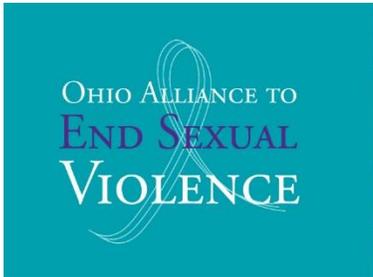


# Best Practices

For Engaging Survivors of Sexual Assault from Culturally Specific Communities & Limited English Proficient Speakers

Ohio Alliance to End Sexual Violence



# Acknowledgements

We are excited to have been granted this opportunity to delve deeply into how mainstream organizations can effectively and appropriately work with culturally specific organizations and underserved survivors within their communities.

Developing working relationships with communities is particularly important for traditionally underrepresented populations who, by definition, are not connected to larger systems and have limited access to services. Based on previous experiences, they may feel they are not heard, represented, understood, or that their involvement is not meaningful.

Underserved populations may have had negative experiences previously with service organizations and, therefore, may require time to build trust and develop working relationships. The goal is to create an environment in which community stakeholders' input is valued and will directly influence the services they seek.

Our sincere gratitude goes to all the agencies who work tirelessly to prevent and respond to sexual violence and are navigating all the layers of cultural humility and inclusivity for underrepresented and marginalized populations. This toolkit is also dedicated to survivors of these communities, who on a daily bases are navigating systems that are oppressive and less welcoming to their needs.

This important resource would not be possible without Ohio Alliance to End Sexual Violence (OAESV) and the team of experts and panelist assembled for this project:

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Advocates report that survivors are more inclined to seek services from organizations that are familiar with their culture, language and background and that there is no “one size fits all” approach to adequately address these critical needs. Culturally specific community-based organizations are more likely to understand the complex, multi-layered challenges and obstacles that victims from their communities face when attempting to access services. Culturally specific community-based organizations are also better equipped to form essential relationships and engage communities in the creation and implementation of services relevant to the diverse needs of the victims.

Sexual assault service programs are organizations that provide advocacy and support to sexual violence survivors and work toward the elimination of sexual violence. Some are single-purpose agencies, while others are merged with domestic violence or other social services. These dual/multi-service agencies provide a wide array of services for a variety of concerns and needs. Sexual assault service programs provide a range of services, from the basic collection of services that define us as advocacy organizations for sexual violence survivors to a broad and diverse offering of intervention, prevention, and systems change programming. All services available to survivors of sexual assault should be rooted in an understanding of the complex effects that trauma and other forms of oppression may have on a survivor’s life.

As the nation demographically represents a multitude of cultures, our ability to engage in thoughtful and meaningful discussions on cultural issues remains pivotal. Nowhere is this more salient than in our professional roles as service providers. Whether it means understanding our own insecurities when discussing these issues or facilitating these dialogues when helping others, understanding one’s own cultural background as a way to enhance our multicultural dialogues, both personally and professionally, is a necessary principle.

The purpose of this report is to identify best practices when working with survivors of sexual assault that, from underserved/untapped populations, including, but not limited to men of color, Latinos, the Deaf community, rural, Asian, Somali and/or those who have limited English proficiency. In order to gain insight on this, a survey was developed and sent out to therapists and advocates. Practical examples of concepts put into practice will be shared throughout the document.



Survivors of sexual assault and interpersonal violence bring their expectations, experiences, beliefs, communication styles, and attitudes to all service providers they encounter. Advocates and social services agencies also bring their own assumptions, previous experience with clients of a particular culture or group, as well as their knowledge of advocacy to survivors they encounter.

How can advocates and agencies enhance their capacity to effectively support survivors and needs? As it is impossible to learn everything that is important about all cultures, populations or groups, one approach is to adopt a stance of cultural humility.

## Defining Culture

To understand cultural humility, one must first understand how we define culture. Culture refers to a system of shared meanings. It is expressed through patterns of customs, practices, and thoughts. Both healthcare clients and health professionals identify with particular cultures.

A person's culture includes some or all of the following, such as:

- Age
- Educational level
- Ethnicity
- Geographic origin
- Gender
- Group history
- Language
- Life experiences
- Religion, spiritual beliefs and practices
- Sexual orientation
- Socio-economic status

*“Somalis are a very prideful community. Most powerful move: contact with someone who has gone through an assault and been displaced. Find a progressive religious leader. They are trying to create a community that mirrors what they came from.” – Miriam Mohamed*

Culture is learned and transmitted by members of a particular community. It is dynamic and changes with time. Culture integrates diverse aspects of a person's life and provides frameworks for action— but knowing someone's culture does not mean we can predict their beliefs, values, or behavior.

## Cultural Humility

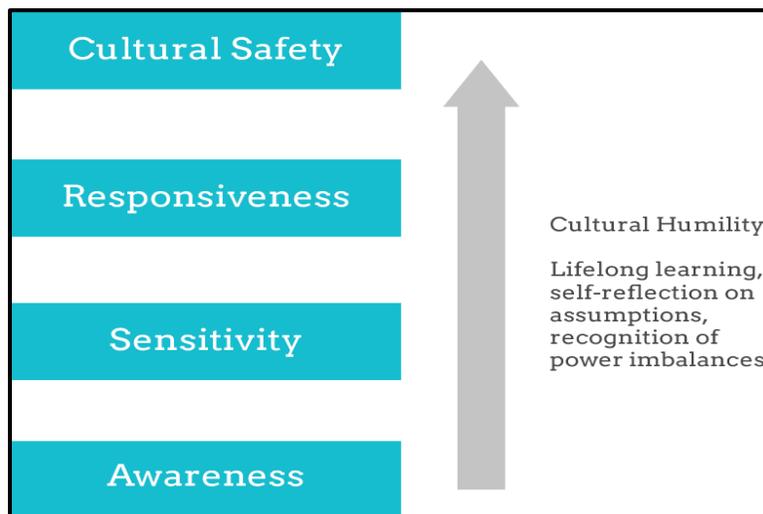
The approach of cultural humility goes beyond the concept of cultural competence to encourage individuals to identify their own biases and to acknowledge that those biases must be recognized. It is impossible to be adequately knowledgeable about cultures other than one's own.

It is important to be able to acknowledge gaps in one’s knowledge, and to be open to new ideas, contradictory information, and advice. Approaching each encounter with the knowledge that one’s own perspective is full of assumptions and prejudices can help one to keep an open mind and remain respectful of the person(s) seeking services.

*“Be flexible. It takes time to build trust and flexibility in actions by survivors.” – Betty Montero*

### Continuum of Cultural Competency

Cultural competence refers to a set of attitudes, practices, and policies that enable effective cross-cultural interactions. In healthcare, cultural competency is the capacity of health professionals and organizations to respond appropriately and effectively to people of diverse backgrounds and identities. Being culturally competent requires recognizing and addressing imbalances in power which may result in differences in access to resources such as information, time, influence and funding. The goal of developing cultural competency is to establish cultural safety for patients and families. Adopting an approach of cultural humility is the best way to ensure that services are culturally safe.



1

### Understanding Cultural Humility

Cultural humility is a stance toward understanding culture. It requires a commitment to lifelong learning, continuous self-reflection on one’s own assumptions and practices, comfort with “not knowing”, and recognition of the power/privilege imbalance that exists between clients and health professionals.

<sup>1</sup> Isaacs, M. & Benjamin, M. (1991). Towards a culturally competent system of care, volume II, programs which use culturally competent principles. Washington, D.C.: Georgetown University Child Development Center, CASSP Technical Assistance Center.

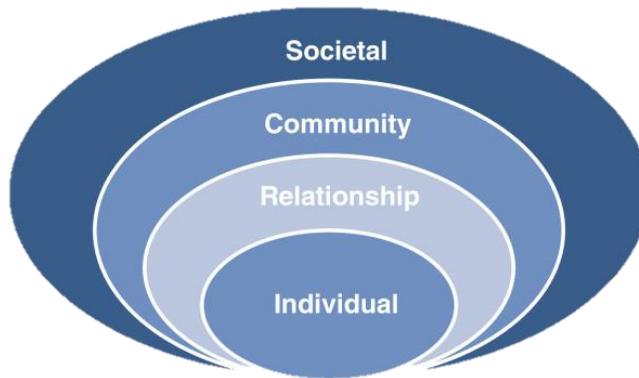
A cultural humility approach is interactive: we approach another person with openness to learn; we ask questions rather than make assumptions; and we strive to understand rather than to inform.

Embracing and learning about the similarities and differences between health professionals and clients, such as language, religious beliefs or values, age, gender, understandings of health and illness, or sexual orientation, can help providers to understand a client’s health concerns, experiences, and preferences for care

**Sexual Assault Social Ecological Model<sup>2</sup>**

While risk factors help us to understand underlying root causes which support sexual violence, recognizing protective factors is an integral component. Protective factors are the conditions or characteristics that decrease the likelihood of experiencing sexual violence. The protective factors illustrated in the chart below are outline factors following the Social Ecological Model:

*“The term “empowerment” sounds good but the definition means different things in Asian culture. All their lives someone has made the decision for them, getting that power is something that needs more steps.” – Kathy Chen*



Individual	Relationship	Community	Societal
<p>Personal belief in the positive value of, and commitment to, caring, equality, and social justice.</p> <p>Presence of skills to experience healthy sexuality and engage in healthy relationships.</p> <p>A personal belief in gender equality, and attitudes and behaviors consistent with that belief.</p> <p>Willingness and ability to be active participants in a thriving community in which healthy sexuality and healthy relationships are core values.</p>	<p>Families and/or other important figures provide a caring, open, and encouraging environment that actively promotes positive development, and fosters skills to lay the foundations for healthy relationships and healthy sexuality.</p> <p>Parents, adult authority figures, and peers of diverse backgrounds model and teach positive interpersonal relationship skills.</p> <p>Peers, families, and intimate partners effectively identify and respond to behaviors that are potential precursors to IPV or SV.</p>	<p>Communities engage diverse people in activities promoting healthy relationships and healthy sexuality.</p> <p>The principles and skills of healthy relationships and healthy sexuality are demonstrated across various institutions.</p> <p>The presence of just/fair boundaries and expectations about healthy relationships and healthy sexuality are applied consistently across community entities.</p>	<p>Developing and maintaining healthy relationships and healthy sexuality is a highly valued social norm.</p> <p>Shared responsibility across social institutions for developing and maintaining thriving communities in which healthy sexuality and healthy relationships are core values.</p> <p>Ensuring accountability and expectations of people to interact respectfully is a fundamental part of life.</p> <p>Culture equitably values and relies on experiences and leadership from all members of society, including persons of any gender, race, ethnicity, class, sexual orientation, age, ability, religion, or belonging to any other historically oppressed group that has experienced restrictions on their rights.</p>



It is impossible to talk about cultural and engaging underserved populations without addressing the issues of anti-oppression, rape crisis work, and rape culture.

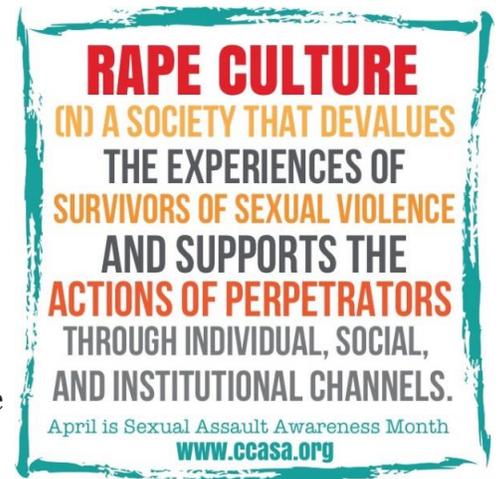
## Oppression and Sexual Violence

**Sexual violence is a form of oppression because** it is perpetrated by those with greater power and control over those with little or no power or control. Contrary to long-held myths, sexual violence is not motivated uncontrollable physical or sexual desire; rather, it is an intentional act of violence meant to harm, demean, and silence those against whom it is perpetrated. Myths about sexual violence are themselves tools of oppression that keep targeted groups in a position of submission and silence, and keep oppressors in positions of power.

To that extent, “Rape Culture” – an environment in which rape is prevalent and violence against women is normalized and excused – is an extension of oppression. It is so commonplace that it often tolerated or even unnoticed by the larger culture, thereby keeping targeted individuals and groups submissive to powerful and privileged individuals and groups.

### **Examples of Rape Culture:**<sup>3</sup>

- Blaming the victim (“She asked for it!”)
- Trivializing sexual assault (“Boys will be boys!”)
- Sexually explicit jokes
- Tolerance of sexual harassment
- Inflating false rape report statistics
- Gratuitous gendered violence in movies and television
- Defining “manhood” as dominant and sexually aggressive
- Defining “womanhood” as submissive and sexually passive
- Pressure on men to “score”
- Pressure on women to not appear “cold”
- Assuming only promiscuous women get raped
- Assuming that men don’t get raped or that only “weak” men get raped
- Refusing to take rape accusations seriously
- Publicly scrutinizing a victim’s dress, mental state, motives and history
- Teaching women to avoid getting raped instead of teaching men not to rape



<sup>3</sup> Marshall University Women’s Center, “Rape Culture” webpage: <http://www.marshall.edu/wcenter/sexual-assault/rape-culture/>

## The Continuum of Oppression

As a tool of oppression, sexual violence cannot be understood or adequately addressed without also understanding all forms of systemic and sociocultural oppression. Sexual violence is not a crime that is suffered just by women generally, but disproportionately by women of color, by individuals who identify as LGBTQI, by those with one or more disabilities, and by those living in poverty, among other characteristics. Consider the following:

- 58% of Multiracial women, 49% of Native women, and 41% of Black women have experienced sexual violence other than rape in their lifetime; 33%, 27%, and 22%, respectively, have experienced rape<sup>4</sup>
- Nearly half of all lesbians and nearly 75% of bisexual women have experienced some form of sexual violence<sup>5</sup>
- Half of all transgender people experience sexual violence, and half of people who die in violent hate crimes against LGBTQI individuals are transgender women – 82% of whom are Black women<sup>6</sup>
- 70% of women with developmental disabilities experience repeated sexual abuse<sup>7</sup>
- 92% of a racially diverse sample of homeless mothers had experienced severe physical and/or sexual violence at some point in their lives, with 43% reporting sexual abuse in childhood and 63% reporting intimate partner violence in adulthood<sup>8</sup>
- At 97%, the lifetime risk for violent victimization is so high for homeless women with severe mental illness as to amount to a normative experience for this population<sup>9</sup>

## Oppression and the Rape Crisis Field

The Rape Crisis movement was shaped by women (mostly survivors of sexual violence) in response to the various forms of oppression they were experiencing, including sexism and racism. Read “A Brief History of the Anti-Rape Movement” here: <http://resourcesharingproject.org/brief-history-anti-rape-movement>

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<sup>4</sup> Centers for Disease Control and Prevention (2010). “National Intimate Partner and Sexual Violence Survey.” Retrieved from: <http://www.cdc.gov/violenceprevention/nisvs/>

<sup>5</sup> National Sexual Violence Resource Center (2015). “Info and Stats for Journalists. Retrieved from: [http://www.nsvrc.org/sites/default/files/publications\\_nsvrc\\_factsheet\\_media\\_packet\\_statistics-about-sexual-violence\\_0.pdf](http://www.nsvrc.org/sites/default/files/publications_nsvrc_factsheet_media_packet_statistics-about-sexual-violence_0.pdf)

<sup>6</sup> Office for Victims of Crime, “Responding to Transgender Victims of Sexual Assault.” Retrieved from: [http://ovc.gov/pubs/forge/sexual\\_numbers.html](http://ovc.gov/pubs/forge/sexual_numbers.html)

<sup>7</sup> Spectrum Institute Disability and Abuse Project. “A Report on the 2012 National Survey of Abuse of People with Disabilities.” Retrieved from: <http://disability-abuse.com/survey/survey-report.pdf>

<sup>8</sup> Browne A. & Bassuk S.S. (1997). Intimate violence in the lives of homeless and poor housed women: Prevalence and patterns in an ethnically diverse sample. *American Journal of Orthopsychiatry*, 67(2), p. 261–278.

<sup>9</sup> Goodman, L., Fels, K., & Glenn, C. (2006). No Safe Place: Sexual assault in the lives of homeless women. Retrieved from: <http://www.vawnet.org>.

Today, the work of rape crisis centers and coalitions continue throughout the U.S., and significant positive changes have been made in the way that societies and institutions understand and respond to sexual violence. Although rape crisis centers are working to keep an anti-oppression framework as a guide for their mission and services, the rape crisis field has experienced some negative effects of institutionalization. Such effects are evidenced by the fact that not as many women of color are serving in leadership positions within rape crisis centers, and some centers struggle to meet the needs of diverse populations due to a lack of diversity among their staff and/or boards of directors.

In a 2015 survey of Ohio rape crisis centers and dual rape crisis/domestic violence organizations, of 335 total paid staff positions indicated only 65 positions (19%) were held by people of color. In the same survey, respondents were asked to what extent certain factors were barriers in their ability to serve survivors from diverse communities:

<b>Barrier to serving survivors from diverse communities</b>	<b>% of respondents indicating this to be “somewhat” or “significant” barrier:</b>
<b>Reluctance by the community to access program services</b>	<b>81%</b>
<b>Underdeveloped relationships within specific communities</b>	<b>75%</b>
<b>Limited staff capacity or not enough diversity among the staff</b>	<b>69%</b>
<b>Lack of understanding regarding the specific needs of a community</b>	<b>62.5%</b>
<b>Lack of knowledge regarding best practices in serving the community</b>	<b>62.5%</b>

In the same survey, 73% of respondents indicated they were “very interested” in receiving training and/or technical assistance on working with culturally diverse communities.<sup>10</sup>

As rape crisis centers throughout Ohio and beyond strive to meet the needs of all survivors in their communities, while simultaneously working to confront the societal conditions that enable sexual violence to exist and empower their communities to end it, a commitment to an anti-oppression framework has never been more important. As previously stated, efforts to understand and confront sexual violence must include efforts to understand and confront all forms of oppression. Sexual violence does not exist or persist in a vacuum; rather, it is part of a historical, deeply-entrenched and

<sup>10</sup> Ohio Alliance to End Sexual Violence (2015). *Victim Services Needs and Resources Assessment*.

intertwined societal and institutional exercise of oppression. This requires individual and organizational commitment to recognizing privilege and dismantling oppression.

## Survivors from Diverse Communities

Just as advocates come to their work with their own individual and cultural beliefs, experiences, customs, and identities, so too do survivors of sexual violence when seeking support:

- **Diversity within communities:** Just as there are differences between and within communities of privilege, there are differences between and within marginalized communities. For example, not all Black women have the same beliefs, expectations or experiences by virtue of their race alone.
- **How sexual violence is understood:** How rape and other forms of sexual violence are understood can vary from one culture and community to the next, and may or may not coincide with legal definitions.
- **Cultural response to sexual violence:** Different cultures, communities, and individuals have different expectations and methods of responding to sexual violence. For example, some cultures view the rape of a woman to bring great shame to her family and surrounding community. Others are expected to keep sexual violence private or within the family/community.
- **Influences of family, community, and faith:** Any survivor's family, social, and faith community impact their recovery process, but this is especially true for survivors of color. These various forms of community can have a positive and/or negative impact on the survivor.
- **Legal status:** Some immigrant women are targeted for sexual violence based on their legal status and may fear reporting or seeking services. For example, an undocumented survivor may be reluctant to come forward for fear of being deported and may not trust claims of confidentiality.
- **Distrust of power structures and systems:** The majority of advocates, health care professionals, criminal justice officials, and mental health providers are white, and the larger systems in which these individuals operate are dominated by historically heterosexual, cisgender, and white-defined laws, policies, and practices. Individuals who do not conform to these labels who are sexually victimized have historically been ignored, devalued, or delegitimized by these systems.
- **Trauma and adverse economic and health outcomes:** There is significant historical trauma in the lives and histories of oppressed individuals, who are also more likely to suffer multiple traumas and adverse economic and health issues than



those from privileged groups. All of these factors impact the individual survivor's experience of, and response to, an individual incident of sexual violence.

- **Barriers to access:** Survivors from diverse communities often face numerous barriers to access which prevent or discourage them from reporting sexual violence or receiving supportive services. Such barriers include language access issues, lack of diversity among victim services staff, transportation difficulties, and lack of service structures that honor their cultural identities, needs, beliefs, and styles of expression.
- **Resilience:** Individuals from diverse communities – as a whole, culturally, and individually – possess resilience from surviving historical trauma to managing present-day institutionalized racism, sexism, and other isms. Advocacy and support services should acknowledge how these individuals thrive in spite of their harsh realities and incorporate this resilience into service structures.

*“You earn trust but with the community you belong to, you start closer to the trust of the community. It is on a continuum.” – Preston Eberlyn*

## Adopting an Effective Anti-Oppression Framework

As individual advocates, rape crisis centers, and the anti-violence field as a whole, it is not possible to adopt an anti-oppression framework simply by aligning ourselves in theory with a particular philosophy, nor just by hiring diverse staff or recruiting diverse board members. To truly adopt an anti-oppression framework, we must commit to consistent analysis of individual and organizational biases and practices, and then actively and intentionally work to improve. This takes time, effort, and the meaningful participation of everyone associated with the organization.

## Understanding Privilege

Since the majority of paid staff positions in Ohio's rape crisis centers are held by white people, white women in particular, it is imperative that we have an understanding of privilege and how it informs our work in the anti-violence field. At its core, privilege is an unearned benefit (or benefits) that a person gains by being part of a group that has greater power and authority than another. Privilege is the opposite of oppression. Most people experience a mixture of privilege and oppression. For example, someone who is born female, identifies as female, identifies as a lesbian, and is white experiences privilege from being white and from identifying with a gender expression that conforms to societal expectations, but experiences oppression from being female and identifying as a lesbian.

While we experience benefits based on individual indicators of privilege, the concept of privilege is best understood in the context of power systems:

*“Privileged people are more likely to be in positions of power – for example, they're more likely to dominate politics, be economically well-off, have influence over the media, and hold executive positions in companies.*

*Privileged people can use their positions to benefit people like themselves – in other words, other privileged people. In a patriarchal society, women do not have institutional power (at least, not based on their gender). In a white supremacist society, people of color don't have race-based institutional power. And so on. It's important to bear this in mind because privilege doesn't go both ways. Female privilege does not exist because women don't have institutional power. Similarly, black privilege, trans privilege, and poor privilege don't exist because those groups do not have institutional power.”<sup>11</sup>*

### **Why Privilege is Important**

Those with privilege need not feel guilty about possessing that privilege, but neither must those with privilege be content to allow those without it to continue to struggle. Those with privilege have both an opportunity and a responsibility to be aspiring allies to those who are oppressed.

*“Understand your position and humble yourself.” – Dr. Derrick Williams*

BEING AN ASPIRING ALLY IS...	BEING AN ASPIRING ALLY IS NOT...
<b>Recognizing privilege and how it informs our thoughts, attitudes, and behaviors</b>	Touting our status as an ally; such status is earned, not assumed
<b>Seeking knowledge and understanding about those who are different from us and those who are oppressed</b>	Relying on others to provide that knowledge to us
<b>Being willing to use privilege and relinquish it, to benefit those who are oppressed</b>	Being a “savior” to an oppressed individual or group
<b>Creating space for oppressed individuals and groups to safely voice their experiences</b>	Filling that space with a pre-determined agenda that restricts those voices
<b>Being willing to be vulnerable, to make mistakes, to learn from those mistakes, and to hold other aspiring allies accountable for theirs</b>	Collapsing into guilt or defensiveness when confronted with misapplications of privilege
<b>Recognizing that allyship is a lifelong, intentional process based on consistency and accountability</b>	Simply hiring someone from an oppressed group, or checking off a box in a checklist

<sup>11</sup> Ferguson, Sian (2014). “Privilege 101: A Quick and Dirty Guide.” Everyday Feminism. Retrieved from: <http://everydayfeminism.com/2014/09/what-is-privilege/>

## **Adopting an Effective Anti-Oppression Framework<sup>12</sup>**

### ***Principles of Anti-Oppression***

- Power and privilege play out in our group dynamics and we must continually struggle with how we challenge power and privilege in our practice.
- We can only identify how power and privilege play out when we are conscious and committed to understanding how racism, sexism, homophobia, and all other forms of oppression affect each one of us.
- Until we are clearly committed to anti-oppression practice all forms of oppression will continue to divide our movement and weaken our power.
- Developing an anti-oppression practice is lifelong work and requires a lifelong commitment. No single workshop is sufficient for learning to change one's behaviors. We are all vulnerable to being oppressive and we need to continuously struggle with these issues.
- Dialogue and discussion are necessary and it is crucial to learn how to listen non-defensively and communicate respectfully in order to have effective anti-oppression practice. Challenge yourself to be honest and open, and take risks to address oppression head on.

### ***Personal Anti-Oppression Practice***

- When witnessing or experiencing racism, sexism, etc. interrupt the behavior and address it on the spot or later either one-on-one, or with a few allies.
- When someone offers criticism around oppressive behavior, recognize that it is a gift and an opportunity for growth rather than challenging the person or invalidating their experience. Offer them the benefit of the doubt and don't make assumptions. Think about ways to address behavior that will facilitate change, and try to encourage dialogue rather than debate.
- Keep space open for anti-oppression discussions; try focusing on one form of oppression at a time - sexism, racism, classism, etc.
- Respect different styles of leadership and communication.
- White people need to take responsibility for holding other white people accountable.
- Try not to call someone out because they are not speaking.
- Be conscious of how much space you take up or how much you speak.
- Be conscious of how your language may perpetuate oppression.
- Don't push others to do things just because of their race and/or gender, but rather base it on their word, experience and skills.
- Promote anti-oppression in everything you do, in and outside of activist space.
- Avoid generalizing feelings, thoughts, behaviors or experiences toward a whole group.

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<sup>12</sup> Source: SOA Watch, [www.soaw.org](http://www.soaw.org)

- Set anti-oppression goals and continually evaluate whether or not you are meeting them.
- Don't feel guilty, feel motivated. Realizing that you are part of the problem doesn't mean you can't be an active part of the solution.

### ***Organizational Anti-Oppression Practices***

- Commit time for organizational discussions on discrimination and oppression: make these discussions a priority in staff meetings and trainings, not something “tacked on” at the end of a meeting.
- Set anti-oppression goals and continually evaluate whether or not you are meeting them.
- Promote an anti-racist, anti-heterosexist, anti-transphobic, anti-ableist message and analysis in everything we do, in and outside of activist space.
- Remember these are complex issues and they need adequate time and space.
- Create opportunities for people to develop skills to communicate about oppression.
- Promote egalitarian group development by prioritizing skill shares and being aware of who tends to do what work, who gets recognized/supported/solicited.
- Respect different styles of leadership and communication.
- Don't push historically marginalized people to do things because of their oppressed group (tokenism); base it on their work, experience, and skills.
- Make a collective commitment to hold people accountable for their behavior so that the organization can be a safe and nurturing place for all.

### **Developing a more Diverse and Inclusive Organization**

Rape crisis centers should strive to recruit, hire, and nurture individuals from diverse and oppressed communities. This should be done not simply as a means of demonstrating a commitment to anti-oppression, but because these individuals possess skills, talents, and unique value that rape crisis centers and the survivors they serve *need*. Most importantly, hiring an individual from a diverse or marginalized community alone does a disservice to that individual, to the program, and to survivors if the organization is not fully committed to nurturing the growth, satisfaction, and productivity of that individual.

### ***Recruitment and Hiring***

- Develop and adhere to a clear, thorough, and effective hiring and orientation process prior to recruitment.
- Develop and revise position descriptions and qualifications that reflect the actual skills required to successfully perform the job duties.
- Advertise open positions in more places than just the program website, a newspaper, or an online job search site. Advertise within the communities your program serves. This might include community centers and groups, churches,

schools, civic organizations, clubs, etc. Also advertise via culturally specific organizations locally, statewide, and even nationally.

- Create pathways to leadership in the organization, such as by enabling volunteers or interns to be promoted to paid staff positions, and part-time staff to be promoted to full-time staff.

### ***Nurturing New Staff***

- Ensure that the orientation process is paced, thorough, and involves the presence and active participation of the employee's supervisor. Allow time for new staff and existing staff to get to know each other and their respective roles in the organization.
- Be committed to nurturing the unique talents, skills, and communication styles of the new staff member. Schedule regular supervision meetings and be available for support and to answer questions outside of supervision time.
- Do not ask or require the new staff person to provide all the direct service to or outreach with marginalized populations, nor to speak on behalf of all marginalized individuals or groups within the community.

For additional information, tips, and resources on staff development and anti-oppression practices, please access the Resource Sharing Project's Resource Directory: <http://www.resourcesharingproject.org/resource-directory>

**Diversity is when you count the people.  
Inclusion is when the people count.**





## What is LEP?

The term "Limited English Proficient" (LEP) refers to individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English.

Approximately 25.2 million individuals with Limited English Proficiency (LEP) currently live in the U.S., many of whom are immigrants. The number of individuals with LEP living in the United States has increased by approximately 80 percent between 1990 and 2010.

- **Limited English Proficiency**

- English is not primary language
- Limited ability to read, write, speak or understand English
- Language for LEP individuals can be a barrier to accessing important benefits or services, understanding and exercising important rights, complying with applicable responsibilities, or understanding other information provided by Federally funded programs and activities.
- **Determination is by person, not by agency**



Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English may be LEP and may be eligible to receive language assistance with respect to the particular service, benefit, or encounter. Don't forget to include Deaf/hard of hearing people. Title III requires agencies to remove barriers to communication in order to provide equal access to services.

English is one of the more difficult languages to learn due to ambiguities and multiple meanings. Here are a few things to keep in mind: Avoid acronyms (e.g. HACC, DHS) and explain them if they must be used. Do not use slang. Avoid technical or conceptual terms (such as 'respite care', or 'intervention'). If you must use them, explain what they mean in a simple way. Make sentences short and clear. Communicate one idea per sentence.

Never assume that because the person you are working with self-defines as a Latina/Latino that she/he prefers to speak with you in Spanish, or that she/he can speak, read, or write in Spanish. Be sure to clarify the language of choice of your client. Not all Latinos use the same words, phrases and slang, as there are idiosyncrasies

particular to every community. Keep in mind that Latino is a broad term representing people from various countries.

The dominant value that drives many Asian cultures is prioritizing the welfare of the group over that of the individual. It is important to recognize this, as it may shape the direction in which a session progresses. Some other important characteristics of Asian culture are duty to one's family, conformity to group norms, obedience to parents and deference to authorities. Maintenance of interpersonal harmony, which includes avoidance of confrontation and indirect expression of negative feelings or views, placing others' needs ahead of one's own, modesty— including minimizing one's own achievements, is also an important value held by many Asian cultures. These values could make it difficult for a survivor to come forward, especially if the assailant is a family member or friend. Remember that Asian American is a broad term with about 20 subgroups of different ethnicities and country origin.

Never assume anything about one's background or cultural values. Research various cultures in order to be more aware of the differences, but keep in mind that individuals may have unique experiences outside of the typical social norms and there is no "one size fits all" approach. It is important to discuss assess the unique needs of the survivor as they relate to that survivor's culture.

13



#### **Title IV and LEP Survivors**

The U.S. Department of Health and Human Services has published revised Guidance to Federal financial assistance recipients regarding Title VI Prohibition against National Origin discrimination affecting Limited English Proficient (LEP) Persons. The Revised LEP Guidance is issued pursuant to Executive Order 13166.

Title VI and Department of Health and Human Services regulations, 45 C.F.R. Section 80.3(b) (2), require recipients of Federal financial assistance from HHS to take reasonable steps to provide meaningful access to Limited English Proficient (LEP) persons.

By law you are required to take reasonable steps to ensure access to your services by LEP persons, so the following factors should be assessed:

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<sup>13</sup>U.S. Department of Health & Human Services. Limited English Proficiency (LEP). Retrieved from <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/index.html>

- The number or proportion of LEP persons eligible to be served or likely to be encountered by the agency
- The frequency with which LEP individuals come into contact with the agency
- The resources available
- The costs of interpretation/translation services

Make the LEP person aware that he or she has the option of having an interpreter for him/her provided without charge, or of using his/her own interpreter. A family member or friend may serve as an interpreter, however this may not always be the best option, as there is the possibility of a conflict of interest or concerns relating to confidentiality. The family member or friend may also have been involved in the sexual assault, or may not have the survivor's best interest in mind and could create a barrier to effective services.

Assess whether specific documents or portions of documents need to be translated.

Have a plan of action:

- Identifying LEP individuals who need language assistance
- Know the steps to obtaining interpretation services
- Signage should indicate that you work with LEP persons
- Update the plan as more staff are trained, and learn better ways to serve LEP persons.

### **Abuse of Limited English Proficient Survivors**

It is important to understand the value in serving survivors who are not proficient in the English language. As direct service professionals, ensuring everyone in our communities has reasonable access to services and implementing tools to help our LEP survivors is necessary. Often LEP victims do not report sexual assault or domestic violence due to language barriers. Unaware that interpretation services exist, LEP victims assume their only options are to find an interpreter at their own cost or request assistance from family or friends. Additionally, properly translated materials and competent professional interpreters are essential for immigrant victims to have the same access to relief and law enforcement protection as other victims of sexual assault.

### ***Reporting Sexual Assault***

Immigrant/LEP victims of sexual assault report their experience in lower numbers than the English speaking population. Here are a few reasons why LEP survivors may not report their sexual assault:

- Fear of retaliation by the person who assaulted them.
- Shame of exposure in their small community.
- Lack of English proficiency, especially when the perpetrator is their interpreter
- Fear of knowing the interpreter personally, and that the interpreter may be acquainted with perpetrator.
- Lack of comfort speaking about sex, when in many cultures it is taboo to do so.
- Immigration status – fear of deportation.

## What does providing access to LEP individuals mean?

Ensuring that LEP individuals are afforded access requires an in-depth analysis of the community, the needs of the community, and resources currently available.

Collaboration and partnerships among agencies and services are key to ensuring that LEP survivors are able to access assistance. Below are some examples of activities that can be undertaken to work to meet the needs of LEP community members.

- Provide bilingual operators for the most frequently encountered languages.
- Use a commercial telephone interpretation service when calls are received from LEP persons who speak other languages.

## Learning About the Immigrant Communities in Your Area

The first step in providing meaningful access to LEP individuals is to learn about the immigrant populations in your given area. This must include a review of the language needs of the communities that are served or encountered. Immigrant community-based groups, local school systems, and faith-based groups that serve immigrant communities may have information on the different immigrant populations residing in your community. This information-gathering process works best when agencies collaborate.

*“Before I share  
with you about my  
sexual experience,  
how many times  
have I seen you in  
my community?  
Bridging the gap.”  
– Rosa Beltré*

## Sample Questions to Assess the Individual’s Understanding of English

Simple questions can allow the first person know how much knowledge of the language a person has. This is critical because being compassionate and patient can help the survivor feel at ease with this process.

- Can you please tell me your name?
- How old are you?
- How did you get to our office today?
- How comfortable are you talking with me in English about what happened to you?
- Would you like us to provide you with a free interpreter to help you talk to us about what happened, and what kind of help we can give you?

## Determining the Language Needed

- Determine the language of the party using language ID cards
- If the victim cannot read, assist them by reading aloud
- Call a language line for assistance determining the language the victim is speaking
- You may also try asking about the victim’s country and city of origin, which may have the same or similar name in English as in the victim’s native language

## **Develop Materials for LEP Survivors of Sexual Assault**

Written materials are an important way to convey information and to conduct community outreach. After identifying the LEP immigrant communities in your area, identify existing materials that could be adapted for your agency. It is important that materials use language that is appropriate and accessible to the target LEP community. Avoid technical legal language, as it is hard for even English speaking victims to understand and may be difficult to translate. It is essential to have the materials reviewed by several trusted and skilled translators. Do not assume that all immigrant communities will understand the terminology your agency typically uses in English.

The following are subjects that are useful to include in translated materials for immigrant victims of sexual assault:

- Lists of resources and agencies where immigrant victims can seek help;
- Brief information about eligibility for VAWA immigration relief and access to services and benefits
- Information on relief available from courts (e.g. sexual assault protection orders and criminal prosecution of sexual assault perpetrators)
- Access to Victim of Crime Compensation
- Information on health care issues affecting immigrant victims of sexual assault, and victims' legal rights to access health care
- Overview of sexual assault, sexual harassment, stalking, rape, and child sexual abuse

## **Providing Outreach to the LEP Community**

Since LEP survivors are less likely to report their abuse than English speaking survivors, making sure they know you can help them is valuable. Creating community partnerships can help you spread the word.

Suggestions for providing outreach:

- Connect with faith-based groups, police departments, courthouse, hospitals and schools.
- Visit local town hall meetings with the specific cultural group and make the leaders aware of your agency.
- Participate in culturally specific events.
- Actively seek talented individuals who can help you bridge the language gap.
- Keep your resources updated and translated.
- Form a multicultural committee in your agency to engage the community.



Men of color are underserved as survivors and often times are reluctant to come forward because they do not want to identify as a victim. Men, especially men of color, have been taught to be tough and strong, and to not show weakness. When sexual assault occurs there are many conflicting emotions. It is important to have services available for limited English proficiency survivors who identify as male as well. Often LEP individuals are targeted, victimized and coming forward can be difficult due to the barrier in communication when connecting with agencies including, but not limited to, first responders.

### **Men of Color**

The term "**men of color**" is used primarily in the United States to describe any person who is not white. The term encompasses all non-white people, emphasizing shared experience of systemic racism. The term may also be used with other collective categories of people such as "communities of color."

### ***Working with Men of Color and LEP Individuals***

The process of building rapport when working with men of color and LEP individuals is similar to working with any survivor, but sometimes the approach may need to be altered a bit. There may be resistance to opening up when working with these survivors. When this happens, the practitioner should take additional time in building trust.

Conventional rapport-building methods such as attentive listening, humor, and meeting the survivor where they are can be effective with men of color and LEP individuals. Using empathy and having honest dialogue about your differences in gender and/or race can also help to open the lines of communication working with the survivor.

Organizations need more bilingual staff and literature to meet the needs of LEP individuals. Those working with men of color or LEP individuals can be of a different gender, culture, background or ethnicity and provide effective services as long as they are able to build rapport and establish trust. Building trust is especially important when the agency staff is not representative of the diversity of surrounding communities, especially when working outside of direct practice, such as prevention efforts.

There is sometimes a fear of seeking services due to either prior convictions, fear of law enforcement or fear of being seen as a criminal despite being a victim. Limited access to or availability of local agencies can also act as a barrier to service, especially for men of color and LEP individuals. There is the possibility that survivors are unaware of the resources available to them, and if they are they may not have the means or ability to access available services. Often times, inner city areas do not have service agencies nearby and transportation can be an issue if the survivor relies on public transportation

and routes do not provide routes near the service provider. Agencies should make an effort to provide services in locations heavily populated with men of color and LEP individuals, and to make sure that these services are as accessible as possible.

Agencies should make every effort to diversify staff when possible. Some agencies are well staffed with bilingual employees, while others still are lacking in this area. This is an area where there is significant opportunity to learn from those who are being served, as they know what they need more than anyone else. Offer opportunities for clients to discuss how their needs are and are not being met, and what can be done to improve services. Learning from current clients can help bridge the gap for future clients.

It's important to recognize the intersecting oppressions that affect men of color and LEP individuals. Language barriers, illiteracy, education and classism can cause these survivors to resist seeking services.

Another barrier for men of color and LEP individuals to come forward is credibility. They are not believed when they tell others what happen to them just as much if not more than when other groups disclose the fact that they have been sexually assaulted. The response in the community may include disbelief, abandonment, loss of respect, and losing the support of one's close friends and family.

## **A History of Sexual Abuse**

African American men have been subject to torture, mutilation, and sexual abuse throughout history. Black male victims of lynching were frequently castrated. In 1970, Philadelphia police officers raided three offices of the Black Panther Party, ordered the men to line up against a wall and strip, and then took photos of them. Police sometimes obtain confessions by warning male suspects that if they don't cooperate with the cops, they will be raped in prison.

*“Dispelling myths. Recognize the difference between everyday people and people of color being criminals.” – Stephon Davis*

In African American neighborhoods it is not uncommon to see a row of young men facing a wall, each waiting his turn to be patted down by one officer, or a group pat-down involving several officers and young men. Often other cops participate, either as voyeurs or by patting down another man at the same time. Stop-and-frisk is also gendered and sexual. “Frisks are frisky; the police ‘cop’ a feel.” To “assume the position” is to make oneself submissive.

### ***Who are the perpetrators of male sexual assault?***

Those who sexually assault men or boys differ in a number of ways from those who assault only females

- Boys are more likely than girls to be sexually abused by strangers or by authority figures in organizations such as schools, the church, or athletics programs.

- Perpetrators often assault young males in isolated areas where help is not readily available. For instance, a perpetrator who assaults males may pick up a teenage hitchhiker on a remote road or find some other way to isolate his intended victim.
- African American children have almost twice the risk of sexual abuse victimization than white children. Children of Hispanic ethnicity have a slightly greater risk than non-Hispanic white children.

### ***The Shame and Guilt of Sexual Violence***

Men of color find themselves relying on their manhood and bravado to gain respect among peers and associates. To come forward as a survivor of sexual assault not only brings their manhood into question, but also their sexuality. Boys and men sexually assaulted in heterosexual encounters may feel confused and unwilling to admit to the trauma they experience. Men are taught that sex is a rite of passage; therefore even if they didn't consent they may not view or describe the encounter as an assault.

### **Psychological Factors that Affect Men of Color Survivors**

- Sense of self and concept of "reality" are disrupted
- Anxiety, fearfulness, and depression
- Concern about sexual orientation
- Development of phobia(s)
- Withdrawal from interpersonal contact and a heightened sense of alienation
- Problems sleeping, being constantly startled, unable to relax
- Male heterosexual victims may fear that such an assault will make them gay
- Gay male victims may often see an assault as "punishment" for their sexual orientation. Gay men of color are at an even higher risk for sexual victimization.

### ***Denial***

Men of color often deny being the victims of sexual assault in order to disassociate themselves from feelings of weakness and vulnerability.

### ***Mistrust***

Men of color may be hesitant to contact law enforcement due to distrust of police officers and the judicial system. Not only are these often systems of people that don't look like them, these survivors may feel they are placing themselves in additional danger should they be seen as a threat by the enforcers and become the target of violence or investigation. There is also the concern that because they are men of color, the police are less likely to validate or care about their victimization. The fear of being re-traumatized may be enough to stop them from coming forward or ending the process prematurely. Men of color seek help from non-law enforcement related victim services agencies, but at a low rate<sup>14</sup>.

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<sup>14</sup> Sered, D. (2014). Young Men of Color and the Other Side of Harm: Addressing Disparities in our Responses to Violence. *The Vera Institute of Justice*, 1-9. Retrieved from: <http://archive.vera.org/sites/default/files/resources/downloads/men-of-color-as-victims-of0violence-v2.pdf>

## Transgenerational Trauma<sup>15</sup>

It may take longer to build trust with a client who identifies as a man of color. Men of color are often faced with many adversities and conflicts. Transgenerational trauma is real and can play a role in a man of color.

Dr. Rachel Yehuda, professor of psychiatry at Icahn School of Medicine at Mount Sinai, has conducted in-depth research into epigenetics and the intergenerational transmission of trauma. In layman's terms, she is researching how serious incidents of trauma (e.g. slavery, the holocaust) and post-traumatic stress disorder (PTSD) can be passed down through generations in shared family genes. Her research has revealed that when people experience trauma it changes their genes in a very specific and identifiable way. When the genes that have been altered are passed down, the children also inherit some of the physiological effects of that trauma.

*“First Contact Theory: In order to get people to talk about issues where they are oppressed, you have to meet them where they are at with their oppression. If we are thinking we can go into a black community without talking about the implications of violence that black men face, we will hit a brick wall. We have to talk about race.” – Dr. Derrick Williams*

## Availability of Services and Resources

Communities of color tend to have higher rates of sexual violence, yet there are fewer agencies in those communities. The vast majority of reported sexual assaults occur in areas of a community where poverty and crime rates are higher.

Men of color are more vulnerable to persistent poverty and sexual assault than white men. Men of color who live in low-income housing complexes or are homeless most often live in communities with high rates of violence and substance use and abuse, which increases their vulnerability to being sexually assaulted.

## Building Trust with Men of Color

Due to the general mistrust of authority figures and service providers, it is not always easy to get through to men of color. The factors that can help build trust are:

- Authenticity
- Attentive/Active listening
- Meeting them where they are
- Empathy
- Humor (when used appropriately)



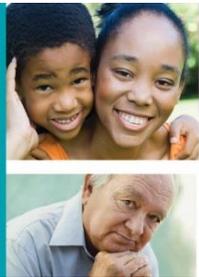
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<sup>15</sup> Yehuda R, LeDoux J. Response variation following trauma: a translational neuroscience approach to understanding PTSD. *Neuron* 2007 Oct 4; 56(1): 19-32.

## **Shifting the Culture**

Being honest, open and willing to acknowledge differences with a survivor of sexual assault who identifies as a man of color is critical to providing effective services.

Men of color and individuals with LEP are too frequently excluded from victim advocacy and outreach efforts. Research indicates a need for more program literature with photos of men of color, as well as more outreach to men of color and LEP individuals in the community. Victim services programs should work to ensure that hotlines and answering services are accessible in multiple languages, and that staff collaborate with culturally-specific organizations serving these survivors.



## LATINAS & Sexual Violence

According to the U.S. Census Bureau: 1 in 6 Americans is now a Hispanic/Latin@ (over 52 million); the Latina population grew from 17.1 million to 24.9 million between 2000 and 2010; and Spanish is the second most spoken language in the United States -- over 37 million residents speak Spanish at home.

- 👉 A 2009 report by the Southern Poverty Law Center revealed that sexual harassment in the workplace was a major problem for 77% of Latinas.
- 👉 1 in 7 Latinas have experienced rape at some point in their lifetime, according to the 2010 National Intimate Partner and Sexual Violence Survey.
- 👉 Over 50% of Latinas have experienced rape and other forms of sexual violence in their lifetime (NISVS 2010).
- 👉 The National Violence Against Women Survey found that Latinas were less likely to report rape victimization than non-Latina women.
- 👉 The risk of sexual violence has grown with an increasingly militarized U.S.-Mexico border environment. Latina migrants face sexual violence by 'coyotes' (human smugglers), human traffickers, border agents on both sides, and also while in detention.
- 👉 In 2011, the ACLU reported on 185 allegations of sexual abuse against female immigrant detainees in federal detention centers since 2007. Of the 185 sexual assault allegations, 56 were against facilities in Texas, 17 in California, and 16 in Arizona.
- 👉 According to a 2012 Human Rights Watch report, hundreds of thousands of immigrant farmworker females are at high risk of sexual violence and sexual harassment.
- 👉 In some Latin American communities a girl who loses her virginity to rape or incest may be considered 'promiscuous' or 'damaged' (Arte Sana 2003, 2013).
- 👉 Latinas also face institutional racism and victim-blaming. In 2012, a Texas defense attorney described an 11-year-old survivor of gang rape (of Mexican origin) as a "spider" who lured her rapists.
- 👉 According to the 2010 Sexual Assault Among Latinas Study, Latina victims of sexual assault suffer poly-victimization or multiple forms of abuse, yet only 3.3% utilize victim services.
- 👉 The lack of bilingual/bicultural staff and volunteers; along with insufficient programs and information in Spanish have limited victim assistance and the proactive engagement of millions of Latin@s in sexual violence prevention.



For assistance call this RAINN number to be connected with the nearest rape crisis center: 1.800.656.HOPE (4673)



Locate the nearest center and learn about how you can get involved and help: <http://centers.rainn.org/>



<sup>16</sup> Arte Sana – Victim Advocacy SIN Fronteras: <http://www.arte-sana.com/>

## **Lack of Bilingual and Bicultural Direct-Service Staff and Volunteers**

Many rape crisis centers do not have a Spanish-speaking advocates available, so the phrase, "I'm sorry, I don't speak Spanish" may be the only response many Spanish-speaking victims receive. In other cases, children or other family members of monolingual Spanish-speaking victims are used as interpreters. This can cause secondary victimization of family/child interpreters and may create additional problems for the agency and the victim as well. Although secondary victims, such as friends and family of the primary victim, are not the direct targets of an attack they often experience difficulties, such as loss of security and trust, and would benefit from support services.

Additionally, without specific criteria to determine the meaning of "bilingual," it will continue to be a loosely defined term that includes anyone who has a basic working knowledge of a second language but who may not be able to effectively communicate with or truly understand clients. Having a single part-time staff member or volunteer who speaks Spanish does not make a program bilingual.

Identifying a center's limitations in offering services in a second language is a must; not doing so contributes to the re-victimization of Spanish-speaking survivors of sexual and intimate partner violence who seek assistance. To accomplish an acceptable level of bilingual service availability, a program must be willing and able to test or evaluate its capability.

## **Lack of Bilingual and Bicultural Trainers**

"Confianza" or trust issues bear heavily on Latina/o interactions, especially when dealing with private and personal issues such as sexual violence. Without a competent pool of bilingual and bicultural trainers, victim service agencies cannot effectively promote the inclusion and meaningful participation of Latina/o communities.

## **Lack of Bilingual and Bicultural Materials**

Many of the Spanish-language materials offered by victim service agencies are literal translations of literature originally created in English. It is important to note that translation is not a matter of simply replacing English words with similar words in a second language; it is about finding culturally appropriate ways of conveying the full meaning of something from one language to another.

Speaking a second language does not necessarily qualify a person without translation skills to develop or translate materials in a second language. This is happening throughout the nation, however, as directors with limited budgets attempt to draw upon the Spanish-language capabilities of available Latina/o victim advocates, without the ability to measure exactly what these capabilities are. The quality of internal translations may also suffer when this work is added to an already taxed victim service schedule. Many Latina/o victim advocates report being asked to provide translation services for other departments and even other agencies, in addition to their own workload.

In addition to these basic second language considerations, victim advocates who are charged with developing or translating materials or online content should consider the

different acculturation levels that may exist and respect the dialects that may be spoken within their agency's service area. The large influx of Latinas/os in the United States, emigrating from different North, Central, and South American countries and the Caribbean, has led to a greater number of Spanish dialects spoken throughout the country.

### **Variations in Social or Cultural Background**

The influence and importance of social or cultural background should not be underestimated during the disclosure and intake process. To ensure effective continuation of care, each Latina/o survivor's unique experience, perception, and history need to be taken into consideration. How the assault is referred to can be as important as what is communicated. Latinas/os may refer to sexual violence without using words such as "rape" or "sexual assault." The words "me molestó" (he/she molested me) and "me faltó el respeto" (he/she disrespected me) may also be references to sexual assault, depending on the variation of Spanish being spoken.

For example, a 2006 study revealed valuable information about how Mexican-American women communicate their experiences after being raped. Narrative analysis of open-ended interviews with 62 female Native American, Mexican-American, and Anglo women who had survived rape revealed the following communication tendencies of Mexican-American women:<sup>17</sup>

- They tended to merge overall impact with immediate impact of the assault.
- They were reluctant to discuss their experiences and were typically silent on symptoms that accompanied the rape.
- The gravity of the impact of sexual violence on their lives was described as being of "colossal proportions" long after the assault occurred.
- Married Mexican-American women were less likely than other women to immediately define their experiences of forced sex by their husbands as "rape."

### ***Why is it necessary to have language line when there are specific agencies helping survivors with Limited English Proficiency?***

Unfortunately, not all communities are large enough to provide services. As more people from other parts of the world migrate, it becomes increasingly important that language-specific services are available to all. Language line services are a way to provide crisis intervention to any survivor who reaches out. Using a language line can be uncomfortable and slightly impersonal, but survivors who need help tend to understand the limitations and will be willing to continue services.

It is important to show support even when we do not agree with a survivor's views or opinions. As when working with American women who stay in abusive relationships, providing unbiased and supportive service goes a long way. Friends and children are not the best resource for translating either. Friends can be biased, and the goal is to

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<sup>17</sup> Bletzer, K., and Koss, M., 2006, "After-Rape Among Three Populations in the Southwest, A Time of Mourning, a Time for Recovery," *Violence Against Women* 12(1): 5-29.

ensure all details the survivor shares are communicated with the advocate, and that in turn the survivor receives all of the information that is needed.

Most communities have organizations that will outsource interpreting services. Linking your agencies to these services will add a personal touch, and it will be easier for a survivor to open up. To avoid potential conflicts of interest in smaller communities, programs should ensure any interpreters utilized are not from the survivor's home community.

This is very important because it will help limit confusion, especially with a language such as Spanish, where different areas or countries have unique dialects. Resources are usually translated in the basic language so different people can use them.

*“You aren’t going to come forward because you are undocumented and you can’t. Society has an aura for not being accepting. Second, interpreters play an important role. Having effective and good interpreters and translator. Go back and look at the services and make sure that they are culturally correct.” – Preston Eberlyn*

### **Language Really Does Matter.**

Being able to communicate feelings can be challenging. It is even more difficult when you can't find someone who can understand you. Direct service agencies must be ready to help anyone who calls or walks in the door. If a survivor calls, remember how difficult it must have been to make that call. If you give a survivor the run around, they may never call again and get the help they need. Your job is important.

Unfortunately, many survivors who are immigrants come from places where abuse and sexually exploitation is part of everyday life. Learn about other cultures, especially those of individuals in nearby communities who may be likely to require services. Knowing more about different backgrounds will help you understand how to word your message so you don't lose your survivor or offend them. Having an attitude of “they are in America, they should learn how to...” does a disservice to the survivor. Every survivor is important no matter what language they speak. We must always be ready to help them.





## Deaf Culture

To understand and best serve Deaf/Hard of Hearing (HOH) survivors, it's first important to understand individuals who are Deaf/HOH within a cultural context. Some individuals who are Deaf/HOH do not consider themselves to have a disability in the same way that disabilities are typically regarded (i.e. a medical condition or determination). Furthermore, some (but not all) individuals who are Deaf/HOH identify as being part of Deaf culture, with unique cultural identities, language (specifically American Sign Language), experiences, and customs. The use of a capital "D" with the term Deaf signifies that the individual identifies with Deaf culture, whereas the use of a lowercase "d" signifies that an individual identifies their deafness as a medical characteristic rather than a cultural identity. When serving survivors of sexual assault who are Deaf/HOH, it's important for service providers to respect and incorporate the survivor's unique perspective of deafness and their cultural identity.

For additional information about Deaf culture in America, read here:

<http://www3.gallaudet.edu/clerc-center/info-to-go/deaf-culture/american-deaf-culture.html>

## Sexual Violence & Deaf Survivors

### *Prevalence*

Even though not all Deaf/HOH survivors of sexual violence identify as having a disability, they are generally regarded as being disabled by researchers when determining the prevalence of sexual violence, if and when they are included in such research. What is known about violence against people with disabilities in general:<sup>18</sup>

- People with disabilities are more than three times as likely to experience violent crime, including rape and sexual assault, than people without disabilities.
- Individuals with multiple disabilities experience 69% of rapes and sexual assaults against all persons with disabilities of any kind.
- Individuals with disabilities from all racial or ethnic groups are twice as likely to experience violent victimization when compared with individuals in their racial or ethnic groups that do not have disabilities.
- Children with disabilities are three times more likely to be sexually abused than children who do not have disabilities.

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<sup>18</sup> Smith et al (2017). "How safe are Americans with disabilities?" Center on Victimization and Safety, Vera Institute of Justice; retrieved from: [https://storage.googleapis.com/vera-web-assets/downloads/Publications/how-safe-are-americans-with-disabilities/legacy\\_downloads/How-safe-are-americans-with-disabilities-web.pdf](https://storage.googleapis.com/vera-web-assets/downloads/Publications/how-safe-are-americans-with-disabilities/legacy_downloads/How-safe-are-americans-with-disabilities-web.pdf) website; retrieved from: <http://vawnet.org/sc/prevalence-and-dynamics>

Regarding individuals who are Deaf/HOH specifically, it is known that such individuals are more likely than those who are not Deaf/HOH to experience sexual violence, interpersonal violence, physical abuse, emotional abuse, and child sexual abuse. An eight-year study of college students at Rochester University found that Deaf/HOH individuals were 1.5 times as likely as those who are not Deaf/HOH to be victims of relationship violence in their lifetime (including sexual harassment and sexual assault).<sup>19</sup>

### ***Barriers to Reporting & Accessing Services***

Survivors who are Deaf/HOH face numerous barriers to reporting their assaults to law enforcement and to accessing services to support them in their recovery. Such barriers include:

- **Lack of understanding among service providers:** Sometimes first responders and service providers regard survivors who are Deaf/HOH as less credible or believable because of misconceptions about deafness, disabilities, and/or sexual assault. For example, sometimes responders equate deafness with cognitive impairment, or they believe that Deaf/HOH individuals do not understand the difference between consensual sex versus sexual assault. These assumptions discourage survivors from coming forward and make them feel alienated if they do.
- **Lack of access to qualified American Sign Language (ASL) interpreters or interpretive technology:** ASL is how the vast majority of Deaf/HOH individuals in the U.S. communicate. When service providers do not have ready access to qualified ASL interpreters and/or do not know how to access or use interpretive technology, it prevents the survivor from being able to communicate, which is the foremost need for any survivor.
- **Community or cultural pressures or stigma:** Survivors who identify as being part of the Deaf community do not always feel supported by others in that community if they report a sexual assault. This is especially true if the perpetrator is also a member of the Deaf community. It is often difficult to maintain privacy surrounding the assault, and as with many different cultural groups, the Deaf community does not want their cultural or community identity to be tarnished or further ostracized by the larger hearing society.
- **Lack of visibility, partnerships, and trust:** The Deaf community relies a great deal on trust of individuals, organizations, and systems who have proven themselves to be competent and trustworthy when working with the community. If individuals and organizations have not invested in developing meaningful connections with the Deaf community, survivors who are Deaf/HOH are less likely to come forward or seek services there.

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<sup>19</sup> VAWnet, National Resource Center on Domestic Violence. "Violence in the Lives of Deaf or Hard of Hearing: Prevalence and Dynamics" special collection website; retrieved from: <http://vawnet.org/sc/prevalence-and-dynamics>.

## Best Practices for Serving Survivors who are Deaf/HOH

Victim service providers have an obligation under federal law to provide accessible services to crime victims with disabilities, which includes victims who are Deaf/HOH. This obligation, however, only outlines the minimum requirements and should never represent any organization's full effort to be accessible and welcoming to survivors in their communities who are Deaf/HOH.



### ***Specific best practice considerations for victim service providers:***

- **Funding for accessibility:**

Programs and organizations should designate an appropriate portion of their annual operating budget to ensuring accessibility for Deaf/HOH survivors, including contracts with qualified ASL interpreters and the purchase, use, and maintenance of assistive technology.

- **Partnerships with Deaf/HOH individuals and organizations:**

Programs and organizations should actively seek to develop partnerships with the Deaf community in their service area; this includes seeking training opportunities for staff, as well as seeking individuals who are Deaf/HOH for meaningful staff, volunteer, or board positions within an organization.

*“If I go to your agency and can’t immediately access services, it’s a new barrier. Can I pick my interpreter? The community is very small. Maybe they don’t want to use an interpreter and would prefer to write as communication. Will this be the interpreter for my abuser” – Stephanie Smith-Bowman*



## OAESV Policy and Procedure for Providing Meaningful Communication with Persons with Limited English Proficiency

*Ohio Alliance to End Sexual Violence* will take reasonable steps to ensure that persons with Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in our services, activities, programs and other benefits. The policy of Ohio Alliance to End Sexual Violence is to ensure meaningful communication with LEP individuals and their authorized representatives involving their support services. The policy also provides for communication of information contained in vital documents, including but not limited to releases of information. All interpreters, translators and other aids needed to comply with this policy shall be provided without cost to the person being served, and patients/clients and their families will be informed of the availability of such assistance free of charge.

Language assistance will be provided through use of competent bilingual staff, staff interpreters, contracts or formal arrangements with local organizations providing interpretation or translation services, or technology and telephonic interpretation services. All staff will be provided notice of this policy and procedure, and staff that may have direct contact with LEP individuals will be trained in effective communication techniques, including the effective use of an interpreter. *Ohio Alliance to End Sexual Violence* will conduct a regular review of the language access needs of our population, as well as update and monitor the implementation of this policy and these procedures, as necessary.

### **PROCEDURES:**

#### **1. IDENTIFYING LEP PERSONS AND THEIR LANGUAGE**

*Ohio Alliance to End Sexual Violence* will promptly identify the language and communication needs of the LEP person. If necessary, staff will use a language identification card (or “I speak cards,” available online at [www.lep.gov](http://www.lep.gov)) or posters to determine the language. In addition, when records are kept of past interactions with individuals or family members, the language used to communicate with the LEP person will be included as part of the record.

#### **2. OBTAINING A QUALIFIED INTERPRETER**

*Ohio Alliance to End Sexual Violence* is responsible for:

- Maintaining an accurate and current listing online showing the name, language, phone number and hours of availability of bilingual staff;
- Contacting the appropriate bilingual staff member to interpret, in the event that an interpreter is needed, if an employee who speaks the needed language is available and is qualified to interpret;
- Obtaining an outside interpreter if a bilingual staff or staff interpreter is not available or does not speak the needed language.

Deaf Service Center and Language Line have agreed to provide qualified interpreter services. The agencies' telephone numbers are (614) 841-1991 and (831) 648-7421 respectively, and the hours of availability are 8:30 am to 5:00pm and 24 hours per day respectively.

Some LEP persons may prefer or request to use a family member or friend as an interpreter. However, family members or friends of the LEP person will not be used as interpreters unless specifically requested by that individual and **after** the LEP person has understood that an offer of an interpreter at no charge to the person has been made by the facility. Such an offer and the response will be documented in the person's file. If the LEP person chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy, and conflict of interest will be considered. If the family member or friend is not competent or appropriate for any of these reasons, competent interpreter services will be provided to the LEP person. Children and other clients/patients/residents will **not** be used to interpret, in order to ensure confidentiality of information and accurate communication.

### **3. PROVIDING WRITTEN TRANSLATIONS**

- When translation of vital documents is needed, each unit in *Ohio Alliance to End Sexual Violence* will submit documents for translation into frequently-encountered languages Program Assistant. Original documents being submitted for translation will be in final, approved form with updated and accurate legal and medical information.
- Facilities will provide translation of other written materials, if needed, as well as written notice of the availability of translation, free of charge, for LEP individuals.
- *Ohio Alliance to End Sexual Violence* will set benchmarks for translation of vital documents into additional languages over time.

### **4. PROVIDING NOTICE TO LEP PERSONS**

*Ohio Alliance to End Sexual Violence* will inform LEP persons of the availability of language assistance, free of charge, by providing written notice in languages LEP persons will understand. At a minimum, notices and signs will be posted and provided in points of entry. Notification will also be provided through one or more of the following: outreach documents, telephone voice mail menus, local newspapers, radio and television stations, and/or community-based organizations.

### **5. MONITORING LANGUAGE NEEDS AND IMPLEMENTATION**

On an ongoing basis, *Ohio Alliance to End Sexual Violence* will assess changes in demographics, types of services or other needs that may require reevaluation of this policy and its procedures. In addition, *OAESV* will regularly assess the efficacy of these procedures, including but not limited to mechanisms for securing interpreter services, equipment used for the delivery of language assistance, complaints filed by LEP persons, feedback from individuals and community organizations, etc.



## Statewide Agencies Panel Discussion Tips

On September 25, 2017, the Ohio Alliance to End Sexual Violence sponsored a training “Engaging Survivors from Culturally Specific Communities”. The training included a panel discussion titled “Challenges and Best Practices when Engaging with Survivors of Sexual Assault”. Panelist included:

### **Kathy Chen – Asian American Community Services**

Executive Director and Advocate who works tirelessly to improve the quality of life of Ohio Asian American and Pacific Islanders for more than 25 years in Columbus Ohio and statewide.

### **Stephon Davis – Speaker, Advocate and Co-Chair- OHMAN**

Stephon J. Davis is a licensed Ohio Certified Prevention Specialist; currently working as an instructor at Ohio Media School, a lifestyle coach for the YMCA and an independent consultant on topics of relationship violence and social justice. Additionally, he has written, produced and directed several films focused on social issues from bullying to fatherhood. As a prevention educator, he has a wealth of experience working with boys in diverse communities - helping them to redefine masculinity, as well as, speaking at Middle and High Schools throughout Ohio on topics ranging from healthy relationships to consent. Stephon is trained facilitator of workshops such as: The Men of Strength, Escalation and The New Playbook; Standing Strong to Promote Nonviolence.

### **Preston Eberlyn – Ohio Hispanic Coalition**

Preston J. Eberlyn, a Columbus, Ohio native, joined the Ohio Hispanic Coalition in May of 2017 as their Program Officer. He brings many years of nonprofit experience in administration, marketing, and development to the Coalition.

Preston graduated, magna cum laude, from The University of Findlay with a BA in Theatre with a Musical Theatre Emphasis and Political Science and minors in Political Communication and Public Administration. Preston was recognized as a Founders’ Son of The University of Findlay in April of 2015. He completed his Master of Public Administration and MA in International and Comparative Politics from Wright State University in 2017. Preston has been active in regional theatre productions in the Dayton area, as well as in Columbus.

### **Miriam Mohamed – Ohio Network of Children’s Advocacy Centers**

Before joining ONCAC, Miriam Mohamed served as Coordinator of Kids’ Place, Licking County’s accredited child advocacy center, and Kids’ Team, a multidisciplinary team that responds to child abuse, from November 2012 until December 2016. As a member of Kids’ Team, she provided case coordination and victim advocacy services to all child victims and their families. Miriam previously served as the Program Director of Girls Inc. of the Washington, D.C. Metropolitan Area before moving overseas to volunteer with the Education Development Center on a United States Agency for International Development-funded youth development program. Miriam received a bachelor’s degree in Biology and Peace, Justice, and Conflict Studies from Goshen College in Goshen, Indiana.

### **Betty Montero – City of Columbus Prosecutor’s Office**

In her life, Betty Montero has been able to use her story to encourage others about life beyond abuse. It is her aspiration to continue using her voice and help those who feel left behind and ashamed of their circumstances. She currently works as a Domestic Violence Legal Advocate for the prosecutor’s office in the City of Columbus. Her main duties not only consist of making sure the victims can understand the process, but also to make sure their rights are met and they are connected with the necessary resources to help them in the middle of the storm. Ms. Montero specifically works with the Hispanic population in addition to the cases on her regular courtroom.

### **Stephanie Smith-Bowman – DeafPhoenix**

President and CEO Deaf Phoenix social worker whose 15 years of psychotherapy and advocacy experience come with another important qualification: She, too, is deaf. Visionary and innovative in mobilizing key stakeholders; culturally specific anti-violence and first responder entities towards meaningful exchange of emerging best practices in strategic planning, capacity building, and leveraging resources towards accessible anti-violence services for Ohio’s underserved communities. She is results-oriented: consistent success rate with expertise in program design/enhancement, implementation, evaluation, budget development, and compliance standards of federal and state-funded grant objectives.

### **Derrick Williams – Cuyahoga Community College**

Derrick L. Williams is an activist-academic, communication specialist and experienced college program developer. As a gender justice advocate he has over 15 years of work experience and training in the field of sexual assault and violence prevention. His concept of “The Ella Effect” has gained popularity as an effective tool for implementing multi-tiered mentoring strategies that focus on assisting men to support the movement to end gender violence. Currently Derrick is a full-time assistant professor in speech communication at Cuyahoga Community College in Cleveland, OH. In addition to teaching, he is nationally certified as a Gay Alliance Safe Zone trainer and as a Sustained Dialogue Campus Network facilitator and continues to work as a consultant with organizations on implementing strategic diversity and inclusion initiatives.

## 1. *What does underserved mean to you?*

- **S. Davis:** a community where the aid is not there. The program does not have the knowledge to provide services.
- **S. Smith-Bowman:** two parts: one: we are at the bottom-has a negative connotation. And two: the community isn't ready to serve us yet. Untapped: from the time they are born to age 3 they have language deprivation that has ongoing effects. If they don't have access to language, how can they know what a healthy relationship is. Does the community really understand the culture? It's not one size fits all, especially when intersecting other minorities. Access = safety.
- **K. Chen:** the service is there but barriers of accessing them, the language, the stigma- it isn't possible to access services.
- **P. Eberlyn:** Mis-serve. Language, political and cultural barriers are preventing people from coming forward.
- **M. Mohamed:** there are services for immigrant populations but lacking understanding of the traumatization and messages that they are hearing at both the macro and micro level. Trauma transfer to children and health concerns. It would be great if there was a mental health service when they are first brought in.

## 2. *What issues do your communities face?*

- **B. Montero:** understand what the conversation is in your community. Not just in your agency. Latino women are seen to be outspoken and all the same. Coming from strong patriarchal cultural. They depend on husbands. Girls are silent. Understanding that their experiences are so different. Girls were not empowered at all.
- **M. Mohamed:** Somali culture is very tribalistic. If she was from a majority tribe, there may be money but it would go to tribe. Nothing for minority tribes. Cultural acceptance of gender violence. Male superiority. 98% of females are victims to genital mutilation. History of Somalia and Rape as a weapon of war.
- **K. Chen:** Immigrants and refugee and a gender and generation gap. What population exactly am I working with? PTSD? Women and girls are not being seen at all. *You are there to not be seen at all.* You have to use your voice against your grandparents. Mental health is stigmatized and silent. Women have no economic power. Women spend according to husbands and father-in-laws. Abuse.
- **S. Davis:** Mistrust in police force.

### 3. Do you think that there is a false expectation that has been set for how to engage in your communities?

- **M. Mohamed:** False expectation that Somalis need to be over grateful and excited to reach out. Nobody wanted to come to America. They will reach out for services but they won't beg. Somalis are a very prideful community. Most powerful move: contact with someone who has gone through an assault and been displaced. Don't bring shame on the tribe. Have someone come in and break down those stigmas. Find a progressive religious leader. They are trying to create a community that mirrors what they came from.
- **S. Smith-Bowman:** If I go to your agency and can't immediately access services, it's a new barrier. Can I pick my interpreter? The community is very small. Maybe they don't want to use an interpreter and would prefer to write as communication. *Will this be the interpreter for my abuser?* Not the six degrees of separation because of the small community. Do they have the vocabulary? Will the court drop the case because they do not want to deal with it? Do you have visual materials for us? How do we work together if we are being taught to *submit*? Co-advocate with us.
- **K. Chen:** The term "empowerment" sounds good, but the definition means different things in Asian culture. All their lives someone has made the decision for them, getting that power is something that needs more steps. With translating, half of my community does not read. Making assumptions are very harmful.
- **P. Eberlyn:** Speaking materials for the interpreters. Because there are so many different meanings in different countries. Having a face-to-face interpreter is better to understand exactly what the person is trying to say. Vast meanings in language.
- **D. Williams:** it is really important what language we use. Semantics of language in cultural deficiency. Universal terms: Patriarchy, DV, Rape, Violence against women. The language of masculinity: calling men victims- a language that all men can subscribe to. *First Contact Theory:* in order to get people to talk about issues where they are oppressed, you have to meet them where they are at with their oppression. If we are thinking we can go into a black community without talking about the implications of violence that black men face, we will hit a brick wall. We have to talk about race. Look at everyone as evolving. Disidentification. Semantics is the secondary problem.
- **S. Davis:** Culture for the black community is different. You have to understand that there is a difference. Black churches, recognize there is a lot of silence.

4. *In order to serve these groups, must there be someone from the agency staff who belongs to the group? Is there a way that agencies can be welcomed into the community?*

- **K. Chen:** You are sending a female to talk to a group of men. They aren't going to listen. When speaking to elders, with grant writing, anytime at the end 'the language and culture that best matches, is preferred'. Mistrust. The language makes someone think 'there is no way you could know what my life is like'. Driving up in a Lexus, I could feed my entire family for a year with that.
- **S. Smith-Bowman:** Imagine coming in and if I wanted to ask for a workshop, I could be an expert on the topic but the deaf community experiences 4 times more victimization. If you are doing something, collaborate! We validate each other for the community. Acknowledge your privilege to get a job, both English and 'deaf jobs too' and receiving health insurance. What's most important is trust and showing you have the ability to listen and research and show respect. Allocate money to working with interpreters. The money we apply for isn't just for us, it is for the deaf community in whatever aspect they need. TRUST and WILLINGNESS TO BE VULNERABLE. Consider the grassroots leaders of the communities that are the heart of the movement.
- **D. Williams:** Non-verbal communication. Understanding the community and doing the footwork. Bernie Madoff was able to penetrate the community because he went and built that trust. You need people from that community for deep transformative work.
- **M. Mohamed:** TRUST. There are micro cultures. Are you asking someone who came from a majority tribe to speak to a minority tribes? There needs to be intensive 40 hour training on Somali communities and cultures ideally, from a leader from that community.
- **B. Montero:** Having someone who understands the fears of being deported, speaking to them in their own language. There are certain things that you can only say in your language. Better face to face than over the phone. They want to feel home because they can do it in their own language.
- **R. Beltré:** Before I am going to tell you about my sexual experience, how many times have I seen you in my community? Bridging the gap.
- **P. Eberlyn:** You earn trust but with the community you belong to, you start closer to the trust of the community. It is on a continuum.
- **K. Chen:** Concept of comfort food. Working with someone who is traumatized, it helps up be closer to providing service.
- **S. Smith-Bowman:** Safety means knowing the community in order to know what people need. The community is small and we know who are the perpetrators are. It is hard to rebuild reputation once you come forward as a survivor. Maybe the perpetrator is someone with a lot of control in the deaf community. You have to screen your team for ethical safe advocates. You can

compromise someone's safety by now being knowledgeable on the community's concerns.

### 5. *What do you need from us?*

- **M. Mohamed:** You are going to have to start getting a little political. There are myths that are keeping people from accessing services. They are only hearing that American hates them if they are only hearing that. How do we start to be vocal in advocating for the health and well being but supporting the families so that they can feel safe? Work on dispel myths and acknowledge the messages that are out there.
- **P. Eberlyn:** First, ditto (to Miriam Mohamed). You aren't going to come forward because you are undocumented and you can't. Society has an aura for not being accepting. Second, interpreters play an important role. Having effective and good interpreters and translator. Go back and look at the services and make sure that they are culturally correct.
- **B. Montero:** Be careful about cutting cost and getting a volunteer. Face-to-face is best. Avoid cutting costs by providing inaccurate translations.
- **K. Chen:** To work closer with other agencies to tap into areas that everyone is having trouble taking on.
- **S. Davis:** dispelling myths. Recognize the difference between everyday people and people of color being criminals.
- **D. Williams:** Inclusive excellence within your agency. Everybody is on board with this notion of asking the questions that need to be asked. Data. People have an issue with tapping into the budget to provide services for an unseen community. Show up with data on communities of color and projected growth. Lack of the not seeing it as an issue. Being indifferent and not being inclusive. Develop a model with administrative chairs who can make decisions about money. Understand your position and humble yourself. Be progressive- we need someone that can speak Spanish. Agencies doing business as usual instead of being progressive and talk about this issue. Black men are suffering from violence every day and feeling invisible. DON'T BE INDIFFERENT. BE PROACTIVE.
- **S. Smith-Bowman:** Accessibility: 1. Attitude: check bias. Address privilege. How do I set up my environment? Do we have interpreters ready? In order to empower people who come in? Work with agencies to meet them where they are. 2. Programmatic: do you have goals? Are the programs in our agency accessible? Can you bill to Medicaid? Can you turn a 60 minute session into a 90 minutes session to give them quality v quantity? 3. Physical: something as simple as is our building accessible? How you might write that into a grant? Engage community in fundraising. Space in your office- what about schools? Do you have trauma informed spaces in schools? That is how your agency gives back to the community with the help of the community being engaged. Setting up the room in a circle.

6. *Do you have any insight into how you are working to build community within these underserved populations? Who are you trying to serve that you can't reach?*

- **S. Smith-Bowman:** Making sure that the heart is there and the curriculum and modifying them to be culturally relevant. The deaf schools don't want prevention because it empowers the kids and pulls out the skeletons. We have to change the language to name it for what it is and recognize what needs to happen. Find common ground to get in the door. You have to have a framework for a safe space- especially for children. Use best practices. Those who are refugees. We do not know where they are. Identify and collaborate. Is the community comfortable acknowledging deafness in the first place?
- **Kathy:** Interpreters being able to understand that there is something more that the survivor is trying to say.

7. *How can we create a victim friendly facility?*

- **S. Smith Bowman:** In parts of Ohio, you have to provide extra education such as, providing an interpreter for every party. Working in rural areas, extra education may be necessary to make things accessible. Extra work for advocacy- DeafPhoenix can provide that extra education. Make sure the survivor is at the center of the conversation.
- **M. Mohamed:** Having an Ebony magazine to let the survivors know that you thought of them. Having a map with all of the countries flags on them.
- **S. Davis:** Spike Lee "do the right thing", Mookie is complaining that there is nothing but white people on the wall. We are spending our money here, we want to be represented. Have diversity on your walls etc.
- **B. Montero:** Be flexible. It takes time to build trust and flexibility in actions by survivors. There are going to be different mannerisms.

8. *For Dr. Williams: Working with men, men have a role but some men are better. Is there some question about the right kind of person to work with these communities?*

- **D. Williams:** University of Northern Iowa: Tough Guise Jackson Katz: When you see leadership qualities who are able to go into the communities and relate. Beyond Beats and Rhymes. Be conscious enough to find someone who has the ability to do the work. Diversity statement.

9. *Can you give us some tips in reference to language tone, demeanor and marketing when engaging with your community?*

- **S. Davis:** [www.urbandictionary.com](http://www.urbandictionary.com)
- **M. Mohamed:** People aren't going to come out and say 'I was raped'
- **D. Williams:** Barbershop uncle talk. We're going to talk about everything and it might not be neat but that is where growth happens. Problem posing

language: continuously asking them to question what they are saying.  
Patricia Hill Collins. Allowing people to speak in their language.

- **M. Mohamed:** Remittances: people sending money home to families. Going to those places to reach people.
- **P. Eberlyn:** Latinas like to tell stories and tell anecdotes. Might tell you a huge story that might be relevant and it might not. Knowing that a lot of the information that you are going to get can be extra.
- **B. Montero:** Agreed. You have to take that into consideration- allot more time when blocking out time.
- **S. Smith Bowman:** Nothing about us, without us: Do not assume things without our input. Immediately try to find some type of connection when meeting. How much money do you earn? That is very normal. They will test you to find basic resources to test your cultural competency. Be prepared to add pictures to things like power and control wheel. What does sexual harassment look like? Have a balance of both. Consult with cultural experts.
- **K. Chen:** With translated materials, include images to show that they are included from the first encounter.

**10. What do you recommend or what have you done for communities that live in very rural areas where access is already limited?**

- **K. Chen:** Bring outsiders in to help with reaching communities.
- **P. Eberlyn:** reach out to us. We are not going to say no.
- **Miriam:** Recruitment contracting with professionals within the field for meetings and court. There needs to be an investment. Discarding using volunteers or train them better. Volunteers weigh less than a professional for perception.
- **K. Chen:** For volunteers, there is a responsibility to have extra time and desire for that. They have to be on top of it. There are constant gaps that need to be filled. Robbing peter to pay Paul to provide holistic services.
- **S. Smith-Bowman:** Sometimes the work can do more harm than good if someone does not have any insight into the deaf experience. If you feel something is not right, call us.
- **R. Beltré:** OAESV has an MOU with some of these organizations.





## **Cultural Humility Resources**

### **Books**

#### ***Developing Cultural Humility: Embracing Race, Privilege and Power* by Miguel E. Gallardo**

*Developing Cultural Humility* offers a unique look into the journeys of psychologists striving towards an integration of multiculturalism in their personal and professional lives. Contributing authors—representing a mix of "cultural backgrounds" but stereotypically identified as "White"—engage in thoughtful dialogue with psychologists from underrepresented communities who are identified as established and respected individuals within the multicultural field.

#### ***Blind Spot* by Mahzarin R. Banaji & Anthony G. Greenwald**

'Blind spot' is a metaphor to capture that portion of the mind that houses hidden biases. The authors use it to ask about the extent to which social groups – without our awareness or conscious control – shape our likes and dislikes, our judgments about people's character, abilities, and potential. In *Blind Spot*, hidden biases are revealed through hands-on experience with the method that has revolutionized the way scientists are learning about the human mind and that gives us a glimpse into what lies within the metaphoric blind spot.

#### ***The Inclusion Paradox* by Andres T. Tapia**

Without inclusion, advancement becomes difficult. Good management and leadership skills manifested differently than the organization's mainstream do not get recognized or affirmed. How do we achieve both diversity and inclusion? For starters, we must challenge the long-standing, "best practice" belief that to achieve inclusion we need to minimize differences. This stance, it turns out, only papers over differences that truly exist. Workers who feel pressure to conform, to "just all get along" push their unresolved emotions and differing beliefs into their subconscious, making them more difficult to manage.

#### ***The Inclusion Dividend* by Mark Kaplan & Mason Donovan**

In today's increasingly diverse, global, interconnected business world, diversity and inclusion (D&I) is no longer just "the right thing to do," it is a core leadership competency and central to the success of business. Working effectively to combat unconscious bias across differences such as gender, culture, generational, race, and sexual orientation not only leads to a more productive, innovative corporate culture but also to a better engagement with customers and clients. *The Inclusion Dividend* provides a framework to tap the bottom-line impact that results from an inclusive culture.

#### ***Cultural Humility* by Joshua N. Hook, Don Davis, Jesse Owen & Cirleen DeBlaere**

Many mental health practitioners (MHPs) today recognize and affirm the importance of cultural background--race, ethnicity, gender, sexuality, et al--in their clients' lives. But many MHPs struggle to address cultural issues in practice, whether because of unfamiliarity, or fear of giving offense, or because the presence of cultural differences or similarities between client and therapist that can make it difficult to view the client objectively. The authors of this book recommend that MHPs focus not on what they have learned in previous clinical or educational settings, but on what they don't know about the client who sits across from them.

### ***Everyday Bias by Howard J. Ross***

Most people do not see themselves as biased towards people of different races or different genders. And yet in virtually every area of modern life disparities remain. Ross helps readers understand how to overcome and identify unconscious biases in their lives. He advocates strongly for the creation of more bias-conscious organizations in the belief that productivity, personal happiness, and social growth are possible if we first understand the widespread and powerful nature of the biases we don't even realize we have.

### **Articles, Reports and Factsheets**

#### ***The Self as Other: Creating the Role of Joni the Ethnographer for Broken Circles by Joni Jones***

Contemporary discussions of ethnographic research often draw attention to psychological and ethical problems centering on the observing ethnographer. Performance can be a valuable method for working through these problems.

#### ***Cultural Humility Verses Cultural Competence: A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education by Melanie Tervalon & Jann Murray-Garcia***

Researchers and program developers in medical education presently face the challenge of implementing and evaluating curricula that teach medical students and house staff how to effectively and respectfully deliver health care to the increasingly diverse populations of the United States. Cultural humility incorporates a lifelong commitment to self-evaluation and self-critique, to redressing the power imbalances in the patient-physician dynamic, and to developing mutually beneficial and nonpaternalistic clinical and advocacy partnerships with communities on behalf of individuals and defined populations.

#### ***Continuum* (1991)**

***Isaacs, M. & Benjamin, M.***

Towards a culturally competent system of care, volume II, programs which utilize culturally competent principles. Washington, D.C.: Georgetown University Child Development Center, CASSP Technical Assistance Center.

#### ***Cultural Humility* (1998)**

***Tervalon, M. and Murray-Garcia, J.***

Cultural humility versus cultural competency: a critical distinction in defining physician training outcomes in multicultural education. [Editorial Research Support, Non-U.S. Government P.H.S. Review]. *JHealth Care Poor Underserved*, 9(2) 117-125.

### **Strategies for Deep Community Engagement**

#### ***The Ella Effect by Derrick L. Williams***

"Modeled on the activist work of Ella Jo Baker, a community organizer, within the civil rights movement, I advocate principles and practices of grassroots community mentoring as a way to bring about social change. "The Ella Effect" refers to the practices, ideas, and life philosophies of Baker which both inspire and inform my activist work of mentoring young college age men and local boys to become progressive men." – Williams

#### ***Teaching Community by Bell Hooks***

In *Teaching Community* bell hooks seeks to theorize from the place of the positive, looking at what works. Writing about struggles to end racism and white supremacy, she makes the useful point that "No one is born a racist. Everyone makes a choice." *Teaching Community* tells us how we can choose to end racism and create a beloved community.

***Community: The Structure of Belonging* by Peter Block**

This book reports on voluntary, self-organizing structures that focus on gifts and value hospitality, the welcoming of strangers. It shows how to reweave our social fabric, especially in our neighborhoods. In this way we collectively have enough to create a future that works for all. We need our neighbors and community to stay healthy, produce jobs, raise our children, and care for those on the margin. Institutions and professional services have reached their limit of their ability to help us.

***The Careless Society: Community and Its Counterfeits* by John McKnight**

John McKnight tells how the experts' best efforts to rebuild and revitalize communities are in fact destroying them. McKnight focuses on four "counterfeiting" aspects of society: professionalism, medicine, human service systems, and the criminal justice system. Instead of more or better services, the book demonstrates that the community capacity of the local citizens is the basis for resolving many of America's social problems.

***Building Communities from the Inside Out: A Path Toward Finding and Mobilizing a Community's Assets* by John P. Kretzmann and John L. McKnight**

This guide summarizes lessons learned by studying successful community-building initiatives in hundreds of neighborhoods across the U.S. It outlines what local communities can do to start their own journeys down the path of asset-based development.

***Barriers to Service***

<https://nationallatinonetwork.org/learn-more/facts-and-statistics/barriers-to-service>

"At the interpersonal level, it is paramount to empower our research population to build social networks that improve social capital and enhance the exchange of transferable knowledge skills through social learning, the creation of social support and community resilience."

***Cultivating Inclusive Practices for Immigrant/Refugee Survivors***

[http://www.resourcesharingproject.org/sites/resourcesharingproject.org/files/Cultivating\\_Inclusive\\_Practices\\_for\\_Immigrant\\_Refugee\\_Survivors\\_o.pdf](http://www.resourcesharingproject.org/sites/resourcesharingproject.org/files/Cultivating_Inclusive_Practices_for_Immigrant_Refugee_Survivors_o.pdf)

***Institutes***

***Asset-Based Community Development Institute***

*Irwin W. Steans Center  
2233 North Kenmore Avenue  
Chicago, IL 60614  
jlmabcd@aol.com*

***Dr. John McKnight***

*Founder, Co-Director ABCD Institute  
Neighborhood and Community Development, Schools and Education; Health  
Active Faculty*

The **Asset-Based Community Development Institute (ABCD)** is at the center of a large and growing movement that considers local assets as the primary building blocks of sustainable community development. Building on the skills of local residents, the power of local associations, and the supportive functions of local institutions, asset-based community development draws upon existing community strengths to build stronger, more sustainable communities for the future.

## List of Organizations in Ohio with Resources for LEP Survivors

### *Culturally Specific Services*

The following database is a resource guide for advocates and survivors in the State of Ohio. The criteria used to develop the list was a survey sent to agencies, individuals in the sexual violence field and sexual assault survivors. These agencies are committed to helping minorities who are survivors of sexual assault. The local agencies either use language line to help survivors, have interpreters, advocates speaking different languages and a knowledgeable staff who is compassionate and caring for survivors. This database is a resource of agencies providing services and should be researched to ensure that it meets the needs of the individual.

These agencies work with marginalized communities such as limited English Proficient survivors, LGBTQI communities, women of color, deaf communities, and men of color. They offer a variety of services from legal advocacy, counseling, trauma informed care, interpreting and translating services, immigration services and more.

<b>County</b>	<b>Organization</b>	<b>Address</b>	<b>Phone Number</b>
<b>Cuyahoga</b>	The Asian Services in Action, Inc.	3631 Perkins Ave. Ste. 2A-W, Cleveland, OH 44144	(216) 881-0330
<b>Franklin</b>	Asian American Community Services	4700 Reed Rd # B, Columbus, OH 43220	(614) 220-4023
<b>Franklin</b>	Ohio Hispanic Association	100 E Campus View Blvd, Columbus, OH 43235	(614) 840-9934
<b>Franklin</b>	Sexual Assault and Domestic Violence Prevention Program	Ohio Department of Health Columbus, OH 43215	(614) 782-2144
<b>Franklin</b>	BRAVO	870 North Pearl Street Columbus, OH 43215	(614) 268-9622
<b>Lucas, Putnam, Sandusky</b>	MHP Salud	2111 Golfside Dr. Suite 2B Ypsilanti, MI 48197	(956) 968.3600, ext. 1021
<b>Statewide Sexual Assault Coalition</b>	Ohio Alliance to End Sexual Violence (OAESV)	6111 Oak Tree Blvd. Suite 140 Independence, OH 44131	(216) 658-1381
<b>Statewide Domestic Violence Coalition</b>	Ohio Domestic Violence Network	1855 E. Dublin-Granville Columbus, OH 43229	(800) 934-9840

## National Organizations with Resources for LEP Survivors

<b>Organization</b>	<b>Phone Number</b>	<b>Website</b>
Rape, Abuse & Incest National Network	(800) 656-4673	<a href="http://www.rainn.org">www.rainn.org</a>
National Network for Immigrant and Refugee Rights	(510) 465-1984	<a href="http://www.nnirr.org">www.nnirr.org</a>
Alianza: National Latino Alliance for the Elimination of Domestic Violence	(800) 342-9908	<a href="http://www.dvalianza.org">www.dvalianza.org</a>
Arte Sana	Contact: artesanado@yahoo.com	<a href="http://www.arte-sana.com">www.arte-sana.com</a>
Asian & Pacific Islander Institute on Domestic Violence	(415) 568-3315	<a href="http://www.apiidv.org">www.apiidv.org</a>
A Call to Men	(845) 354-2556	<a href="http://www.acalltomen.com">www.acalltomen.com</a>
Casa de Esperanza	(651) 646-5553	<a href="http://www.casadeesperanza.org">www.casadeesperanza.org</a>
ClanStar	(888) 636-4748, (828) 497-5507	<a href="http://www.clanstar.org">www.clanstar.org</a>
Institute on Domestic Violence in the African American Community	(877) 643-8222	<a href="http://www.dvinstitute.org">www.dvinstitute.org</a>
Men Can Stop Rape	(202) 265-6530	<a href="http://www.mencanstoprape.org">www.mencanstoprape.org</a>
National Immigrant Women's Advocacy Project	(202) 326-0044	<a href="http://www.niwap.org">www.niwap.org</a>
National Indigenous Women's Resource Center	(855) 649-7299	<a href="http://www.niwrc.org">www.niwrc.org</a>
Ripples International	+254-64-31410/31409 +254-722-733-128	<a href="http://www.ripplesintl.org">www.ripplesintl.org</a>
Sisters of Color Ending Sexual Assault	(860) 693-2031	<a href="http://www.sisterslead.org">www.sisterslead.org</a>
Vera Institute of Justice	(212) 334-1300	<a href="http://www.vera.org">www.vera.org</a>
Futures without Violence: The National Health Resource Center on Domestic Violence	(888) 792-2873	<a href="http://www.futureswithoutviolence.org">www.futureswithoutviolence.org</a>
National Center on Domestic Violence, Trauma & Mental Health	(312) 726-7020 ext. 2011	<a href="http://www.nationalcenterdvtraumamh.org">www.nationalcenterdvtraumamh.org</a>