

CALCASA Webinar Series



Working with Underserved Communities

Tuesday, September 29, 2009

CALCASA Staff



- **Dan Esparza**, Campus Program Manager
- **Althea Hart**, Training & Resource Coordinator
- **Livia Rojas**, Training & Resource Coordinator

September Webinar



I. CALCASA Announcements

II. Technical Instructions

III. Rachel Griffin, Overview

IV. Sandra Harrell, Disabilities/Deaf

V. Trish Duffet, LGBTIQ

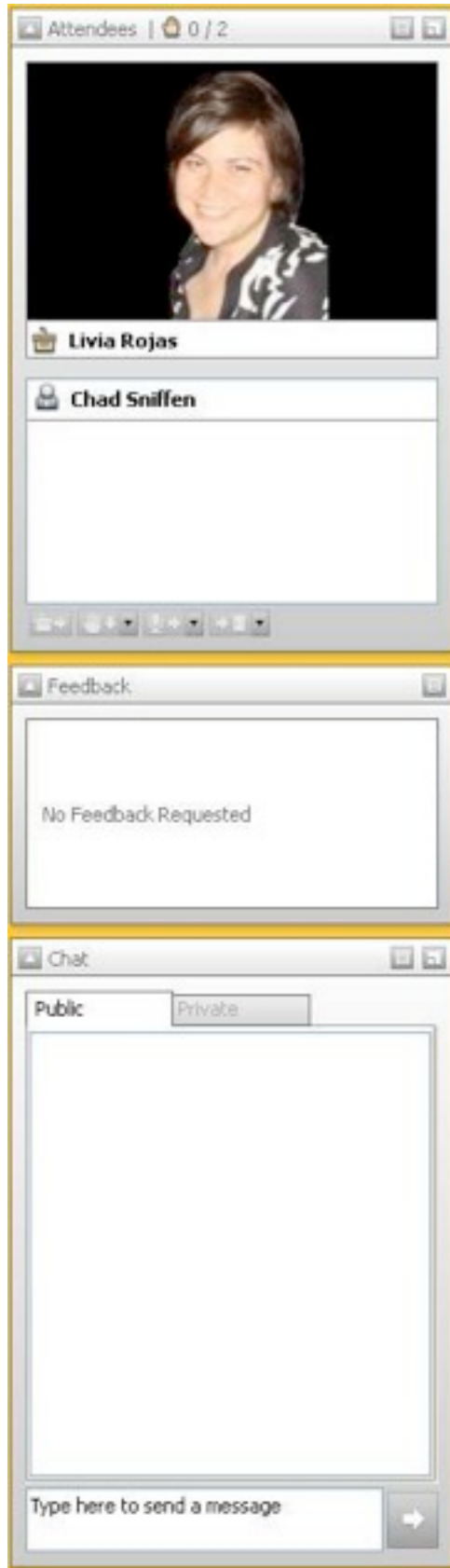
VI. Q&A

Announcements



- Next Campus Webinar is set for Tuesday, October 27, 2009 @ 11.00 a.m. PST
- Campus Winter TTI 2010 in Orlando, FL
- Campus materials on CALCASA.org

How To Use The Technology



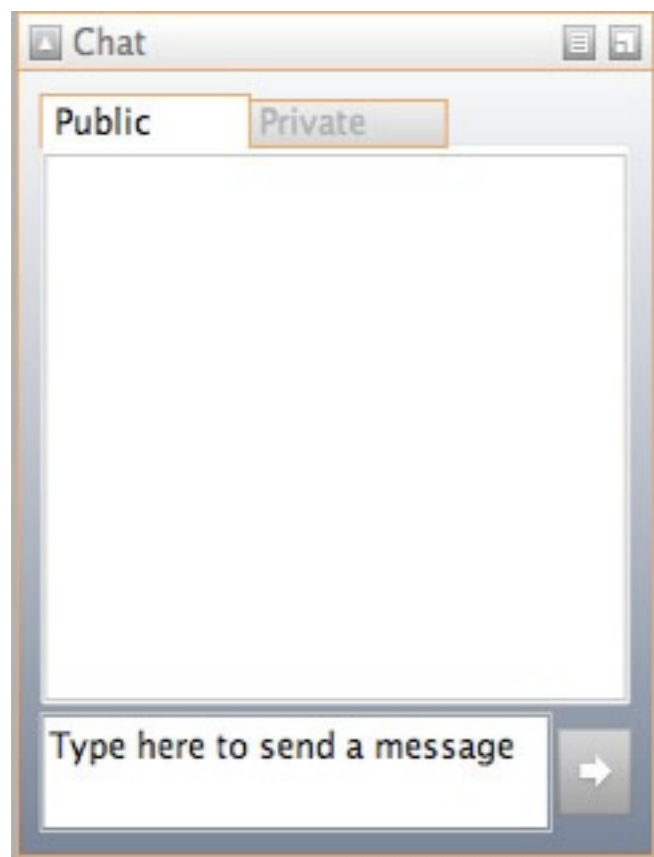
Raise Hand

Q & A

Text Chat

PowerPoint Slides

Working with Underserved Communities



Are we serving marginalized communities? If so, how?

Use chat to answer

Working with Underserved Communities



Presenters

Rachel Griffin,

Assistant Professor, Southern Illinois University at Carbondale

Sandra Harrell,

Director of Accessing Safety Initiative, Vera Institute of Justice

Patricia (Trish) Duffett,

Sexual Assault Counselor/Advocate, Anti-Violence Project

Underserved Populations

- Traditionally underserved populations are identified as, but are not limited to, low-income/first generation, racial or ethnic minorities, LGBTIQ, persons with disabilities, or tribal/indigenous communities
- Purpose of webinar is to generate ideas, increase dialogue, and exchange best practices among campus grantees on topics that are highly requested and mandated in meeting 100% requirement

Working With Underserved Communities



Question

Are we identifying, acknowledging, and serving the traditionally underserved or marginalized populations on campus?

Contextual Implications of Generalizing Campus Programs Serving Underserved Communities



Survivors who represent marginalized populations groups are served by programs that try to generalize across identity differences.

Implications

- Heterosexist Programs & Advocacy Services
- Race and ethnicity influences an individual's experiences
- Religion & spirituality role in how survivors process their experiences and in the healing process

Questions



Are we serving marginalized communities in our sexual assault programs and services?

If yes, how is it being done and if not, how do we begin?

Positive Shifts in Education on Gender Violence



- Increased understanding among non-survivors that sexist oppression is a tangible reality for many women
- Learning and Highlighting how the ism's are interdependent
- Breaking down hierarchies and “gender violence norm”

Positive Shift

We are **coming together across our differences** and trying to teach ourselves
And our students and community members
that by considering identities at the
intersections we **are not detracting
from the movement** against gender
violence but rather we are **creating
inroads** to generate more momentum

New Directions



- Strength in recruiting at the intersections. Peer advocates/educators who represent a variety of different identity groups
- Address issues of diversity among survivors throughout our advocacy trainings, outreach efforts, conferences & programming as foundational
- Earn trust & generate buy in from identity-based campus & community organizations

New Directions

- Need to help people understand sexual violence should be positioned as an offense to the community, not just the individual
- Work on highlighting ways that cultural industries such as pop culture, pornography, prostitution, strip clubs, escort services, human trafficking, sex trafficking, and commercial sexual exploitation of children fuel violence toward everyone in general and marginalized communities in particular
- Program all year round rather than focusing on particular months and draw further attention to gender violence

New Directions



- Create more spaces and places on our campuses where people can “talk back.” Provide a compassionate space, unapologetic space, a space where people listen and bear witness to their pride and pain survivors

New Directions



Generate critical consciousness around gender violence and the intersections of identity

Contemporary cases that reflect the need to attend to intersections include:

The Duke LaCrosse Team

Kobe Bryant's sexual assault charges and subsequent settlement

The murder of Angie Zapata in Colorado

Chris Brown's assault of Rihanna

Mike Tyson's rape of Desiree Washington

Question

What resources can campus SA providers draw from when acknowledging and identifying diverse identities?

Sexual Violence Against Women with Disabilities and Deaf Women: Needs and Remedies



Sandra Harrell

Associate Director, Accessing Safety Initiative at Vera Institute of Justice

Today, we will...

- Provide foundational information on disability and Deaf culture.
- Explore what we know about violence in the lives of women with disabilities and Deaf women.
- Discuss the impact of identity on experiences of violence.
- Provide practical steps you can take to improve your services for women with disabilities and Deaf women.

Definitions and Implications



- Disability
- Deaf

Disability

- The most common definition of disability is from the Americans with Disabilities Act of 1990.
- Using this definition, **54 million** Americans have at least one disability.
- 1 in 5 Americans!

Disability

- Disability is an incredibly broad category.
 - Cognitive
 - Developmental
 - Mental
 - Physical
 - Psychiatric
 - Sensory
- Includes visible and “hidden” disabilities

Disability

- Most Common Reasons for Disability (Adults)

1. Arthritis

2. Back problems

3. Heart disease

4. Respiratory disease

- Source: Centers for Disease Control

Disability

- Diagnosis does not predict individual experience.
- Not all people who have disabilities identify as having one.
- Services must be flexible and customized to meet an individual's specific abilities and needs.
- “Nothing about us without us”

Deaf

- Some deaf and hard people do not identify as having a disability.
- They identify as a member of a cultural and linguistic group.
- This group of people use the term Deaf to reflect their cultural identification.

Deaf

- Deaf culture includes a shared:
 - Language
 - Values & Norms
 - History
- Culturally and linguistically competent services are needed to effectively serve Deaf survivors.

What We Know About Women with Disabilities, Deaf Women, and Violence



- Incidence & Prevalence
- Unique Dynamics of Violence
- Access to Assistance and Support

Incidence and Prevalence

- Limited research exists.
- Research has documented that **some** women with disabilities experience increased risk of sexual violence compared to women without disabilities.
- Cannot generalize findings to **all** women with disabilities.

Incidence and Prevalence

- In one study, women with and without disabilities experienced equally high rates of physical, sexual, and emotional abuse.
- A few important differences for women with disabilities existed, though.
 - They reported a larger number of perpetrators.
 - The duration of their abuse was longer than women without disabilities.
- Source: Center for Research on Women with Disabilities, Baylor.

Unique Dynamics of Violence



- Women with disabilities and Deaf women experience unique dynamics of violence.
- Some perpetrators use tactics that expressly target women with disabilities and Deaf women.

Perpetrator Tactics



- Becoming a relied-upon, or primary, caregiver before assaulting her.
- “Grooming” her for abuse.
- Exploiting her trusting nature.
- Taking advantage of her lack of sexual education or knowledge.

Tactics

- Stealing her adaptive equipment so she can't call for or get to help.
- Attacking before she can sense what is coming.
- Threatening, injuring or scaring away her service animal.
- Giving her drugs without her knowledge, forcing her to take drugs or medication, or giving her more than was prescribed.

Tactics

- Preventing her from reporting any troubles through coercion, threats, or force.
- Exploiting her lack of access to accommodations.
- Exploiting the fact that she will likely not be believed by a police officer or court even if she does report.

Unique Barriers

- People with disabilities
 - Fewer transportation options may impact safety planning
 - Service providers may lack knowledge of disabilities in general
 - Physical buildings may be inaccessible
 - Policies in place may prevent survivors with disabilities from using the services

Unique Barriers

- Deaf Women
 - Community of ASL interpreters is often small and tight-knit
 - Sense of isolation when living in shelter
 - Lack of understanding of Deaf culture

Meeting the Unique Demands



- Working with a Survivor with a Disability
- Building Your Organization's Capacity
- Forging Partnerships
- with Disability & Deaf Orgs.

Working with a Survivor



- Follow basic etiquette for interacting with people with disabilities.
- Use welcoming and inclusive language.
- Ask how you can best meet her needs.
- Provide reasonable accommodations.

Survivor

- Focus on her as a whole person.
- Be flexible and allow for more time.
- Advocate to ensure other community resources are accessible.

Building Your Organization's Capacity

- Budget for accessibility.
- Make sure services are accessible.
- Enhance policies to be welcoming and inclusive of women with disabilities and Deaf women.
- Incorporate disability-specific images and information in program materials.

Organization's Capacity



- Make agency materials available in alternative formats.
- Actively recruit and retain board members, staff, and volunteers who have disabilities.
- Provide on-going training opportunities on violence against women with disabilities and Deaf women.

Forging Relationships with Disability and Deaf Organizations



- Reach out to disability and Deaf providers in your community.
- Invite them to tour your organization and learn more about your services.
- Identify cross-training opportunities.
- Create referral process.
- Consider various models of co-advocacy.
- Formalize relationships!

Steps You Can Take

1. Start a dialogue with others in your own organization.
2. Learn about your legal and moral responsibilities.
3. Look at your organization's accessibility.
4. Build relationships with disability and Deaf organizations.

Local Resources

- The ARC
- Board of MR/DD
- Community mental health center
- Deaf-specific DV/SA agencies
- Deaf and hard of hearing commissions
- Independent living centers
- University Centers for Excellence

National Resources

- U.S. Department of Justice's ADA home page: www.ada.gov
- Disability and Business Technical Assistance Center: www.dbtac.vcu.edu
- Job Accommodation Network: www.jan.wvu.edu
- Accessing Safety Initiative's website: www.accessingsafety.org

Contact Information

- Sandra Harrell
- Associate Director, Accessing Safety Initiative
- Vera Institute of Justice
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- New York, NY 10279
- (917) 478-4590
- sharrell@vera.org

Question

- What are your recommendations for working with students living with disabilities and Deaf students cut across other identity markers (gender, race/ethnicity, language, etc.)?

240 West 35th Street, Suite 200, New York, NY 10001

212-714-1184 | www.avp.org

24-Hour, Bilingual Hotline 212-714-1141

Patricia (Trish) Duffett,
Sexual Assault Counselor/Advocate, Anti-Violence Project



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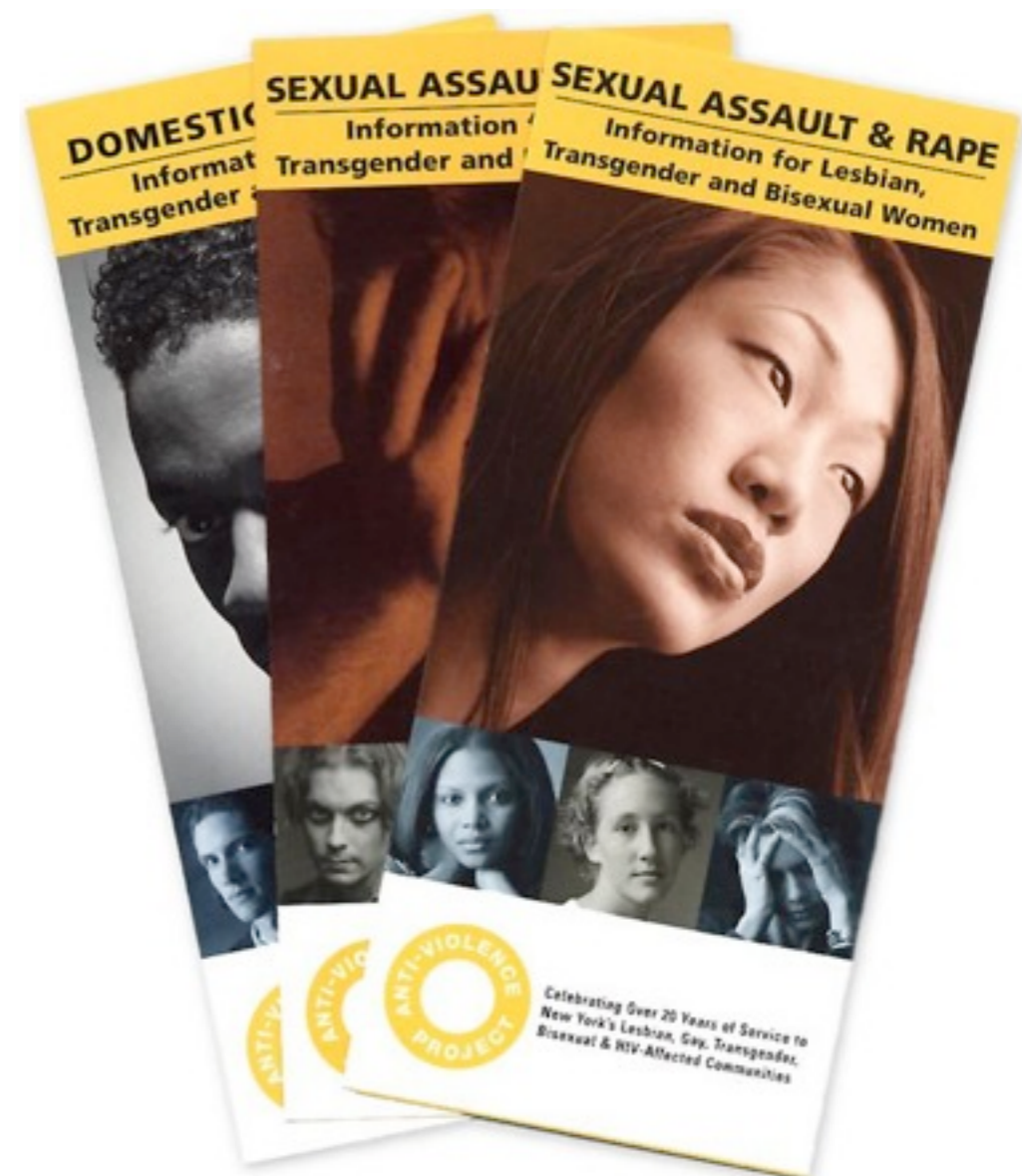
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Addressing the Issue

- NYCAVP is a victims services agency that works to end violence affecting lesbian, gay, bisexual, transgender, intersex,
- and HIV-affected individuals,
- groups and institutions.
- We address:

- ▶ **Hate-Motivated Violence**
- ▶ **Intimate Partner Abuse**
- ▶ **Sexual Assault & Rape**
- ▶ **Pick-Up Crimes**
- ▶ **Police Misconduct & Abuse**
- ▶ **Anti-LGBTB Harassment**
- ▶ **Bullying in Schools**



NYC Anti-Violence Project



Client Services

- 24-hour hotline
- Short and long-term individual and group counseling
- Advocacy
- Referrals
- Hospital, precinct, and court accompaniments
- CVB assistance

Community Organizing

- Training Center
- Material Requests
- Protests
- Tabling
- Safe Bar/Safe Nights
- Coalition meetings
- Report publication
- Youth Anti-Violence Project
- Public Policy

Outline



- Language & Terminology
- Sexual Violence & LGBTQ communities
- Oppression & LGBTQ communities
- Anti-Oppression Action Steps & Resources

Objectives

- Define homophobia, internalized homophobia, transphobia and heterosexism and give an example of each as they relate to sexual assault.
- Explore how this impacts colleges/universities.

- **“In order to construct self-narratives, we need not only the words with which to tell our stories, but also an audience able and willing to hear us and to understand our words as we intend them.”**

-Susan Brison in *The Genealogies of Religion* by Talal Asad

Sexual Orientation and Gender Terms and Concepts



- These are definitions used by AVP; they are not universal-these are meant to be guidelines
- AVP suggests you reflect the language of the survivor:
 - It can reduce anxiety and prevent you from contributing to trauma following a violent incident
 - It helps to ensure a more complete and accurate medical history and health information from your patient and providing appropriate care
 - This helps establish an ethical relationship whereby the patient is not afraid of the health care provider

What is LGBTQI?

- -A standard acronym
 - Lesbian
 - Gay
 - Transgender
 - Bisexual
 - Questioning/Queer
 - Intersex
-
- -Identity v. Behavior

NOTE:

These terms are fluid and **DO NOT** represent all sexual orientations/ gender identities.

It is always best to respect individuals' self-determination and honor the terms they use to identify themselves.

Sexual Orientation v. Gender Identity

- **Sexual Orientation** “is about who you are sexually or romantically attracted to, whether you are gay, lesbian, bisexual, straight, etc.”
- **Gender Identity** “is about how you understand your own gender: whether you understand yourself to be male, female, or something else, and how you express that.”

-Sylvia Rivera Law Project, 2007.
Report: “It’s War In Here.”

What is “Transgender?”



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- Sylvia Rivera Law Project, 2007. Report: “It’s War In Here.”

What is “Intersex?”

- “Intersex” is a general term used for a variety of conditions in which a person is born with a reproductive or sexual anatomy that doesn’t seem to fit the typical definitions of female or male.”
 - -Intersex Society of North America
- “Intersex activist organizations are working to educate doctors, parents, and medical students so that children with intersex conditions will be allowed to determine what procedures they may or may not want for their bodies after they have fully developed.”
 - -Sylvia Rivera Law Project 2007. Report: “It’s War In Here.”

Terms to Avoid

- Re: Sexual Orientation
- Homosexual(s)
- Gay or Lesbian “Lifestyle”
- “Alternative Lifestyle”

- Re: Gender Identity
- Transsexual
- “Pre-op,” “Post-op,” or “The Surgery”
- “Real” or “Genetic” or “Biological” Man or Woman

ALWAYS refer to a person as they refer to themselves!

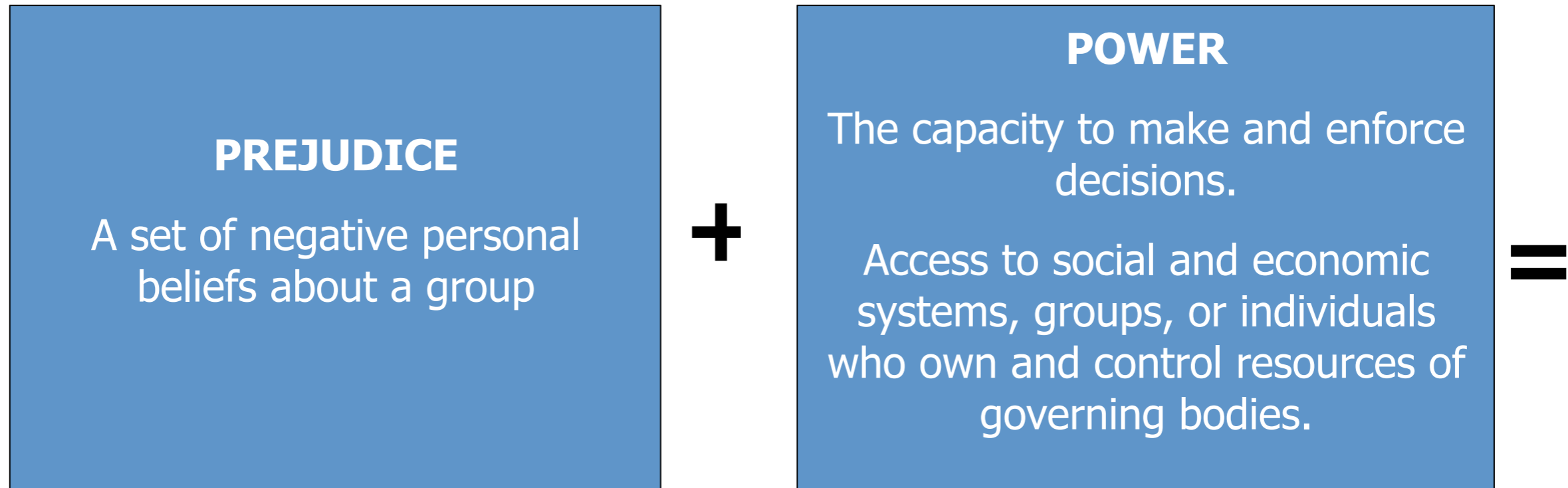
Language: Do's and Don'ts



- **DO** call people by the name they prefer
- **DO** call people by the pronoun they currently use
- **DO** refer to people in the way that they prefer

- **DON'T** assume people's sexual orientation based on their gender identity
- **DON'T** go "sightseeing" into people's lives – ask questions that are relevant to your work

Oppression in LGBTQ Communities



OPPRESSION
RACISM...SEXISM...ABLEISM...AGEISM...CLASSISM... ETC.

What is Oppression?

“Within the lesbian community I am Black,
and within the Black community I am a lesbian.

Any attack against Black people is a lesbian and gay issue,
because I and thousands of other Black women are part of the
lesbian community.

Any attack against lesbians and gays is a Black issue, because
thousands of lesbians and gay men are Black.”

-Audre Lorde. Homophobia and Education
(New York: Council on Interracial Books for Children, 1983)

Oppression of LGBTQ Communities

Homophobia

- Interpersonal



- Institutional



Heterosexism

Heteronormativity

- Internalized



- Cultural



Transphobia

How Oppression Looks



- **INTERNALIZED**
- Having negative beliefs about oneself or one's identity based on personal, group, cultural, or institutional messages

- **INTERPERSONAL**
- Bias Attacks
- Anti-LGBTBQ Harassment/Discrimination
- Intimate Partner Violence (IPV)
- Pick-Up Crimes
- Sexual Harassment/Assault
- Family rejection

How Oppression Looks – Institutional



- ▶ Police Misconduct – profiling, harassment
- ▶ Employment discrimination
- ▶ Lack of/unequal access to legal protections
 - Access to Family Court Bill
- ▶ Re-victimization by Service Providers
 - Having to educate the provider on LGTBQ sensitivity
 - Not knowing if services are open to LGTBQ people
 - Invisibility in agency settings
 - Facing biased or unwelcoming intake forms
 - Fear of coming out/being outed
 - Around sexual orientation/gender identity, HIV status, substance use, etc.
 - Experiencing ridicule and mistreatment
 - Fear of losing services/receiving substandard care
 - Unequal access to safe restroom facilities

Sexual Assault and LGBTQ Survivors

- LGBT people are at approximately the same risk as heterosexuals of being sexually assaulted by someone they know.
- One recent study showed that victims of hate crimes have higher rates of psychological distress than victims of other types of crime. This may be due to the slower rate of recovery for these victims than for victims of non-hate based crimes. (Herek, et al, 2002)
- “Sexual assault survivors reported greater anxiety, depression, and symptoms of borderline personality and were significantly more likely to report recent unprotected intercourse than persons who had not been sexually assaulted.”
(Kalichman, et al, 2002, Journal of Traumatic Stress. Vol 15, No 4, August 2002, p. 289)

Common Myths About LGBTQ Students



- ▶ Sexually deviant
- ▶ Pedophiles
- ▶ Gay men stereotyped as promiscuous
- ▶ Lesbians stereotyped as asexual
- ▶ LGBTQ relationships are inherently abusive and involve strange sexual practices
- ▶ Gay men can't be raped – if they had sex with another man, it was because they wanted it
- ▶ A woman can't be raped by another woman
- ▶ Lesbians can be 'converted'
- ▶ People are gay because of bad experiences with the 'opposite' sex

Common Myths About LGBTIQ Related Sexual Assault



- ▶ Sexual assaults against gay men are only related to cruising and promiscuity
- ▶ Men who rape other men are sexually frustrated and gay
- ▶ Women cannot rape
- ▶ Men cannot be raped
- ▶ Rape is about uncontrollable sexual attraction
- ▶ Rape cannot happen between intimate partners

Tactics used against LGBTQ identifying people in a sexual assault



- Using incorrect gender pronouns
- The use of homophobic slurs or gender-based insults
- Denying access to medical treatment or hormones
- Threatening to out victim if they report assault
- Fetishizing or eroticizing partner without their consent
- Telling partner they deserve abuse or will never find another partner who treats them better
- Touching body parts victim doesn't want touched or calling body parts by names offensive to the victim

Tactics Used

- Denying partners access to information about LGBT
- Telling victim that if they report rape, nobody will believe them
- Refusing to have safer sex
- Claiming “this is how real men/women/lesbians/gay men have sex”
- The use of sexual assault to ‘fix’ LGBTQ people
- Some lesbians are attacked when male acquaintances or ‘friends’ try to prove that she is truly straight
- Sometimes attacks are also a result of anger at being rejected when a woman explains she is a lesbian (Sakia Gunn)

Potential Reactions to an Assault



- “It’s my fault because I am LGBTQ”
- Unable to put experience into words
- Self blame if attacked while cruising
- For most men, the idea of being a victim is difficult to handle
 - For a masculine identified person, this may be compounded
- Fear of the homophobia of ‘the system’
- “My partner wouldn’t rape me”

Potential Reactions to an Assault



- May not be out at work, so may not go to get follow up care
 - i.e. if her lover raped her, she may not want to disclose
 - More likely to avoid medical care/attention
 - Gynecology
- May not want to address birth control, etc. because the doctor may be accusatory about responsibility and then homophobic.
- If she becomes pregnant, she may feel that her lesbian identity is going to be compromised
- Not being taken seriously because she or the attacker is a lesbian

Roadblocks to Getting Help



- Coming out and the fear of revictimization
 - this helps keep in place the same systems used by the perpetrator (s)
 - Denial of services
 - Name calling being made a spectacle
 - Being made to feel embarrassed or ashamed
- Not knowing if services are available
 - Agencies do not advertise services
- Self hatred
- Too taxing to educate the provider
- Lack of language to describe incident
- Provider lack of resources and referrals
- Health insurance relies heavily on a gender binary

Ramifications of Roadblocks



- Partial histories given and partial care received
- A lifetime of bias related trauma may cause minimizing of incident or an inability to see the violence
- Ineffective safety planning
- Further involvement with red tape
- Labeling: crazy, sick, uncooperative, resistant
- Patient may feel that the relationship is tense and thus may not follow suggestions
- Stereotypes lead to missing information on family
- Legal definitions (family, gender, sexual assault) may hamper services and healing

Working with LGBTQ Surviv

- ▶ Some trans patients may refer to 'gendered' parts of the body in non-gendered ways. For example, a transman might refer to his breasts as his 'chest.' It is respectful to mirror this language whenever possible.
- ▶ Though making assumptions is sometimes unavoidable, being consciously aware when you are can help you
 - ▶ a) recognize that your assumption is only that, and not Truth and
 - ▶ b) Prevent you from acting (or reacting) based on that assumption.

Do's and Don'ts

- ▶ **DO** validate clients for coming to you for help

- ▶ **Do** ask "Is there a name you prefer to use?"
 - Know that reading a patients medical history or chart might not give you information about how someone identifies OR about how someone will be physically presenting when you walk into the exam room.
 - "I'm not trying to offend you, but I'd like to know... is there another name that you'd prefer?...How would you like to be addressed?"

- ▶ **DO** ask questions if you're in doubt...
 - I'm sorry but I need to ask you this question
 - Is there anything that I should know that will help me help you?

Don'ts

- **Don't** assume you know what's going on or who's involved—ask!
 - What is your partner's sexual orientation/gender identity? Is there anyone else involved?
 - Clarify living arrangements (roommate, friend, buddy, cousin, etc.)
 - Clarify neutral language (partner, spouse, etc)
- **Don't** assume that a person is LGT or B, or identifies this way, despite what you hear:
 - Even if you clarify terms, it does not mean that people use or identify with these same terms

Anti-Oppression: Action Steps

Individual Action Steps



- Assess your own values/beliefs regarding sexual orientation & gender identity
- Address your internal biases
- Confront myths
- Educate yourself - don't tokenize/objectify clients
- Acknowledge what you don't know
- Know your personal limits
 - Seek support/supervision

Remember...

- Use the client's preferred terminology and pronouns
- If you mess up, do not over-apologize
- Acknowledge and validate patient discomfort in answering personal questions or talking about details of an assault
- Utilize and refer clients to an AVP
- Have culturally relevant conversations with LGBTQ patients about the meaning of consent
- Train all staff who might work with the survivor
- Understand your current limits

Interpersonal Action Steps

- Use inclusive language (such as “partner”)
- Respect self-identification & self-determination
- Don’t assume anyone’s sexual orientation
- Avoid gender binaries
- Be cautious of stereotypes
- Allow space for clients to build trust with you
- If you make a mistake, do not over-apologize
- Confront discrimination & prejudice (jokes, comments)

Institutional Action Steps

- Create LGBTQ-inclusive forms, materials, procedures
- Create all-gender, non-segregated restrooms
- Post “safe space” symbols in organizational spaces
- Train ALL staff- especially security, reception, intake – in LGBTQ sensitivity and anti-oppression work
- Develop resources – create connections with LGBTQ service providers & programs
- Review employment policies procedures and hire staff reflective of community diversity (LGBTQ diversity, racial diversity, etc.)
- Create advisory boards for LGBTQ individuals to shape/inform institutional policies

Question

- How do we engage a diverse group of campus representatives (students, staff/faculty) to work with SA campus providers when developing inclusive programming? Is the approach different at a rural institution versus an urban campus?

Q&A

Question

For participants at PWI, HBCU's or tribal colleges where one racial/ethnic group makes up the majority of the student population, how do we connect to or outreach to the underserved population on campuses that are inclusive, knowing that appearance creates a disconnect?

Question

What do partnerships with identity-specific/based campus centers/student groups or community organizations need to look for when developing anti-sexual assault programming/services?

Question

How important is it to ensure that staff are being utilized to provide culturally relevant training for sexual assault preventions and interventions?

Acknowledgements



- Rachel Griffin
- Sandra Harrell
- Trish Duffett
- Grantees
- CALCASA Staff