MULTI-LEVEL PREPARATIONS FOR DOMESTIC VIOLENCE PROGRAMS TO ADDRESS SEXUAL VIOLENCE

1. Advocate Level Preparations

a. Understanding advocate discomfort

1. Advocate discomfort is a significant barrier to addressing battered women’s experiences or vulnerabilities to sexual violence. In our experience, we hear conflicting accounts: API battered women express their readiness to disclose sexual violence but, advocate discomfort inhibited them.

2. Discussing or revealing sexual abuse is considered culturally prohibited. API advocates mention that for many API battered women it’s not culturally appropriate and/or age-appropriate for an older client to discuss sexual violence with a younger advocate.

3. Our own ignorance about sexuality and anatomy affects our ability to ask about sexual violence.

4. We need to address our own misconceptions, stereotypes, and projections about sexual violence.

5. Battered women notice and are affected by the levels of advocate discomfort and will hold off on disclosing histories of sexual violence.

b. Language: vocabulary, terms, interpretation/translation

1. Lack of adequate language skills or knowledge of the correct vocabulary are often cited by advocates as the reason for not addressing sexual violence with victims. However, the language and terms we use need to be figured out in the languages we speak when interacting with clients, even for those whose primary language is English. Advocates will need to discuss the following issues to address their own discomfort and prepare themselves for interventions about sexual violence.
2. Consider and discuss the vocabulary and terms for sex used in different cultures and/or languages of the populations served. For example, there are direct and indirect terms for asking the same question and either or both can be used based on contexts and language, such as “Did you have sex together?” or “Did you go with him?”

3. Establish the vocabulary to be used for terms of sexual coercion. Questions like “Did you want to have sex? Did he force himself on you? Did you have to go with him?” have different implications and meanings for victims of sexual assault.

4. Discuss and understand whether clinical terms and technical language such as ‘sexual intercourse’, or colloquial, everyday terms like ‘sleeping with’ will be more effective. This applies to English and any other language.

5. Acknowledge areas of ignorance or gaps in knowledge and learn how to address them with a client or get staff support. For example, acts of sex or sexual assault can be described using unfamiliar terms (in English or another language). Advocates can ask a victim/survivor to explain what happened instead of trying to cover their confusion or ignorance.

6. Ignorance about anatomy, naming parts of the body and/or using anatomical terms affect advocates’ comfort levels. It is helpful to establish if words, gestures, or drawings will be used and not to hide behind formal or clinical terms for body parts that can make a victim/survivor feel blamed for their ignorance.

c. Advocates’ own reactions, experiences and vulnerabilities

1. Asking questions about sexual violence will bring up reactions from advocates that can include dissociating, having flashbacks, feeling fear of the perpetrator, or feeling disgusted by the details of the story. It is important to identify the possible range of feelings and understand how they may be rooted in one’s own personal experiences and/or family histories.

2. Disclosing one’s own experiences to a client should not be used as a strategy to build rapport or show a victim/survivor that you understand what happened to her. Such sharing can be burdensome for her. However, a shared ethnic or cultural history can make for deeper understanding (e.g., a refugee client who has fled a conflict zone where sexual violence has been used will expect that an advocate from the same region understands her better). This bond should not be seen by an advocate as an invitation to self-disclosure.

3. Just as domestic violence advocates who are themselves survivors of intimate partner violence figure out how to deal with the effects this can have on their day-to-day work, advocates also need to understand how their own history of sexual violence will affect their discomfort levels.
2. Survivor/Victim and Community Level Preparations

a. Learning client histories, vulnerabilities and experiences

1. Just as domestic violence programs serving API communities understand the cultural needs of the battered women they serve, the same approach applies to sexual violence. Programs should educate themselves about the vulnerabilities and histories that apply to the client communities served. For example, college students are vulnerable to drug facilitated rape, but first generation refugees could have experienced violence in refugee camps.

2. Identifying which ethnic-specific types of sexual violence apply informs prevention and intervention. For example, forced marriages of young girls would indicate coerced sexual initiation; or an ethnic group that practices wife inheritance and has fled a civil war may have a high of incidence of polygamy where women of a wide age range are married to a younger man (the surviving brother who was too young to fight in the war).

3. Learning the history of the ethnic groups served helps identify the barriers survivors of sexual violence may face within their own communities (e.g., women victimized by war-time rapes and their children can be ostracized from their community). If such incidents of rape happened during civil war, the rapists could be accepted members of the community, and their victims would have to cope with this trauma.

4. Listen for clues about sexual violence that women drop if they don’t want to address it directly. They may be trying to assess how you’ll handle the information before disclose more. For example, someone may ask, “Have you seen those shows on TV where naked people are doing dirty things?” could be a clue that her partner watches pornography; that she is forced to watch it, and/or she has to mimic the pornographic acts.

5. Develop a picture of the individual battered women and based on her socio-cultural and immigration history, consider her vulnerabilities and possible victimization based on the list developed by the API Institute on Domestic Violence. For example, given the revelations about clergy abuse by Catholic priests, consider if a Catholic woman may have experienced this form of abuse.

6. Distinguish between (a) a history of sexual violence, (b) current crises caused by recent assault, and (c) a history or crises for others in the family (i.e. mother, sister, daughter, etc.) that the client deals with. This then informs interventions and referrals needed.
b. Community responses

1. Anticipate what community responses can be expected based on cultural norms. For example, will a victim find support or will she blamed? Could a young girl be forced to marry her rapist?

2. Understand how community responses may be different if the violence happened recently, or many years ago in the home country.

3. Anticipate what community attitudes will be towards perpetrators. Will they confront or tacitly support perpetrators? For example, how are perpetrators of wartime rapes, living in their midst, treated?

4. Clan, religious, or other community leaders wield power in the community and influence community attitudes towards gender violence, towards victims and towards abusers. Their authority needs to be understood in devising community based responses that support victims and survivors. Also, advocates must be aware of beliefs that might harm victims of sexual violence.

5. Victims/survivors and advocates hear many cultural excuses that for example, justify victim-blaming, and they may sometimes knowingly or unknowingly agree with such attitudes. Advocates need to be prepared to counter cultural defenses that justify violence against women.

6. Advocates can face barriers and ostracism within their own ethnic communities in terms of bringing up the issue of sexual violence, so the impact of doing so has to be considered. For example, what are the spaces in which one can speak up about child molesters, landlords who rape women, predatory monks, etc? What does it mean to ‘speak up’ about them and how will victims/survivors be affected?

c. Victim-blaming

1. Victim-blaming around sexual violence (compared to domestic violence) can often run deeper because sexual assault may not even be seen as violence, but rather as a sexual encounter.

2. Victim-blaming uses the circumstances of an assault and a victim’s appearance as a measure of who is a ‘good’, or credible victim (i.e. modestly dressed, shy, assaulted at home, etc.), compared to a victim lacking credibility because she is a flashy dresser or was at a bar. Women will generally be aware of these attitudes and advocates have to be aware of their own and their community’s victim-blaming attitudes as well.

3. With sexual violence, most of the attention is negatively focused on the abused (i.e. Is she being truthful? Why was she there in the first place?, etc.), and shifting attention to the perpetrator, particularly a known one, is met with a lot of resistance.
3. Agency level preparations

a. Policies and procedures

1. Determine the level and extent of services the agency will provide.

2. Establish a procedure for facilitated referrals, with follow-up and case coordination, and/or interpretation if needed.

3. Develop protocols for mandatory reporting when a minor is a victim and have procedures about including the mother, or the non-abusive caretaker in making the report.

b. Staff training

1. Interpretation: training on the guidelines for domestic violence advocates who may provide informal interpretation (e.g., repeating a question a client asks, such as “what is rape crisis counseling?” and interpreting the answer instead of explaining the term). Formal interpretation refers to the use of trained, court-certified interpreters which is the first option, but in many circumstances, API advocates are asked to provide oral translation.

2. Staff meetings and in-service trainings in domestic violence programs should include and integrate topics on sexual violence.

c. Collaboration with rape crisis/sexual assault programs

1. Develop a relationship with local sexual violence service programs for crisis intervention services and to make referrals.

2. Design cross-trainings on domestic violence and sexual assault to increase learning and case collaboration amongst staff of both agencies.

3. Hold cultural competency trainings to sensitize sexual assault programs about Asian and Pacific Islander and immigrant communities and the domestic violence agency’s approach to serving them.

4. Establish protocols for collaboration on cases.

5. Educate advocates about state-specific legal issues related regarding confidentiality in sexual assault cases. For example, in some states, the ‘first witness’ has to testify, so a domestic violence advocates who first receives a disclosure cannot claim confidentiality.
6. VAWA Petitions: histories of sexual violence may need documentation if a VAWA petition is being prepared for a battered woman. Advocates can therefore expect to collaborate with attorney filing in this petition.

**d. Support, self-care and supervision for advocates**

1. Identify the difficulties domestic violence advocates face in doing this work.

2. Identify the issues Asian and Pacific Islander domestic violence advocates face in doing this work.

3. Establish ways for staff and volunteers to get peer support.

4. Train supervisors on sexual violence to enable them to address staff needs and concerns and understand how trauma is triggered for staff.

5. Provide structured supervision on sexual violence.

**4. Services and Referrals**

**a. Crisis services and referrals**

1. If a battered woman is in a current crisis because of sexual assault, her advocate needs to determine if it’s best to refer her out or to address the crisis within the agency. This depends on the nature of the crisis and what is important to the woman – an advocate from her ethnic group or a sexual assault counselor. The two advocates can work together with her if she needs both.

2. A domestic violence advocate must be clear (to herself/himself and the client) about what services she/he can provide.

3. Assess who else needs help and referrals and help the client make connections to how others are affected. For example, how are her children dealing with their mother’s rape? Or, if they witnessed her rape, they may be ashamed or fearful and stay away from home, or may become withdrawn about their own problems.

4. Identify the extent of the role an advocate can play as an interpreter for the other agencies involved.

5. Sensitize the client to culture and gender issues in dealing with crisis. For example, if there has been incest and the family sends 18 year old daughter to stay with an ‘auntie’ and keeps the 19 old year old son at home. This sends a message to the daughter that she shouldn’t be in the home or that they are more protective of the son (abuser) than daughter (victim).
b. Non-crisis interventions for past experiences of sexual violence

1. Provide a space to talk about these issues that is not necessarily a space to go into problem-solving mode. Remember, many battered women say that they want to talk about sexual violence but their advocates don’t.

2. Assess what else a client needs and explore strategies for healing. For example, she may:
   a. Want to join a support group,
   b. Confide to her intimate partner about her experiences,
   c. Confide to family members, an adult daughter she is close to, or her sisters, etc., about what happened to her, or
   d. Confront someone who harmed her, stayed silent or blamed her.

3. Sensitize the client to culture and gender issues, explore what reactions her family and community members might have. For example, if there’s collective silence about collective trauma (sexual violence after a natural disaster), there may be victim-blaming instead of support; or if she discloses that she was trafficked by her parents, she will not be believed.

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