PCAR
PENNSYLVANIA COALITION AGAINST RAPE

Business Plan
for
Organizational
Cultural Competence

Compiled by the PCAR Internal Diversity Workgroup
with assistance from the National Multicultural Institute
2009

To PCAR contactors:

Sexual violence does not occur in isolation. Through our work to help victims and end sexual violence, we understand that victims and survivors are affected by many forms of oppression, including racism, sexism, classism, heterosexism, ageism, ableism and others. These forms of oppression often compound the effects of sexual victimization, exacerbating the trauma and isolation victims and survivors experience. People of color; people living in poverty; lesbian, gay, bisexual, and transgendered people; elders; people with disabilities and other diverse persons are affected by sexual violence in unique and devastating ways. PCAR believes that the strengths and needs of diverse persons must guide its efforts, from grassroots outreach and services to state and nationwide public policy and systems change. To these ends, PCAR is reaching out to you with the hope that you will join us in fighting the multiple oppressions that victims and survivors face.

Several years ago, PCAR recommitted to addressing diversity internally. We recognize that to survive in a state, country and world in constant demographic influx, we needed to shape our organization to withstand such constant change—presently and for generations to come. We recognize that with such change comes shifts in power, and that this work is as heart wrenching as it is powerful.

The anti-sexual violence movement has began the process of addressing diversity as well, seeking to serve more diverse populations and creating systems change around cultural competence. The Office of Violence Against Women continues to fund and expand grant programs that support work with underserved victims, including women with disabilities, women in later life, tribal women and women and children who live in rural areas. State and local organizations are seeking additional partnerships to ensure that the populations they serve receive services from rape crisis centers. We encourage you to join these efforts.

This business plan has two goals: to help you understand why a commitment to cultural competency is important and to offer ways to implement such a plan at your center. We recognize that our centers have varying locations and situations that will affect this work, but a commitment to cultural competence is essential to anyone who works with victims of violence—either directly or indirectly. The steps PCAR has taken and plan to take are outlined later in this document, and we share them to serve as both an example and a resource.

Sincerely,

Delilah Rumburg
Executive Director

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Pennsylvania Coalition Against Rape Diversity Council Charter, January 3, 2007, prepared by the National Multicultural Institute

Guy, Lydia. "Revisioning the Sexual Violence Curriculum." *Partners in Social Change: A Publication of the Sexual Assault Prevention Resource Center*, Fall 2006, pp. 4-7

Diversity Needs Assessment Briefing, PowerPoint Presentation based on a report by the National Multicultural Institute. April 26, 2006.

National Association of Social Workers Press Author Guidelines, 8-3-A: Press Guidelines for Writing About People, http://www.naswpress.org/authors/guidelines/00-contents.html. Viewed March 5, 2009

Accessible Print Materials: Formulating Guidelines to Accommodate All Audience, developed by the Massachusetts Department of Public Health, Office on Health and Disability, 2007.

Planning Accessible Meetings and Events: Guidelines to Accommodate All Participants, developed by the Massachusetts Department of Public Health, Office on Health and Disability, 2007.

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Glossary of Key Terms

Cultural Competence

A process of learning that leads to an ability to respond effectively to challenges and opportunities posed by the presence of social cultural diversity in a defined social system.

Cox, J. and Beale, R. **Developing Competence to Manage Diversity: Readings, Cases and Activities.** 1997. San Francisco, CA: Berret-Koehler Publishers**.**

Cultural Competence (organizational)

In an organizational context, cultural competence means managing diversity in ways that create a climate in which the potential advantages of diversity for organizational or group performance are maximized, while the potential disadvantages are minimized.

Achugbue, E. National Multicultural Institute Diversity Glossary. 2003. NMCI Publications, Washington, D.C.

Cultural Patterns

The behaviors, values and beliefs exhibited by some members of cultural groups as indicators of their cultural/ethnic/linguistic/gendered identities and affiliations. Cultural patterns differ from stereotypes in that they are not fixed or static across time; nor is there the expectation that all members of a given group will exhibit these behaviors, values and beliefs. While knowledge of cultural patterns may prove useful in relating to others, they should not be relied upon as interpreting behavior.

Achugbue, E. National Multicultural Institute Diversity Glossary. 2003. NMCI Publications, Washington, D.C.

Diversity

Diversity may be defined as the mixture of apparent and invisible psychological, physical and social characteristics, as well as life experience that affect our view and interaction with the world, including but not limited to age, culture, immigration status, economic status, economic class, educational experience, ethnicity, gender, language, learning style, location, mental/physical ability, nationality, political affiliation, race, religion, real or perceived gender identity, sexual orientation and social class.

In other words, diversity can be seen as all of the things that make us similar and different. It is also important to recognize our own perception of diversity and not minimize or demoralize other's personal characteristics and/or life experiences.

PCAR Diversity Council, 2007

Oppression

Oppression may be defined as a severe exercise of power and subjugation that works to privilege one group and disadvantage another.

Achugbue, E. National Multicultural Institute Diversity Glossary. 2003. NMCI Publications, Washington, D.C.

Making the Case: Oppression, Diversity and Sexual Violence

For sexual violence advocates and their allies to bring about lasting social change, they must work to dismantle all forms of oppression. Risk factors for sexual violence are fed by a sexist culture in which women and girls are subjugated, objectified and victimized. While sexism is the form of oppression most visibly connected to sexual violence, racism, classism, heterosexism, ageism, ableism and other forms of oppression all place certain individuals at risk for victimization and perpetration. A society that places value on some human characteristics over others creates a context of oppression in which certain attributes and vulnerabilities are exploited through violence.

Women--people of color, people from cultures/ethnicities that are under-served and under-represented, people living in poverty, people who identify as lesbian, gay, bisexual, and transgender, elders, children, people who abuse drugs and alcohol, and people with disabilities--are affected by sexual violence in distinct and devastating ways. Since no individual is defined by one or more characteristics, each person is affected by both oppression and victimization uniquely. It can be said that each form of oppression depletes a person's power, and increases the risk for victimization. The experiences of diverse populations must inform social change efforts to end sexual violence. Therefore, any social change efforts to end sexual violence also work toward eliminating oppression of all forms.

The rape crisis movement was born out of a collective struggle—a relentless push to break the silence and secrecy of rape and dismantle oppression and injustice in the lives of victims and survivors. While activism has taken many forms across communities and throughout time—from crisis intervention to primary prevention, individual counseling to public policy advocacy and systems change—a common thread unites all of these efforts: a deep and profound understanding that sexual violence occurs within a larger context of oppression.

PCAR holds its network of 52 rape crisis centers to a set of professional and ethical standards[1], that make a strong case for anti-oppression advocacy. They require centers to address sexual violence and the needs of victims and survivors holistically, viewing the individual within a larger social, political and economic environment and acknowledging the impact of multiple oppressions. Anti-oppression and diversity work are not separate from or in addition to core services but rather among the philosophical roots that have fed this movement from its beginning.

Adapted from Poverty and Sexual Violence: Building Prevention and Intervention Responses, PCAR 2007

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[1] PCAR's service standards and code of ethics are available on the Contractor's page of PCAR's web site, www.pcar.org, or by calling 1-800-692-7445, extension 118.

Making the Case: PCAR's Code of Ethics

Sexual violence and social oppression
PCAR's Code of Ethics—which guides the efforts of all Pennsylvania contractors, staff members and volunteers—is grounded in a "fundamental belief that a victim of sexual violence is a victim of social oppression" (PCAR, 2007a). Sexual violence is viewed in relationship to multiple oppressions and disparities, including those based on race, ethnicity, class, gender, sexual orientation, age, and ability/disability. Therefore, to be effective in meeting clients' and communities' needs, advocates and counselors must ultimately examine and address these complex and interlocking oppressions at individual and societal levels.

Promoting the well-being of clients
Advocates' primary responsibility, as articulated in the Code, is "to promote the well-being of clients" (PCAR, 2007a). "Well-being" is ultimately defined and determined by the victim or survivor in an empowerment model. Victims' and survivors' have the right to self-determination—to decide for themselves, with all the information and resources available, what paths to take. Advocates offer support throughout this process. The empowerment model requires advocates to meet clients where they are. The advocate and client share power in a mutual and dynamic partnership. In this partnership, the client is the expert and ultimate authority and, thus, directs the course of services. Therefore, to be effective in promoting the well-being of clients, advocates must work to understand the role of oppression in clients' lives and experiences with sexual violence.

Promoting cultural competency
The Code promotes cultural competency around all forms of social diversity and oppression with respect to race, ethnicity, national origin, color, class, gender, sexual orientation, age, marital status, political belief, religion and mental or physical disability (PCAR, 2007a). The Code holds contractors, staff members, and volunteers to an ethical obligation to challenge the social and political oppression of women and clients and myths and attitudes that are detrimental to victims and survivors (PCAR, 2007a).

Facilitating social and systemic change
The Code articulates a firm commitment to facilitating change in "social, legal, economic, educational, political, and cultural institutions" to promote "non-oppressive, violence-free environments in all segments of community and society" (PCAR, 2007a). Victims of sexual violence encounter many social systems outside of the rape crisis center, including criminal justice, medical, legal, law enforcement, welfare, child welfare, childcare, education, employment, mental health, substance abuse and other systems.

Promoting the general welfare of women in society
The Code holds advocates to an ethical obligation to promote the welfare of women, "including [their] economic and political power" to enable them to "make choices for the betterment of their own life at all levels of the social system" (PCAR, 2007a). There is only so much that can be done in an individual counseling session to promote the welfare of women in society. Individual tools are essential, but it does not end there. Advocates

are ethically obligated to influence larger social structures and forces that impact women's economic and political power. This work involves anti-oppression advocacy in the public policy arena and in community systems and partnerships to expand women's choices and power.

Expanding choice and opportunity for all persons
The Code acknowledges that there are disparities in opportunity and resources for individuals, especially individuals who are disadvantaged and oppressed. The Code challenges sexual assault programs to "expand choice and opportunity for all persons with special regard to groups disadvantaged or oppressed on the basis of race, ethnicity, national origin, color, class, gender, sexual orientation, age, marital status, political belief, religion, and mental or physical disability" (PCAR, 2007a). Sexual assault programs do not operate in isolation but rather are part of a larger push to level the playing field and expand opportunities for all. This requires anti-oppression advocacy at all levels.

Making the Case: PCAR's Service Standards

PCAR's service standards—the basic services all contractors are required to provide— also make a case for anti-oppression and diversity work. They state, "No contractor shall deny an individual service because of age, race, creed, sex, ethnicity, color, national origin, marital status, sexual orientation or preference, physical or mental ability, culture, language ability, class, economic status, education or HIV status" (PCAR, 2007b). Rape crisis centers are required to address all needs of victims/survivors, turning no one away, including individuals affected by racism, sexism, ageism, classism, heterosexism, ethnocentrism, and ableism. However, culturally competent advocacy entails much more than not denying services, leaving a brochure in a community center, or giving someone a bus token to get to your center. The service standards require advocates to provide information and support to victims and survivors and assist them in reducing the stressors in their lives. They are to support clients in negotiating and improving systems and resources and in building coping skills (PCAR, 2007b).

Supporting Research for
Cultural Competence in the Workplace

Diversity and Cultural Competence in the Workforce-

The nation's workforce is increasingly more diverse - *Workforce 2000*, the report from the Hudson Institute (75-95) and its 1997 update *Workforce 2020* (2-6) illustrate the fundamental demographic shifts occurring in the United States and their immense impact on the workforce. Today's and tomorrow's workers will represent a more equally dispersed representation of racial and ethnic background, age, gender, nationality, sexual orientation, language, religion and physical and mental ability. As the workforce becomes increasingly more diverse, there is a greater demand for recognition and a sense of being valued for individuals' diverse cultural and personal values, communication and work styles, and career expectations.

Valuing a diverse workforce yields higher performance – Organizations are increasingly facing economic pressures to focus on intellectual capital. The most innovative and productive organizations also are the most diverse in terms of demographic diversity and diverse ways of thinking. Individuals with different personal experiences and cultural backgrounds bring different points of view, ways of thinking, and understandings of consumer demands. Organizations with diverse teams of individuals are more productive. Diversity brings more and different ways of seeing a problem and thus, faster and more effective ways of identifying solutions.

With the next generation of professionals beginning to join the workforce, diversity, innovation and cultural competence drive individuals' job selection. Organizations that wish to hire the most qualified new employees must demonstrate their commitment to diversity and their cultural savvy.

Research has shown that employees who feel valued and truly like their work environment are more likely to stay with the organization and have a positive impact on customer service and performance (Hubbard, 14). Studies have demonstrated that improving an organization's environment and an employee's satisfaction directly impacted customer satisfaction, retention and loyalty (Hubbard, 14). Therefore, when an organization demonstrates its longstanding commitment to building an inclusive environment where all employees feel their skills and talents are valued, the organization will ultimately benefit from more client satisfaction.

Working effectively in a diverse environment requires cultural competence – Merely working in a culturally diverse workplace does not lead to higher performance and productivity. In fact, if the organization does not provide an inclusive and culturally respectful environment, it could experience lower productivity levels due to employee dissatisfaction, misunderstanding and conflict.

Humans are culturally programmed through the messages they receive from childhood and their personal experiences to view the world through their own personal cultural

lenses. Humans make automatic assumptions about other individuals and groups. When an individual observes another individual's behavior, s(he) interprets that behavior based on her/his own cultural lenses.

Cultural programming guides our behavior. "Our culture teaches us how to interact with one another, solve life's daily problems and, in effect, how to control our world. Therefore, attempting to accurately understand the behaviors and views of work colleagues takes concerted effort because each individual operates with different cultural software." (Hofstede, 15).

The implications of *not* building a diverse and culturally competent organization can be detrimental to an organization's success – When individuals do not feel valued or respected in their workplace, they are less likely to take interest in their individual success at the organization or in the organization's success overall. Individuals will become less productive, less willing to take on extra responsibilities or tasks, less team-oriented, and in more extreme cases, they will leave the organization or possibly file a grievance of discrimination or harassment.

When a highly productive employee leaves an organization, the estimated cost is 1.5 times his/her salary, and these costs do not even take into account the costs associated with a new employee's formal and informal coaching and training just to get them to reach the level of expertise and institutional knowledge of the departed employee (Hubbard, 15).

Diversity and Cultural Competence in Mental Health and Social Service Provision

Recruiting and retaining culturally diverse service providers is imperative for meeting the needs of the changing population – Studies show that the mental health profession has been relatively unsuccessful in recruiting and training multicultural practitioners, and is not projected to change drastically in the near future. Therefore, the majority of practitioners in the United States continue to be primarily white American-born individuals, even though the individuals they serve are becoming increasingly more ethnically diverse.

"The changing ethnic population characteristics (age, birth rates and mortality rates) also will have a profound impact on the need for mental health services and the types of services to be provided to these groups." (Aponte, 104)

Hiring and retaining more diverse employees is essential for providing clients with service providers/clinicians who share a similar cultural background. It also provides more opportunities for strategies to help the organization update and refine its services to meet the diverse needs of populations.

Programs Often Assume Similarities in terms of victims' needs - While there is much effort on the part of victim assistance programs around the country to launch targeted

outreach efforts, to translate materials into a variety of languages, and to recruit a diversity of staff members and volunteers, there is not as much of an attempt to examine the structure of assistance programs and what those structures assume about the nature of victims' needs (Shipler, Anand, Hadi, 4).

Culture and ethnicity play a large role in determining how individuals perceive and seek assistance for mental, physical and/or emotional problems, their understanding of the causes of psychological issues, and their interpretation of and reaction to traumatic experiences and extreme stress (Shipler, Anand, and Hadi, 6).

Diverse ways of defining crime and victimization - Although "crimes" can be identified and defined in terms of the law, cultural experience can lead people to have differing views and definitions of crime. However, assistance providers must be wary of any use of "culture" as a rationale or justification for domestic violence, sexual assault or other types of crime. Too often this defense relies on stereotypes that violence against women, for example, is an integral and accepted element of certain cultures.

Definitions of the victim also can be quite different. Many assistance agencies may focus on providing services to *current* victims, thereby narrowing their definition of "victim." Often assistance programs may not take into account the impact of historical victimization of marginalized groups.

Cultural differences in the grieving and healing process - Culture is central to the process of grieving, expressing pain and fear, and healing. Those who work with victims are often not aware of the variety of paths to healing.

Although the idea of human "healing" spans across virtually all cultures, every society and culture has formed distinct methods and beliefs around restoring physical, mental and emotional health. These systems are not merely folk beliefs or practices, for they are developed by a social group over time and include all of the health knowledge, skills and belief of that cultural group (Sussman, 38). For many cultural groups, traditional healing practitioners are not recognized as legitimate in terms of their ability to provide counseling and therapy for individuals in their community. However, it is becoming more apparent that integrating traditional cultural practices in programs to work with individuals in need of psychological or counseling services (Draguns, Gielen, and Fish, 7).

Individuals with diverse physical and mental abilities face particular challenges when victimized by sexual violence – It is estimated that 83 percent of women with disabilities will be sexually assaulted in their lifetime (Obinna, 6). Victims face additional challenges when reporting the crime because they are more likely to face prejudice and stereotypes. They also may have language or cognitive ability issues that could pose a problem. In the case of deaf victims of sexual violence, they face challenges related to both their physical disability and their culture. They encounter stereotypes about being deaf and being victims of sexual assault. They also may be more resistant to

reporting assault for fear of compromising their anonymity, given the small and close-knit nature of the deaf community (Obinna, 12).

The Importance of Diversity and Cultural Competence in Assisting Diverse Victims of Sexual Violence:

Racial and ethnic minorities are more likely to be victims of sexual crimes - Department of Justice 2005 National Crime Survey Data shows disparities in the populations experiencing the highest levels of sexual crimes.

Sexual Violence Among Specific Social and Cultural Populations -
http://www.ojp.usdoj.gov/nij/topics/crime/violence-against-women/vaw_portfolio.pdf
(This link did not open)

Getting Diverse Populations involved in victim assistance (this publication is a bit old, but the barriers described continue to be a challenge today)
http://www.ojp.usdoj.gov/ovc/publications/infores/minor/welcome.html

Providing culturally and linguistically appropriate services is a federal mandate –
Check out http://www.omhrc.gov/assets/pdf/checked/finalreport.pdf

Culturally Relevant Victim Assistance - For more information on respect for cultural diversity in victim assistance and some case examples, check out Section III: New Directions for Victim Assistance and Allied Professions -
http://www.ojp.usdoj.gov/ovc/new/directions/welcome.html

> Victim assistance programs need to develop program-wide diversity awareness and cross-cultural communication skills prior to conducting outreach to under-served victim populations. With these skills, they will be better able to provide compassionate and much-needed services to all victims of crime. In fact, survey respondents indicated that training in cultural sensitivity, recruiting and maintaining bilingual staff members, and effective outreach programs would enable them to improve service delivery to special victim populations, including members of ethnic groups.

-Taken from Shipler, Anand, and Hadi cultural Considerations in Assisting Victims of Crime: Report on Needs and Promising Practices.

References

Aponte, Joseph "The Role of Culture in the Treatment of Culturally Diverse Populations." *Handbook of Culture, Therapy and Healing.* (ed. Gielsen, Fish, Draguns). Mahwah, NJ: Lawrence Erlbaum Associates, Inc, 2004.

Gardenswartz Lee and Anita Rowe. *Managing Diversity: A Complete Desk Reference and Planning Guide.* Homewood, IL: Business One Irwin, 1993.

Hubbard, Edward E. *The Diversity Scorecard: Evaluating the Impact of Diversity on Organizational Performance.* Burlington, MA: Elsevier Inc, 2004.

Judy, Richard and Carol D'Amico. *Workforce 2020: Work and Workers in the 21st Century.* Indianapolis: Hudson Institute, 1997.

Obinna, J., S. Krueger, C. Osterbaan, J.M. Sadusky, and W. DeVore, *Understanding the Needs of the Victims of Sexual Assault in the Deaf Community,* final report submitted to the National Institute of Justice, Washington, DC: February 2006 (NCJ 212867), available at www.ncjrs.gov/pdffiles1/nij/grants/212867.pdf.

Page, Scott. The Difference: *How the Power of Diversity Creates Better Groups, Firms, Schools, and Societies.* Princeton: Princeton University Press, 2007.
Hofstede, Geert. *Cultures and Organizations, Software of the Mind: Intercultural Cooperation and its Importance for Survival.* New York: McGraw Hill, 2005.

Shipler, Laura, Rohini Anand and Nahela Hadi. *Cultural Considerations in Assisting Victims of Crime: Report on Needs and Promising Practices.* Washington, DC: NMCI Publications, 1998.

Sussman, Linda K. "The Role of Culture in Definitions, Interpretations and Management of Illness. *Handbook of Culture, Therapy and Healing* (ed. Gielsen, Fish, Draguns). Mahwah, NJ: Lawrence Erlbaum Associates, Inc, 2004.

PCAR's Timeline for Addressing Cultural Competency

1970's

Pittsburgh Action Against Rape (PAAR)
and Women Organized Against Rape
(WOAR in Philadelphia) are formed.

The Pennsylvania Coalition Against Rape is founded.

> "It was grassroots, (PCAR) was a volunteer organization. People didn't go out and recruit others that were different than them. Over time, it just became more apparent. We looked all around the room and realized we were all white. There was constant discussion on how do we change this and should we change this."
>
> *Carol Lavery, 1982 Board President*

> "The first time I went to a meeting of the women who were running rape crisis centers, I was struck at how different we all were. Certainly we looked different -- all sizes, shapes and colors -- but we also had a colorful variety of skills and philosophies. It could have been intimidating, but it wasn't. We were drawn to that room to find that we were all bound together against 'this thing' that was happening to women…"
>
> *Joan Martin, Founding Mother, Erie Rape Crisis Center and first Board President*

1980's

PCAR begins to collect data on sexual assault against people with disabilities and conducted three regional trainings on sexual assault prevention and education of this population.

PCAR partnered with then Pennsylvania Protection and Advocacy, a federally-mandated, Governor-designated agency charged with protecting the rights of people who have a disability to form the COVE (Co-Opt Victim Empowerment) Project to cross-train rape crisis centers and state centers serving people with disabilities.

Women of Color Network, the Diversity Committee and Lesbian Caucus are added as part of the PCAR board but with varied success.

> For those who see anti-rape work as part of a social change movement, lesbian visibility was an important part of the work; those who defined the work as providing services to victims felt the visibility of lesbians was a potential threat to the work.
>
> *Judy Griffin, Board president, 1998*

1990's

PCAR elects first board President who is a woman of color.

Board trainings are conducted around racism and diversity.

PCAR develops manuals on the gap between mental health service providers and rape crisis advocates.

PCAR partners with Temple Institute on Disabilities Partner for trainings on making rape crisis services more accessible for people with disabilities.

It's a set-up for us to say 'let's have diversity at the PCAR board table …we can't do it,' said *Ann Emmerling, former member of the Diversity Committee.* 'We had no control over who comes to that table. So, in a sense, let that one go and put the focus into PCAR in other ways of supporting diversity work.'

The Women of Color Network is granted a seat on the Board of Directors and changes to the People of Color Network .

A report finds that 90.6 percent, or 509 out of 562 center staff, is Caucasian.

We would have People of Color Network meetings, but I don't know how meaningful they really were. You never had the same people because the center would send different people all the time. One of the main issues revolved around people of color not having enough authority in the rape crisis centers, and PCAR couldn't control that. The other issue was outreach to various cultures and ethnic groups, and PCAR couldn't control that either. It was up to the centers."

Carole Johnson, chairperson of the Women of Color Network

"Participating in the People of Color Network was a continual struggle. It seemed that if we took a couple steps forward, we were then challenged and we would lose ground. We were basically just trying to survive."

Jacqueline Johnson, former board member and PCAR Director of Administration

2000's

PCAR incorporates a diversity goal into the strategic plan.

The People of Color Network disbands itself, saying staff no longer needed the support of a network within PCAR, although the group maintains a seat on the board.

PCAR develops and hosts the Advanced Diversity and Advanced Diversity Train the Trainer for victim care providers programs across Pennsylvania.

PCAR partners with the National Multicultural Institute to conduct a comprehensive diversity audit and assessment of centers to identify different levels of diversity needs. (see appendix for an overview of findings).

> Staff reported that the following communities were either unserved or underserved by their center
> - People with physical or mental disabilities
> - Immigrant communities
> - Latino communities
> - Elders
> - Lesbian, Gay, Bisexual & Transgendered people
> - Asian communities
> - Non- or limited-English Speaking people

PCAR begins Men Against Sexual Violence.

Disability Rights Network of Pennsylvania (formerly Pennsylvania Protection and Advocacy) reconnected to co-chair the Cross System Advocacy Coalition. Members of the Coalition also include the Pennsylvania Commission on Crime and Delinquency, the Department of Public Welfare, Pennsylvania Coalition Against Domestic Violence, Pennsylvania Mental Health Consumers Association, Temple Institute on Disabilities and several additional state and nonprofit agencies. The goal of the coalition is to be proactive on a state level in addressing trauma in the lives of people with disabilities.

PCAR conducts trainings at all the Pennsylvania mental health hospitals and for each region of the Office of Developmental Programs.

PCAR begins training and/or projects focusing on underserved populations, including people living in poverty or who are homeless, people with substance abuse issues, people who identify as transgender, the LGBT community, victims of trafficking, elder victims of sexual abuse and others.

The Council mission includes the following pursuits:
- an inclusive environment and culture
- diversity at all levels
- the best services for our constituents
- individual responsibility for change, growth and excellence

PCAR creates an Advisory Council to help create a plan to address diversity internally and for our centers. Members included representatives from the Governor's Commission on Asian American Affairs, the Governor's Commission on African American Affairs, Pennsylvania Association of Latino Organizations, Disability Rights Network, center staff including executive directors, Latino outreach coordinators, migrant workers advocates and community and education outreach coordinators, the Pennsylvania Department of Aging, among other local and state organizations.

PCAR's Diversity Council completes a diversity charter and dismantles. Their work and the Strategic Plan lead the work of the Diversity Workgroup, a group of PCAR employees. Through the work of the PCAR Diversity Workgroup, PCAR hosts an all-staff retreat around diversity and hosts numerous staff meeting training on diverse issues.

PCAR partners on grants with the Disability Rights Network, the Pennsylvania Coalition Against Domestic Violence, Temple Institute on Disabilities, the Arc of Pennsylvania and the Pennsylvania Office of Mental Health and Substance Abuse Issues to address sexual violence in the lives of people with disabilities.

Diversity Creates a Unified Voice. We affirm our humanity. We foster an environment that promotes and supports valuing all people, ideas, perspectives, beliefs, cultures and abilities. We foster an environment that recognizes the complexities of diversity and sexual violence. Embracing differences creates opportunities for all.

from the Diversity Goal of the 2006 PCAR Strategic Plan

Embracing Diversity/Commitment to Multiculturalism
We foster an environment that promotes and supports the valuing of all people, cultures and abilities.

From PCAR's Core Values, 2007

Suggestions for Pennsylvania's Sexual Violence Centers

Note: This is by no means a comprehensive list. As mentioned earlier, every center is different—in resources, location, demographics, etc. Please select the suggestions that work with your agency and create new ideas on your own. As always, PCAR is here to help in the process however we can!

Create an internal committee to address diversity.
Committing to addressing diversity takes a lot of time and a lot of work, mainly because it needs to be incorporated into every aspect of your organization. A diversity committee can help split up the work and keep the organization on task.

It is recommended that:
- The committee is an integral part of the entire organization's work and mission.
- The work of the committee is accompanied by all-staff capacity building trainings to encourage organizational cultural competency and buy-in.
- The committee is comprised of a group of interested parties from a variety of departments and levels of management.
- The staff/committee/management/BoD comes up with a strategic plan or list of priority short and long-term goals to lead their work.
- The committee addresses diversity broadly, not for specific issues of populations.
- The work of the committee addresses the internal policies, staff training, outreach efforts and service provision.

Address internal policies and hiring procedures for cultural competency.
- Look beyond traditional means of advertising positions and think about ways to reach diverse populations
- Assess and, if needed, restructure policies (dress code, vacation, holidays, work schedule), recruitment procedures, interviewing process, etc., to meet the needs of all employees and encourage a diverse workforce
- Consider ethnicity, religion, sexual orientation, gender, ability, etc., when reviewing policies

- Ask PCAR for sample policies, assistance in creating/modifying policies, or training on reviewing policies
- When creating programs for targeted populations, ensure that there is an organization effort and commitment to support the project. For example, if you have an outreach program to lesbian women, every employee should be comfortable enough to work with the lesbian women who may then seek counseling services, attend group sessions or call the hotline.
- Be careful not to tokenize and isolate employees for diverse characteristics. For example, many Spanish-speaking advocates have experienced becoming the unofficial translator and advocate for Spanish-speaking callers and clients, even when these responsibilities have nothing to do with their job. If you have an employee who can provide a specific outreach service, make sure those services are written into their job descriptions with the employee's permission.

Schedule regular staff trainings around cultural competency.
- Invite local organizations to present at your staff meetings about the work that they do (local Lesbian, Gay, Bisexual, Transgendered (LGBT) organizations, various churches, health centers, addiction recovery facilities, disability day programs, area agencies on aging etc.)
- Send staff to PCAR's Advanced Diversity training and the Advanced Diversity Train the Trainer program. The programs are held annually in the fall on a rotating basis. Those who attend can then train other staff.
- In PCAR's trainer's toolbox and PCADV's JARS curriculum are materials and exercises around diversity. Utilize these with staff.
- Send staff to trainings on reaching diverse populations. PCAR and PCADV have both made a commitment to providing trainings and technical assistance materials around issues of serving diverse populations. Send staff to those trainings and require them to provide an overview of the training or conduct training on the material.

Provide outreach to underserved victims of sexual violence.
- Look at your county's demographics on the U.S. Census report. Compare the information to your statistics. Identify who is not seeking services.

- Partner with organizations (see the list above) you have not in the past to offer training on sexual violence.
- Attend fair/trainings/open houses at organizations you have not in the past.
- Connect with police, churches, shelters and other social service agencies to stay aware of trends and changes in your community.
- Create an advisory council to advise on how to reach underserved populations.
- Review communication materials to ensure they are written to accommodate a lower literacy level.
- Use PCAR Spanish and other language materials.
- Offer materials in other formats (large print, Braille, electronically).

Be prepared to serve all victims of sexual violence.
- Make sure your building is physically accessible. If it is not, make sure you can serve victims in accessible locations.
- Have interpreter services (preferably present but, if not, via language line or a similar service for foreign languages and American Sign Language interpreters) identified and ensure that all staff is comfortable utilizing these services.
- Add a line item for accommodations into each grand budget you submit to ensure you have the funds to accommodate all people.
- Have staff become familiar with the TTY machine and PA relay service
- Complete regular cultural competency trainings for staff. Make sure all staff that work with clients assess their level of cultural competency and address areas where they might have weaknesses.

Diversity and Oppression
Bibliography of PCAR/NSVRC Resources

CULTURAL COMPETENCY

Gentlewarrior, Sabrina, Anna Martin-Jearld, Alyson Skok, and Katelyn Sweetser. "Culturally Competent Feminist Social Work: Listening to Diverse People." *Affilia.* 23(3): pp. 210-222, 2008.

This article offers recommendations for developing cultural competency in the field of social work. The authors draw upon interviews with forty individuals in or near southeast Massachusetts who belonged to at least one marginalized group (i.e., sex, race, age, sexual orientation, disability status, religion, and/or class). The majority (92%) of respondents experienced discrimination or oppression in their lifetimes and encouraged social workers to develop effective assessment skills, cultural knowledge, and empathy for members of marginalized groups. The authors conclude that feminist social work must incorporate cultural competence into its efforts to meet the needs of diverse clients.

Thobaben, Marshelle. "Culturally Competent Health Care: The National Standards on Culturally and Linguistically Appropriate Services." *Home Health Care Management & Practice.* 15(3): pp. 454-455, 2003.

Thobaben describes the fourteen culturally and linguistically appropriate services (CLAS) standards developed by the U.S. Department of Health and Human Services Office of Minority Health for service providers. The CLAS standards emphasize culturally competent care, language access services, and organizational supports for cultural competence.

Zoucha, Rick. "Understanding the Cultural Self in Promoting Culturally Competent Care in the Community." *Home Health Care Management & Practice*. 14(6): pp. 452-456, 2002.

Zoucha encourages health care professionals to develop cultural competence by exploring the "cultural self,", or the values, ideas and heritage that oneself embraces. In doing so, Zoucha argues that health care professionals can develop awareness of the cultural values they bring to health care practice, as well as those of others. The author emphasizes self-awareness, openness, honesty and authenticity in providing culturally sensitive care to diverse clients.

COMMUNITY ASSESSMENT

Building Community Strength: A Report About Community-Based Organizations
Serving South Asians in the United States. Takoma Park, MD: South Asian American
Leaders of Tomorrow, 2007.
http://www.saalt.org/attachments/1/Building%20Community%20Strength%20Report.pdf
Accessed 10 November 2008.

SAALT embarked on a needs assessment to best identify the scope of services offered by
and infrastructural challenges faced by organizations serving low-to-moderate-income
South Asians living in the United States. This report synthesizes the results while
highlighting successful practices and offering recommendations for stakeholders to better
assist South Asian organizations.

National Standards for Culturally and Linguistically Appropriate Services in Health Care.
Washington, D.C.: U.S. Department of Health and Human Services, Office of Minority
Health, 2001.

As the U.S. population becomes more diverse, it is important that health care
organizations and their staff understand and respond with sensitivity to the needs and
preferences that culturally and linguistically diverse patients/consumers bring to the
health encounter. This report provides standards and guidelines for creating diverse and
multicultural health care facilities.

TOKENISM

Scott, Ellen K. "Beyond Tokenism: The Making of Racially Diverse Feminist
Organizations." *Social Problems*. (52)2: pp. 232-254. 2005.

This article explores why many white-dominated feminist organizations have struggled to
achieve racial diversity. Scott examines successes of battered women's shelters and rape
crisis centers of the early 1990's to uncover reasons why diversity efforts in these
organizations were successful.

Zarate, Laura. The Effects of Tokenism on Women of Color. Topeka, KS: Kansas
Coalition Against Sexual and Domestic Violence, 2001.

Zarate argues that hiring lone women of color in "token" positions is unfair and discriminatory. Zarate offers suggestions for integrating women of color into meaningful positions at domestic violence and sexual assault agencies.

RELIGION

Dopke, Cynthia Okayama. Creating Partnerships with Faith Communities to End Sexual Violence. Olympia, WA: Washington Coalition of Sexual Assault Programs, 2002. http://new.vawnet.org/Assoc_Files_VAWnet/InterfaithTool.pdf. Accessed 10 November 2008.

This guide encourages advocates to partner with faith communities to prevent sexual violence. It is applicable to those who are interested in working within their own faith community, or in building partnerships between community-based organizations and faith communities. Dopke provides an overview of sexual violence, as well as information on prevention, changing cultures of violence and community collaboration.

WOMEN OF COLOR

Hamby, Shery L. Sexual Victimization in Indian Country: Barriers and Resources for Native Women Seeking Help. Harrisburg, PA: VAWnet: The National Online Resource Center on Violence Against Women, 2004. http://new.vawnet.org/category/Main_Doc.php?docid=420. Accessed 7 November 2008.

Hamby provides an overview of sexual violence against Native American women and barriers they may encounter when seeking services. The author lists valuable resources that may serve as assets to Native American sexual assault victims.

Malcoe, Lorraine Halinka and Bonnie M. Duran. 2004. Intimate Partner Violence and Injury in the Lives of Low-Income Native American Women. Washington, D.C.: National Criminal Justice Reference Service. http://www.ncjrs.gov/pdffiles1/nij/199703.pdf. Accessed 7 November 2008.

Malcoe and Duran examine lifetime prevalence rates of intimate partner violence among Native American women in western Oklahoma, using their findings to address

deeper issues of violence against Native women. Malcoe and Duran's findings indicate high levels of physical and sexual violence among respondents: 82.7 percent of women surveyed experienced physical or sexual violence in their lifetime, with 66.6 percent reporting physical violence and 25.1 percent reporting sexual violence by an intimate partner. 88.8 percent of respondents who experienced physical or sexual violence at the hands of an intimate partner were also injured by a partner. The authors conclude that rates of lifetime intimate partner violence demonstrated in this study indicate that some Native American women are at greater risk for physical and sexual violence than women of other groups.

Masaki, Beckie, Mimi Kim, and Christy Chung. 1999. The Multilingual Access Model: A Model for Outreach and Services in Non-English Speaking Communities. San Francisco, CA: Asian Women's Shelter. http://new.vawnet.org/Assoc_Files_VAWnet/NRC_MLAM-full.pdf. Accessed 7 November 2008.

This report documents the innovative efforts of the San Francisco Asian Women's Shelter to integrate bilingual and multilingual volunteers in their work with battered women and their children from diverse Asian and Pacific Islander communities

The Principles of Advocacy: A Guide for Sexual Assault Advocates. 2004. Duluth, MN: Mending the Sacred Hoop Technical Assistance Project. http://www.msh-ta.org/Resources/Sexual%20Assault%20Manual/Sexual%20Assault%20Advocacy%20Guide.pdf. Accessed 7 November 2008.

This guide for advocates focuses on the far-reaching impact of sexual assault against American Indian and Alaskan Native women and the need to develop culturally appropriate strategies and responses.

Sexual Violence in Communities of Color. 2006. Harrisburg, PA: Women of Color Network. http://womenofcolornetwork.org/Fact_Sheets/SVFactSheet.pdf. Accessed 7 November 2008.

This fact sheet highlights specific issues and distinguishing dynamics for women of color, including African American, Asian/Pacific Islander, Hispanic/Latino, and Native American/Alaskan Indian women.

Thurman, Pamela Jumper, Roe Bubar, Barbara Plested, Ruth Edwards, Pamela LeMaster, Erica Bystrom, Mirisa Hardy, DeWayne Tahe, Martha Burnside, and E.R. Oetting. Violence Against Indian Women: Final Revised Report. Washington, D.C.: National Institute of Justice, 2003. http://www.ncjrs.org/pdffiles1/nij/grants/198828.pdf. Accessed 10 November 2008.

This study, implemented by the Tri Ethnic Center for Prevention Research, examines the extent to which Native American communities are aware of violence against women as a pressing community issue, as well as the availability of intervention and prevention programs to victims. The study found that while communities were aware of violence against women and resources existed, obstacles prevented victims from utilizing such resources. Prejudice, inconsistent law enforcement response, prosecution delays, fear of tribal leaders who were themselves abusers, and family concerns between abuser and victim were among barriers that prevented Native American women from reporting incidents or making full use of community resources. Distrust of political and legal systems emerged as a recurring theme in respondents' perceptions. While the study indicated no significant differences existed in communities' readiness to embrace violence prevention, differences did emerge in suggested response strategies. The authors conclude that agencies and service providers must collaborate in ways relevant to their area and situation to have an effective impact on violence against women, and recommend the Community Readiness Model for this end.

West, Carolyn M. with contributions from Jacqueline Johnson. 2006. Sexual Violence in the Lives of African American Women: Risk, Response, and Resilience. Harrisburg, PA: VAWnet: The National Online Resource Center on Violence Against Women. http://new.vawnet.org/Assoc_Files_VAWnet/AR_SVAAWomen.pdf. Accessed 7 November 2008.

West and Johnson provide an insight into the history, characteristics and risk factors of sexual violence for African American women, while encouraging service providers to respond to victims in culturally sensitive ways.

Zarate, Laura. 2008. An Argument Against Non-Human Translations of Sexual Assault Information. Austin, TX: Arte Sana.

This document stresses the importance of multilingual services, particularly Spanish language services, for sexual assault service providers. Zarate points out the drawbacks of using non-human online or electronic translation services and advocates the use of native human translators.

LESBIAN, GAY, BISXEUAL, AND TRANSGENDER (LGBT)

Carpenter, Leonore F. 2006. Lesbian, Gay, Bisexual and Transgender (LGBT) People and Sexual Assault: Civil Legal Remedies and Obstacles in the Employment and Hate Crime Contexts. Philadelphia, PA: The Center for Lesbian and Gay Civil Rights.

This white paper provides an overview on sexual violence against members of the LGBT community, specifically in the form of workplace sexual harassment and sexually violent hate crimes. Carpenter suggests strategies for assisting LGBT victims within current legal frameworks.

Lesbian, Gay, Bisexual, Transgendered (LGBT) Populations and Sexual Assault. Madison, WI: Wisconsin Coalition Against Sexual Assault, 2001. http://www.wcasa.org/docs/lesbigay.pdf. Accessed 7 November 2008

This document features statistics on the prevalence of sexual assault among members of the gay, lesbian, bisexual, and transgender (LGBT) community. The fact sheet dispels common myths about LGBT people and sexual violence and offers resources for assisting LGBT victims.

RURAL

Lewis, Susan H. 2003. Sexual Assault in Rural Communities. Harrisburg, PA: VAWnet: The National Online Resource Center on Violence Against Women. http://new.vawnet.org/Assoc_Files_VAWnet/AR_RuralSA.pdf Accessed 7 November 2008.

Lewis discusses sexual assault in rural areas, exploring various studies on the prevalence of rural sexual assault. Lewis identifies unique barriers to rural reporting and service delivery, and acknowledges ways that service providers and researchers respond to rural sexual assault issues.

Lewis, Susan H. 2003. Unspoken Crimes: Sexual Assault in Rural America. Enola, PA: National Sexual Violence Resource Center. http://www.nsvrc.org/_cms/fileUpload/rural.pdf. Accessed 7 November 2008.

Lewis' booklet looks at sexual assault from a rural perspective and offers strategies for effectively combating rural sexual violence. The booklet discusses the prevalence of sexual assault in rural areas, identifies barriers to reporting, and addresses unique challenges faced by rural advocates and law enforcement.

Logan, T.K., Lucy Evans, Erin Stevenson, and Carol Jordan. 2005. "Barriers to Services for Rural and Urban Survivors of Rape." *Journal of Interpersonal Violence*. 20(5):p. 591-616.

Logan, Evans, Stevenson, and Jordan examine reasons for low utilization of health, mental health, and law enforcement services by rape victims with special attention to barriers that may prevent rape victims from utilizing services. Their study draws on the responses of thirty female rape survivors who participated in six rural and urban focus groups. Rural and urban respondents noted similar barriers to service utilization, including cost, lack of nearby services, and ignorance of and misunderstandings about services. Respondents also noted problems that emerged after calling upon law enforcement and criminal justice providers, including limited police availability when reporting crimes, revictimization by law enforcement and courts, lack of autonomy through the prosecution process, lack of legal efficacy, and fear of perpetrator retaliation. Participants in the study stressed the need for greater community education and professional training on sexual assault, changes in the judicial system's response to rape, and expanded resources for rape victims. The report indicated that responses to sexual violence must take into account the unique cultural and geographic conditions of rural and urban communities.

DISABILITIES

Elman, R. Amy with contributions from Tiffany Lodholz. 2005. Confronting the Sexual Abuse of Women with Disabilities. Harrisburg, PA: VAWnet: The National Online Resource Center on Violence Against Women. http://new.vawnet.org/Assoc_Files_VAWnet/AR_SVDisability.pdf. Accessed 7 November 2008.

Elman and Lodholz summarize research on sexual abuse of women with disabilities. The document explores the origins of current knowledge on the sexual abuse of women with disabilities, as well as the methodological quandaries associated with sexual abuse research. Finally, Elman and Lodholz discuss the efforts of women with disabilities and their allies to counter sexual abuse.

A Guide for Friends, Family and Care Providers of Sexual Violence Survivors Who Have Disabilities. Enola, PA: Pennsylvania Coalition Against Rape. http://pcar.org/resources/disabilities/030206-2275-lo%20res.pdf. Accessed 7 November 2008.

This resource provides information for friends, family and caregivers of those who are disabled and have been a victim of sexual assault. The document discusses the dynamics of sexual violence and includes information about the immediate and long-term effects of sexual assault. Readers also learn about communication with disabled victims and risk reduction strategies.

Nosek, Margaret A. and Carol A. Howland. 1998. Abuse and Women with Disabilities. Harrisburg, PA: VAWnet: The National Online Resource Center on Violence Against Women. http://new.vawnet.org/category/Main_Doc.php?docid=369. Accessed 7 November 2008.

Nosek and Howland look at the prevalence of abuse against women with disabilities and offer intervention strategies to service providers. In addition, Nosek and Howland discuss the dearth of research on abuse against women with disabilities.

Obinna, Jennifer, Sarah Krueger, Constance Osterbaan, Jane Sadusky, & Wendy DeVore. 2005. Understanding the Needs of the Victims of Sexual Assault in the Deaf Community Minneapolis, MN: Council on Crime and Justice. http://www.ncjrs.gov/pdffiles1/nij/grants/212867.pdf. Accessed 7 November 2008.

This study looks at the needs and perceptions of Deaf sexual assault victims, as well as barriers to services that exist for the Deaf community. The authors explore promising practices related to serving the Deaf community, offering recommendations for improved responses to this unique population.

POVERTY AND HOMELESSNESS

Goodman, Lisa A., Katya Fels, and Catherine Glenn with contributions from Judy Benitez. No Safe Place: Sexual Assault in the Lives of Homeless Women. Harrisburg,

PA: VAWnet, The National Online Resource Center on Violence Against Women, 2006. http://new.vawnet.org/Assoc_Files_VAWnet/AR_SAHomelessness.pdf. Accessed 7 November 2008.

This resource provides insight on the sexual violence experienced by homeless women. The authors discuss the prevalence and impact of sexual violence against homeless women, as well as barriers to service and difficulties unique to this population. The authors also explore the relationship between sexual assault of homeless women and prior victimization, risk factors for sexual assault, and suggestions for service providers.

Greco, Donna and Sarah Dawgert. Poverty and Sexual Violence: Building Prevention and Intervention Responses. Enola, PA: Pennsylvania Coalition Against Rape, 2007. http://www.pcar.org/resources/poverty.pdf Accessed 7 November 2008.

This report discusses the correlation between poverty and sexual violence, emphasizing the need to incorporate economic advocacy into anti-sexual violence efforts. Greco and Dawgert explore the complex relationship between sexual violence and poverty as it plays out in homelessness, health care, employment and mental health. The report offers recommendations for developing effective outreach, public policy, direct services and prevention efforts that address poverty and sexual violence.

Wenzel, Suzanne L., Paul Koegel, and Lillian Gelberg. "Antecedents of Physical and Sexual Victimization Among Homeless Women: A Comparison to Homeless Men." *American Journal of Community Psychology*. 28(3): pp. 367-390, 2000.

Homelessness and other co-occurring problems place homeless men and women at risk for physical and sexual violence. This study demonstrates that mental disorders, substance abuse, and economic survival strategies predict violent victimization among homeless people of both sexes. Wenzel, Koegel and Gelberg argue that treatment for mental health and substance abuse, alternative economic survival strategies, and housing assistance reduce the risk of violent victimization among the homeless.

ELDERS

Burgess, Ann W., Elizabeth B. Dowdell, and Kathleen Brown. "The Elderly Rape Victim: Stereotypes, Perpetrators, and Implications for Practice." *Journal of Emergency Nursing*. 26: pp. 516-518, 2000.

This article sheds light on the unique vulnerabilities of the elderly to sexual violence, as well as the damaging stereotypes that surround elder rape. The authors discuss types of perpetrators (including gerophiles) and the need to provide safe environments for elders. Finally, the article discusses implications for forensic practice, including suggestions for forensic interviewing, documentation, and treatment of elderly victims.

Quinn, Kathleen. Older Women: Hidden Sexual Abuse Victims. Springfield, IL: Illinois Coalition Against Sexual Assault, 1994.
http://danenet.wicip.org/dcccrsa/saissues/elder.html. Accessed 7 November 2008.

This article defines elder abuse and discusses the prevalence of sexual abuse against older women. Quinn summarizes research findings on elder sexual abuse in institutional and family home settings. Finally, she describes offenders, types of abuse and characteristics of older women that can make them especially vulnerable.

LITERACY

Reaching Individuals Along All Literacy Levels. Enola, PA: Pennsylvania Coalition Against Rape, 2006.
http://www.pcar.org/resources/bulletins/LiteracySummer2006TAB.pdf. Accessed 7 November 2008.

This document provides information on how service providers can create material and provide better services for victim/survivors taking into account literacy levels. It discusses barriers to service encountered by people with low literacy skills, as well as strategies for making services and materials more accessible.

OTHER MARGINALIZED COMMUNITIES

Gilfus, Mary E. Women's Experiences of Abuse as a Risk Factor for Incarceration. Harrisburg, PA: VAWnet: The National Online Resource Center on Violence Against Women, 2002. http://new.vawnet.org/Assoc_Files_VAWnet/AR_Incarceration.pdf. Accessed 7 November 2008.

This paper examines the intersections of violence that are forcing abused girls and women into the criminal justice system not as victims, but as offenders. Gilfus identifies prior victimization as a risk factor for incarceration and discusses ways that girls and women are criminalized when trying to escape abuse. Gilfus concludes with recommendations for service providers who serve incarcerated and at-risk women.

Hilsenrod, Wende and Eileen Kelley. Working with addicted survivors of sexual assault / Wende Hilsenrod and Eileen Kelley. Austin, TX: Texas Association Against Sexual Assault. http://www.taasa.org/member/pdfs/wassa_manual.pdf. Accessed 7 November 2008.

This document explores the interwoven dynamics of sexual violence and substance abuse, addressing links between sexual abuse and other traumas, as well as the neurobiology of trauma. TAASA discusses treatment models and the recovery process for sexual assault/substance abuse survivors of various backgrounds.

Zweig, Janine M., Kathryn A. Schlichter, and Martha R. Burt. 2002. "Assisting Women Victims of Violence Who Experience Multiple Barriers to Services." *Violence Against Women.* 8(2): p. 162-180.

Zweig, Schlichter, and Burt explore the extent to which domestic violence and sexual assault programs tailor services to women with multiple barriers, such as substance abuse problems, mental health issues, cognitive impairment, incarceration and involvement in prostitution. Acknowledging the scarcity of programs geared toward multi-barrier victims, the authors study twelve domestic and sexual violence programs that provide services to multi-barrier women. Common service obstacles cited by program staff include victims' lack of access to transportation, employment, housing and education, as well as lack of income and the tendency of service providers to question victim credibility when barriers are present. Program staff also point out the lack of victim services that address multiple barriers simultaneously, batterers' exploitation of women's problems as abuse strategies, and service providers' lack of knowledge about special problems confronting victims. Victim services have responded to the needs of multi-barrier women with advocacy, treatment, support groups, outreach to vulnerable communities, staff training, and collaboration with other service providers (i.e., law enforcement, prosecutors). The authors conclude that more domestic violence and sexual assault services must address multiple barriers to service through innovative and collaborative approaches.

Appendix