The Sexuality of Black Women—from “Traumatized” to Empowered

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About Me

• Trauma Therapist - DC Rape Crisis Center
• Licensed Professional Counselor
• 5 years of experience in this area
• I am also a survivor
Today’s Objectives:

To better understand:

• The sexuality of Black women
• The impact of sexual trauma on the sexuality of Black Women
• The need for a trauma informed approach
• How to support the healing of Black Women survivors

Do we understand:

• sexual violence is NOT “sex gone wrong”?

• underdeveloped, unhealthy, unexplored ideas of sexuality are directly linked to instances of unhealed sexual trauma?

• the current approach to Black women survivors is severely lacking?
Sexual Violence – Black Women:

2.5 times more likely to experience physical or sexual violence from a partner / spouse.

Over 18% will be sexually assaulted in their lifetimes.

Nearly 60% experience sexual violence before age 18.

Only 1 in 15 rape survivors reports her assault.

Source:
(National Organization for Women, 2018)

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Sexual Violence – Black Women:

• 40% are confirmed sex trafficking victims.

• Starting at age 12, rates of rape and sexual assault of black girls and women are higher than white, Asian, and Latina girls and women from 2005-2010.

Sources:
(Banks & Kyckelhahn, 2011)
(Planty, Langton, Krebs, Berzofsky, & Smiley-McDonald, 2013)
Perceived Sexuality – Black Women:

Since the 1400s and into the 1600s – used to justify the rape of enslaved women and girls

- Hypersexual notions
  - “jezebel” “exotic” “fast” stereotypes
  - Supposed insatiable sexual appetite
- Forced adulthood, devoid of “purity”

- Hyperfocus, sexualization of the Black female body and form
  - Ex: “Hottentot Venus”
  - Notions continue into Jim Crow era and present day

As a Result:

The Understanding of the Sexuality of Black Women

**STILL** based in racially discriminatory, patriarchal, sexist, ignorant ideals...

Reports of Sexual Violence

Unreported, disbelieved, dismissed....

Inadequate resources = unaddressed sexual trauma = limited opportunities for Black Women to

*heal fully* and *thrive sexually.*
The inability to attain a thriving sex life and sexuality is often linked to unhealed sexual trauma.

HOW DO WE ADDRESS THIS?
Solutions via Understanding:

• Sexual Trauma vs. Healthy Sex
• Need for Trauma Informed Care
• Need for Cultural Humility

Let’s Talk About Sex
6 Principles of Sexual Health

1. Consensual
2. Non-exploitive
3. Protected from HIV / STI, and unwanted / unplanned pregnancy
4. Honesty
5. Shared Values
6. Mutually Pleasurable

**by Douglass Braun-Harvey

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Sexual Satisfaction – Black Women

• 2005 Ebony Magazine survey results of 7800 women:
  • 16% ‘completely satisfied’
  • 27% ‘somewhat satisfied’
  • 18% ‘mostly to completely’ dissatisfied
  • 33% ‘unable to reach orgasm’
  • 42% ‘note negative media portrayals of Black women; a history of sexual abuse as contributors to sexual dissatisfaction’

Source: (Ashby, 2005)
Sexual Trauma vs Healthy Sex

Do we **fully** understand the difference between the two?

**Healthy Sex:**
- Respect, intimacy, communication, trust, etc.
- You choose your partner(s).
- Enjoyable 😊
- Consensual
- Masturbation – solo or mutual
- Ejaculation
- Foreplay

- Sex toys
- BDSM, other forms of kink
- On YOUR terms!
- Pornography
- Contraceptives / STI prevention
- Sexual fantasies – role playing, pain as pleasure, etc.
Sexual Trauma:

• COMPLETELY non consensual
  • Physically, mentally, emotionally, sexually, verbally, spiritually, etc.
• Not at all about sex
• Unbalanced power dynamic

What Does This Mean For Us?
We **BEST** support Black Women survivors by integrating the totality of their LIVED experiences into the services offered to them.

**Need - Trauma Informed Care**

Treats the whole person and acknowledges the impact of all experienced trauma on one’s life and well-being.

Cultural sensitivity and Cultural awareness are necessary.
Need - Cultural Humility

A process of self-reflection and self-discovery when engaging with clients of a different culture than your own. Acknowledges the reality of one’s experience via an anti-oppression and intersectional approach.

Putting it all together:

Trauma informed support CANNOT exist without ongoing cultural humility, And Black Women survivors are continually subjected to the impact of oppression... Cultural humility acknowledges the cultural identity and holistic impact of oppression, And because ALL forms of oppression are linked,
Putting it all together:
1. Center the needs & lived experiences of Black Women.
2. Address differences present, and their impact on the helping relationship.
3. Connect the impact of the trauma to sexuality, sexual exploration, and wellness.

The “Work”
Black Clinicians:
• Create a safe space
• Address lived realities and history of Black Women
  • Impact of discrimination, racism, power differences, etc.
• Address power dynamics on macro and micro levels
  • power differences and privilege
  • power dynamic - therapist and client
The “Work”
Non-Black Clinicians
• Create a safe space
• Address lived realities and history of Black Women
  • Discrimination experienced and its impact
• Acknowledge cultural / racial differences between you and the client
  • Address power dynamics on macro and micro levels
    • power differences and privilege
    • power dynamic - therapist and client

The “Work”
For ALL Clinicians:
• Provide psychoeducation and “connect the dots” – power imbalance of all oppression, power imbalance of trauma
• Support processing of the experienced sexual trauma(s)
• Support exploration of individualized, empowered, self-pleasure prioritizing, understanding of sex and sexuality
Let’s Discuss

• New understandings:
  • The needs of Black Women survivors?
  • Connection between sexual pleasure and sexual violence?
  • What does “The Work” look like in real time?

WHAT DOES THIS MEAN MOVING FORWARD?
Final Thoughts

• Healing sexual trauma is **necessary** for thriving sexuality.
• Trauma informed = anti oppressive, intersectional, culturally humble, client centered
• Black Women **NEED** culturally aware, trauma informed service providers.

Other thoughts?

Thank YOU So Much!!!

😊

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Sources Cited


