in general a lot of Caribbean women get sexualised. Mostly linked with the culture of things like carnival by certain dance moves made or bashment songs. So I think in general I get sexualised or we get sexualised [3] and I think that could've influenced the fact that I felt like I could've been partly to blame. Or yeah, I would have been made to be blamed in that sense because it's like how was dressed or how I act or certain aspects to it. But I don't think that's really the reason why didn't say anything. But I feel like it could've contributed [to] how people saw me. 'Cause I wasn't the quiet type that stays in the library or whatever, I was the one that likes to party. And I like bashment and I like showing off my figure and I like certain dance moves and I like whatever it is, but that just played a part in from my culture. So, I think it's just a case of how I would be perceived [3] and how they can somehow turn it to be like, you enticed him, or it wasn't his fault or whatever. So, it was just yeah, more of how I thought people might see me.

Hmm, ok. And do you feel like, your experience as a black woman influenced whether you decided to contact services or whether you spoke to services about it?

Yeah, it was just that. It was more of the culture thing, so it wasn't necessarily because I'm black, but I saw it as a culture thing. 'Cause if for example they brought up Instagram posts with me at carnival wearing particular costumes and whatever, and they will paint a picture of me that makes it seem like I was deserving of it. It wasn't because I was necessarily black. It's more for what country I'm from right.

Right, so it kind of sounds like you know things that are a normal aspect of your culture and your heritage are then sexualised and then as a result, kind of thinking that it could impact how people perceive you, whether that be, you know, friends or family or even services?

Handwritten margin notes: carrying shame; feeling ashamed; hypersexualisation of black woman; feeling partly [blamed]; potential of blame; perceptions of others; perceptions about culture

Appendix N: Sample of Initial Codes

Appendix P: Thematic Map of Overarching Themes and Subthemes

The Sound of Silence

Culture of silence

The Strong Black Woman

Speaking the Unspeakable

I need to make sense of what happened

What is going on?

Compelled to speak

A shared understanding

Needing a safe space to feel heard

Needing to explain things
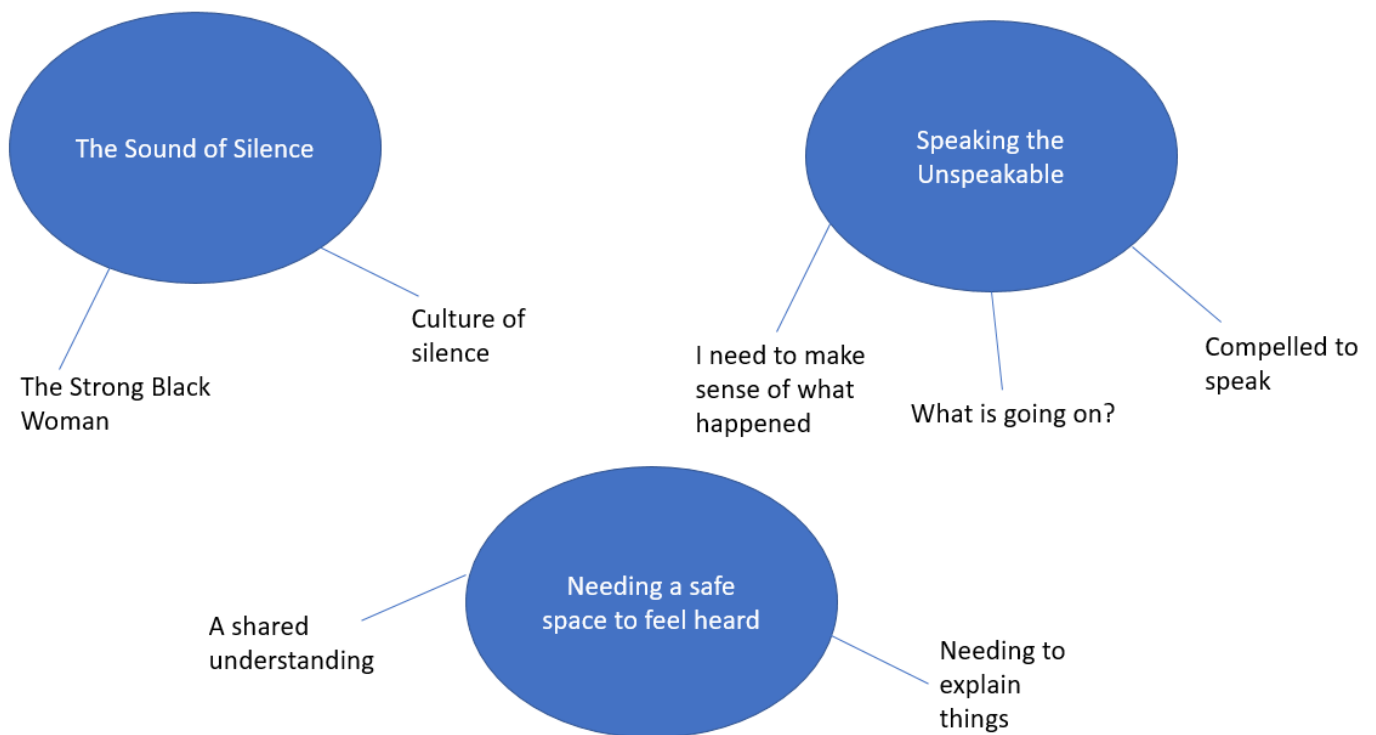
Appendix Q: Co-rater Themes

Transcripts submitted
Participant 2
Participant 4
Participant 5
Participant 7
Participant 10

Preliminary Themes Identified

•**Silence and silencing - gendered responses**

- Silence is widespread
- Sexual violence is not discussed
- Who can they/can't they speak to

•**Culture**

- Culture in terms of their experience vs culture in terms of say and what they are told
- the impact of intergenerational trauma which interlays with secrets and shame
- Intergenerational trauma: mothers have also experienced trauma

•**Strong Black Women/Families**

- If you carry on moving then nothing seeps out but if you speak then you will unravel
- Women being conditioned to think this is more normal than it is

•**Speaking**

- Being told not to speak, so when they do speak, it becomes strange and detached
- Even when they speak, there's a sense of shame while recognising they need help

•**Services/I think I need a Black Therapist**

- Being asked about sexual violence (could be a sub-theme to service response)
- Lack of curiosity, Black women's victimisation not recognised
- Black therapists- How do Black therapists develop this understanding and how to support White therapists with that understanding
- Black therapists bring a shared understanding
- Without this shared understanding, what is missing? (E.g. vulnerability not being recognised, needing to offer explanations)