Survivors’ Advice to Service Providers

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One in five women experience sexual assault (Black et al., 2011); however, a minority of women report the assault to law enforcement (Rennison, 2002) and/or seek services following the assault (Ullman, 2007). The low rate at which victims seek services following a sexual assault brings to question potential barriers to reporting and/or using services. The Women’s Health Project1 is a collaborative project with the Sexual Assault Interagency Council (SAIC) that aims to understand these potential barriers, and further work with criminal justice and community-based agencies towards improving sexual assault-based services in the Denver Metropolitan area.

Women who experienced a sexual assault within the last year and disclosed the assault to a formal support person (i.e., counselor, medical provider, law enforcement) were invited to participate in the Women’s Health Project. During each of the four interviews, women had the opportunity to talk open-endedly about their experiences with criminal justice-based personnel and community-based service providers (e.g., what was

1 This study (“Expanding Use of the Social Reactions Questionnaire among Diverse Women”) was funded by the National Institute of Justice (Grant #2012-W9-BX-0049). The views expressed are those of the authors and do not necessarily represent the views or the official position of the National Institute of Justice or any other organization.
helpful, not helpful). Additionally, women were directly asked what advice they would like to give to criminal justice– and community–based providers about working with survivors of sexual assault. Women’s responses were transcribed and then coded based on major themes. The following are preliminary findings of women’s responses at the first interview.

Of the 213 women who were asked open–ended questions about their experiences with criminal justice personnel and community–based providers (referred to below as “providers”), the majority (91%) provided specific advice to providers on how to better serve victims of sexual assault. Nearly half (45%) of women described the need for providers to be more trauma–informed in their practice, including approaching victims with greater overall compassion, care, and respect. More than 1 in 10 women said providers need better training on how to work with victims of sexual assault, and 10% specifically requested the availability of a female officer and/or provider. Additionally, close to one–third of women (31%) recommended that providers believe women’s account of their sexual assault experiences, as well as to not judge women based on their life circumstances (e.g., homelessness; past criminal history).

Almost a quarter (22%) described the need for better communication with victims (e.g., providing updates about the status of their cases; returning phone calls and/or emails; checking in on victims), as well as better communication across departments (e.g., between victim advocates and detectives). Further another 19% of women described needing more information and/or help with obtaining resources (e.g., housing options; victim’s compensation; mental health services), and an overall need for more victim–based resources (e.g., counselors; safe houses)

Based on the preliminary findings, women had many ideas in common about how to better interact with survivors of sexual assault in both criminal justice and community–based settings (e.g., increased trauma–informed training; believing victims). We will continue to analyze women’s responses of their experiences with providers, looking across all four interviews. In collaboration with the SAIC, we plan to provide criminal justice– and community–based agencies with concrete advice on how to improve their services to better serve victims of sexual assault.

We are extremely grateful for the women who participated in the Women’s Health Project. By sharing
their experiences, they are helping to identify what works (and doesn’t work), and in turn, helping the community better support victims and survivors in the aftermath of sexual assault.

References


Legal Needs and Barriers for Immigrant Crime Victims
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The current political climate has been witness to a steep rise in anti-immigrant rhetoric and sentiments. Our community partners have been sensitive to the potentially deleterious impacts of this climate on already vulnerable, immigrant crime victim populations. In response, they have asked: What does the research tell us about particular issues facing immigrant crime victims, including specific legal needs and barriers to accessing legal services?

The needs assessment that our research team conducted as part of the Partnering to Legal Services Project (PALS) can help shed light on these issues.2 Although the assessment occurred in 2013–2014, the findings appear relevant today.

Qualitative data from interviews with victim service professionals and focus groups with crime victims highlighted six key themes regarding immigrant crime victim populations. First, immigrant crime victims may experience heightened distrust and reluctance to engage in the legal system. Distrust may stem from multiple sources: fear of deportation when the victim is undocumented, less awareness of how the American legal system functions, and familiarity with corrupt legal systems in countries of origin. Second, lack of translation and interpretation services or culturally sensitive services can impede victim access to legal services. While resources for Spanish-speaking immigrant populations have fortunately increased, those for other immigrant populations lag behind. Obtaining translated documents and finding live and/or consistent interpretation in less commonly-spoken languages presents particular difficulties. Additionally, the presence of bilingual staff alone does not guarantee culturally-sensitive responses. Third, immigrant crime victims may experience difficulties accessing other resources available for crime victims. For example, not having a social security number leaves some immigrant crime victims ineligible for certain alternative housing options.

2 The needs assessment was supported by Grant 2012–VF–GX–K018 awarded to Rocky Mountain Victim Law Center by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this report are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice.
Fourth, lack of adequate training in immigration issues among service providers may thwart appropriate and informed responses to immigrant crime victims. Providers do not always receive adequate training on the Violence Against Women Act (VAWA), U visas, or T visas. Fifth, immigrant crime victims may be susceptible to exploitation by employers who violate workers’ rights, or even by individuals posing as legal professionals and unscrupulously purporting to help with immigration status issues. Sixth, cultural norms within particular communities may dissuade victims from reporting crime, for fear of being ostracized and losing a close peer support system.

Quantitative data from surveys with immigrant crime victim populations corroborated the qualitative findings. For legal permanent residents, immigrant visa holders, and undocumented immigrants, affordable housing emerged as the most pressing need. Other key needs included translation of legal documents from English into another language, and learning the differences among different service providers (e.g., attorneys, advocates). Key barriers included fear of deportation for themselves or loved ones, fear of legal status being affected, and not knowing what services were available to them.

Taken together, these findings point to the unique issues facing immigrant crime victim populations, and the importance of responding to these needs. To learn more about findings from our needs assessment, please see our report here.

**TSS Group Accomplishments**

*Kerry Gagnon* and *Tejas Srinivas* will soon depart our research group to begin their year-long clinical internship, a required part of training to become a clinical psychologist. *Kerry* will join the Doctoral Psychology Internship Program at Denver Health. *Tejas* will join the VA Boston Healthcare System, Women's Stress Disorders Treatment Team.

In late February, under the leadership of *Tejas Srinivas*, the Denver Asian American Pacific Islander Commission (DAAPIC) held its first-ever listening session with representatives from over 30 community and city agencies, to better understand the needs facing Denver’s AAPI community. To learn more, see DAAPIC's [current newsletter](http://daapic.org/newsletter).

*Naomi Wright* and *Julie Olomi* received Graduate Studies Doctoral Fellowships for Inclusive Engagement from the University of Denver.

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