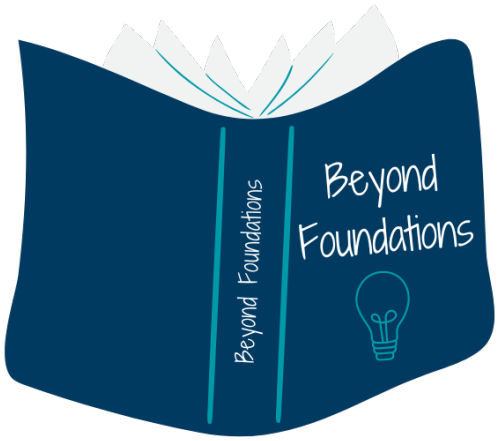


# Populations & Identities

## Supporting the Whole Survivor

Survivors are whole, complete, and complex individuals. Each survivor has a wealth of experience and background that will influence their approach to healing after experiencing sexual violence. Culture and identity will have a great influence and impact on an individual's personal healing process.

The 40-hour Foundations of Advocacy curriculum was designed to give you the skills and perspective to support and affirm all survivors. This chapter is designed to dig into some of the considerations, realities, and appropriate support available for survivors based on their cultural and/or population specific lived experiences.

## Adolescents

Adolescence is a time of forming one's identity, developing a sense of independence, and exploring sexuality. Because adolescents are just beginning to learn about relationships, they may not have experience setting boundaries with others, leaving them more vulnerable to exploitation. Adolescents may not recognize sexual violence due to confusion between sexual violence and consensual sex. In addition, it can be difficult for concerned others to recognize that sexual violence has occurred because adolescents are in a time of change, and behavioral changes that result specifically from an experience of sexual violence may not stand out. Young survivors may not be sure how to talk about the problem or even what language to use.

Later sexual experiences may be tainted with a feeling of violation. One young survivor explains:

> **"I was so ashamed about all of this that sometimes I wanted to hide out, or be invisible maybe. I figured people could tell that I'd had all those sexual [abuse] experiences for all those years just by looking at me. I felt ruined."**
>
> - J.C. Angelica

### Age of Consent

Maine laws governing criminal sexual acts involving individuals who are minors (under 18 years of age) are complicated. Certain individuals, because of their age are not legally able to engage in certain sexual acts. This is true even if the sexual acts do not occur by force, compulsion, or when an individual is intoxicated or unconscious.

Some states refer to such criminal sexual acts as "statutory rape," but Maine law does not use this term. Maine instead refers to any such criminal sexual acts as being governed by "age of consent" laws.

Age of consent laws in Maine (Maine Revised Statutes, Title 17, Chapters 11 and 12) specifically address several types of sexual acts and what behaviors constitute crimes, including but not limited to:

- Between an adult and a minor, including physical sexual acts as well as displaying sexually explicit materials to a minor, exposing oneself to a minor, and voyeurism involving a minor.
- Between a teacher, employee, or official and a minor in a school, facility, or institution where minors are enrolled.
- Between parents, stepparents, foster parents, guardians, or others responsible for the minor, and a minor.
- Photographing minors during sexually explicit conduct.
- Computer solicitation of a minor to commit sexual acts.

Maine's laws related to sexual violence are quite complex. While some sections are easy to read, there are often other sections of law that further complicate their meaning. An advocate should never try to determine whether a particular fact pattern is a crime or not. Advocates should work with local district attorneys. Some district attorneys are willing to talk through hypothetical fact patterns without involving the survivor.

### Impacts

Adolescents may use language to describe the violence that the advocate is not familiar with. Adolescents may call because they want to talk, but may not actively engage in a conversation. They may also have a shorter attention span and switch from topic to topic.

Adolescent survivors can experience similar feelings as survivors of any age, but may show them in unique ways, including:

- Trouble at school.
- Desire to change schools.
- Problems with attendance.
- Get behind with homework.
- Fight with classmates.
- Withdraw from social activities.
- Keep to themselves.
- Keep away from friends and family.
- Show an increased interest in sexual activity.
- Demonstrate higher risk behaviors.
- Have the belief that they are invincible.

(Harner, 2003)

It is important to note that for many adolescents, their peer support and social networks may take precedence over their family or professional support services. Most young people spend all day with peers in educational settings, and then work or spend time socializing directly or via online friendships with peers after school hours. Having noted that most teens are victimized by someone they know, special challenges arise when working with adolescent survivors to plan for safety. They may be in school with the offender, or with friends or family members of the offender.

### Physical Concerns

As with all callers who have recently been victimized, it is important for the advocate to talk with an adolescent survivor about the benefits of seeking medical attention. If left unchecked, the survivor could have long term health problems. Provide the option to the caller to go to a healthcare facility to seek medical attention, and keep in mind that an adolescent may be more comfortable going to a clinic that offers free and confidential services. Keep in mind that for some STIs, like chlamydia, adolescent girls may have higher risk of infection because of increased cervical ectopy (columnar cells, usually found within the cervical canal, on the outer surface of the cervix (CDC, 2017).

As with other callers, an adolescent caller may not have access to transportation. It is important to explore what options are available, and the privacy outcome associated with each. There may be a person whom they trust who will be able to help them get to the hospital. Involving law enforcement or emergency medical technicians will result in reports and/or billing issues, and the caller's parent/guardian may become aware of the sexual violence.

If the adolescent has insurance through their parents/guardians, the advocate can explain that the actual forensic examination will not be billed to that insurance. However, additional medical treatment would be billed to the parents/guardians' insurance. Advocates can never guarantee that a survivor will not receive a bill from the hospital.

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Maine Revised Statutes, Title 17, Chapters 11 & 12.

## Older Adults

This section uses the term "older adults" to describe a group of survivors who might also be called elders or seniors. Society and particular systems such as healthcare or social services define this population differently, depending on age, generation, ethnic background, and physical and mental ability.

While the aging process may present some challenges, and there is a wide variation in its effects, increasing numbers of older adults retain their strength and health and lead active lives. It is important not to make any assumptions about the abilities or lives of older adults.

Some of the historically limited attention paid to sexual violence against older adults can be attributed to a general lack of consideration of older individuals' sexuality. Several life factors affect an older individual's definition of sexuality and sexual activity, including not only their own knowledge about sexuality, sexual values and attitudes, but also those of their generation and their current environment. Older adults may have been raised in a time where sex and sexuality were not openly discussed. Sexual identity and orientation may have been even less safe to express (Hillman, 2000).

Furthermore, one study found that 21% of older LGBTQ adults are not out to their physicians, which could have multiple implications for survivors (Fredriksen-Goldsen, et. al., 2011). Significant others may not be recognized by family members or institutions if they are not the person's spouse. Loved ones may be separated if one requires medical and/or residential care. Some facilities do not provide for those in their care to express their sexuality. A 66-year old female participant in the Aging with Pride: National Health, Aging, and Sexuality/ Gender Study shared: "Isolation, finding friend support, caregiving and health are the biggest issues older gay persons face. Who will be there for us, who will help care for us without judgment?" (Ibid, 2011)

Older adults are more apt to live alone or may have an illness or physical impairment which may make them more vulnerable to physical violence or abuse. It is important to note that transgender older adults have significantly lower levels of social support than cisgender older adults across sociodemographic categories (Ibid, 2011).

Older adults may also experience health concerns including diminished eyesight or hearing, or mobility challenges which prevent them from noticing and reacting as quickly to potential danger. People who need assistance with Activities of Daily Living (ADLs), including meal preparation and aiding with bathing and grooming, for example, may be living at functional levels that make them more vulnerable to sexual harm.

It is also important to note that many older adults are survivors of child sexual abuse or have experienced sexual violence earlier in their lives (Barrett-Connor & Stein, 2000). Sometimes, as people age, the trauma they experienced earlier in their life will resurface in a variety of ways that are not easily expressed. In a study looking at the impact of trauma it was noted that, "unresolved childhood sexual abuse in elderly women survivors is characterized by chronic depression, revictimization, and [the] misdiagnosis of residual abuse trauma as dementia or mental illness" (Springer et al, 2003). The authors of an extensive literature review note,

> Because of unique issues in older adults, such as a lack of normative language to accurately convey their experience, comorbid or complicating medical conditions, and reluctance in reporting, [healthcare] providers may consider a more thorough and ongoing discussion about clients' trauma histories" (Cook, et al., 2011).

### Family, Economic, & Living Situations

Older adults may have a variety of living situations, depending on their economic or family status. They may live alone, or depend on occasional or live-in caregivers – family members, acquaintances, or professionals – for their physical, financial, and daily needs.

A recent study on elder abuse against persons age 60 and older living in the community found that one in 10 experienced emotional, physical, sexual, and financial abuse or neglect (Acierno et al., 2010). Sexual abuse was the least commonly reported type of violence at 0.6%; of those who were experienced it, only 15.5% reported to police (Ibid). More research is needed, though some studies suggest that sexual abuse is most often perpetrated by partner/spouses (40%) and acquaintances (40%) (Jackson, 2016).

When considering care facilities (such as nursing homes, group homes, psychiatric facilities, and assisted-living facilities), one study found that people perpetrating sexual violence were most likely to be employees responsible for the older adult's care (at 43%) and other residents (at 41%), and the vast majority were men (Ramsey-Klawsnik, et. al., 2008).

In all situations, and particularly when discussing older adults who may be sexually abused by family members or caregivers, it is important to keep in mind that sexual

violence can involve many different types of abusive behaviors. Hands-on offenses, hands-off offenses, and harmful genital practices are terms used to describe abusive behaviors especially relevant when working with older adult survivors.

### Impacts

Because sexual violence against older adults often takes place in the context of intimate partner violence, increased physical injuries as a result of the violence may be more likely, as are variety of health concerns, such as cardiovascular, gastrointestinal, or immune system issues (Black et al., 2011).

### Emotional Impacts

Older adults may have feelings of vulnerability and may have increasing thoughts about mortality. They may also be more likely to have daily concerns regarding living conditions, medical care, and medications. These things, along with some of the concerns addressed below, can heighten the emotional impacts of experiencing sexual violence.

### Previous Experiences of Sexual Violence

Older adults may have never identified previous experiences as sexually violent or abusive. They may have a new understanding of previous experiences in their lives. When services are offered following a recent act of sexual violence, a survivor may learn that earlier experiences are considered abusive and possibly criminal. Even when a survivor knows this, they still may choose not to view it as a crime, because their value in seeing it another way may be more important to their emotional well-being.

### Considerations

Older adults may have been raised in a time when sexual violence had even more negative consequences for survivors than it does now. Older adults may have been raised in a place and time when sexual violence and child sexual abuse were not openly discussed and were considered absolutely private. Therefore, to have such a discussion may not be just embarrassing or uncomfortable, but may not be possible.

As individuals reflect back on their life and experiences, unresolved trauma may resurface unexpectedly, and in ways that may seem unclear to older adults themselves and to friends, family members, and caregivers. For example, when an older adult receives personal care, such as being helped to bathe or undress, they may react strongly. In addition, they may have not known about or lived in a location where organized sexual violence support services were available.

### Unaware of Risk

Those older adults not experiencing sexual violence until later in their life may have never considered the possibility of being victimized. This may be in part because of the myth that they had reached an age where the threat of sexual violence was something they had outgrown.

### Lack of Support

Like many survivors, older survivors may feel embarrassed about experiencing sexual violence and may be reluctant to tell family and friends. They may also have fewer peers and family members to rely on for their emotional or physical needs. If individuals experienced sexual violence earlier in their life, they may have built up a support system to assist them in their healing process.

As the individual ages, so does their supportive network. Organizations within that supportive network may not exist anymore, and people whom the older adult relied on may have moved away or may no longer be living. Older adults may withdraw from friends and family and may not have the community support they once had. Other supports or coping skills that helped before may not help now.

### Coded Disclosures

Older adults, like some other survivors, may talk about experiencing sexual violence in vague terms or in less obvious ways referred to as coded disclosures. Older adults may not have the words or may be choosing not to describe bluntly what is happening to them.

Coded disclosures may not be verbal; older adults might use behavioral and/or physical indicators to explain what has happened to them. Advocates are encouraged to use active listening and to ask respectful, clarifying questions when appropriate.

### Mandated Reporting

Advocates are mandated reporters by law, and this includes the population of older adult survivors who are “incapacitated” or “dependent.” It is critical to remember that most older adults do not meet the legal definitions of “incapacitated” or “dependent.” As with other survivors, being able to make decisions about what happens next is critical to older adults’ healing. In every case of mandated reporting, the advocate must refer to the center’s mandated reporting policies and procedures, and speak with a supervisor.

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## Survivors with Disabilities

Individuals with disabilities may have an "invisible," or unnoticeable, disability, or one or more visible disabilities. Likewise, there are many different types of developmental and physical disabilities. As with any survivor, it is important for advocates not to make assumptions about an individual with a disability.

Individuals with disabilities are at significant risk for experiencing sexual violence: Sexual violence victimization prevalence rates for people with intellectual or developmental disabilities (IDD) is estimated to be as high as 65-98% over the course of a lifetime (Elman, 2005; Valenti-Hein & Schwartz, 1995).

A 2013 brief by Vera Institute of Justice indicates children with disabilities are at greater risk for SV than those without disabilities and "children with intellectual and mental health disabilities appear to be most at risk, with 4.6 times the risk of sexual abuse as their peers without disabilities" (Smith & Harrell, 2013, p. 4).

### Language Considerations

Different systems and people use different language to describe disabilities. For instance, some people use "developmental disability" to describe people who have autism spectrum disorders or cerebral palsy, while others use "intellectual disability" to describe the same range of disabilities. As advocates we always mirror and respect the language survivors use to describe themselves.

Language is limited, and communities are neither static or homogeneous; not all individuals would use this language to describe themselves or their experience. We use the following definitions to address potential barriers to accessing information and services and connect with advocates and experts in the field:

Some people prefer the person-first language of "people with disabilities;" others prefer to consider themselves "person with autism." That said, there are many people want community-first language as in, "I am autistic."

When a person with a disability experiences sexual violence, it may compound existing problems caused by a lack of access or barriers to basic social services, poverty, institutionalization, and other barriers.

Physical barriers, such as stairs or other environmental considerations at service locations are one of the primary challenges to accessing care. Non-physical barriers may also exist, such as the misperceptions people have about persons with disabilities and people's attitudes towards people with disabilities.

Additional challenges may present themselves when attempting safety planning for children with disabilities or others who have extensive support systems in place around their disability. For instance, people may have external support systems already in place and may live in a home that maximizes independence, so safety plans might disrupt the individual's support system.

### Types of Disabilities

*Physical Disability*

A physical disability may include challenges with physical and motor tasks, independent movement, or the performance of basic life functions. The disability may affect an individual's ability to perform certain physical functions connected with daily life and work.

*Mobility Disability*

This is a permanent, physical condition where a person does not have full use of one or more limbs, the trunk, or neck of the body. Some individuals will use a wheelchair, crutches, or braces for mobility. A lack of mobility may increase a sense of vulnerability to future sexual violence.

*Sensory Disability*

Someone who has a hearing disability may retain partial hearing or be completely D/deaf. There may be specific challenges with communication when working with a survivor who is D/deaf or hard of hearing. It is important for advocates to avoid making assumptions about how D/deaf or hard of hearing survivors communicate. Instead, advocates can clarify how they communicate – sign language, lip reading, writing, or speech – and offer adaptive communication resources.

*Sight*

Someone with a visual disability may be either partially sighted or completely blind. Sexual violence may cause an individual who has a visual disability to feel disoriented even in surroundings familiar to them. It is important for advocates to remember that, while a survivor who has a visual disability or is legally blind may not be able to recall an act of sexual violence visually, they may have extensive recollection through use of their other senses.

*Speech*
Someone with a speech disability may have the ability to produce speech sounds that range from mild distortions, to an unusual speech rhythm or repetitions of sounds, to a unique pitch or vocal quality.

**Developmental & Intellectual Disabilities**
A developmental disability may stop, or slow, a person's ability to move through the normal developmental stages. People who have some level of an intellectual disability are at the highest risk of abuse (Sobsey & Doe, 1991).

Developmental disabilities are severe, chronic disabilities that can be cognitive or physical or both. The disabilities appear before the age of 22 and are likely to be lifelong. It is an umbrella term that includes intellectual disabilities.

Intellectual disability is a disability characterized by significant limitations both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behavior, which covers a range of everyday social and practical skills. This disability originates before the age of 22 (American Association on Intellectual and Developmental Disabilities).

Individuals with more severe disabilities may have greater limitations in terms of mental capacities and may require more assistance. Developmental disabilities may impact an individual's ability to understand and express language, impact learning and self-direction, or affect individuals' ability to care for themselves. One's capacity for independent living and self-sufficiency may or may not be affected.

**Specific Considerations & Impacts**
People with developmental disabilities may be extremely trusting of others and it may be easier to trick, bribe, or coerce them. Many people with intellectual and other disabilities (i.e., speech disability) may be unable to verbally articulate when sexual or other types of violence have occurred.

People who are deaf or hard of hearing may have difficulty reporting because of barriers with communication, including lack of interpreters or other assistive devices, such as telecommunication devices for the deaf (TDD).

If individuals with disabilities choose to report sexual violence, they are sometimes considered unreliable witnesses because of their disabilities. For example, a survivor with a visual disability who identifies the offender may be doubted, even though they may be able to identify them using other senses.

People with disabilities are often belittled and stereotyped as non-sexual beings, and therefore may not be taken seriously if they report sexual violence. Additionally, a survivor with a disability may fear disbelief and may therefore choose not to report at all.

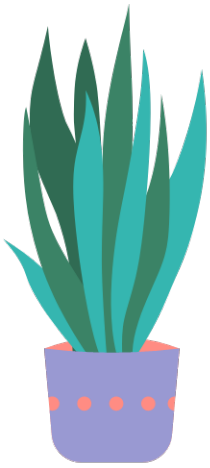
*Socialization*
Many people are raised and socialized differently because of their disability. Often, parents or care providers do not provide the opportunity for individuals to learn about their bodies. They may never have been provided with appropriate education addressing healthy relationships and sexuality, and may have limited social learning opportunities because of institutionalism or isolation within their home.

Individuals with disabilities may be taught to be obedient to requests from caregivers and authority figures, and because the individual may rely upon these people for assistance in daily functions and self-care, boundaries may be unclear.

*Lack of Understanding*
People with developmental disabilities may not be aware that what has happened to them is abusive, unusual, or illegal. Therefore, they may never tell anyone about such incidents. The confusion about an incident of sexual violence may increase if the survivor experienced sexual reactions during the act. They may also lack the vocabulary to explain what has happened.

*Fear*
People committing sexual violence against people with disabilities are often caregivers, therefore a survivor may fear being punished by their caregiver for speaking out. A survivor may also fear a loss of services if they report the caregiver, or worry that a new caregiver might do something even worse. It is the role of the advocate to explore those fears and make a safety plan with the survivor.

*Lack of Support System*
People with disabilities may be isolated and not have a strong support network of family and friends to seek help from. Additionally, counselors and/or therapists may not be trained in the concerns specific to survivors with disabilities. Therefore, it is important that advocates be aware of resources and support systems within disabilities services providers.



When given consent to work with concerned others or caregivers who support the person with the disability, advocates can support them and provide them with information. Although the social service systems do not always respond well to these concerns, most individuals do have some other people in their lives who can be made aware of the issue and impact, and how to offer a helpful response to survivors with disabilities.

### Who is Most Likely to Offend

As is the case for people without disabilities who experience sexual violence, those most likely to offend are those who are known by the survivor, such as family members, acquaintances, residential care staff, transportation providers, and personal care attendants. Research suggests that 97-99% of offenders are known and trusted by the person who has developmental disabilities (Baladerian, 1991). The role of intimate partner violence cannot be ignored in this population: women with a disability are more likely to report rape, physical/ sexual violence, stalking, psychological aggression, and control of reproductive health by an intimate partner, and men with a disability are more likely to report stalking and psychological aggression by a partner (Basile, et. al., 2016).

Individuals with disabilities may depend on others to meet some of their basic needs. Care providers may be involved in the most intimate and personal parts of the individual's life including:

- Assistance with bathing
- Toileting
- Changing clothes
- Other hygiene-related tasks

These activities can increase the opportunity for sexually violent acts. It is important to keep in mind that sexual violence can involve many different types of abusive behaviors, such as exposure to pornography, the use of inappropriate sexual remarks/language, not respecting the privacy of an individual, fondling, exhibitionism, and sexual assault. The Older Adults section of this manual includes additional explanation of offenses related to the vulnerability of those who need assistance with activities of daily living.

### Mandated Reporting

Advocates are mandated reporters by law, and this includes the population of adults with disabilities who are " incapacitated" or "dependent." Similar to older adults, most individuals with disabilities do not meet the definition of "incapacitated" or "dependent." Great care should be taken to respect these individuals' autonomy and choices.

### Working with Survivors Under Guardianship

Guardianship is the result of a formal judicial process (in Probate Court), which gives an individual's decision-making authority to someone else. It begins when a person (or the state, through the Department of Health and Human Services) files a petition for guardianship. After a hearing, the judge will issue an order establishing that guardianship is not needed, a Full Guardianship is needed, or a Limited Guardianship is needed for the individual.

Full Guardianship has been described as "civil death" by disability rights advocates because an individual under guardianship is stripped of legal capacity and fundamental civil rights such as the ability to make choices about where to live, marriage, healthcare, and finances.

#### *Levels of Guardianship*

There are two levels of guardianship: Plenary (Full) or Limited. Limited Guardianship only gives decision making rights to the guardian over specific areas (e.g. financial, medical, housing). The type of guardianship and the scope (if Limited) should be listed on their Guardianship Order, which is public record and can be found at maineprobate.net. Some important points to consider:

- There are no informal guardianships.
- No level of guardianship can remove the individual's right to vote unless specifically stated.

- Access to medical services is an "enumerated right" which means guardians generally cannot prevent individuals who receive state developmental services from seeking medical services.
- Plenary Guardianships are more common than Limited Guardianships.
- All individuals under guardianship have the right to contact Disability Rights Maine independently to seek advocacy.

*Determining Scope of Guardianship*

Most guardianship records are public and can be found on maineprobate.net.

Guardians cannot authorize a provider to violate an individual's rights and therefore deny an individual's access to sexual assault services. For example, staff in a group home cannot decide on behalf of the guardian to prohibit the individual from going to the police station, making phone calls, or receiving advocacy services. This would be a violation of the rights of the individual.

Some people have behavioral plans that might restrict their permission to engage in certain activities, including telephone calls. Enforcement of these plans can be carried out by staff in a group home, but only once approved by a Regional Review Committee. There are no informal behavior management plans. By statute, a behavioral support plan can NEVER restrict an individual's access to their guardian, crisis services, or advocacy from Disability Rights Maine.

If there are concerns that an individual is prevented from contacting the police, hospital, or sexual violence advocacy, regardless of the reason, consider connecting them to Disability Rights Maine.

*If You Suspect A Violation of Rights*

In collaboration with the survivor (as we do with all mandated reporting), call APS to make a report. This will likely trigger an investigation.

Call Disability Rights Maine at 207-626-2774 with the client to speak to a Developmental Services Advocate. DRM has Developmental Services Advocates in offices throughout the state.

If you are not sure a rights violation has occurred, call DRM with de-identified information to get general information.

All individuals who receive Developmental Services are required to have case managers who are separate from guardians and home providers. Ask the individual if their case manager would be a good ally.

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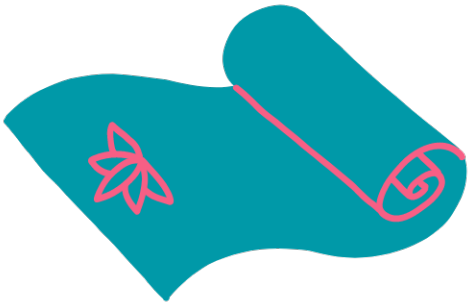
# LGBTQAI2+ Survivors

LGBTQAI2+: stands for Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, and 2 Spirit. The '+' is to acknowledge that language is limited, and the complex and beautiful genders and sexualities people have cannot be captured in one acronym. We live in a culture that stigmatizes and systemically oppresses non-cis-gendered and/or non-straight people, and the LGBTQAI2+ category seeks to define and affirm those people. This section will discuss definitions relating to LGBTQAI2+ terms and includes information about ways that sexual violence may impact persons who identify as LGBTQAI2+.

**General Definitions & Language Recommendations**

The following are terms and concepts that will be relevant to our training in 2022. The definitions are grouped categorically. This list represents terms that are representative of US dominant culture and our contemporary moment. These terms are subject to change and reinterpretation. This is not an exhaustive list and does include many of the most common terms used when discussing gender and sexuality. Please take advantage of the internet resource at your disposal to conduct your own research.



*Gender Identity*

*Gender Identity* is how people think of themselves. Gender identity is a psychological quality; unlike anatomical sex, it isn't observed or measured, only reported by the individual. Like anatomical sex, it consists of more than two binary categories (male and female), and there's space for those who identify as neither (gender non-conforming), both (two-spirit), or genderqueer. We lack language for non-binary identities, because cultural norms dictate that everyone identify unequivocally with either female or male.

*Cisgender* is a term to describe people who internally identify with both the sex and gender they were assigned at birth. The prefix "cis" simply means "on the same side," and is the opposite of "trans," which means "across." Cisgender is the opposite of transgender.

*Gender Nonconforming (GNC)* is a descriptive term and/or identity of a person who has a gender identity and/or expression that does not conform to the traditional expectations of the gender they were assigned at birth.

*Nonbinary (NB)/Agender* refers to people who do not internally identify with either end of the gender binary. People who identify as "gender variant" may also identify as "transgender." Gender variance denotes a person whose behavior or appearance doesn't conform to cultural and social expectations about gender.

*Transgender* is used most often as an umbrella term. The term transgender is not indicative of gender expression, sexual orientation, hormonal makeup, physical anatomy, or how one is perceived in daily life. Some commonly held definitions are as follows:

- Someone whose gender identity or expression does not fit within dominant-group social constructs of assigned sex and gender.
- Gender outside of the man/woman binary.
- Having no gender or multiple genders.

*Sexual Orientation & Expression*

*Sexual Orientation* indicates who we are romantically, erotically and/or emotionally attracted to. Sexual orientation is separate aspect of our identity from gender identity and expression.

*Asexual* is a sexual orientation characterized by a persistent lack of sexual attraction toward any gender. Like being homosexual or heterosexual, being asexual is about what someone feels, not what someone does. Dating, having sex, masturbating, falling in love, getting married, or having children do not conflict with asexuality in any way. There are many reasons why an asexual person might do these things that do not require sexual attraction to be present. For asexual people, romantic attraction is separate from sexual attraction - asexual people may still have romantic attachments to other people.

*Gender Expression*

*Gender Expression* is everything we do that communicates our gender to others, including: clothing, hair styles, mannerisms, ways of speaking, etc. This communication may be purposeful or not. Binary gender expression can be forced on us as children or by dress codes at school or work. Gender expression can vary for an individual from day to day or in different situations, but most people can identify a range where they feel the most comfortable. Some people are comfortable with a wider range of gender expression than others. Most people feel strongly about expressing themselves in a way that's consistent with their inner gender identity and experience discomfort when they're not allowed to do so.

### *Biological & Assigned Sex*

*Biological/Assigned Sex* is a label that you're given at birth based on medical factors, including your hormones, chromosomes, and most often, genitals. Most people are assigned male or female at birth, and this is what is put on their birth certificates.

*Sex Assigned at Birth* includes external genitalia, internal reproductive organs, chromosomes, hormone levels, and secondary sex characteristics such as breasts, and facial and body hair. These characteristics are perceived as objective in that they can be seen and measured. We often think that people can only exist on two ends of a binary spectrum - male and female - however, people who are intersex exist in the middle and have combinations of characteristics.

Sex assigned at birth is not static. Some factors that make up biological sex can be changed, with more or less difficulty. It is also important to note that all bodies experience biological changes over time - for example, hormone levels change, internal reproductive organs change. Some terms related to sex assigned at birth:

- Assigned Female at Birth (AFAB): A vulva-bearing child is often assigned female at birth.
- Assigned Male at Birth (AMAB): A penis-bearing child is often assigned male at birth.

*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, n.d.). The term "intersexed" may also be used to describe a person who identifies as intergendered or having a combination of gender identities.

### A Moment for the Word Queer

Queer is a multi-faceted word that is used in different ways and means different things to different people. The term "queer" is a term that has been reclaimed by some in the LGBTQAI2++ community and, because of this, should only be used by people who identify as queer. Here are some ways that queer is used today:

- **Queer (adj.):** attracted to people of many genders. Although dominant culture tends to dictate that there are only two genders, gender is actually far more complex. Queer can be a label claimed by a person who is attracted to men, women, genderqueer people, and/or other gender nonconforming people.
- **Queer (adj.):** not fitting cultural norms around sexuality and/or gender identity/expression. Similarly to the above, queer can be a label claimed by a person who feels that they personally don't fit into dominant norms, due to their own gender identity/expression, their sexual practices, their relationship style, etc.
- **Queer (adj.):** non-heterosexual. Queer is sometimes used as an umbrella term to refer to all people with non-heterosexual sexual orientations or all people who are marginalized on the basis of sexual orientation.
- **Queer (adj.):** transgressive, revolutionary, anti-assimilation, challenging of the status quo. Many people claim the label queer as a badge of honor that has a radical, political edge. Unitarian Universalist seminarian Elizabeth Nguyen has preached: "Queer, for many folks, is about resistance—resisting dominant culture's ideas of 'normal,' rejoicing in transgression, celebrating the margins, reveling in difference, blessing ourselves."
- **Queer (n.):** an epithet or slur for someone perceived to be gay, lesbian or bisexual. Queer is still sometimes used as a derogatory term. Many people who have had the word queer used against them are understandably very uncomfortable with the word.

### Sexual Violence as an Act of Homophobia or Transphobia

Committing an act of sexual violence against someone of the same sex or gender identity does not necessarily mean that the offender or the victim is LGBTQAI2+ identified. Sexual violence is not about sex, nor is the offender seeking sexual gratification. Sexual violence is an act through which the offender controls and dominates the victim.

Experiencing sexual violence as part of a hate crime may create additional concerns for the survivor. Hate crimes targeted against LGBTQAI2+ individuals are often more violent than those targeted against individuals for race or religious bias (Dunbar, 2006). Dunbar's study discovered that hate crimes that were motivated by perceived sexual orientation, as compared to other hate crimes, resulted in greater physical injuries to the victim, and frequently included assault, sexual assault, sexual harassment, and stalking.

The hate crimes law in Maine allows a judge to consider, during sentencing, whether the defendant selected the person against whom the crime was committed because of sexual orientation (Maine Revised Statutes Title 17-A §1501, sub-§8). Federal hate crimes law now includes gender, gender identity, and sexual orientation as well (Matthew Shepherd Act of 2009).

### Impacts

The reactions and concerns of survivors who identify as LGBTQAI2+ may be affected by their level of comfort with their identity; the degree to which they have come out (disclosed their sexual orientation/gender identity) to family, friends, or the community; and how members of their community respond to them individually.

If the offender was someone of the opposite sex, a survivor may feel additional shame. To a gay man or lesbian, sexual assault by someone of the opposite sex is not only a violation of their body; it may also be experienced as a violation of their orientation. Some gay and lesbian individuals may have never had a sexual experience with someone of a gender or sex other than their own or have not had one in a long time. Being assaulted by someone of another gender may heighten their fear and increase feelings of vulnerability.

### Homophobia & Transphobia Creates Barriers to Reporting & Seeking Services

Fear of facing prejudice and further harm often prevents survivors who identify as LGBTQAI2+ from coming forward or seeking help. Additionally, they may not know which service providers serve LGBTQAI2+ populations if service providers do not do outreach, use gender inclusive language, or have any information and/or images on their websites or outreach materials regarding sexual violence against LGBTQAI2+ persons.

Results of a study conducted in 2009 by the National Center for Victims of Crime, in collaboration with the National Coalition of Anti-Violence Projects, indicated that LGBTQAI2+ victims of crime still do not have consistent access to culturally competent services to prevent and address the violence against them. Too often, survivor support agencies cannot meet the needs of LGBTQAI2+ crime victims in culturally sensitive ways, while LGBTQAI2+-specific anti-violence programs either lack the resources to do so or do not exist (Ciarlante and Fountain, 2010).

Gay males may fear discriminatory treatment from healthcare, legal, and other service providers and the community at large. Gay men may fear that societal stereotypes that show gay men as promiscuous hyper-sexual beings will cause law enforcement and service providers to believe that they "asked for it" or did something to cause the sexual violence to occur. Men also often do not know that medical/forensic exams are available to them, and may be afraid to ask for them. Sex crimes kits are described fully in the Medical Response and Resources section.

Transphobia has led to transgender persons' bodies being sensationalized by both pop culture and the medical profession. In recent years, depictions of trans people have become more visible in everything from family entertainment to news stories. Unfortunately, trans people are often misrepresented in all of these mediums, through underrepresentation, sensationalizing of individual experiences, or a focus on acts of violence perpetrated against trans people as being justifiable. Additionally, the historically oppressive treatment of transgender people by law enforcement and the medical profession leads many transgender persons to fear direct service providers after experiencing sexual violence.

In Maine TranNet's largest community survey to date, 6.7% of transgender survivors in Maine have been sexually assault by a healthcare provider, 1.9% by law enforcement, and 4.9% by a boss or supervisor (Gormley & Williams 2021).

When sexual violence is also an act of hate violence, survivors may feel further traumatized or re-traumatized by the additional prejudice that motivated the crime. Just as sexual violence is about power and control, hate violence is about power and control of a particular group of people. Often, when a member of the LGBTQAI2+ community experiences sexual violence, there may be a general feeling of fear that resonates throughout the rest of the LGBTQAI2+ community. The survivor may feel that disclosing sexual violence would somehow reflect badly on the entire LGBTQAI2+ community. These fears may lead to further isolation.

### Internalized Homophobia

Some people who identify as LGBTQAI2+ have internalized or taken on the homophobia that exists in our culture. If so, they may already feel shame or guilt relating to their own identity. Sexual violence might feel like another thing that makes them different. Taken to the extreme, survivors who are LGBTQAI2+ -identified may feel as if they have been punished for their sexual orientation or gender identity.

### Outing

Offenders have an additional weapon in the threat of outing the victim (disclosing the sexual orientation/gender identity of the survivor without permission) to family, friends, employers, or community. Threatening to out someone can be a weapon used by offenders in situations of intimate partner violence to maintain power and control. Choosing whether or not to be out is the decision of each individual, and disclosing sexual violence may take that choice away. For example, transgender people whose bodies have not been surgically altered do not have the option of privacy when disrobed; therefore, seeking a medical/forensic exam may result in outing. Fear of being outed adds a major stress to the decision of whether to report sexual violence, and may result in survivors choosing to remain silent in order to avoid having their sexual orientation or gender identity revealed to family, co-workers, or others.

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## Male Survivors

The experiences of male survivors of sexual violence are presented throughout this manual in recognition of the significance of all gender identities when addressing sexual violence. This section is dedicated to the specific impacts and needs of male survivors and how advocates can best provide support and information.

As is true with all survivors, it is difficult to accurately define the number of men who have experienced sexual violence. It is estimated that:

- One in six boys will be sexually abused by age 16 (Hopper, 2006).
- The more recent the research, the higher the incidence of abuse among men and boys. With growing awareness, more men seem willing to disclose (Dorais, 2002).
- About 1 in 26 men reported completed or attempted rape at some point in their lifetime; about 1 in 9 men reported being made to penetrate someone in their lifetime; finally, about 1 in 4 men reported unwanted sexual contact during their lifetime (Basile, et al., 2022).
- During their lifetimes, more than half of male survivors were raped by an acquaintance (57.3%), 16.0% by a family member, 13.7% by a stranger, 12.8% by a brief encounter, 12.5%)by an intimate partner, and 9.2% by a person of authority (Basile, et al., 2022).
- More than three quarters of male survivors reported rape perpetrated by men only, 10.4% by women only, and 9.6% by men and women (Basile, et al., 2022).
- More than 80% of male rape survivors reported having first been raped before age 25 (Basile, et al., 2022).

An assessment of five federal surveys revealed large gaps in definitions of rape and sexual assault for men, as well as, errors in reporting data that likely largely underestimate the sexual violence experiences of men (Stemple and Meyer, 2014).

Approximately 94% of the perpetrators of sexual abuse against boys are men (Snyder, 2000), and men are also the perpetrators of 70% of sexual assault against adult men (Hopper, 2002). The majority of male survivors experience rape by another male; however in a recent study, male victims reported only female perpetrators in the following instances: being made to penetrate (79.2%), sexual coercion (83.6%), and unwanted sexual contact (53.1%) (Black et al., 2011). Men are also more likely than women to be victimized by individuals outside the family such as: prison guards, other inmates, activity leaders, and coaches (Thoennes & Tjaden, 2000).

Some aspects of sexual violence experienced by men are similar to sexual violence experienced by women and people of all gender identities, especially in terms of why the offender commits the violence. It is an act of domination, not of sexual gratification (Vearnals & Campbell, 2001). Reporting and talking about their experiences are challenges for all survivors of sexual violence, and can be especially difficult for male survivors because of social and gender norms relating to masculinity. Also, the lack of information about sexual abuse of male children leads some male survivors to think they must face their difficulties alone and that few if any other men share their situation. Some men who have attempted to receive help have in fact had their problems discounted, ignored, or treated insensitively. This treatment serves as confirmation to them that they should not be considered worthy of respect as men (Lew, 1990).

### Impacts

*Physical Impacts*

There are important distinctions between sexual violence experienced by men and women. Research suggests that the sexual violence of men is more likely to be violent and accompanied by greater injury.

One survivor, who was sexually assaulted by two men at gunpoint while at a truck stop, spoke of the aftermath:

> I could not imagine that my whole [world] would completely change from being a happily married truck driver to dealing with rape and AIDS. If I can talk to another man and help, I would love to do it. A lot of men who have been raped are probably wondering if they should get help. They have hidden it. They are married and have nice children and don't want to tell their wives. They don't want to tell anybody. They just go on. Today more women talk about their experiences of having been raped. Now men have to do it as well (Carosella, 1995).

Male survivors experience a loss of control of their bodies and their future sexual activity. As with all survivors, sexual violence denies the individual control over his body. For childhood abuse survivors, the sexual abuse is confusing and the messages children receive about their bodies and development may be

unhealthy and false. Male survivors may have specific difficulties experiencing or maintaining an erection or having an orgasm (Polusny & Follette, 1995).

### Emotional Impact

While men experience many of the same emotional reactions to sexual violence as individuals of other gender identities, including a sense of stigma and shame and a high degree of depression and hostility (Walker, Archer, & Davis, 2005), there are some important differences. Men who experience sexual violence during childhood have a 2.4 times greater likelihood of reporting psychological disturbances, and men victimized as adults have a 1.7 times greater likelihood of psychological disturbances than non-victimized men (Coxwell, King, Mezey, & Kell, 2000). On average, sexually victimized men report higher levels of distress than sexually victimized women. Depression can also frequently lead to attempts of self-medication in an attempt to block out memories or overcome feelings of low self-worth (Walker, Archer, & Davis, 2005).

*Embarrassment*. Male survivors may present themselves in a controlled style, showing little emotion or reaction to the sexual violence. For example, the survivor may feel pressure from his family or from society in general to put the experience behind him. He may feel that he is not allowed to cry or show that he has been negatively impacted by the traumatic experience.

*Emasculation*. Results of a very small study of 60 queer male survivors of sexual violence add nuance to our understanding of how emasculation may show up for men using a more intersectional lens. The study suggested that queer men of color who were assaulted by a white person denied feelings of emasculation. However, most white men in the study who reported an assault from someone of color said they felt emasculated after the assault. In particular, in interracial sexual assaults, Black queer men mentioned racialized concerns like fear of being seen as a "troublemaker" for reporting a white perpetrator, while white and Latino queer men reported feeling emasculated, potentially due to hypermasculine stereotypes of Black men (Meyer, 2022).

Manhood is often defined by strength and control, and male survivors of sexual violence may have had an experience in which they were overpowered or were too afraid to resist. This may create a crisis for them about their masculinity and what it means to be a man. They may worry that others will question their manhood if they learn what has happened. Male survivors may also adopt over-sexualized attitudes or behaviors, to attempt to compensate for the perceived loss of their masculinity.

The sense of emasculation may be intensified if the offender was a woman. Since men are often taught that they are supposed to always want and enjoy sex, a male survivor who experienced sexual violence by a female offender may feel as if there is something wrong with him because he did not enjoy it. In addition, because men are not taught to think of themselves as susceptible to sexual violence, they may minimize or repress a sexual assault when it does occur, thereby increasing their isolation. Males who experience sexual violence as a child at the hands of a female offender may also struggle to find support and resources.

A small study of thirty-nine undergraduate student heterosexual men's narratives about their experience of unwanted sex in college revealed themes of men consenting to unwanted sex because: desiring sex is a way to perform masculinity; to protect their reputations in the face of stereotypes of masculinity and wanting sex; and that women play an important role in policing masculinity and upholding gender expectations (Ford, 2018).

*Not recognizing it as sexual violence*. Male survivors who experience sexual violence may not recognize it, because it happens under the appearance of something else. For example, males who participate in athletic teams, fraternities, or the armed forces, may experience sexual violence under the guise of hazing. They are left with all the same impacts of someone who has experienced sexual violence, but they don't have a clear idea why.

*Questions about sexuality*. Men may find that during an experience of sexual violence they got an erection. It is common for an involuntary erection to occur for men in times of intense pain, anxiety, panic, and/or fear. Like a woman who has an orgasm during a sexual assault, a male survivor may be further confused and/or humiliated if he ejaculated. Often the male offender will make a specific attempt to get the victim to ejaculate as a means of further

domination. Since ejaculation is usually equated with arousal and orgasm, there may be confusion over whether or not the assault was pleasurable (Walker, Archer, & Davis, 2005). Involuntary physiological reactions do not mean that a survivor enjoyed a traumatic experience, but rather that people's bodies are programmed biologically to react to certain physical stimuli in a specific way. A sexual response does not mean there was consent.

*Questions about sexual orientation*. Concerns about sexuality may arise for the man who is sexually assaulted by another man. The male survivor may fear that the sexual assault will be defined in terms of homosexuality instead of an assault. If he is heterosexual, he may worry that he was sexually attractive to another male, or wonder if he will become gay or be perceived by others to be gay as a result of the assault. If the survivor identifies as gay or bisexual, he may wonder if he was attacked because of his orientation. These concerns may be especially true for young males with no prior sexual experience who are unsure about their sexual orientation.

### Long Term Impacts from Child Sexual Abuse

For male children who experience child sexual abuse, difficulty in relationships with others, as well as psychological and physical health complications, are common. Many factors shape the impact the abuse will have on the child: the age of the child experiencing assault; the offender; whether or not the child told someone; and how long the abuse went on (Hopper, 2006). Some of the long-term effects can include:

- Anxiety
- Depression
- Dissociation
- Hostility and anger
- Impaired relationships
- Low self-esteem
- Sexual dysfunction
- Sleep disturbance
- Suicidal ideas and behavior
- Substance abuse

(Hopper, 2006)

### Assisting the Male Survivor

Male survivors may not know where to turn for help. They may believe that sexual assault support centers are only for female survivors and would not be responsive to males. They may be nervous about telling family and friends, reluctant to seek medical treatment, and afraid to report the crime to the police. Male survivors are often extremely reluctant to talk about sexual violence for fear that they will not be believed, will be belittled, laughed at, or ridiculed for not being able to protect themselves. They may also be uncomfortable talking about their feelings or expressing their guilt, worrying that to do so is not "manly."

One male survivor interviewed by NPR went to his first support group after experiencing a medical scare and losing a brother to suicide, saying, "But it was uncomfortable. I didn't want to be there, and my heart was beating." The interview included the support group's facilitator from the Boston Area Rape Crisis Center who observed "men seek services around age 40 for many reasons - a partner demand they get help in hopes of saving the marriage, a man wants to be a better father or his children are turning the age when he was abused" (Rock, 2021). When supporting a male caller who has called to discuss a current or past experience of sexual violence, advocates can assure the caller that the sexual assault support centers are available to provide assistance in whatever ways they can.

The advocate can help to brainstorm ways to seek out support and medical care safely. Advocates can offer to answer any questions about reporting to law enforcement, but respect any reluctance to pursue that option. In addition, advocates can encourage male survivors to consider people and services they may be able to utilize as a support network, and provide assistance in helping callers decide who they may safely speak to about the sexual violence.

For some male survivors, online resources may feel like the safest and most confidential option. Advocates can provide a variety of options for individuals to seek out support and connection.

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## Race & Ethnicity

The terms race, ethnicity, color, and national origin are sometimes used interchangeably, but this can cause confusion as they have different meanings.

- Race refers to how we social categorize humans into groups that share certain physical traits.
- Ethnicity is a specific social, geographical, racial, religious, linguistics, or cultural identification.
- Cultural identity refers to the feeling of belonging to a group or culture.
- Color refers to someone's skin tone and can determine a person's race.
- National origin refers to a person's ancestry and the country to which it is connected.

Race and ethnicity can be defined or perceived in different ways. Individuals or systems in a community may define one or both of these terms.

Race, ethnicity, and cultural identity are both internal and external. While race refers to heritage and ethnicity refers to cultural and social identity, there are subtle distinctions that play a major role in perception and categorization.

It is important to note that skin color plays a critical role in cultural perception and in how people experience stereotypes, often in adverse ways. Much of this response is triggered by racism and ingrained perceptions of cultures with certain skin tones and cultures.

### Racism & Sexual Violence

The history of rape in the United States is a history of racism and sexism intertwined. Rape was an important tool in white colonists' violent efforts to repress Native nations. During slavery, both white and black men raped black women with impunity. After the Civil War and during Reconstruction, white mobs lynched numerous black men based on trumped up charges of sexual assault of white women, and the specter of lynching terrorized the black community.

### Impacts

Like all survivors, the physical and emotional impacts that survivors of color experience are unique because they respond both as individuals and as members of a culture. They may have to confront their own experience and additional issues such as protecting their family or community honor, being singled out or mistreated by law enforcement or other systems, and/or conforming to cultural values and norms. Additional difficulties survivors of color may encounter include:

- Effects of norms and cultural expectations both on identifying offender's behavior as sexual violence and on reporting it.
- A lack of knowledge about what services exist and how to navigate complex service systems.
- Difficulty accessing support services that are culturally and linguistically competent; confidentiality becomes more of a concern when interpreters are used.
- The influence of elders within the community may prevent or deter survivors from full disclosure with law enforcement or members of their community.
- Unequal treatment in direct services systems.

The Women of Color Network (2018) additionally notes the following difficulties survivors of racial and/or ethnic minority backgrounds may experience:

- Difficulty discussing victimization because of the highly intimate nature of sexual violence.
- Religious or spiritual doctrine, or belief systems, that may increase feelings of alienation and shame.
- Confusion about whether forced sex in an intimate partner relationship (marital rape) constitutes an act of sexual violence.
- Myths about sexual violence and general discomfort reflected in overall society.
- Trying to access support and help services that are not culturally and linguistically competent.

### Providing Support

Because racist societal attitudes make people of color vulnerable to all forms of violence and especially sexual violence, it is crucial for survivors to access support services and resources that are available to all people. It is the role of advocates to ensure and offer support services that are culturally and linguistically appropriate. It is important, especially when someone has experienced ongoing sexual abuse, that the survivor is supported through services and systems that are truly inclusive and culturally aware.

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## Immigrant & Refugee Survivors

People move to the United States for many different reasons. Some move voluntarily; others are forced to flee their native country. These individuals include immigrants, undocumented immigrants, refugees, and asylees.

Immigrants are foreign-born individuals who have been admitted to reside permanently in the United States. Immigrants are defined in the United States Immigration and Nationality Act (INA) as people living in the United States who are not citizens of the United States, except for persons admitted with temporary ("nonimmigrant") visas (U.S. Citizenship and Immigration Services, n.d.). Undocumented immigrants are individuals who either cross the border illegally, or who come into the United States legally but extend their stay illegally or are forced to extend their stay illegally.

A refugee is:

> [A]ny person who is outside their country of nationality who is unable or unwilling to return to that country because of persecution or a well-founded fear of persecution. Persecution or the fear thereof must be based on the alien's race, religion, nationality, membership in a particular social group, or political opinion (U.S. Citizenship and Immigration Services, n.d.a).

Asylees are individuals who seek protection from a country other than their country of nationality, out of fear of persecution. Protection is generally sought upon arrival in a "third" country; asylees generally give up their rights at the airport/border and are detained (U.S. Citizenship and Immigration Services, n.d.).

Immigrants and refugees may also face dangers while traveling to a new country, including sex trafficking, sexual assault in detention facilities, and sexual violence in refugee camps (National Sexual Violence Resource Center, 2004). Both married and unmarried immigrant women experience heightened levels of domestic and sexual abuse.

As Maine welcomes and becomes home to more people from a variety of countries of origin, it is helpful for advocates to be familiar with some of the particular concerns of immigrant and refugee survivors of sexual violence. Immigrants and refugees may face a number of barriers regarding access to the criminal justice system, medical care, counseling, and other support services. These concerns relate to language, confidentiality, eligibility for services, and deportation if reported by law enforcement, health or social service providers, or the offender of sexual violence.

### Female Genital Mutilation/Cutting

Some immigrant and refugee women may have experienced a procedure referred to as Female Genital Mutilation (FGM), Female Genital Circumcision (FGC), Female Genital Cutting (FGC), or Female Genital Excision (FGE). Advocates may hear any of these terms used by survivors; as with all callers, it is important to mirror the terms they use. For the purposes of this chapter, the term Female Genital Mutilation/Circumcision (FGM/C) will be used.

FGM/C is any procedure involving partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons (World Health Organization 2012). There are a variety of different forms of FGM/C:

- *Clitoridectomy*: partial or total removal of the clitoris and the prepuce (the fold of skin surrounding the clitoris); in very rare cases, only the prepuce may be removed.
- *Excision*: partial or total removal of the clitoris and the labia minora, with or without removal of the labia majora.
- *Infibulation*: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner or outer labia, with or without removal of the clitoris.
- *Other*: all other procedures to the female genitalia for non-medical purposes, e.g., pricking, piercing, incising, scraping, and cauterizing the genital area.

FGM/C can cause many complications, including severe bleeding, problems urinating, cysts, infections, infertility, complications in child birth, post-traumatic stress disorder, and increased risk of newborn death.

FGM/C most often occurs as a cultural or religious practice, but no religion officially supports its use. FGM/C is widely believed to be a practice of Islam, however, it is also practiced in Judaic and Christian communities. FGM/C is considered to be an important community tradition in some cultures, and most parents who support the procedure believe that they are protecting their daughter's future marriage prospects, not harming her.

FGM/C is opposed by the American Medical Association for a variety of reasons: lack of informed consent, lack of medical benefits, and extreme health risks. The World Health Organization and the United Nations

consider FGM/C a human rights violation (World Health Organization 2022).

### Impacts

*Language barriers*. Immigrant and refugee survivors who speak English as a second language, or do not speak English, also called limited English proficiency (LEP), may face an immediate communication barrier to accessing support and services from community systems. Even when interpreters are available, survivors may not know this is a possibility, and experience decreased confidentiality.

*Lack of knowledge of rights*. Immigrant and refugee survivors may not know the legal rights, protections, and remedies afforded to them under immigration, criminal and civil laws.

*Lack of knowledge of services*. Health care providers, the criminal justice system, and other service providers are often confusing to native-born U.S. citizens, and may be even more challenging for a survivor from another country.

*The ongoing influence of the offender*. When the offender is from the survivor's country of origin, the offender may be the only link the survivor has in the United States. The offender may act as an interpreter and translator, gatekeeper and sponsor for the survivor and other family members. The survivor and their family's status may depend on the continued relationship between the survivor and the offender. Offenders may withhold documentation affecting the survivor's immigration status, deceive the survivor about what laws and services are available for protection, misinform them about child custody, or threaten to have the survivor or loved ones deported.

Additionally, an offender may threaten that any support provided to family in the U.S. or the country of origin will cease should the offender be arrested and deported for their crimes of violence. Survivors may fear more violence and retaliation for reporting the offender should they return to their country of origin, because of political and cultural beliefs held there.

### Reporting & Confidentiality

Immigrants and refugees may have a general fear of law enforcement and the criminal justice system because of a lack of knowledge of their rights, of how to navigate the system, and possible previous traumatic experience with law enforcement in their country of origin. Undocumented immigrants are even less likely to seek help because they have no immigration status and may fear that if they make themselves known to a law enforcement officer or service provider, they may face deportation. In addition, immigrants and refugees may fear that the language barrier will prevent them from asking for or receiving support and assistance. Advocates must remain aware of these realities when supporting immigrant and refugee survivors.

### Law Enforcement

Survivors of sexual violence should not be required to provide proof of immigration status to law enforcement agencies because police services are "necessary for the protection of life and safety." State and local law enforcement agencies are not required to enforce federal immigration law, though they are not prohibited from reporting individuals to federal authorities and cooperating in carrying out federal immigration laws.

In Portland, a city ordinance places strict limits on when Portland law enforcement officers can ask a person about immigration status, and crime victims should not be asked. Elsewhere, efforts are being made to educate law enforcement agencies in Maine about asking about immigration status and the reality that asking may make survivors afraid to report crimes.

### Criminal Justice System

During the prosecution of a crime, a survivor of sexual violence is not required to provide proof of immigration status (Baldacci, 2004). However, it is important for survivors to keep in mind that the offender's defense attorney can report the survivor to immigration authorities. If this happens and the survivor receives notice that deportation proceedings (now officially called "Removal" proceedings) have commenced, the survivor has the right to obtain an immigration lawyer immediately. The survivor's immigration attorney and/or the prosecutor can arrange to get an agreement from immigration authorities that efforts to initiate removal proceedings will not happen until the criminal case is finished.

While this may not seem reassuring to most survivors, in reality this may give ample time for the survivor's attorney to initiate a process to apply for legal status from Immigration and Customs Enforcement (ICE). In fact, an immigrant survivor's assistance with the investigation or prosecution of a crime will improve the chances that the survivor will ultimately be able to gain legal status and eventual permanent residency in the U.S.

### Overview of the Immigration System & Laws

Some people will be familiar with the former Immigration and Naturalization Service (INS), the government agency that until recently had authority over all noncitizens. After September 11, 2001, the U.S. created a new, Cabinet-level government agency, the Department of Homeland Security (DHS). DHS took over almost all of the functions of the former INS and reorganized them under three new bureaus. The new bureaus include:

- *United States Citizenship and Immigration Services (USCIS)*: Provides immigration-related services and benefits such as lawful permanent residence, naturalization, and work authorization.
- *Immigration and Customs Enforcement (ICE)*: Investigates and enforces federal immigration laws, customs laws, and air security laws.
- *Customs and Border Protection (CBP)*: Responsible for the borders.

The immigration system, its laws, and its regulations are complex and change frequently. What was true today may not be true tomorrow.

### Rights of Noncitizens

Immigrants who are survivors of sexual violence are eligible for services to address the violence, and some undocumented immigrants may be able to obtain legal residency if they do not have legal immigration status.

According to federal welfare law, services "necessary for the protection of life and safety" are available to all persons regardless of immigration status. This includes police and fire services, sexual assault and domestic violence counseling, and other supportive services (Davies, n.d.).

In 1996, Congress passed a law making it easy for INS/ICE to swiftly remove (formerly called "deport") people from the U.S. This law applies even to people who have the right to be in the U.S. Noncitizens have the following rights:

- The right to interpretation and translation services to increase language access (Title VI of the 1964 Civil Rights Act).
- The right to speak to an attorney before answering any questions or signing any documents.
- The right to a hearing with an Immigration Judge (with some exceptions, such as if the person has a prior removal/deportation order).
- The right to have an attorney represent them at that hearing and in any interview with INS/ICE (there is no right to a government-paid attorney, as in criminal proceedings, however).
- The right to request release from detention, by paying a bond if necessary.

All noncitizens have these rights but will not necessarily be informed of them when detained. If they fail to assert these rights, they may be removed without seeing either an attorney or an immigration judge. Leaving the U.S. in this way may have serious consequences for the noncitizen's ability to enter later or to gain legal immigration status in the U.S.

### Immigrant Experiences of the System

The following section is adapted from Realities for Immigrant Populations: How They Experience the System by Gail Pendleton (n.d.).

Many noncitizens who suffer sexual violence have an immigration status that depends on the offender's presence in the United States because they are intimate partners. Although Congress has created special routes to find status for many noncitizens, not all will qualify; they may not be aware they qualify or find the process for qualifying burdensome. When DHS removes an offender, they rarely provide information to the survivor about their eligibility to apply for status.

Even if survivors who are immigrants are ready to leave the offenders, many noncitizens find that available services and resources are culturally and linguistically inappropriate. Noncitizen survivors may not realize what advocacy entails. Language barriers play a part in this issue.

U.S. citizens, permanent residents ("green card" holders), people with valid visas, and refugees cannot be deported. People at risk for deportation are those who entered the U.S. with fraudulent documents, who violate the conditions of their visa (such as by staying longer than allowed, working without Immigration authorization, and other violations), or who have been convicted of certain crimes. If the survivor is undocumented, the advocate can refer them to an immigration lawyer, found at organizations such as ILAP (see additional materials below) to see if they have a way of legalizing their status.

Undocumented immigrants (and their children) who experience domestic violence can apply for permanent residency (a "green card") if they were abused or subjected to extreme cruelty by their spouse (or parent, for an abused child), and that spouse or parent is a U.S. citizen or permanent resident. These

immigrants may also apply for Violence Against Women Act (VAWA) relief if they are in removal proceedings to deport them. Advocates can refer potential VAWA applicants to an expert immigration advocate (not ICE). In Maine, contact the Immigrant Legal Advocacy Project.

Finally, victims of almost any violent crime, including sexual assault, are eligible to apply for a U-Visa, provided they are willing to cooperate with law enforcement in the investigation of these crimes. (U.S. Citizen and Immigration Services, n.d.). Again, contact the Immigrant Legal Advocacy Project (ILAP).

### The Advocate's Role

Some survivors may tell the advocate their immigration status. If a caller does not share their status and it seems important to know the status to provide better service to the caller, advocates can follow these steps:

- Explain to the caller that the advocate will provide advocacy on the caller's behalf, and is on the caller's side. An advocate's focus on building trust can reassure the caller that the advocate is there to help.
- Reassure callers that a question about status is to assist advocates in offering the best help possible to increase safety. It may also discover if immediate legal referrals to an immigration advocate are needed.
- If an advocate knows that the information that callers provide will be kept confidential, say so.
- Reassure callers that they will not be denied any services, whatever their immigration status may be. Tell callers that they do not need to disclose their immigrant status if they prefer not to.

Sometimes the information about immigrant status that a caller provides will be incorrect: the caller may not know what it is, or the offender may have lied about immigration status. An advocate's role is not to attempt to investigate or verify immigration status, but rather to assist the survivor by providing resources.

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## Wabanaki Tribes

> **I was ashamed to even speak of what he had done to me. I thought I would embarrass my family and his. These things were sacred and private.**
>
> - A Native American Survivor

There are four federally recognized Indian Tribes in Maine today with five tribal communities: the Aroostook Band of Micmacs; Houlton Band of Maliseet Indians; Passamaquoddy Tribe at Indian Township; Passamaquoddy Tribe at Pleasant Point; and the Penobscot Nation. The Native American Tribes of Maine are rich in both history and culture. The Tribes in Maine and New Brunswick, Canada, are known as the Wabanaki, "People of the Dawn."

Maine has several domestic violence and sexual assault support programs for Native survivors, which can be a valuable resource for both Native survivors and advocates seeking more information.

### Understanding the Roots of Violence Against Native Women

Prior to European contact, Native people's roles were based on specific traditional values practiced and honored through individual clans and Tribes. Women were honored as essential to the survival of the Tribes. Although they had distinct roles, Native women were considered equal in status to Native men.

Associating violence with power occurred in Native communities after the start of colonization by Europeans. During this period of history, European explorers began invading and taking over rule of the lands that are now known as the United States of America. These lands were lived in by inhabitants, now known as Native American people, who had flourished, but then were subject to a forceful takeover. Millions were killed in the process. As a result of this takeover, which included the attempted elimination of Native culture and the forced introduction of European culture, there was a shift in how women were treated, and specifically how men began defining women and children as property. This imbalance in power created the framework that is responsible for sexual and domestic violence.

There are many historical factors that have hurt Native communities, among them are colonization, racism, and institutionalization. These have deeply harmed Native culture, language, traditional knowledge, and values. Native people have been addressing the impact of this historical trauma for many generations. These experiences have given rise to high rates of substance abuse, suicide, teen pregnancy, lack of school completion, poverty, incarceration, health problems, and shorter life spans. These conditions have also contributed to high rates of sexual violence (National Resource Center to End Violence Against Native Women, n.d.).

### Realities for Native Survivors

More than 2 in 5 Native women report experiencing rape in their lifetime (Basile, et al., 2022). Significantly, it's more common for Native people to experience interracial violence than violence by other Native people (USDOJ, n.d.).

Although Native children also experience sexual violence, there is little research focused on this population, so the scope of their experiences goes largely undocumented. There is also little to no research available that describes the experiences of Native men who experience sexual violence.

### Working Cross Culturally

Cultural awareness is crucial when working with Native survivors. Historically, Native people have experienced mainstream service systems that may have damaged or destroyed their ability to trust. This mistrust comes from the range of oppressive practices that were imposed on Native peoples. In order to provide effective advocacy, advocates and care providers must consider the multiple issues that Native survivors may experience simultaneously:

- *Acculturation*: The cultural change present in varying degrees with Native people as a result of adapting to traits imposed by the dominant Anglo-American culture.
- *Racism*: The belief that Native people are inferior because of their race.
- *Language barriers*: Native people who speak their native language may experience more difficulty communicating with advocates and healthcare providers and may feel they are treated disrespectfully in the health care setting.
- *Internalized oppression*: Also called "self-hate" and "internalized racism." This happens when people believe and act as if the Anglo-American belief system, values, and way of life are superior to other practices. Many Native people experience internalized oppression as a result of the external oppression and the unjust exercise of authority and power to which they have been subjected.
- *Limited resources*: More than 1 in 3 residents of tribal lands lives below the federal poverty line in Maine - more than three times the statewide rate (Myall, 2022).
- *Homophobia*: Traditionally, many Native cultures accepted a variety of sexual orientations and gender identities; however, today many Native communities show signs of homophobia, discrimination, and violence against people who engage in LGBTQAI2+-identified LGBTQAI2+-identified and "two-spirit" Native people have faced racial discrimination in some mainstream health facilities, and have also experienced homophobia in some Native urban and tribal health clinics. Such views and treatment may discourage them from reporting or seeking necessary medical services and testing.

When advocates hear specific information about a Native survivor's beliefs about and experience with abuse, it is important to both share general information about sexual violence relevant to that experience and to provide culturally accessible resources. Culturally sensitive questions for all survivors can also facilitate discussion and help advocates offer appropriate and effective services.

### Impacts of Sexual Violence

For advocates, it is crucial to recognize challenges that some Native survivors may face when working with non-Native service providers. Health care providers and law enforcement personnel may make recommendations based on the values of the dominant culture. These can include encouraging survivors to have physical exams, to get tested for sexually transmitted infections and receive medication to prevent pregnancy, to divorce or terminate relationships if partners are sexually violent, and to seek legal prosecution of offenders. Also, providers will expect survivors to disclose the details of their victimization, often in the course of seeking help from different agencies. These recommendations and expectations may be in conflict with the traditional values of many Native Americans. Many Native survivors may have difficulty disclosing intimate details about victimization.

Many physical and emotional impacts that Native American survivors might have are similar to those experienced by all survivors. Please refer to the Introduction to Sexual Violence section of this manual to review these impacts in detail. However, Native survivors of sexual violence may experience unique feelings, experiences, and reactions as a result of the sexual violence, including:

- Racism and stereotyping.
- Fear of being banned from the family and community.
- Fear of retaliation by the offender's family.
- Isolation and lack of services.
- Fear that there will be a lack of confidentiality.
- Language barriers; for some Wabanaki people, English is their second language
- Informal social controls/unwritten cultural rules
- Fear of systems including legal and healthcare, resulting from generations of racism and stereotyping, forced removal, and forced sterilization
- Jurisdictional issues varying across the four Wabanaki Tribes in Maine. Considerations include whether the sexual violence was committed on tribal land, whether the offender is Native or non-Native, whether the survivor is Native or non-Native, and whether a report was made to Tribal Law Enforcement, municipal police, the county sheriff, or the Maine State Police.

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## Unstably or Un-Housed Individuals

The links between homelessness and sexual violence are clear. Many people who are homeless have left violent homes, and may face further challenges that can include trading sex, the demand for sex, and/or being forced into specific acts of sexual violence in exchange for a place to stay. For many survivors, the difficult choice between staying where they are and continuing to experience sexual violence, or living on the streets (or with strangers) and facing further victimization may feel impossible to make. It may be challenging for people to begin the healing process if they cannot find safe housing.

### Chronically Homeless

The National Alliance to End Homelessness defines "chronically homeless" as individuals who have "1) been continuously homeless for at least a year; or 2) experienced homelessness at least four times in the last three years for a combined length of time of at least a year."

Although chronic homelessness makes up a small part of the overall homeless population, its effects on the homeless system and on communities are sizable . Chronically homeless people are often poorly served by the systems they go to for support, including emergency shelters, emergency rooms, hospitals, and police departments.

### Youth

A national survey, Voices of Youth Count, estimates that 4.2 million youth and young adults in the U.S. experience homelessness annually, 700,000 of which are unaccompanied minors (Morton, et al., 2017).

Many young people run away because someone they know is being sexually violent toward them. And also, the risk of further sexual victimization may become greater once the young person becomes homeless (Aratani, 2009). Risk factors on the street include sexual assault, sex work, and exploitation of young people for profit, such as human trafficking and underground pornography. Once youth are homeless, they may become disconnected from a variety of support systems, leading to additional concerns with substance use and abuse, self-harming behaviors, and a variety of physical health problems. A Minnesota study found that 31% of unhoused youth reported experiencing childhood sexual mistreatment or abuse (Wilder Research, 2020). LGBT youth have a 120% higher risk of experiencing homelessness (Morton, et al., 2017).

LGBT youth report that they are threatened, belittled, and abused at shelters by staff as well as other residents (Ray, 2007).

### Barriers to Accessing Services

> *Survivor story: After much advocacy, one shelter agreed to make arrangements to allow a male survivor of sexual violence that occurred within an intimate partnership, to sleep in one of the beds that was in the staff offices. However, when the survivor arrived, the staff person that greeted him said that he didn't look gay and looked like he could take care of himself, so he would need to stay with the rest of the men.*

Persons who are both homeless and survivors of sexual violence may face major barriers when trying to get access to services. Many homeless survivors go without the critical support they need. Some of those barriers may include the following:

- Traditional homeless shelters may not be appropriate because of the lack of training for service providers working with sexual assault survivors.
- Challenges as a result of mental health concerns, substance abuse or addiction, or trauma.
- Lack of information about services.
- Lack of health insurance and/or access to adequate health care services.
- Lack of reliable and affordable transportation.
- Lack of safety to pursue services.
- Social stigma attached to homelessness.
- Competing demands on time and resources.
- Fear of deportation or punishment.
- Language barriers.
- Lack of culturally sensitive services.
- Limited affordable housing options.

(Goodman, et al., 2006)

> **"Last time I went to the emergency room, they ignored me and I heard one of the nurses talking about how bad I smelled."**
>
> - Survivor Who is Unhoused

In addition, persons who are homeless may continue to move regularly, making it hard for them to receive continuous resources and services. They may also find themselves having to share their experiences with many providers in order to continue to receive services. When trying to get basic needs met, they may not seek support for sexual violence, choosing instead to get help with housing, food, and other basic needs.

> **What I do is set daily goals. Just minor things that I want to accomplish that day. I set about ten major goals for the year and then I have a blueprint, an outline, for five years or ten years down the road of where I want to be.**
>
> - Survivor Who is Unhoused

Many homeless survivors find themselves in a "social services scavenger hunt" when trying to meet the requirements and demands of many systems at the same time. The courts may mandate drug and alcohol treatment. Child Protective Services may require the survivor to find safe housing for their children. The welfare system may place strict work responsibilities on the survivor without providing enough financial support for childcare, transportation, or appropriate attire. Drug and alcohol treatment may require the survivor to attend therapy three times a week for most of the day. This leaves many people without the time and resources they need to heal from sexual violence. Providing a compassionate response, and understanding that these barriers may feel frustrating to the individual the advocate is working with, may provide them with a much needed break so that they are able to give themselves space for healing.

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