Maine Intercultural Communication Consultants'

Underserved Communities Assessment for Maine Coalition Against Sexual Assault

Submitted to:

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Maine Intercultural Communication Consultants'
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Maine Intercultural Communication Consultants (MICC), was awarded $13,000 from the Maine Coalition Against Sexual Assault (MECASA), to conduct an underserved communities assessment for MECASA, and its respective service providers, to inform their strategic planning to better address the sexual violence needs of underserved communities throughout the state.

Through this award, MICC aimed to accomplish the following:

1. Determine the services provided and population currently being served by MECASA service providers as compared to actual population and regional demographics in the areas covered by its providers; identify what populations may be underserved in regions throughout the state

2. Assess the strengths and gaps in MECASA services and outreach efforts as collected from MECASA staff, collaborating partners, area providers, and targeted underserved community members

3. Synthesize findings in a written report for MECASA, with recommended action steps to highlight strengths and fill gaps to meet the sexual violence needs of underserved communities in Maine

I. Need for Assistance and Objectives and Methodology

A. Need for Assistance

For more than three decades, MECASA has provided critical support, policy, advocacy, prevention, and coordination of sexual violence services to all of Maine's 16 counties, through six traditional providers and one ethnically based regional organization. As a crime, sexual violence occurs at alarmingly high rates nationally and remains one of the state's most unreported of crimes. Beyond some of the factors of fear, shame, manipulation, violence, denial, and survival related to sexual violence, Maine itself presents a wide range of shifting factors on its demographic continuum. Where some areas of the state are rural, poor, elder, or lacking in racial or ethnic diversity, others are more urban, affluent, young, and increasingly multiethnic and multilingual. These factors make the application of a "one size fits all, or even *most*" approach to awareness and sexual violence service provision challenging for survivors and providers, whose access or outreach may be unintentionally blocked or limited by language, location, or cultural barriers.

Utilizing the perspective, and often overlooked factor of culture as a lens through which all of our interactions are based and influenced, whether one is a providers or recipients of services, MICC works with educators, businesses, and service providers to improve intercultural communication and address barriers to making clients successful in meeting their service goals. MICC applied this perspective and its skills in facilitation, mediation, information gathering, and training to: provide a snapshot of the state's services for marginalized, highly victimized, and/or underserved communities with regard to sexual violence; determine strengths and gaps in the capacity of Maine's sexual violence service providers to provide outreach, awareness and direct services to underserved communities; and recommend action steps to highlight strengths and fill gaps in the coming years.

B. Objectives and Methodology

In this assessment, MICC utilized the Office of Victims of Crime (OVC) definition of underserved victims of crime as a guide to apply to its research and analysis. (Please note, in this report "underserved" and "diverse" may be used interchangeably.) According to this definition, underserved victims/survivors *may* be defined by "demographic characteristics such as their status as senior citizens, non-English speaking residents, disabled persons, members of racial or ethnic minorities, or by virtue of the fact that they are residents of rural or remote areas, or inner cities."[1] To assess the current snapshot of served and underserved MECASA communities, MICC began by conducting a county by county demographic and research analysis of the state, utilizing the most recent U.S. Census, and then further narrowing its analysis to the specific cities

[1] http://www.ovc.gov/voca/vaguide.htm

in which MECASA providers are located. When U.S. Census data was not available, MICC used data from reliable on-line sources, local service providers, and/or national statistics.

Through center data, interviews with center directors, and online surveys with center staff, MICC determined the scope of services offered by each center and the populations they actively serve. Because data is not currently collected by centers on all underserved populations, the demographic analysis is not as complete or thorough as it could be had this information been formally collected by the centers.

MICC developed and implemented three online assessments/surveys to collect information from 1) MECASA staff, 2) service provider partners, key stakeholders, and 3) members of diverse/underserved groups. The surveys helped to inform the identified perceived strengths and gaps in the capacity of Maine's sexual violence service providers to provide outreach, awareness and direct services to underserved communities. Additionally, MICC facilitated interviews and focus groups with representatives from those same groups.

Given the budget and timeframe available to conduct this assessment, and recognizing the distances between many of Maine's counties, MICC completed one in-person site visits to MECASA providers Lewiston. At the preferred request of the other MECASA Centers, phone conference calls were held with the center directors in the remaining regions, with the exception of Brunswick, which experienced a change in leadership in late July and from which MICC only received staff feedback via online survey. Each MECASA Board of Directors member/Center Director, and all MECASA staff, were asked to complete an online quantitative survey/ assessment in order to ensure the full capture of input from staff through a confidential format.

MICC conducted 10 hours of interviews or focus groups with many, though, given time constraints, not all, underserved populations to inform the identification of service gaps and needs, barriers, obstacles, and opportunities for enhanced sexual violence support services. The aforementioned online assessment/survey was also widely distributed to underserved populations, with language access services when needed.

MICC also conducted 20 hours of in-person or phone interviews with service providers of traditionally underserved populations and MECASA partners who offer parallel or related services for mutual clients or who may be reaching populations within MECASA regions that MECASA has been unable to assist to date. The aforementioned online survey/assessment was also widely distributed throughout the state.

As of August 25, 2015, MICC had an overall survey response of **23** completed surveys from MECASA service providers (No responses were received from USWOM staff nor SAPRS staff, but MICC *did* meet personally with all SAPRS staff and speak with USWOM Director and feels their input was gathered for this report), and **129** from MECASA partners and stakeholders. As

of August 28, 2015 MICC had received **33** completed surveys from underserved population members (20 online surveys and 13 paper surveys). (See Appendix 3 for Links to Survey Question Templates). Survey data received after the dates of August 25th, for MECASA Center Providers and Partners, and August 28th, for Diverse Populations, was not incorporated into this report, but is available in raw data via Survey Monkey at the interest of MECASA.

II. MICC Assessment Findings

A. MECASA Centers' Scope of Services

MICC met with or interviewed each of the MECASA Center Directors for feedback on their current scope of services and regional catchment areas. MICC found that the majority of centers provide similar services of support and advocacy, while a few also offer additional programming for specific populations, like those working with Human Trafficking, Elder Services, Jails/ Prisons, Multicultural/Multilingual Communities, or Workplace Violence and Sexual Harassment issues, depending on community need and funding. The following is a brief outline of services occurring at each center and the counties they serve.

- **Sexual Assault Prevention & Response Services (SAPRS):** Serves Androscoggin, Oxford, & Franklin Counties and provides a range of services including: 24 Hour Helpline; Sexual Assault Response Team (SART); Community Education and Outreach; School-Based Support and Education Programs; Support Groups; The Androscoggin Children's Advocacy Center (CAC), a safe, comfortable, place for a child to be interviewed about sexual or physical abuse; and the Creating Connections program for underserved populations.

- **Aroostook Mental Health Center Sexual Assault Services (AMHC SAS):** Serves Washington, Hancock, *and* Aroostook Counties and provides a range of services including: 24 Hour Helpline, Advocacy and Confidential Assistance/Accompaniment through SART Advocates; Support and Recovery Groups for Victims; Public Awareness Education and Trainings, including School-Based programming. AMHC SAS is in the process of beginning a CAC.

- **Sexual Assault Response Services of Southern Maine (SARSSM):** Serves York and Cumberland Counties and provides a range of services including: 24 Hour Helpline; Sexual Assault Response Team (SART); Community Education and Outreach; School-Based Support and Education Programs, including with local colleges; Jail Advocates and Weekly Support Groups for Incarcerated Individuals; Anti-trafficking Coalition Building; and Victim/Survivor Support Groups.

- **Rape & Response Services (RRS):** Serves Penobscot and Piscataquis Counties and provides a range of services including: 24 Hour Helpline, Advocacy and Support Services; Education & Training; Community Outreach & Prevention; Elder Client Services; Homeless Shelter Office Hours and Groups; and Weekly Education Group at the Penobscot County Jail for Women.

- **United Somali Women of Maine (USWOM):** Serves Cumberland and Androscoggin Counties and provides a range of services including: Support Line; Support Services; Education; Sexual Assault Response Teams; Community Outreach; and maintains a Multilingual and Multicultural staff to work specifically with Limited English Preficient (LEP), immigrant, and foreign born persons.

- **Sexual Assault Crisis & Support Center (SAC&SC):** Serves Kennebec & Somerset Counties and provides a range of services including: 24 hour Helpline; Support Services; Education; Sexual Assault Response Teams; Children's Advocacy Center; Community Outreach; and Workplace Sexual Harassment Training.

- **Sexual Assault Support Services of Midcoast Maine (SASSMM):** Serves Eastern Cumberland, Lincoln, Waldo, Knox, and Sagadahoc Counties and provides a range of services including: Support Line; Medical and Legal System Advocacy; Support Meetings and Specialized Advocacy Services; Support Groups; Resource/Information Referral; Education, Training, and Outreach Services.

B. Demographic Analysis of Maine Counties

In order to determine the services provided and populations currently being served by MECASA service providers, and to identify what populations may be underserved in regions throughout the state, MICC needed to first assess the actual demographics of each of Maine's counties, and then more specifically, each area in which MECASA Center offices are located. The following section details the demographic data behind some of the key characteristics of populations living in Maine, as identified by the Maine Department of Labor's Center for Workforce Research and Information, the U.S. Census 2009-2013 American Community Survey Demographic and Housing 5-Year Estimates, and online sources for social demographics not easily found in those other data sets. MICC gathered this additional social data to research available information on the following populations: Homeless, LGBTQIA [Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual], Trafficked Persons, Incarcerated, and to dig a bit deeper into Native American Populations in Maine. The comparative demographic analysis between who is being served and who exists in MECASA Center service areas, can be found within the Strengths Section of this report.

Table 1. Maine Counties' Total Population and Age Demographics[2]

Area Name	Population, (July 1) 2013 estimate	Population (April 1 - complete count) 2010	Persons under 5 years, percent, 2013	Persons under 18 years, percent, 2013	Persons 65 years and over, percent, 2013
United States	316,128,839	308,745,538	6.3%	23.3%	14.1%
Maine	1,328,302	1,328,361	4.9%	19.7%	17.7%
Androscoggin Cty	107,604	107,702	6.2%	22.2%	15.5%
Aroostook Cty	70,055	71,870	4.7%	19.1%	20.6%
Cumberland Cty	285,456	281,674	4.9%	19.8%	15.9%
Franklin Cty	30,495	30,768	4.6%	18.7%	18.7%
Hancock Cty	54,845	54,418	4.4%	17.6%	20.7%
Kennebec Cty	121,164	122,151	5.0%	19.9%	17.1%
Knox Cty	39,550	39,736	4.5%	18.6%	21.7%
Lincoln Cty	34,088	34,457	4.1%	17.7%	24.6%
Oxford Cty	57,277	57,833	4.7%	19.8%	18.8%
Penobscot Cty	153,364	153,923	4.8%	18.8%	16.0%
Piscataquis Cty	17,124	17,535	4.0%	17.9%	22.9%
Sagadahoc Cty	35,013	35,293	4.8%	19.9%	18.8%
Somerset Cty	51,706	52,228	4.8%	20.3%	18.3%
Waldo Cty	38,940	38,786	5.1%	20.0%	18.6%
Washington Cty	32,190	32,856	4.8%	18.9%	21.4%
York Cty	199,431	197,131	4.9%	20.1%	17.3%

The most populated county in Maine is Cumberland (285, 456 people), followed by York and Penobscot Counties. The least populated county in the state is Piscataquis (17, 124 people), then Franklin and Washington Counties. Androscoggin County has the highest percentage (6.2%) of its population aged under 5 years. Somerset, Waldo and York Counties have some of the highest percentage (an average of 20.1%) of population aged 18 and under. While, Lincoln County surpasses all counties with its percentage of population aged 65 and older (24.6%).

[2] http://www.maine.gov/labor/cwri/county-economic-profiles/countyProfiles.html

Table 2. Maine Counties' Gender, Race, and Ethnicity Demographics[3]

Area Name	Female persons, percent, 2013	White alone, percent, 2013 (a)	Black or African American alone, percent, 2013 (a)	American Indian and Alaska Native alone, percent, 2013 (a)	Asian alone, percent, 2013 (a)	Native Hawaiian and Other Pacific Islander alone, percent, 2013 (a)	Two or More Races, percent, 2013	Hispanic or Latino, percent, 2013 (b)	White alone, not Hispanic or Latino, percent, 2013	Foreign born persons, percent, 2009-2013	Language other than English spoken at home, pct age 5+, 2009-2013
United States	50.8%	77.7%	13.2%	1.2%	5.3%	0.2%	2.4%	17.1%	62.6%	12.9%	20.7%
Maine	51.0%	95.2%	1.4%	0.7%	1.1%	Z	1.6%	1.4%	94.0%	3.4%	6.8%
Androscoggin Cty	50.9%	93.0%	3.8%	0.4%	0.7%	Z	2.1%	1.7%	91.6%	3.1%	12.1%
Aroostook Cty	50.7%	95.5%	0.8%	1.8%	0.5%	0.1%	1.3%	1.1%	94.7%	4.6%	18.2%
Cumberland Cty	51.5%	92.9%	2.8%	0.4%	2.2%	Z	1.8%	1.9%	91.3%	5.8%	7.9%
Franklin Cty	51.0%	97.2%	0.4%	0.4%	0.6%	Z	1.3%	1.2%	96.1%	2.1%	3.0%
Hancock Cty	51.1%	96.7%	0.6%	0.5%	1.0%	Z	1.2%	1.3%	95.5%	3.0%	3.0%
Kennebec Cty	51.3%	96.4%	0.6%	0.5%	0.8%	Z	1.7%	1.4%	95.2%	2.3%	5.7%
Knox Cty	50.6%	97.0%	0.6%	0.4%	0.5%	Z	1.4%	1.1%	96.0%	2.7%	2.7%
Lincoln Cty	51.1%	97.4%	0.4%	0.3%	0.6%	Z	1.2%	0.9%	96.6%	2.4%	3.8%
Oxford Cty	50.3%	97.0%	0.4%	0.4%	0.6%	Z	1.5%	1.2%	96.0%	2.0%	3.0%
Penobscot Cty	50.6%	95.4%	0.9%	1.2%	1.0%	Z	1.5%	1.2%	94.3%	2.7%	4.7%
Piscataquis Cty	50.2%	96.8%	0.5%	0.6%	0.8%	0.1%	1.2%	1.1%	95.9%	1.3%	3.0%
Sagadahoc Cty	51.5%	96.3%	0.8%	0.4%	0.8%	Z	1.7%	1.5%	95.0%	2.2%	4.3%
Somerset Cty	50.4%	97.0%	0.5%	0.5%	0.6%	Z	1.4%	1.0%	96.2%	1.7%	3.5%
Waldo Cty	51.1%	97.0%	0.5%	0.5%	0.5%	0.001	1.4%	1.1%	96.2%	2.0%	3.0%
Washington Cty	50.8%	92.0%	0.6%	5.1%	0.5%	Z	1.8%	1.7%	90.5%	3.6%	5.3%
York Cty	51.3%	96.3%	0.7%	0.3%	1.2%	Z	1.4%	1.5%	95.0%	3.1%	7.1%

Gender percentages among Maine's counties are fairly evenly split between men and women, but Maine's racial demographics reveal it to be one of the least racially diverse states in the U.S., with a population that is reportedly 95.2% white. Maine's largest populations of Black or African American identified individuals reside in the counties of Androscoggin (3.8%) and Cumberland (2.8%), as compared to a statewide percentage of just 1.4%. Maine' largest Native Indian population resides in Washington County (5.1%), while its largest Asian and Latino populations live in Cumberland County. Maine has a foreign born population of just 3.4% of its total population of 1,328,302 (approximately 45,162 people) with the greatest numbers of people residing in Cumberland County (5.8%) and Aroostook County (4.6%), followed by Washington (3.6%), York (3.1%) and Androscoggin (3.1%) Counties. Languages other than English spoken at home in ages 5+ were found greatest in Aroostook (18.2%) and Androscoggin (12.1%) Counties.

[3] http://www.maine.gov/labor/cwri/county-economic-profiles/countyProfiles.html

Table 3. Maine Counties' Veteran, Household Income, Poverty and Density Demographics[4]

Area Name	Veterans, 2009-2013	Median household income, 2009-2013	Persons below poverty level, percent, 2009-2013	Persons/square mile, 2010
United States	21,263,779	$53,046	15.4%	87.4
Maine	126,842	$48,453	13.6%	43.1
Androscoggin	10,223	$44,921	15.6%	230.2
Aroostook	7,159	$37,855	16.3%	10.8
Cumberland	22,138	$57,461	11.4%	337.2
Franklin	2,908	$41,626	15.6%	18.1
Hancock	5,513	$47,460	14.0%	34.3
Kennebec	11,991	$46,808	13.4%	140.8
Knox	4,258	$49,755	10.8%	108.8
Lincoln	3,669	$50,181	11.7%	75.6
Oxford	5,841	$40,674	14.9%	27.8
Penobscot	14,626	$43,734	17.0%	45.3
Piscataquis	2,060	$36,646	18.5%	4.4
Sagadahoc	4,046	$56,733	11.1%	139.1
Somerset	5,385	$38,642	17.8%	13.3
Waldo	4,219	$42,221	16.4%	53.1
Washington	3,639	$37,236	19.5%	12.8
York	19,167	$57,348	9.5%	199

[4] http://www.maine.gov/labor/cwri/county-economic-profiles/countyProfiles.html

Cumberland County had the highest number of veterans (22,138), followed by York County (19,167) and Penobscot County (14,626). The highest median household incomes were found in Cumberland ($57,461) and Sagadahoc ($56,733) Counties, while the highest percentages of those living below the poverty line were found to be residing in Washington (19.5%) and Piscataquis (18.5%) Counties. These poverty rates far surpassed the national (15.4%) and the state (13.6%) percentages. Piscataquis, Aroostook, Washington, and Somerset are the most rural and least populated counties in the state, with as few as 4.4 persons/square mile in Piscataquis to 13.3 persons/square mile in Somerset Counties.

C. Demographic Data[5] and Analysis of MECASA Service Provider Locations/Service Areas

Table 4. Population, Age, Household Income, Veteran, and Disability Demographics in MECASA Center Catchment Areas

Location	Total Pop.	Age 0-19	Age 20-59	Age 60+	Median Household Income	Individuals below Poverty	Veterans	Disabled (Civilian pop. non institutionalized)
Auburn	23,040	25.2%	52.7%	22.2%	$45,449	15.1%	2,112	19.1%
Bangor	32,900	21.4%	57.3%	21.4%	$35,107	24.3%	2,946	20.5%
Brunswick	20,319	23.7%	50.7%	25.3%	$54,758	10.3%	2,174	19.8%
Caribou	8,099	23.5%	51.4%	25.1%	$40,034	16.1%	816	21.6%
Lewiston	36,536	25.5%	52.8%	21.7%	$36,035	22.9%	3,162	22.4%
Portland	66,227	18.9%	63.3%	17.9%	$44,458	20.6%	3,711	12.4%
Winthrop	6,097	22.9%	54.3%	22.7%	$62,133	9.5%	632	18.1%

Not surprisingly, the largest populations are found in centers based in the state's larger cities of Portland (66,227), Lewiston, and Bangor, with the youngest demographic being represented in Auburn (25.2%), Lewiston, and then Brunswick/Caribou. Portland had the highest amount of individuals aged 20-59 (63.3%) followed by Bangor and Winthrop, while Brunswick (25.3%), Caribou, and Winthrop topped the list for oldest residents (aged 60+). Winthrop ($62,133), Brunswick, Auburn, and then Portland had the highest income levels for center locations. Poverty levels were at their highest in Bangor (24.3%), Lewiston, and then Portland. The number of veterans was largest in Portland (3,711), followed by Lewiston and Bangor, and the largest percentages of civilian disabled (non-institutionalized) residents were found to live in Lewiston (22.4%), followed by Caribou, and then Bangor.

[5]US Census **2009-2013 American Community Survey Demographic and Housing 5-Year Estimates**

Table 5. Racial, Ethnic & Language Demographic Data in MECASA Service Areas

Location	White alone	Black or African American	American Indian and Alaska Native	Asian alone	2 or More Races	Latino Alone	English spoken in home only	Language other than English spoken in home [6]	Foreign Born
Auburn	91.8%	2.3%	0.2%	1%[7]	4.3%[8]	2%	88.5%	11.5%	801
Bangor	94.2%	1.6%	0.8%	1.7%[9]	1.2%	1.7%	94.9%	5.1%	1,109
Brunswick	94.5%	1.2%	0.3%	1.8%[10]	1.9%[11]	1.8%	93.8%	6.2%	658
Caribou	94.9%	0.7%	0.8%	0.4%	2.9%[12]	1.1%	89.5%	10.5%	341
Lewiston	95.1%	3.8%	0.1%	1.3%[13]	4.9%[14]	2.2%	80.6%	19.4%	1,752
Portland	85.7%	7.1%	0.1%	3.8%[15]	2.7%[16]	3.6%	85.6%	14.4%	7,938
Winthrop	97.6%	0.3%	0.3%	0.4%	1.5%[17]	2.2%	95%	5%[18]	119

Given its history as a refugee resettlement site and an immigrant city, Portland's percentages of racial diversity are significantly higher than the rest of the MECASA Center sites with the lowest percentage of white alone individuals (85.7%), followed by Auburn (91.8%), and Bangor Brunswick, and Caribou closely following each other (94.2% - 94.9%). Again largely due to immigration trends and refugee resettlement population and secondary migration patterns within the state, Portland possesses the highest number of Black or African American residents (7.1%) followed by Lewiston and Auburn. Populations of Native American Indians and Alaska Natives are residing in low numbers in general, but are highest in centers in Caribou and Bangor. "Asian alone" populations were found to be highest in Portland (3.8%), Brunswick (1.8%), and Bangor

[6] All "Other than English Spoken at home" languages were identified as Indo-European Languages

[7] Majority of Auburn Asian population was Filipino, followed by Korean

[8] Majority of Auburn 2+ races population were White and American Indian & Alaska Native

[9] Majority of Bangor Asian population were Chinese, followed by Korean

[10] Majority of Brunswick Asian population was Korean, followed by Chinese

[11] Majority of Brunswick 2+ races population were White and Asian, followed by White and American Indian & Alaska Native

[12] Majority of Caribou 2+ races population were White and American Indian & Alaska Native, followed by White and Black or African American

[13] Majority of Lewiston Asian population were Chinese

[14] Majority of Lewiston 2+ races population were White and American Indian & Alaska Native

[15] Majority of Portland Asian population were Vietnamese, followed by Other Asian, and Chinese

[16] Majority of Portland 2+ races population were White and American Indian & Alaska Native, followed by White and Black or African American, then White and Asian

[17] Majority of Winthrop 2+ races population were White and American Indian & Alaska Native, followed by White and Black or African American

[18] Winthrop was the only site where the "Other than English Spoken at home" language most identified as Spanish/Spanish Creole, followed by Indo-European languages

(1.7%). Lewiston and Auburn possessed populations from two or more race (4.9% and 4.3%, respectively), while Caribou ranked third (2.9%) ahead of Portland at (2.7%). Those who identified as "Latino alone" were found to be residing mostly in Portland (3.6%), followed by Lewiston and Winthrop. The cities that had the most racial diversity also tended to represent the greatest levels of lingual diversity. Lewiston (19.4%), Portland (14.4%), and Auburn (11.5%) all have populations in which a language "other than English" is spoken in the home, while the greatest numbers of foreign born individuals were found in Portland (7,938), Lewiston (1,752), and Bangor (1,109)

Additional demographic data for those populations not referenced in graph form above can be found in the section below.

D. Perceived Strengths of Services/Outreach Efforts by MECASA Providers to Diverse Populations and Comparative Demographic Analysis

23 MECASA Providers to Diverse Populations completed a specially created online needs assessment survey to explore their perceived strengths, gaps in service, partnerships, skills, and support for working across diverse populations. Additional information was gathered from individual phone calls and meetings with center directors and staff regarding perceived service strengths according to each identified underserved population for this assessment, as well as a corresponding demographic analysis, as a reference for each underserved population in Maine. Online Center Survey contributions were received from: AMHC SAS (3), RRS (3), SAC&SC (6), SARSSM (2), SASSMM(6), and MECASA (3). No responses were received from USWOM nor SAPRS, however, MICC *did* speak directly with the USWOM Director and with the SAPRS Staff during an onsite staff meeting visit, and feels their input is reflected in the bulleted text below according to population. Summary survey results revealed that 60.87% of respondents were Direct Service Providers/Advocates, while 21.74% were an "other" category (Community Educator, Program Coordinator, Communications Director, or CAC Network Coordinator). As a group, the MECASA Providers ranked the **Top 4 following "Underserved Groups" as ones they perceived to serve well:**

1. Youth (81.82%);
2. Incarcerated Persons (59.90%);
3. LGBTQIA and Intellectually Disabled Persons (54.55% each); and
4. Males, Homeless, Elderly, Rurally Located, and Economically Disadvantaged Persons (40.91% each)

The MECASA Center Providers felt the strength of their service was a result of Individual and Community Expressed Need (65.22%); Local Partnerships (60.87%); Personal Relationships/Connections (54.78%); and Special Outreach Programming (47.8%). Centers

identified the following **Top 4 Techniques, Approaches, or Strategies, which allow their center to serve these populations well:**

1. Relationship building/having good relationships with service provider partners (91.30%);
2. Giving trainings or educational programming for service providers and/or partners (69.57%);
3. Giving trainings or education programming for the underserved population (perhaps at a location where that population is known to frequent) (65.22%); and
4. Receiving trainings from other experts (nationally known experts in a certain area, webinars, for example) (60.87%).

According to one provider, they "take a collaborative approach when developing programming to ensure to the best of our ability that it meets the needs of people we are serving and makes the most of available resources." While others noted close relationships and partnerships in the community with other social service providers, law enforcement, medical providers, and attorneys; keeping current with research and cultural competence; and participating on coalitions that address these issues from a multidisciplinary perspective, which helps drive their work forward (such as the Maine Council for Elder Abuse Prevention).

In response to the question, *"Rate the strength of your center's relationships with partners/service providers/stakeholders of the following under-served communities,"* which included the full survey list of diverse populations, the Center Providers rated their **Top 5 Partnerships** as those serving youth; followed by incarcerated persons; economically disadvantaged persons; rurally located persons; and males. Center staff also believed their center's skills in providing effective services to each of the diverse populations listed in the online survey were "skilled" to "very skilled" in serving: youth; males; rurally located persons; economically disadvantaged persons, and LGBTQIA persons.

In response to questions about centers' perception their level of skill in their jobs/available training, and their connection to MECASA as providing them with the structural support (policy and practice) to work with and across populations, all of the centers felt that MECASA staff is very responsive to their needs. They believed MECASA has some wonderful policies and has been helpful in sharing and developing quality measures using an inclusive manner. An example given was how MECASA put together a coalition for CACs for the state, which brought about a cohesive effort to meet the national accreditation standards. Many felt the same momentum around MECASA's anti-trafficking work.

Below is a detailed breakdown of each center's perceived strengths gathered for each underserved population explored in this report.

- **Homeless Persons**

MECASA Centers' Perceptions (MECASA Centers): Homeless Persons were identified as a population being served well by MECASA Centers and ranked #4 for top well serviced group in Maine, along with Males, Elderly Persons, Rurally Located Persons, and Economically Disadvantaged Persons. The following centers identified particular strengths beyond the information collected in the Center Survey, which exemplify their service strengths for this population:

- **Sexual Assault Prevention & Response Services (SAPRS):** Serving homeless people is a strength of the staff of SAPRS. This is infused in their philosophy that staff needs to be visible, accessible, and out in the community providing services. By going where the clients are SAPRS applies this philosophy seamlessly to the homeless population in their area. Their strengths are also in their partnerships: SAPRS is a member of the L/A Alliance for Services to the Homeless, which meets monthly to align services. SAPRS staff meet consistently with the staff and population of local shelters, forming relationships of trust which make disclosure of sexual assault more likely.
- **Aroostook Mental Health Center Sexual Assault Services (AMHC SAS):** There is only one shelter for all of Aroostook County, so AMHC SAS has done training with staff and outreach with shelter users onsite. Some are couch surfing and don't consider themselves homeless, but in working with them AMHC SAS Staff are beginning to identify who exactly *is* homeless in the county.
- **Rape & Response Services (RRS):** RRS offers office hours at two homeless shelters in Bangor (Hope House and Bangor Area Homeless Shelter) and mixed gender education groups (on topics such as communication and healthy relationships) which has increased the number of men and number of homeless they serve simply by having a presence there at the shelters. This initiative began with grant funding.

Comparative Demographic Analysis: The U.S. Department of Housing and Urban Development completes an annual "point-in-time" survey, during which volunteers count the number of homeless people living outside or in shelters in towns and cities across the country on one night in January. According to this survey, the number of homeless Mainers from 2012-2013 climbed 26% from 2,293 in 2012 to 3,016 in 2013, despite a drop in homelessness nationwide, and then dropped in 2014 to 2,726. The drop is thought to be a result of national and state efforts to better assist homeless veterans with targeted programming.[19] Critics of the survey data indicate that "the census includes only people who can be located and counted – not people staying in hotels or with friends and family – it is considered more of an indicator of long-term trends than year-to-year changes." [20] 12 out of Maine's 16 Counties have Emergency Shelter

[19] "U.S. homelessness falls, but in Maine it's up 26%," Portland Press Herald, Nov. 22, 2013, by Randy Billings and "Count of Maine homeless dropped this year, but rises over long term, survey finds," Portland Press Herald, Oct. 30, 2014, Kevin Miller.

[20] "Count of Maine homeless dropped this year, but rises over long term, survey finds," Portland Press Herald, Oct. 30, 2014, Kevin Miller.

services available and 54 Emergency Shelters exist throughout the state. The Maine counties *without* shelters are: Lincoln, Piscataquis, Sagadahoc, and Waldo. The largest city with the most shelters homeless persons is Portland, which has nine shelters.[21] MICC sees potential for more work and partnership with existing and homeless support service providers by SASSMM, which serves three of the four counties without a shelter, and RRS, which serves Piscataquis County. Also, despite serving the state's largest homeless populations and having the most emergency shelters, SARSSM didn't explicitly note serving the homeless well during their site interview. From interviews with local homeless shelter staff in Portland, it was indicated that a decrease of funding and/or prioritization of resources has changed the nature of outreach to the homeless population. There may be room for more cross collaboration, training, and outreach services between center staff and area homeless services providers to increase referrals and improve relationships.

- **LGBTQIA Persons**

MECASA Centers: LGBTQIA Persons were identified as a population being served well by MECASA Centers and ranked #3 for top well serviced group in Maine, along with Intellectually Disabled Persons. The following centers identified particular strengths beyond the information collected in the Center Survey, which exemplify their service strengths for this population:

- **SAPRS:** SAPRS has particular strength in its work with LGBTQIA youth. It works in close collaboration with Outright, for late teens and early adults, and has a consistent presence in local schools. There is also crossover between The Outright Center and the New Beginnings, with whom SAPRS has a strong relationship. SAPRS staff is adept at using accessible methods to engage queer youth such as a game called, "Say No More", art projects, and being visible at community events like Pride. They are able to engage youth in conversation and discussion, and advocates are visible in the community, so this target population knows SAPRS staff are safe.
- **SAC&SC:** This center identified their strength in this area through the collaborations they have with other service providers.

Comparative Demographic Analysis: In 2013, Gallup Politics conducted a phone survey with a random sample of adults living across the U.S. who were asked the question, "Do you, personally, identify as lesbian, gay, bisexual, or transgender?" The margin of error varied by state, but in most cases was less than ±2%. The District of Columbia scored the highest with 10% of its population self-identifying as gay, followed by Hawaii with 5.1%; and then Vermont, Oregon, Maine and Rhode Island rounded out the top five. Maine's polled population self-identifying as gay was 4.8%. The survey, carried out by the Gallup Politics group from January to December of 2013, is the single largest study of the distribution of LGBT-identifying

[21] www.mainehousing.org

Americans to date.[22] With one of the highest self-identification rates in the country, Maine is in a position to be a leader in this area; MICC believes MECASA Center Providers throughout the state have an opportunity to actively and strategically support enhanced LGBTQIA programming and to partner statewide to improve support services and advocacy against sexual violence. SAPRS and SAC&SC noted strengths in serving this population and could serve as leaders within the Coalition to help move the dialogue forward internally and with area partners.

- **Males**

MECASA Centers: Males were identified as a population being served well by MECASA Centers and ranked #4 for top well serviced group in Maine, along with Homeless Persons, Elderly Persons, Rurally Located Persons, and Economically Disadvantaged Persons. The following Centers identified particular strengths beyond the information collected in the Center Survey, which exemplify their service strengths for this population:

- **AMHC SAS:** AMHC SAS is seeing more males seeking them out for services and support groups than before. AMHC SAS attributes this in part to the gender-neutral branding of the agency and MECASA. Additionally, in rural communities especially, word of mouth/reputation is especially important, and word has traveled throughout their region that AMHC SAS has quality support for men. Additionally AMHC SAS is taking advantage of technology, and creating male support groups that meet via teleconference. This has prevented cancellation of male support groups due to low numbers that other centers have struggled with and they have seen a positive response from males who seem comfortable with the distance aspect of a teleconference.

Comparative Demographic Analysis: As found in the recent U.S. Census Data, the gender percentages among Maine's counties are fairly evenly split between men and women. However, what is clear from speaking to MECASA staff, is that males are still an underrepresented group in need of services, which has not been traditionally targeted for support and outreach in a comprehensive way. Only AMHC SAS noted serving this population as a strength area based on their neutral gender approach to their work in general and utilization of technology, which may be something to consider for future programming efforts across the state.

- **Trafficked Persons**

MECASA Centers: Trafficked Persons were identified as a population being served well by some MECASA Centers, but did not rank in the Top 4 for well serviced groups in Maine. The following centers identified particular strengths beyond the information collected in the Center Survey, which exemplify their service strengths for this population:

[22] http://newsfeed.time.com/2013/02/21/and-the-state-with-the-highest-proportion-of-openly-gay-residents-is/

- **SARSSM:** Participates in Greater Portland Coalition Against Sexual Exploitation and Human Trafficking and a new group developing in York County.
- **RRS:** RRS is leading the local coalition efforts, although response has been small as to identified victims.

Comparative Demographic Analysis: Collecting demographic information for this population is a challenging one at best, as MECASA well knows, given its clandestine nature. MICC found the best state resource for this analysis on the Maine Sex Trafficking & Exploitation Network (MSTEN) website, a program of MECASA. Nationally, MICC found that between 100,000 and 300,000 U.S. minors are engaged in commercial sexual exploitation; that 70-90% of commercially sexually exploited youth are survivors of childhood sexual abuse; that Maine callers to the National Anti-trafficking hotline have increased each year, and that "of the 80 homeless and street-involved women and youth surveyed by the Preble Street Teen Center in its 2012 study, 24 percent reported that they have been offered drugs in exchange for sex with a stranger, and 26 percent reported being asked to have sex with a stranger with the promise of payment."[23] With Maine's multiple borders (state, international, and water), its destination as a tourist site, rural scope, limited public awareness for the issue, limited services for victims, and even fewer consequences for offenders, there is a clear need for coordinated and statewide responses to meeting the unique needs of human trafficking survivors in Maine. MICC (and the state) looks forward to MECASA's release of the first Maine-based human trafficking needs assessment in September 2015 for future comparative analysis and the role that MECASA Center Providers and partners will play in the implementation of next steps.

- **People with a Physical/Intellectual Disability**

MECASA Centers: People with an Intellectual Disability were identified as a population being served well by MECASA Centers and ranked #3 for top well serviced group in Maine, along with LBGTQIA Persons. No ranking or reference was made to working with people with a Physical Disability. The following centers identified particular strengths beyond the information collected in the Center Survey, which exemplify their service strengths for the Intellectually Disabled population:

- **SAPRS:** has had a program for underserved populations (Creating Connections) in place for many years. It started with outreach to agencies who serve elderly or those with developmental disabilities. The goal was to cross train staff, make sure those populations specific agencies knew the appropriate response to disclosure (improve police reports and evidence maintenance), and look for ways to better connect services together for those populations. SAPRS has done staff training for those L/A agencies for disability, support groups for those agencies, policy work on best practice and responding – educating guardians on the rights and needs of disabled victims, providing "Making the Case"

[23] http://mainesten.org/statistics

trainings to help service providers of disability and elderly learn about the court process systems.

Comparative Demographic Analysis: According to the U.S. Census, Lewiston has the largest population of civilian non-institutionalized disabled populations in the state, and feedback from local staff in Lewiston was that they have been and are working to address the needs of this community. Despite this population's #3 ranking as most well serviced group among MECASA Centers, SAPRS was the only center to specifically mention their services for this population and note them as an area of strength. Other locations where center efforts could be implemented to meet this established population need, given their identified disabled local populations, are in Caribou (AMHC SAS coverage) and Bangor (RRS coverage).

- **Elderly Persons**

MECASA Centers: Elderly Persons were identified as a population being served well by MECASA Centers and ranked #4 for top well serviced group in Maine, along with Homeless Persons, Males, Rurally Located Persons, and Economically Disadvantaged Persons. The following centers identified particular strengths beyond the information collected in the Center Survey, which exemplify their service strengths for this population:

- **SAPRS:** With the elderly population SAPRS has done a lot of the same education and cross training activities as it did with the intellectually disabled population, but have also added weekly elder housing drop-in services at 6 different sites. SAPRS has also started to spread these services to Oxford and Franklin Counties.
- **SASSMM:** SASSMM has developed strong partnerships with various assisted living organizations, residential treatment homes, senior living residences, and apartments with older adults in their service area. SASSMM hosts ongoing educational groups for older adults (6, 8, 10 weeks in length) called "Tea and Tips," which provide education and awareness sessions for elders on issues of safety, healthy relationships, and communication.

Comparative Demographic Analysis: Lincoln County is the oldest county in the state, and SASSMM, which is located in Brunswick (Cumberland County) and *serves* Lincoln County, has established programming to reach this growing service population. SAPRS, which serves Androscoggin County, also identified programming for elders as a strength, despite having a lower overall elder population, as compared to other counties. Within the Center locations, Brunswick (SASSMM) has the oldest populations in the state, followed by Caribou and Winthrop, however, the MECASA Centers of AMHC SAS and SAC&SC did *not* note strengths for serving an elder population despite residing and serving these older counties. This may be an area to explore to better meet the needs of this growing population in those particular communities, followed by a strategic statewide approach, given Maine's national status as the oldest state in the country.

- **Youth**

MECASA Centers: Youth were identified as a population being served well by MECASA Centers and ranked #1 for top well serviced group in Maine. The following centers identified particular strengths beyond the information collected in the Center Survey, which exemplify their service strengths for this population:

- **SAPRS:** For 10 years in Androscoggin, SAPRS has been conducting drop-ins 2 hours/week at the high schools (some middle schools and alternative schools), so the educators in the schools are also the advocates in the schools on a wide range of sexual violence prevention issues. They put flyers up throughout the school, educate guidance counselors, wander through the school to remind them that SAPRS staff is there and available, set up individual meetings after school - whatever is convenient to the students. They provide prevention and advocacy through health classes, advisories, and prevention roundtables (including: Sexual Harassment, Healthy Relationships, Consent, Internet Safety, Sexual Assault 101). SAPRS uses gender neutral non-victimizing language to not alienate male victims and works to avoid male/female perpetrator/victim stereotypes in their education and outreach. The students get to know the educators/advocates in class, which makes them more accessible. Also, because it is occurring in the school, students can get support services without notices to their parents. SAPRS also attends the Auburn Library Teen Center and has drop-in times there. SAPRS has some outreach to youth in Franklin and Oxford Counties, but they tend to be more informal drop-ins by Educator Advocates. SAPRS is looking to develop a College Advocate as well.
- **AMHC SAS:** This center in the process of beginning the creation of a CAC. A needs assessment will be started this fall, and in a year to 18 months, they plan to establish the Center. AMHC SAS has grown the schools program significantly since MECASA and the Centers established a K-12 curriculum, which is a formally structured curriculum supported by the DOE and welcomed by educators and administrators. In the last year, AMHC SAS has gained access to more schools and has had more interactions with younger (elementary aged) students, as well.
- **SARSSM:** SARSSM's Advocacy and Support teams are reportedly reaching out to youth in several effective ways. They have a grant with the Campus Safety Program to conduct trainings with colleges in their region. This year SARSSM is looking to implement protocols to move the work forward, beyond the ending funding, and indicated that they will be a presence on campus and will continue to do trainings for campus police and security, Greek systems, and anything else which is mandated under Title IX services. SARSSM's CAC opened in June in Cumberland County, after 2 years of planning, and they would like to open one in York County, where there is also a need for services.
- **RRS:** RRS has a smaller dedicated task force on CAC development. Their Director is leading the effort with support of the program regional office at DHHS. The CAC should be up and running within 1-2 years.

- **SAC&SC:** Staff are present in almost every school in their area counties for both prevention and drop-in services.

Comparative Demographic Analysis: According to the U.S. Census, Somerset, Waldo and York Counties have some of the highest percentages (an average of 20.1%) of populations aged 18 and under in the state. SARSSM (York County) and SAC&SC (Somerset) both noted strengths in serving youth in these high population areas, but SASSMM did not indicate strengths offering services for youth in Waldo County. City census data for MECASA Centers indicated that Lewiston and Auburn (Androscoggin County), Brunswick (Cumberland County), and Caribou (Aroostook County) were found to have large youth populations compared to other center sites. SAPRS (Androscoggin, Oxford and Franklin) and AMHC SAS (Aroostook) mentioned strengths in serving youth, while again SASSMM made no reference to strengths in serving youth in particular. Despite having lower percentages of youth in their catchment areas, RRS and SAC&SC indicated services to this population as a strength.

- **Incarcerated Persons**

MECASA Centers: Incarcerated Persons were identified as a population being served well by MECASA Centers and ranked #2 for top well serviced group in Maine. The following centers identified particular strengths beyond the information collected in the Center Survey, which exemplify their service strengths for this population:

- **AMHC SAS:** The Aroostook County Jail Advocate has been providing community education, one on one advocacy support, and support groups for 2-3 years. MECASA received Prison Rape Elimination Act (PREA) funding to bring the prisons into compliance with PREA, so AMHC SAS has been doing substantial work with prisons to develop advocacy services and train staff. AMHC SAS is establishing services with Hancock and Washington Counties right now, including getting to know the staff there informally and starting those relationships, using relationships and current contracts that AMHC has with those prisons to piggy back AMHC SAS services and gain entry. AMHC SAS is figuring out how to maneuver support services within a system that limits inmates' rights – "they just can't call us anytime."
- **SARSSM:** SARSSM Staff go to York County Jail and Cumberland County Jail and Longcreek Youth Development Center each week and provide support groups that are co-facilitated with a domestic violence advocate at each jail, in each county. SARSSM also serves the Maine Correctional Center in Windham and receives referrals from within the Center or via the hotline. SARSSM does individual visits as needed. SARSSM conducts staff trainings at each of the facilities about how to make a referral, what to do if someone comes forward and discloses sexual assault, safety planning for re-entry to the community, etc. SARSSM staff have good relationships with corrections and the enforcement of PREA has heightened awareness of requirements and referrals so corrections is somewhat more welcoming. SARSSM staff, who are trained and

motivated to work with inmates, are very interested in doing even more work with victims and jails.

- **RRS:** RRS offers a weekly education group (communication, healthy relationships, talk about women's experiences), not a support group, at the Penobscot County Jail for Women. This exemplifies the technique of relationship building through education to encourage future disclosure.
- **SAC&SC:** Staff have a regular presence in county jails and they receive referrals from jails for support services.

Comparative Demographic Analysis: The number of Maine prisoners under the jurisdiction of state or federal correctional authorities, by sex, as of December 31, 2012 and 2013 were: 2,108 (1,944 men and 164 women) in 2012 and 2,173 (2,013 men and 160 women) in 2013.[24] In 2013, Maine had the lowest rate of adults under supervision in the country, which includes those who are incarcerated, on parole or on probation.[25] In 2011, the Maine Department of Corrections (MDOC) was awarded a federal grant to enhance its efforts to become PREA compliant, and ensure the safety of the prisoners/residents under its supervision. In 2012, as part of a required grant match, MDOC hired its first full time PREA Coordinator to oversee the Department's efforts in achieving and maintaining compliance under PREA. Any facility that receives federal funds or contracts for services with federal money will be audited for PREA compliance. Small jails that don't receive federal funds will not receive audits and have no PREA requirements. MICC supports the good work being done by MECASA Providers statewide, and encourages the continued relationship building and education of Maine's corrections system and staff about sexual violence within and external to its facilities, in all of the counties, regardless of federal funding and required PREA compliance.

- **Non-Native English Speakers/Language Limited/Foreign Born Persons**

MECASA Centers: Non-Native English Speakers/Language Limited/Foreign Born Persons were identified as populations being served well by some MECASA Centers, but it was not ranked in the top 4 service groups being served well. The following centers identified particular strengths beyond the information collected in the Center Survey, which exemplify their service strengths for this population:

- **USWOM:** USWOM is actively involved in community outreach and has a multilingual staff which speaks: Somali, Maay Maay, Kinyarwandan, Kirundi, Lingala, Acholi, Arabic, French, Portuguese, and Swahili. 30-40% of their clients are Somali and the remaining are from: Iraq, Chad, Angola, Burundi, and the Sudan, who represent the

[24] Prisoners in 2013, U.S. Department of Justice, Office of Justice Programs , Bureau of Justice Statistics, E. Ann Carson, Ph.D., BJS Statistician, Revised September 30, 2014

[25] http://www.pressherald.com/2014/12/31/state-prison-populations-at-lowest-point-in-a-decade-maines-rate-lowest-in-u-s/

highest number of USWOM's non-Somali cases. There is a growing French speaking community from Angola, Rwanda, Burundi, Congo, and other central African countries, which USWOM has been serving. Many of them are asylum cases, which have high rates of sexual violence and female genital mutilation in their histories.

- USWOM sees their services as "opposite from the typical systems of services." Many community members are isolated in their homes, so they do aggressive community level outreach to ensure people are getting the services. Being on the street, going to local stores, the mosque, and building community awareness and education of gender issues and sexual violence is how they introduce the work to the community. They talk about sexual violence and how to access/connect to services; what to do; they give out their cell numbers; and show themselves as part of the community. They also work with all aspects of the case and make referrals to other providers that the client may be in need of beyond their own. They don't lead with, "Let's talk about sexual violence," but rather they weave it into their community conversations in a culturally appropriate manner and in a subtle yet deliberate way in order to change attitudes of people around these issues and promote healthy relationships. MICC sees these techniques as best practices for serving foreign born/linguistically diverse populations, and encourages other centers to incorporate these strategies into their approach.
- Grassroots efforts are in place designed to bring the service to the community, and, as a result, many victims/survivors come out of isolation. USWOM provide services and education in the community language, and the staff is from the community, thus creating a safe environment free of cultural differences and language barriers. This cultural and linguistic approach promotes sexual assault awareness and knowledge to support victims/survivors to seek out services and crisis intervention programs. MICC sees these techniques as best practices for serving foreign born/linguistically diverse populations, and encourages other centers to incorporate these strategies into their approach.

Comparative Demographic Analysis: Interestingly, languages "other than English spoken at home" in ages 5+ were found greatest in Aroostook (18.2%) and Androscoggin (12.1%) Counties. While, according to the U.S. Census data for MECASA Center sites, the cities with the greatest levels of lingual diversity were: Lewiston (19.4%), Portland (14.4%), and Auburn (11.5%) and all have populations in which a language "other than English" is spoken in the home. The greatest numbers of foreign born individuals were found in the counties of Cumberland (5.8%), Aroostook (4.6%), and Washington (3.6%), and in the MECASA Center cities of: Portland (7,938), Lewiston (1,752), and Bangor (1,109). The USWOM was the only center to note this population as one of their core strengths across diverse linguistic and cultural groups and actively serves the Lewiston, Portland, and Auburn areas. Based on the populations' demographic data, there could be the potential to increase services in the SARSSM, RRS, and AMHC SAS catchment areas for multilingual and multicultural populations.

- **Native American/Indian/First Nation Persons**

MECASA Centers: No significant strengths were identified for these populations by the Centers and they did not rank in the top 4 groups served well.

Comparative Demographic Analysis: There are five federally recognized Indian tribes in Maine today the: Aroostook Band of Micmacs (Presque Isle), Houlton Band of Maliseet Indians (Houlton), Passamaquoddy Tribe of Indian Township (Princeton), Passamaquoddy Tribe at Pleasant Point (Perry), and the Penobscot Nation (Old Town), all of which are members of the Wabanaki Women's Coalition. According to the 2010 U.S. Census, the three counties in which Indian reservations exist and had the largest proportion of Native American residents, were in Washington County (4.5% of the county's population), followed by Aroostook County (1.5%), and Penobscot County (1.2%). The Native American population statewide is 0.6%., but are highest in some of MECASA's Center site's census data in Caribou and Bangor (0.8% each). MICC sees potential for more work and partnership, cross training and referral of services with these populations, particularly by AMHC SAS (Aroostook and Washington) and RRS (Penobscot) staff.

- **Economically Disadvantaged Persons**

MECASA Centers: Economically Disadvantaged Persons were identified as a population being served well by MECASA Centers and ranked #4 for top well serviced group in Maine, along with Homeless Persons, Elderly Persons, Rurally Located Persons, and Males. The following centers identified particular strengths beyond the information collected in the Center Survey, which exemplify their service strengths for this population:

- **RRS:** RRS has been under the umbrella of the local community action agency (Penquis) since 2008 and is able to make good referrals and resources available to people in need across the community.
- **SAC&SC:** The CAC at SAC&SC has created close partnerships with DHHS; this has brought many referrals of this population. SAC&SC also provides support to access transportation, through a collaboration with a CAP (Community Action Program) agency, which is helpful for this population to access services.

Comparative Demographic Analysis: According to U.S. Census data, Maine's highest percentages of those living below the poverty line reside in Washington (19.5%) and Piscataquis (18.5%) Counties. These poverty rates far surpassed the national (15.4%) and the state's (13.6%) percentages. RRS serves Piscataquis County and indicated a strength in reaching this population, while AMHC, which serves Washington County, made no mention of this service strength. The MECASA Center sites' census data for Bangor, Lewiston, and Portland, revealed these sites had the highest poverty population rates among the MECASA providers. Besides RRS (Bangor), centers serving these catchment areas made no reference to this population's needs. While SAC&SC (Kennebec and Somerset), which had the lowest population rates for people living below poverty, indicated a strength through its local DHHS partnership and the availability to

provide needed transportation services. Given the #4 strength of service ranking for this population among all MECASA Centers, MICC recommends looking more closely at *how* exactly services are being provided well, and what efforts AHMC SAS, SARSSM and SAPRS in particular, are doing to increase these efforts.

- **Rurally Located Persons**

MECASA Centers: Rurally Located Persons were identified as a population being served well by MECASA Centers and ranked #4 for top well serviced group in Maine, along with Homeless Persons, Elderly Persons, Economically Disadvantaged, and Males. The following centers identified particular strengths beyond the information collected in the Center Survey, which exemplify their service strengths for this population:

- **SAPRS:** SAPRS has dedicated people who live in and do outreach from Farmington, in Franklin County, and Rumford in Oxford County, to these counties' most rural places. There is a new program working with the Healthy Community Coalition in Franklin County to join them in their location (and in their RV) to take services beyond Farmington to more rural parts of the county, as well.
- **RRS:** Rurally, RRS serves Piscataquis County and they have staff in an office there, who are present and available for outreach, services, and referrals.
- **SAC&SC:** SAC&SC effectively services this population because of close ties and strong relationships with police and hospitals, who provide them with trauma friendly space for meeting with clients. Additionally, transportation services are available through the local CAP agency to serve all CAC cases as a priority (35% are coming from Somerset County and 65% from Kennebec County based on population) and others in need.

Comparative Demographic Analysis: According to U.S. Census data by county, Piscataquis, Aroostook, Washington, and Somerset are the most rural and least populated counties in the state, with as few as 4.4 persons/square mile in Piscataquis County and up to 13.3 persons/square mile in Somerset County. Looking at MECASA center site data, SAPRS noted strengths in serving the rural populations in their catchment area (Androscoggin, Oxford, and Franklin). MICC believes having people who are from the community, and therefore intimately understand the challenges residents face, is a model of best practice for meeting this underserved population. RRS (Penobscot and Piscataquis) and SAC&SC (Kennebec and Somerset) also shared strengths, as well as their challenges, in meeting the needs of this group in the more rural counties (see **Perceived Service Barriers** Section). AMHC SAS did *not* note a particular strength in serving this population in Aroostook and remote Washington Counties, but did note it as a gap area (see **Perceived Service Barriers** section). MICC recognizes the challenges that AMHC SAS's large service area presents with limited staffing and resources, and encourages AMHC SAS in building local partnerships to maximize their outreach, referrals, and service delivery.

- **Veterans/Active Duty Servicemembers**

MECASA Centers: Veterans/Active Duty Servicemembers were identified as a population being served well by some MECASA Centers, but did not rank in the top 4 for populations served well. The following centers identified particular strengths beyond the information collected in the Center Survey, which exemplify their service strengths for this population:

- **SAPRS:** SAPRS staff shared that based on the underreporting of active duty military or veterans, it is clear that there are many who are choosing not to use the military services. So SAPRS has connected to veteran service providers and The Maine Community and Military Network to create an opportunity for active and inactive military to access their services. There is a new Veterans home in L/A that is all men, and the SAPRS Outreach Coordinator has reached out to them to establish drop-in services. SAPRS also has a strong contact at the new veteran's home, who is a veteran herself who has conducted sexual assault investigations in the military, and who serves as good referral point for SAPRS services.

Comparative Demographic Analysis: According to U.S. Census data, Cumberland County had the highest number of veterans (22,138), followed by York County (19,167) and Penobscot County (14,626). In examining the MECASA Center site census data, Portland (3,711), Lewiston (3,162) and Bangor (2,946) were found to have the highest populations of veterans. Only SAPRS in Lewiston noted this population as one with whom they actively engaged. MICC suggests more intentional outreach be made by centers in these higher population areas (SARSSM, RRS) for the delivery of more comprehensive services to veterans and active duty servicemembers.

- **African American or Black Persons**

MECASA Centers: No significant strengths were identified for these populations by the Centers as populations, per se, nor were they ranked in the top 4 best served groups, but USWOM did make reference to having a multilingual and multiethnic staff, which speak languages spoken by many African nations and work with many refugee and asylum seekers from Africa. According to USWOM, 30-40% of clients are Somali and the remaining are from: Iraq, Chad, Angola, Burundi, and the Sudan. As noted earlier under the foreign born population strength analysis, many of the people have pending asylum cases and have high rates of sexual violence and female genital mutilation in their personal histories. Since a significant percentage of the foreign born population in Maine is of African descent, we can see an overlap of this category and Non-Native English Speakers/Language Limited/Foreign Born Persons.

Comparative Demographic Analysis: Maine's largest populations of Black or African American identified individuals reside in the counties of Androscoggin (3.8%) and Cumberland (2.8%), as compared to a statewide percentage of just 1.4%. Portland's percentages of racial diversity are significantly higher than the rest of the MECASA Center sites with the lowest percentage of white alone individuals (85.7%), followed by Auburn (91.8%), and Bangor

Brunswick, and Caribou closely following each other (94.2% - 94.9%). Again largely due to refugee resettlement population and secondary migration patterns within the state, Portland possesses the highest number of Black or African American residents (7.1%) followed by Lewiston (3.8%) and Auburn (2.3%). SARSSM (Portland) and SAPRS (Lewiston and Auburn) as well as centers in Bangor (RRS), Brunswick (SASSM), and Caribou (AMHC SAS) should consider expanding their efforts to serve this population in their areas.

- **Asian/Asian American Persons**

MECASA Centers: No significant strengths were identified for these populations by the centers as populations, per se, nor were they ranked in the top 4 best served groups, but USWOM did make reference to having a multilingual and multiethnic staff, which can speak in clients' languages and who work with many refugee and asylum seekers from Africa, as well as Asia (Iraq). According to USWOM, 30-40% of clients are Somali and the remaining are from: Iraq, Chad, Angola, Burundi, and the Sudan. It should be noted, however, that in U.S. Census data, people of Middle Eastern descent are put into the category of "White", though they sometimes self-identify as Asian, since they are from the continent of Asia, making demographic analysis of this group sometimes imprecise.

Comparative Demographic Analysis: According to US Census data, Maine's "Asian alone" populations were found to be highest in Cumberland County (2.2%), York County (1.2%) and Hancock and Piscataquis Counties (1% each). When looking at MECASA Provider Centers, the greatest population rates were found in Portland (3.8%), Brunswick (1.8%), and Bangor (1.7%). The composition of the Asian populations varied some degree by location. In Portland, the Asian population was primarily Vietnamese, followed by "other Asian;" in Brunswick, the Asian population was primarily Korean, followed by Chinese; and in Bangor, the Asian population was primarily Chinese, followed by Korean. Differences in language and culture should be observed by SARSSM, SASSMM, AMHC SAS, and RRS Staff in future outreach efforts and service provision to these respective communities.

- **Pacific Islander Persons**

MECASA Centers: No significant strengths were identified for these populations by the Centers, nor were they ranked in the top 4 best served groups.

Comparative Demographic Analysis: No significant U.S. Census data was found for this population in Maine.

- **Hispanic/Latina/Latino Persons**

MECASA Centers: No significant strengths were identified for these populations by the Centers, nor were they ranked in the top 4 best served groups.

Comparative Demographic Analysis: According to the U.S. Census, the Maine counties with the largest Hispanic/Latina/o populations are in Cumberland, Androscoggin, York, and Sagadahoc Counties. Those who identified as "Latino alone" in MECASA Center site census data were found to be residing mostly in Portland (3.6%), followed by Lewiston (2.2%), Winthrop (2.2%), and Auburn (2%). Language and cultural norms should be observed by SARSSM, SAPRS, SAC& SC and SASSMM Staff in future outreach efforts and service provision to these communities.

- **Religious Minorities (Muslim, Jewish, etc.)**

MECASA Centers: No significant strengths were identified for these populations by the Centers, nor were they ranked in the top 4 best served groups, however, USWOM did mention their work with multicultural communities and community leaders, including local area mosques and Imams. Many of the groups that USWOM serve are Muslim (Somali, Iraqi, Sudanese), so there is overlap in this category and the category of Non-Native English Speakers/Language Limited/Foreign Born Persons.

Comparative Demographic Analysis: This data was not available for comparison and analysis.

- **Seasonal Migrant Persons**

MECASA Centers: No significant strengths were identified for these populations by the Centers, nor were they ranked in the top 4 best served groups.

Comparative Demographic Analysis: This data was not available for comparison and analysis.

- **Other:**

MECASA Centers: The following center identified additional strengths beyond the information collected in the Center survey or within this report's underserved populations list, which exemplify their service strengths:

> **SAPRS:** Began to target those living with mental health challenges this year (2015) with weekly drop-in hours at 100 Pine Street, a place where people with mental health and mental illness congregate regularly.

Comparative Demographic Analysis: MICC believes that it is noteworthy to mention that mental health or mental illness was not a "population" category that was researched for this assessment as a potentially underserved group. However, given the impact that sexual violence can have on an individual's mental (and physical and emotional) health, MICC does believe this is a worthy and important population that should be examined more closely in future research.

E. Perceived Service Barriers and Gaps for Different Populations According to MECASA Center Providers/Staff, Service Providers to Underserved/Diverse Communities, and Members of Diverse Populations

Perceived service barriers and gaps were collected via three separate surveys. Each was tailored to the role of the respondent to explore their perceived needs and gaps in service, partnerships, and skills for working across and accessing diverse populations, as either a:

- MECASA Center Provider or Staff
- Service Provider to Underserved/Diverse Communities, or
- Member of a Diverse Population(s)

Because underserved communities are often not reached by traditional methods of gathering data, MICC collaborated with service providers already serving those communities to conduct interviews and focus groups during already established gatherings (homeless, economically challenged, rural, formerly incarcerated) or to distribute paper surveys or links to the online surveys. Additionally, MICC used its already established connections to underserved communities, particularly language limited/immigrant, to conduct focus groups and individual interviews. Given time and budgetary constraints, MICC was not able to contact members of every underserved community, although service providers of all underserved communities were reached through the online survey.

MICC had an overall survey response of **23** completed surveys from MECASA service providers and **129** from Service Providers to Underserved Communities. MICC received **33** completed surveys from underserved population members (20 online surveys and 13 paper surveys). In reviewing the survey feedback from Service Providers to Underserved Communities, it is important to note that all providers indicated numerous underserved populations as recipients of service, and not just one group or population. Acknowledging that a client may also be a member of multiple diverse groups and populations (e.g. male, homeless, rurally located, and elderly), MICC organized and sorted its analysis of perception of barriers data according to primary population served, which revealed different numbers of responses for each of the underserved populations in question.

As noted in the **Perceived Strengths** Section of this report, MECASA Center Provider contributions were received from: AMHC SAS (3), RRS (3), SAC&SC (6), SARSSM (2), SASSMM (6), and MECASA (3). No responses were received from USWOM nor SAPRS,

however, MICC *did* speak directly with the USWOM Director and with the SAPRS Staff during an onsite staff meeting visit, and feel their input is reflected in the bulleted text below according to population.

As a group, the MECASA Center Providers and Staff ranked the following **Top 5 groups as populations that may be underserved in their region/ones that their center is not reaching as effectively as they would like:**

1. Males (60.87%)
2. LBGTQIA Persons (56.52%)
3. Rurally Located Persons; Veterans/Active Duty Servicemembers, and Non-Native English Speakers/Language Limited/Foreign Born Persons (47.83% each)
4. Homeless Persons and Elderly Persons (43.48% each); and
5. Trafficked Persons (39.13%).

The **Top 3 Reasons**, from MECASA Center Providers' perspective, were:

1. We need more/better collaborating partners (65.22%)
2. Limited staffing (60.87%)
3. Limited funding; We need more training to understand how best to serve these populations; and We don't know how to reach them effectively (43.48% each)

The following Perceived Barriers and Gaps Section is a detailed breakdown of the information gathered from all three surveys, additional phone calls and meetings with MECASA Center Providers, Service Providers to Underserved Communities, and Members of Diverse Populations, regarding perceived gaps and barriers, according to each identified underserved population for this assessment.

- **Homeless Persons**

MECASA Centers' Perceptions (MECASA Centers): Homeless persons was identified as an underserved population by MECASA Centers and ranked #4 for top underserved group in Maine, along with the Elderly. Reasons given for gaps in service were funding for staff and outreach.

Service Providers to Underserved Communities' Perceptions (Service Providers): 56 of 129 respondents identified this group as their priority service population. The majority of homeless service providers served Cumberland County (37.5%), Kennebec County (26.79%), York

(19.64%), Androscoggin and Sagadahoc Counties (each 17.86%). Perceived barriers to accessing services were ranked into the following top five categories: 1) Shame; 2)They don't know that this service exists; 3) Fear of retaliation, future violence; 4) They confuse seeking sexual assault services/support with reporting to police (don't realize they can do one without the other); and 5) Transportation. The top four responses regarding the strength of relationships with MECASA or their local sexual assault support center indicated the relationship was: not strong nor weak (27.7%); very strong (25.45%); somewhat strong (14.55%), and strong (14.55%). One provider stated, "Clients we serve are often in a state of crisis and struggling to meet basic needs. Addressing basic needs can take time and access to resources are limited, therefore addressing issues like sexual assault, trafficking are tertiary in the scheme of things."

Members of Diverse Populations' Perceptions (Diverse Populations): In interviews with formerly homeless women, it was indicated that sexual assault/violence was normalized and not something out of the ordinary and therefore seeking "services" didn't make sense to them at the time. Said one survivor, "It has happened many, many times from the first time at age 7 through 26, the last time." Additionally, exchanging sex for various things was often a matter of survival, another explained, so consent wasn't really consent, but she felt unable to escape the cycle since she was "just trying to get through the day." She added: "What good would it have done to say, 'this is rape'?" Almost all in the focus group said that at the time of their homelessness, they 1) did not know about MECASA's sexual assault support centers 2) did not understand how they could help and 3) did not know how to contact them. Three online surveys completed by those who had been homeless also indicated that they didn't know about MECASA and its centers' available support services and that if they had experienced a sexual assault they would most likely tell a friend, family member, teacher, or an elder in the community. One of the respondents is a survivor of sexual assault who didn't seek out MECASA services, because she said that her assault had happened a long time ago and she didn't want to talk about it; she felt guilty and scared to tell someone outside of her community.

- **LGBTQIA Persons**

MECASA Centers: LBTQIA Persons was identified as an underserved population by MECASA Centers and ranked #2 for top underserved group in Maine. The following centers provided additional input regarding some of their service gaps and challenges in reaching this population.

- **SAPRS:** Expressed having a hard time reaching adult LGBTQIA groups.
- **AMHC SAS:** Stated it is "really conservative" in Aroostook County, and especially farther north in French speaking Acadia. AMHC SAS know the population is there, but they don't necessarily know who they are or how to connect with them. There is a significant LGBTQIA population in Machias, who are more progressive and forward in disclosing. Despite AMHC SAS reporting that "there have been a lot of great trainings around underserved populations," they acknowledge that "there is more to learn and

always opportunities for growth" especially in effectively serving the transgender population. A barrier to this learning for AMHC SAS staff is when trainings are very far away for them (Augusta, southern Maine, or out of state), staff have to choose between spending the time and money attending or serving their populations. They access web based trainings, but lose out on the interactive component of networking, meeting people, and developing relationships.

- **RRS:** RRS staff is interested in working in this area, but RRS doesn't know if it's "a real need" in this area of the state.
- **USWOM:** There are very few cases that they know of because culturally it is not spoken about in many African and Middle Eastern immigrant groups.

Service Providers: 36 of 129 respondents identified this group as their priority service population. The majority of LGBTQIA service providers served Cumberland County (30.56%), Kennebec County (27.78%), Androscoggin County (22.22%), Somerset County (19.44%) and York County (19.44%). Perceived barriers to accessing services were ranked into the following top five categories: 1)They don't know that this service exists; 2) Shame; 3) Fear of retaliation, future violence; 4) Transportation; and 5) They confuse seeking sexual assault services/support with reporting to police (don't realize they can do one without the other). The top four responses regarding the strength of relationships with MECASA or their local sexual assault support center indicated the relationship was: very strong (30.56%); not strong nor weak (22.22%); somewhat strong (16.67%), and strong (16.67%). According to one provider, "Fear and ignorance are the greatest barriers. Early education may help."

Diverse Populations: In interviews with members of the LGBTQIA community, there was concern about sexual assault support workers' level of competency around 1) transgender issues and 2) working with gay men, suggesting this perception may be a barrier to accessing services through MECASA support centers. There was concern that center staff was primarily female and this was not always a good fit for a gay man who may be looking for support with someone more familiar with his cultural context. Information gathered from the online surveys revealed that all LGBTQIA respondents are female, and 4 out of the 6 had experienced sexual violence in their lifetimes. The majority of the females had heard of MECASA and its centers' services and indicated their first inclination would equally be to speak with a friend or family member about an assault as they would be go to a sexual assault center for support.

- **Males**

MECASA Centers: Males were identified as an underserved population by MECASA Centers and ranked #1 for top underserved group in Maine. The following centers provided additional input regarding some of their service gaps and challenges in reaching this population.

- **SAPRS:** SAPRS reports that there is one group in Farmington with 3-4 men attending each time. This center described the challenges of getting men to come forward, the need

to secure additional staffing for outreach and support of this group, and the challenges of creating outreach, messaging, and services with a focus on males in order to see the numbers increase. Specifically, SAPRS sees opportunity to work on identifying what forms of support are best for male survivors. SAPRS currently does outreach, but they report that social pressure and shame are major barriers to males coming forward.

- **RRS:** RRS believes it could be doing more work with males, besides those they serve in the homeless community. Numerically speaking they know they exist, but they aren't coming forward for services or disclosing and RRS staff isn't exactly sure why, but assumes all the societal reasons are a barrier.

Service Providers: 47 of 129 respondents identified this group as their priority service population. The majority of male service providers served Cumberland County (29.76%), Kennebec County (27.66%), Somerset County (21.28%), York County (19.15%), and Androscoggin County (12.77%). Perceived barriers to accessing services were ranked into the following top five categories: 1) They don't know that this service exists and Shame; 2) They confuse seeking sexual assault services/support with reporting to police (don't realize they can do one without the other); 3) Transportation and Fear of retaliation, future violence; 4) Belief that services won't help/will do more harm than good; 5) They don't know how to access services. The top four responses regarding the strength of relationships with MECASA or their local sexual assault support center indicated the relationship was: very strong (23.40%); not strong nor weak (21.28%); somewhat strong (19.15%), and strong (17.02%). According to a provider, "Many times, due to the control the perpetrator has over the victim, the victim feels like they are betraying the perpetrator and fails to report."

Diverse Populations: Males interviewed indicated that shame and denial played major roles in the decision to seek services/join a support group. Even the concept of a "support group" did not sit well with some men: "Why would I want to sit around and talk about my feelings?" One man interviewed, who suffered sexual assault as a child, "just wants to keep it in the past". Two males completed the Diverse Members Online survey. They are both of African birth and speak French and Lingala. While neither indicated a personal experience of sexual violence, they both noted the importance of this issue within their communities, "in my community there are many victims of sexual abuse, but they prefer to keep quiet because they are ashamed." One stressed the value of "sensitizing new Mainers, preventing sexual assault or related actions by teaching or facilitating workshops on sexual harassment assault, definition, how to avoid it, etc…assault or harassment are not defined in the same way in all countries."

- **Trafficked Persons**

MECASA Centers: Trafficked Persons were identified as an underserved population by MECASA Centers and ranked #5 for top underserved group in Maine. The following centers

provided additional input regarding some of their service gaps and challenges in reaching this population.

- **SAPRS:** Lewiston is one of the hubs for human trafficking in Maine and SAPRS participates in the anti-trafficking network, but when a case is brought forward there is a lack of standardized systems and coordinated protocol. This center expressed the need for a person dedicated to addressing these complicated and complex cases to coordinate the efforts and be the point of contact for Lewiston. Recognizing the overlap of populations, and the need to address all aspects of victims' identities, the center staff and director discussed the overlap of trafficking victims with other demographic categories including youth (a recent case saw a 13 year old victim), homeless, and economically challenged. They also discussed concern that the Somali population being extremely vulnerable to human trafficking due to lack of awareness. Additional barriers to effective service of this population is identified are the need for safe housing and transitional housing.
- **AMHC SAS:** AMHC SAS has participated in a great deal of training around trafficking, but a number of their partner providers are not classifying cases as trafficking, making the numbers look low and giving providers less incentive to do the work. MECASA has been instrumental in providing training support, but new initiatives tend to come to Aroostook and Northern Maine years after the south, such as has been the case with the creation of CACs.
- **USWOM:** There is an emerging need for services in the communities USWOM serve, both in the Portland and Lewiston area, but a barrier to providing services are limited resource and public awareness.
- **SAC&SC:** Is in the beginning stages of this work and have just started a task force with DHHS, LEA, etc. They believe additional training about trafficking that is *Maine specific* would help them do their work effectively.

Service Providers: 21 of 129 respondents identified this group as their priority service population. The majority of trafficking service providers served Cumberland County (33.33%), All Counties in Maine (28.5%), Kennebec, Somerset, and York Counties (23.81%), and Mostly Cumberland County, but get transfers from all hospitals (9.52%). Perceived barriers to accessing services were ranked into the following top five categories: 1) They confuse seeking sexual assault services/support with reporting to police (don't realize they can do one without the other); 2) Fear of retaliation, future violence; 3) They don't know that this service exists; 4) Shame; 5) Belief that services won't help/will do more harm than good. The top four responses regarding the strength of relationships with MECASA or their local sexual assault support center indicated the relationship was: very strong (38.10%); strong (23.81%); somewhat strong (19.05%); and very weak (9.52%). According to one provider, "access to services is really hard when the victim usually relies on the perpetrator." Another mentioned, "Men and women with addictions may trade sex for drugs and in situations where someone is raped or assaulted, the victim may view it as consensual. Or if

the situation is viewed as assault, the victim is not in a position to address the assault - they need to avoid going into withdrawal (since it feels like you are dying to be in withdrawal)."

Diverse Populations: This population did not respond to surveys or interviews. Given budgetary and time constraints, further outreach was not possible.

- **People with Physical/Intellectual Disabilities**

MECASA Centers: People with Physical/Intellectual Disabilities were identified as an underserved population by MECASA Centers, but did not rank in the top underserved groups in Maine. Only one center noted a particular gap/need with this population.

- **SAPRS:** SAPRS staff believed they don't as well as they would like serving people with cognitive impairments and reported that 83% of that population has experienced sexual assault.

Service Providers: 44 of 129 respondents identified serving those with a **Physical Disability** as their priority service population. The majority of physically disabled service providers served Cumberland County (27.27%), Kennebec County (25%), Somerset and York Counties (22.73%), Androscoggin County (18.18%) and Oxford County (13.64%). Perceived barriers to accessing services were ranked into the following top five categories: 1) Shame; 2) Fear of retaliation, future violence; 3) They don't know that this service exists and They confuse seeking sexual assault services/support with reporting to police (don't realize they can do one without the other; 4) Transportation and the Belief that services won't help/will do more harm than good; 5) Fear they won't be believed. The top four responses regarding the strength of relationships with MECASA or their local sexual assault support center indicated the relationship was: very strong (25%); not strong nor weak (20.45%); somewhat strong (18.18%); and very weak and strong (11.36% each). According to one provider, "many people I serve do not know what is available, what their rights are, and don't know how to access help, they need someone to walk with them in the process, maybe help with calls or paperwork, and support they are doing the right thing."

52 of 129 respondents identified serving those with an **Intellectual Disability** as their priority service population. The majority of intellectually disabled service providers served Cumberland County (34.62%), Kennebec County (26.92%), Somerset and York Counties (25%), All Maine Counties and Androscoggin County (9.62%), and Oxford, Lincoln, and Other Counties (7.69% each). Perceived barriers to accessing services were ranked into the following top five categories: 1) Shame; 2) Transportation and Fear of retaliation, future violence; 3) They don't know that this service exists; 4) They confuse seeking sexual assault services/support with reporting to police (don't realize they can do one without the other; 5) the Belief that services won't help/will do more harm than good. The top four responses regarding the strength of relationships with MECASA or their local sexual assault support center indicated the relationship was: very strong (25%); not strong nor weak (21.15%); strong (15.38%); and somewhat strong (13.46% each).

One provider stated, "It is not well known in this area that services/support exist, or how to reach those services. Also in a small community there is a fear that people will know, or the details of the event will be known in the public."

Diverse Populations: Seven people answered the Diverse Members' Survey question, "*Do you have any mental or emotional problems/conditions that make daily life sometimes difficult?"* sharing personal histories of anxiety, depression, post-traumatic stress (PTS), bipolar disorder, combat related PTS; and head injury. One person shared her story of assault as connected to her current mental health, "I reported the attack by a staff member at college when I was a student. Nothing was done. I was told to just stay away from him. He still works there." This indicates a perceived barrier by this population that little good will come from accessing services. Few survey participants indicated any form of physical disability. MICC encourages future research to include the population of persons with mental health concerns/mental illness for further analysis and application to assessing the needs of this underserved population.

- **Elderly Persons**

MECASA Centers: Elderly Persons were identified as an underserved population by MECASA Centers and ranked #4 for top underserved group in Maine alongside Homeless Persons. The following centers provided additional input regarding some of their service gaps and challenges in reaching this population.

SARSSM: Working with the elderly is an area that SARSSM identified as needing to add as recipients of service. Its staff does work with Legal Services for the Elderly, but because SARSSM has limited resources, it cannot provide effective service to this population without spreading staff too thin. SARSSM suggests that hiring an advocate for the elderly who could then train the entire staff, volunteer advocates, and board members on senior issues would be a possible solution.

- **RRS:** RRS had an elder focus when it was previously grant funded, but this funding is no longer. Although they went to assisted living facilities and attended TRIAD meetings, the numbers reached weren't significant.

Service Providers: 58 of 129 respondents identified serving the elderly as their priority service population. The majority of elderly service providers served Kennebec County (31.03%), Somerset (22.41%), Cumberland County (20.69%), and All Counties in Maine (17.24%). Perceived barriers to accessing services were ranked into the following top five categories: 1) Shame; 2) Fear of retaliation, future violence; 3)They don't know that this service exists and and the Belief that services won't help/will do more harm than good; 4) They confuse seeking sexual assault services/support with reporting to police (don't realize they can do one without the other; and 5)Transportation. The top four responses regarding the strength of relationships with MECASA or their local sexual assault support center indicated the relationship was: very strong (29.82%); strong (15.79%); not strong nor weak, somewhat strong, I don't know (14.04% each);

very weak (8.77%). According to one provider, “Investigators expect a certain - contemporary - narrative describing an assault. Elders may not have the vocabulary or the experience with the language of sexual assault that might be expected.” While another provider noted, “Working with rural elders, there is that typical "yankee" perspective that prevents people from asking for help or trusting people outside their own family and friends.”

Diverse Populations: This population did not respond to surveys or interviews. Given budgetary and time constraints, further outreach was not possible.

- **Youth**

MECASA Centers: No significant gaps or barriers were identified for this population by the Centers nor did it rank in the top 5 underserved groups in Maine. Certain centers did express that additional funding would allow for more staff to focus in the schools and for additional outreach to happen.

Service Providers: 64 of 129 respondents identified serving youth as their priority service population. The majority of youth service providers served Cumberland County (31.25%), Kennebec County (26.56%), York County (18.75%), and Somerset County (17.19%). Perceived barriers to accessing services were ranked into the following top five categories: 1) Shame; 2) They don't know that this service exists, Transportation, and They confuse seeking sexual assault services/support with reporting to police (don't realize they can do one without the other; 3) the Belief that services won’t help/will do more harm than good; 4) They don’t know how to access services; and 5) Uncertainty about what a Sexual Assault or Sexual Violence is. The top four responses regarding the strength of relationships with MECASA or their local sexual assault support center indicated the relationship was: very strong (25.40%); not strong nor weak (22.22%), strong (17.46%), and somewhat strong (14.29%). According to one provider, “Transportation cost can be an issue with multiple interviews prior to reporting to a CAC/LE by schools and others trying to "not waste others time" or those that try to interview trying to help the best but not realizing their training is not the same as a CAC interview.”

Diverse Populations: This population did not respond to surveys or interviews. Given budgetary and time constraints, further outreach was not possible.

- **Incarcerated Persons**

MECASA Centers: Incarcerated Persons was identified as an underserved population by MECASA Centers, but did not rank in the top 5 for underserved groups in Maine. Some centers discussed the challenges of forming partnerships and collaboration with prisons and jails, and that there was a perceptions that certain jails and prisons were not interested in MECASA services. This was countered by other centers who discussed the effective strategies of collaboration they had used to bridge the gap (sitting on each others’ advisory boards,

developing trust through years of work together, being collaborative and respectful of each other in the designing of programming for inmates, demonstrating/educating prison/jail staff of the benefits of MECASA support center involvement, working around prison/jail needs in the development of protocol, giving prison/jail staff ownership). The following center provided additional input regarding some of their service gaps and challenges in reaching this population.

- **SAPRS:** SAPRS doesn't have a prison in its catchment area, and hasn't done a lot with jails due to staffing, but the jails do contact SAPRS if they have a case. It's a passive referral service right now. SAPRS would certainly respond if called, but, given funding and staff, they have not been able to take on outreach and have a presence in the jails.

Service Providers: 30 of 129 respondents identified serving incarcerated persons as their priority service population. The majority of incarcerated service providers served Cumberland County (30%), Kennebec and Somerset Counties (26.70% each), All Maine Counties and York County (16.70% each), and Oxford, Androscoggin, Lincoln, and Other counties (10% each). Perceived barriers to accessing services were ranked into the following top five categories: 1) Shame; 2) Transportation and They confuse seeking sexual assault services/support with reporting to police (don't realize they can do one without the other; 3) They don't know that this service exists and the Belief that services won't help/will do more harm than good; 4) Fear of retaliation, future violence; and 5) Denial. The top four responses regarding the strength of relationships with MECASA or their local sexual assault support center indicated the relationship was: very strong (30%); somewhat strong (26.67%); strong (16.67%); and not strong nor weak (10%). According to one provider, "I believe that for some, they may see sexual assault/abuse as part of other choices they're making, and 'accept' it on some level as a known risk." Another provider suggested a way to reach and support incarcerated persons could be through a,"more regular presence in our jails and prisons [by advocates, which] may help people become more comfortable with familiar faces/names."

Diverse Populations: This population did not respond to surveys or interviews. Given budgetary and time constraints, further outreach was not possible.

- **Non-Native English Speakers/Language Limited/Foreign Born Persons**

MECASA Centers: Non-Native English Speakers/Language Limited/Foreign Born Persons were identified as an underserved population by MECASA Centers and ranked #3 for top underserved group in Maine alongside Rurally Located Persons and Veterans/Active Duty Servicemembers. The following centers provided additional input regarding some of their service gaps and challenges in reaching this population.

- **SAPRS:** SAPRS has been working with the United Somali Women of Maine for number of years, recognizing Somalis are unlikely to access traditional sexual assault services. SAPRS just completed a training of 40 hours of advocate training for the USWOM staff, which *does* have a dedicated Sexual Assault Advocate. SAPRS has offered to have that

person stay in in their office a day a week for capacity support, but it hasn't worked at this point. They report that Somali culture is slow shifting and although there has been education, it's slow and they remain extremely vulnerable.

- **AMHC SAS:** One perceived barrier is language; the center could use funding and technical support in integrating translators and interpreters (French Canadian and Acadian French Populations in the north) and creating publications that meet the needs of various populations in their area. Additionally, they see a gap in their staffing, and recognize that staff who have experience with particular populations can be the key to overcoming service barriers. Also, there is a large migrant population from May – November and AMHC SAS hasn't had capacity to do as much work as they would like with that population since funding supporting this effort ended several years ago. MICC recommends connecting with Mano en Mano in Machias and the Maine Migrant Health Program.
- **SARSSM:** SARSSM had a part time Latino advocate that was grant funded, which they no longer have, but they still hold a monthly meeting of providers to stay connected including – Centro Latino, Sister Pat, some churches, Family Crisis, but feel they need to do more with culturally diverse populations. SARSSM works with USWOM and their advocates, but there still isn't enough support for these culturally diverse populations, they believe. SARSSM believes hiring a culturally diverse advocate who could then train the entire staff, volunteer advocates, and board would be a possible solution.
- **USWOM:** USWOM identified resources and human power as a major gap to service delivery. They believe they do not receive adequate resources and support to serve the refugee/immigrant populations and don't have the staff to do this work effectively due to lack of resources. The gaps in service to this population "exist due to inequality and lack of culturally and linguistically appropriate services." According to USWOM, the following barriers exist when members of the populations they serve are accessing sexual assault services:
    - Lack of Cultural Competency - Many service providers (police, health care workers, counselors, advocates, etc.) are not trained to deliver culturally and linguistically appropriate services to victims/survivors from the refugee and immigrant communities.
    - No or Limited Language Access - Already vulnerable victims/survivors will often need to advocate on their own behalf to be able to access federally mandated language accommodations (interpreters), creating an additional barrier. Many service providers do not have a Limited English Proficiency (LEP) policy in place, meaning staff does not always understand what the protocol is when providing services to limited English proficiency population.
    - Lack of Resources - There are not enough resources that address the needs of the refugee and immigrant victims/survivors. These are isolated populations who often have gone through significant loss, barriers, and challenges in the process of

becoming refugees. Therefore, they bring with them unique needs in receiving services, and cannot always be serviced effectively using the typical structure.

- Challenges with the System - Navigating the social service system creates a significant barrier for this population because of its intricacies, details, and lack of cultural competency.
- Building stronger and effective community response - A lack of inter-agency coordination can present barriers for this population to be serviced effectively.
- Permanent PFA orders for immigrant/refugee victims/survivors and how the PFA orders are also connected to benefits based on the DV/SA hardship, which could allow them access to DHHS benefits, without jeopardizing their potential future need for the time limited benefits allowed for TANF, etc.

- **SAC&SC:** SAC&SC indicated that this population may be underserved because of a lack of resources/funding and effective methodology for outreach.

Service Providers: 48 of 129 respondents identified serving Non-Native English Speakers/Language Limited/Foreign Born persons as their priority service populations. The majority of service providers served Cumberland County (60.42%), York County (16.67%), All Maine Counties and Androscoggin County (14.58% each), and Kennebec and Somerset Counties (10.42% each). Perceived barriers to accessing services were ranked into the following top five categories: 1) Language and Cultural Barriers 2) They don't know that this service exists; 3) Fear of retaliation, future violence; 4) They confuse seeking sexual assault services/support with reporting to police (don't realize they can do one without the other); and 5) Shame. The top four responses regarding the strength of relationships with MECASA or their local sexual assault support center indicated the relationship was: I don't know (31.25%); very weak and very strong (14.58% each); not strong nor weak (12.50%); and strong (10%). According to one provider, "Most Asylum Seekers are highly sensitive to any situation that may disrupt their legal long-term process." Others said, "In the immigrant community, many women accept sexual assault and domestic violence as part of being a woman or living with a man. It's something they don't share with service providers. They don't understand that American culture considers them crimes."

Diverse Populations: In interviews with this population, several echoed the sentiments of USWOM above. Members of the Central African communities and the Iraqi community that were interviewed spoke about the concern that Americans' emphasis on individuality over community and family creates cultural barriers in the effective delivery of service, and that they wish American service providers understood more about their collectivist cultural contexts. In addition to the real need to educate foreign born women about their rights, many of the women also spoke about the need to educate the men in their communities about the laws protecting women in the US. "Some men think they are still in Africa and want us to behave that way, too," said one woman. MICC recommends such education endeavors be done in partnership with already existing cultural organizations.

7 online respondents indicated they are African born and 5 of the 7 hadn't heard of MECASA or its service providers, but 80% said if they or one of their friends or family members experienced sexual violence they would go to the hospital, and then contact police. 5 of the 7 respondents are females and 2 are males; the languages most spoken by this group are: French (72.43%), followed by Kirundi and Kinyarwandan (42.86%), and then English, Somali, Arabic, and Lingala (14.29% each). Only one respondent indicated experiencing sexual assault, noting that it happened outside of the U.S., during a war. One respondent suggested to MECASA, "Knowing people's background could help you better serve them. Some victims believe that shame to their community is greater than the crime itself."

- **Native American/Indian/First Nation Persons**

MECASA Centers: Native American/Indian/First Nation Persons were identified as an underserved population by MECASA Centers, but did not rank in the top 5 underserved populations in Maine. The following centers provided additional input regarding some of their service gaps and challenges in reaching this population.

- **RRS:** RRS indicated that the Penobscot Nation there has their own program, but that some of that staff have done crisis training with RRS.
- **SAC&SC:** Indicated that the small population combined with tribal alternatives means that they aren't seeing this group: there's been 1 case in 20 years when SAC&SC worked with a Penobscot County tribal group to ensure appropriate services.

Service Providers: 20 of 129 respondents identified serving Native American/Indian/First Nation persons as their priority service populations. The majority of service providers served All Counties in Maine (35%); Kennebec County (20%); Cumberland, Aroostook, and Other Counties (15% each); and Washington and York Counties (10% each). Perceived barriers to accessing services were ranked into the following top five categories: 1) Shame; 2) Transportation and Fear of retaliation, future violence; 3) They don't know that this service exists, They confuse seeking sexual assault services/support with reporting to police (don't realize they can do one without the other), and the Belief that services won't help/will do more harm than good; 4) They don't know how to access services, Denial, Fear they won't be believed, Self-Blame; and 5) Language and Cultural Barriers. The top four responses regarding the strength of relationships with MECASA or their local sexual assault support center indicated the relationship was: very strong (26.32%); somewhat strong (21.05%); not strong nor weak and strong (15.79% each); very weak (10.53%). According to one provider, "Fear of retaliation due to misunderstanding of the system and lack of education."

Diverse Populations: In interviews with members of this population, the #1 concern and barrier to accessing services was cultural insensitivity on the part of health care workers and police force in the most rural areas of Maine. It was reported that there is also a lack of jurisdictional understanding from Maine police about how to handle certain types of sexual assault that happen

on tribal land, and their "hands off/hot potato" approach leads to a lack of prosecution of non-native on native violence on tribal land, for example. Because of the complication of working with people in need of more cultural competency training, survivors often feel re-traumatized because of the racism they experience, creating a barrier. This population did not respond to online surveys. In terms of a barrier to accessing services through a MECASA affiliated support center, many of this population accesses services through one of the Wabanaki Women's Coalition Sexual Support Centers.

- **Economically Disadvantaged Persons**

MECASA Centers: No significant gaps or barriers were identified for this population by the Centers nor did this group rank in the top 5 for underserved populations in Maine. No additional information as to why gaps and barriers exist were provided by the centers. Although, it is worthy to note that many of the gaps and barriers outlined for Rurally Located Persons or Homeless Persons are applicable here, including transportation challenges and having the more immediate needs of survival taking precedence, which were outlined by various Center staff.

Service Providers: 85 of 129 respondents identified serving Economically Disadvantaged persons as their priority service populations. The majority of service providers served Cumberland County (35.29%); Kennebec County (25.88%); Somerset and York Counties (16.47% each); Androscoggin County (15.29%); and All Counties in Maine (9.41%). Perceived barriers to accessing services were ranked into the following top five categories: 1) Shame; 2) They don't know that this service exists, They confuse seeking sexual assault services/support with reporting to police (don't realize they can do one without the other), and Fear of retaliation, future violence; 3) They don't know how to access services; 4) Transportation; and 5) the Belief that services won't help/will do more harm than good. The top four responses regarding the strength of relationships with MECASA or their local sexual assault support center indicated the relationship was: not strong nor weak (21.43%); very strong (20.24%); I don't know (16.67%); strong (15.48% each); and somewhat strong (14.29%). According to one provider, "I don't think many victims of sexual assault are aware that they can go to a hospital and get a sexual assault rape kit done free of charge and without their insurance being billed even if they have it, and that they don't have to report it to have this evidence collected and retained in case they decide to report in the future."

Diverse Populations: Members of this population reported facing barriers with transportation for sexual assault support services and for having a working phone to call for support. Additionally, they recounted incidents of economic dependency on the perpetrator or similar circumstances (a supervisor at work or a coworker) that they believed would jeopardize their financial situation and/or result in homelessness. Several members of this group also reported not knowing the difference between seeking support and reporting; they were afraid they would be "made to report" and this would lead to the aforementioned economic problems/homelessness, and also put them in further danger. Of the 20 people who completed the Members of Diverse

Populations online survey, 40% had an average annual household income between $0-$24,999 and 25% had an average annual household income between $25,000-$49,999.

- **Rurally Located Persons**

MECASA Centers: Rurally Located Persons were identified as an underserved population by MECASA Centers and rank #3 for top underserved group in Maine alongside Non-Native English Speakers/Language Limited/Foreign Born Persons and Veterans/Active Duty Servicemembers.

- **AMHC SAS:** After the Washington and Hancock Counties Sexual Assault Centers dissolved two years ago, AMHC took on the three counties' service areas. Because it is such a large catchment area, and so much of it is rural, there is opportunity for greater outreach. AMHC currently has 7 outpatient offices and there is an advocate in each of those offices: Fort Kent, Madawaska, 2 advocates in Caribou, 2 in Presque Isle, Houlton, 2 advocates in Hancock - 1 Machias and 1 in Calais office. All are full time, except for Calais, but they also have per diem staff in that office in Calais. Still, giving the vastness of this catchment area, more staff would be useful in eliminating the geographic barrier.
- **SAPRS:** While SAPRS understands the challenges residents in the poor and rural areas of their counties face, having staff who lived there, themselves, more work could be done to reach more rural folks in Oxford and Franklin Counties with more staff to provide services and do outreach.
- **SACSC:** Is serving rurally located people well overall, but believes that additional staff to provide more services in the most rural, northern part of their catchment area would increase access to services. Additionally, they saw potential in creating a more organized approach to serving the rural populations, perhaps in the spirit of the CACs, a type of "one stop shop".
- **SARSSM:** Indicated the challenge of serving York county with no physical presence/no office there

Service Providers: 61 of 129 respondents identified serving Rurally Located persons as their priority service populations. The majority of service providers served Kennebec County (29.5%); Somerset County (24.59%); Cumberland County (21.31%); and York County (18.03%). Perceived barriers to accessing services were ranked into the following top five categories: 1) Shame; 2) Transportation, They confuse seeking sexual assault services/support with reporting to police (don't realize they can do one without the other), and Fear of retaliation, future violence; 3)They don't know that this service exists and the Belief that services won't help/will do more harm than good; 4) They don't know how to access services; and 5) Uncertainty about what a sexual assault or sexual violence is. The top four responses regarding the strength of relationships with MECASA or their local sexual assault support center indicated the relationship was: not strong nor weak (25%); very strong (23.33%); somewhat strong (18.33%); and strong (16.67%). According to one provider, "I work a lot with rural populations and although all of the

checked boxes pertain, the largest barriers are lack of transportation as most services are in the Portland area, or not knowing that any services exist or how to access those services if they are aware."

Diverse Populations: Reports one sexual assault survivor originally from Aroostook County, who now lives in Portland, "I moved here because there was nothing to help me there." Said another, "If you don't have a car [and you live anywhere other in Portland] you're screwed," indicating the double challenge of being rurally located and economically disadvantaged in accessing services located further than walking distance...which most inevitably are. Another said, "I was referred by the police to a place that doesn't even exist anymore--I guess they consolidated or something, but that new place is too far away." These responses support the barriers identified by service providers above. In another interview with a member of this population, there was skepticism about someone "from away" coming into their small, tight knit community and discussing something so personal with them. Still another person, though, indicated a preference for someone outside the rural community, since there wouldn't be any history or connection, as there would be with someone from the town. This population did not respond to online surveys.

- **Veterans/Active Duty Servicemembers**

MECASA Centers: Veterans/Active Duty Servicemembers were identified as an underserved population by MECASA Centers. Ranking #3 for top underserved group in Maine alongside Non-Native English Speakers/Language Limited/Foreign Born Persons and Rurally Located Persons.

Service Providers: 32 of 129 respondents identified serving Veterans/Active Duty Servicemembers as their priority service populations. The majority of service providers served Kennebec County (31.25%); Somerset County (28.13%); Cumberland County (18.75%); and York County (15.63%). Perceived barriers to accessing services were ranked into the following top five categories: 1) Shame; 2) Fear that they won't be believed; 3)They confuse seeking sexual assault services/support with reporting to police (don't realize they can do one without the other), and Fear of retaliation, future violence; and Self-blame; 4) the Belief that services won't help/will do more harm than good; and 5) Denial. The top four responses regarding the strength of relationships with MECASA or their local sexual assault support center indicated the relationship was: very strong (37.50%); not strong nor weak and somewhat strong (15.633% each); strong (12.50%); and Very weak (9.38%). According to one provider, "Retaliation is stated as a reason for not reporting any violence in this population."

Diverse Populations: In an interview with a woman who was sexually assaulted while in the military, she noted the following: "It takes people sometimes years to report. I came out of the shame closet many years after I left the military. When someone endures an assault, they are victim-blamed and shamed and therefore there's persecution in the community; they have the

perception that no one believes them; therefore they shut down, they don't know who is safe; they inherently develop trust issues. Once I found a community where they were like, 'You didn't deserve this, this wasn't your fault,' once I was out of that misogynistic culture, I was able to put a name to it." This indicates a number of barriers common among women in the military. Worthy of note is that many veterans who survived sexual violence while in the military will be disclosing years after the incident. As this survivor noted, a person dealing with a sexual assault from long ago will have different issues that someone who experienced it the day before. She was unsure if MECASA centers were skilled in delivering this type of support, and that presented a barrier for veterans accessing services from MECASA.

Another survivor of military sexual violence said that veterans have suffered from a military culture that has "gas lighted" them, making them believe that they are the ones who are "some crazy PTSD woman" and that when they emerge from that culture, they need additional types of support to unlearn the lessons to 1) acknowledge what happened was wrong and 2) that they are worthy of support.

In the online survey an Active Service Member's response to the question, "If you (or your friend/family member) did NOT contact MECASA or a sexual assault center, why?" provided this insight: 1) "Didn't know about them," 2) "Didn't know how to contact them;" and perhaps the most important takeaway for this population, 3) "No literature shared with military members, veterans or their families."

- **African American or Black Persons**

MECASA Centers: No significant gaps or barriers were identified for this population by the Centers. No significant gaps or barriers were identified for this population by the Centers nor did this group rank in the top 5 for underserved populations in Maine. No additional information as to why gaps and barriers exist were provided by the centers. Although, it is worthy to note that per the unique demographics of Maine, many who identify as African American or Black are also members of Non-Native English Speakers/Language Limited/Foreign Born Persons, and therefore overlapping barriers and gaps for segments of this population are found above.

Service Providers: 39 of 129 respondents identified serving African American or Black Persons as their priority service populations. The majority of service providers served Cumberland County (48.72%); York County (20.51%); Kennebec County (17.95%); and All Maine Counties and Somerset County (15.38%). Perceived barriers to accessing services were ranked into the following top five categories: 1) They don't know that this service exists; 2) Shame and Fear of retaliation, future violence; 3) Language and cultural barriers; 4) They confuse seeking sexual assault services/support with reporting to police (don't realize they can do one without the other) and the Belief that services won't help/will do more harm than good; and 5) They don't know how to access services. The top four responses regarding the strength of relationships with MECASA or their local sexual assault support center indicated the relationship was: I don't

know (23.08%); strong and very strong (17.95% each); very weak and not strong nor weak (12.82%). According to one provider, "[they are] so accustomed to violence and fear that they are paralyzed...don't think of seeking help."

Diverse Populations: 5 individuals (2 males and 3 females) who identify as Black (and African born) completed the online survey. 60% had not heard of MECASA or its support centers, 80% would first seek out medical attention at a hospital following a sexual assault, then contact police, and ultimately find a safe place, a spiritual leader or a sexual assault support center for services. None of the respondents indicated a personal experience with sexual violence. One of the five had been homeless at one time. As noted in a previous section (diverse populations males), respondents noted the importance of this issue in their community: "in my community there is many victims of sexual abuse, but they prefer to keep quiet because they are ashamed." One stressed the value of "sensitizing new Mainers, preventing sexual assault or related actions by teaching or facilitating workshops on sexual harassment assault, definition, how to avoid it etc.. assault or harassment are not defined in the same way in all countries."

- **Asian/Asian American Persons**

MECASA Centers: No significant gaps or barriers were identified for this population by the Centers nor did this group rank in the top 5 for underserved populations in Maine. No additional information as to why gaps and barriers exist were provided by the centers.

Service Providers: 23 of 129 respondents identified serving Asian/Asian American Persons as their priority service populations. The majority of service providers served Cumberland County (52.17%); All Maine Counties (21.74%); Kennebec County (17.39%); and Androscoggin, York, and Other Counties (13.04% each). Perceived barriers to accessing services were ranked into the following top five categories: 1) Fear of retaliation, future violence; 2) Language and cultural barriers; 3) They don't know that this service exists, They confuse seeking sexual assault services/support with reporting to police (don't realize they can do one without the other), and Shame; 4) the Belief that services won't help/will do more harm than good and More immediate problems such as food or shelter are the focus; and 5) Transportation. The top four responses regarding the strength of relationships with MECASA or their local sexual assault support center indicated the relationship was: I don't know, very strong, and very weak (17.39% each); somewhat strong and strong (13.04% each); not strong nor weak and other (8.70% each); and weak (4.35%). According to one provider, "Refugees and immigrants are not well informed about sexual assault and sexual violence."

Diverse Populations: In the online survey, one Arabic speaking women identified herself as being Asian. She "wasn't sure if she'd heard of MECASA and its support service centers," preferred to not explicitly answer a personal experience of sexual violence, but then said she (or a friend) didn't go to MECASA providers for assistance because she didn't think they could help or understand how they could help; she was scared to tell someone outside of her community;

and because the attacker was a friend/acquaintance, so reporting would create problems in her community.

- **Pacific Islander Persons**

MECASA Centers: No significant gaps or barriers were identified for this population by the Centers nor did this group rank in the top 5 for underserved populations in Maine. No additional information as to why gaps and barriers exist were provided by the centers.

Service Providers: 8 of 129 respondents identified serving Pacific Islander Persons as their priority service populations. The majority of service providers served Cumberland County and All Maine Counties (37.50%); and Franklin, Kennebec, Sagadahoc, Somerset, Lincoln, York and Other Counties (12.50% each). Perceived barriers to accessing services were ranked into the following top five categories: 1) Shame, Fear of retaliation, future violence, the Belief that services won't help/will do more harm than good, and More immediate problems such as food or shelter are the focus; 2) Language and cultural barriers, Transportation, and Denial; 3) They don't know that this service exists, They don't know how to access services, They confuse seeking sexual assault services/support with reporting to police (don't realize they can do one without the other), and Fear that they won't be believed; 4) Uncertainty about what a sexual assault or sexual violence is, Self-blame, Fear of the process, Concern about potential negative effect on perpetrator, and Concern about immigration status or deportation; and 5) Desire to move on. The top four responses regarding the strength of relationships with MECASA or their local sexual assault support center indicated the relationship was: Very strong (37.50%); I don't know (25%); and very weak, somewhat strong, and strong (12.50% each). According to one provider, "Transportation is always a huge issue in Maine, limited car, public transport and money. The others are issues of self-worth…"

Diverse Populations: This population did not respond to surveys or interviews. Given budgetary and time constraints, further outreach was not possible.

- **Hispanic/Latina/Latino Persons**

MECASA Centers: One center this population as being underserved. The following centers provided additional input regarding some of their service gaps and challenges in reaching this population.

> **SARSSM:** Indicated that there has been a gap in service since the grant funded position of Latina advocate, indicating that the funding of diverse advocates is an effective strategy for overcoming barriers to service.

Service Providers: 32 of 129 respondents identified serving Hispanic/Latina/Latino Persons as their priority service populations. The majority of service providers served Cumberland County (46.88%); Kennebec and All Maine Counties (21.88% each); York County (18.75%); and

Androscoggin and Somerset Counties (12.50% each). Perceived barriers to accessing services were ranked into the following top five categories: 1) Language and cultural barriers, They don't know that this service exists, and Fear of retaliation, future violence; 2) They confuse seeking sexual assault services/support with reporting to police (don't realize they can do one without the other); 3) Shame and the Belief that services won't help/will do more harm than good; 4) They don't know how to access services; and 5) Uncertainty about what a sexual assault or sexual violence is and More immediate problems such as food or shelter are the focus. The top four responses regarding the strength of relationships with MECASA or their local sexual assault support center indicated the relationship was: Very strong (21.88%); strong (18.75%); I don't know (25%); and very weak (12.50%). According to one provider, "May feel they cannot go to the police if they are illegal immigrants. Cannot explain themselves to police or service providers in their native languages."

Diverse Populations: This population did not respond to surveys or interviews. Given budgetary and time constraints, further outreach was not possible.

- **Religious Minorities (Muslim, Jewish, etc.)**

MECASA Centers: No significant gaps or barriers were identified for this population by the Centers nor did this group rank in the top 5 for underserved populations in Maine. No additional information as to why gaps and barriers exist were provided by the centers. It is worthy to note, however, that because of Maine's unique demographics, many of the category of Non-Native English Speakers/Language Limited/Foreign Born Persons also fall into this category, as well, allowing for cross-referencing of barriers and gaps.

Service Providers: 31 of 129 respondents identified serving Religious Minorities as their priority service populations. The majority of service providers served Cumberland County (54.84%); All Maine Counties (16.13%); York and Other County (12.90%); and Kennebec, Androscoggin and Somerset Counties (9.68% each). Perceived barriers to accessing services were ranked into the following top five categories: 1) Fear of retaliation, future violence; 2) Language and cultural barriers; 3) They confuse seeking sexual assault services/support with reporting to police (don't realize they can do one without the other); 4) Shame; and 5)They don't know that this service exists. The top four responses regarding the strength of relationships with MECASA or their local sexual assault support center indicated the relationship was: Strong (22.58%); Very strong and I don't know (19.35% each); very weak (12.90%); and somewhat strong and other (9.68% each). According to one provider, "The people I work with are private about such matters as sex, and I suspect they would not want a stranger, even a well-meaning and professionally appropriate person, to get close to them, even to help."

Diverse Populations: 3 online survey respondents indicated that they were believers of Islam (2) or Buddhism (1). All respondents are females and generally agreed to not knowing about MECASA or its support centers' services. The two females following the Islamic faith, preferred

to not explicitly answer a personal experience of sexual violence, but did explain that she (or a friend) didn't go to MECASA providers for assistance because she "didn't want to talk about it, just wanted to try to forget it; believed no one at MECASA would understand my/her/his culture or background/experiences; believed the violence was my/her/his fault; didn't think they could help or understand how they could help; she was scared to tell someone outside of her community; and because the attacker was a friend/acquaintance, so reporting would create problems in her community." The female practicing Buddhism had experienced sexual violence and had been homeless for a period of time. She said she was more likely to "tell a friend or family member or tell no one at all," about a sexually violent experience because of her feelings of fear and guilt.

- **Seasonal Migrant Persons**

MECASA Centers: No significant gaps or barriers were identified for this population by the Centers nor did this group rank in the top 5 for underserved populations in Maine. No additional information as to why gaps and barriers exist were provided by the centers.

Service Providers: 12 of 129 respondents identified serving Seasonal Migrant Persons as their priority service populations. The majority of service providers served Cumberland, Kennebec, Somerset, and Washington Counties (25% each); All Maine Counties, Franklin and Hancock Counties (16.67%); and Piscataquis, Oxford, Androscoggin, Sagadahoc, Lincoln, Waldo, York, Penobscot, and Other Counties (8.33% each). Perceived barriers to accessing services were ranked into the following top five categories: 1) the Belief that services won't help/will do more harm than good; 2) Self-blame and Fear of retaliation, future violence; 3) Language and cultural barriers, Transportation, Fear that they won't be believed, Shame, Denial, and They confuse seeking sexual assault services/support with reporting to police (don't realize they can do one without the other); 4) They don't know that this service exists, They don't know how to access services, Uncertainty about what a sexual assault or sexual violence is, Concern about potential negative effect on perpetrator, More immediate problems such as food or shelter are the focus, and Concern about immigration status or deportation; and 5) Desire to move on and a Fear of the process. The top four responses regarding the strength of relationships with MECASA or their local sexual assault support center indicated the relationship was: Very strong (41.67%); Not strong nor weak (16.67%); I don't know, very weak, somewhat strong, weak and strong (8.33% each). According to one provider, "partner with migrant health organizations and Pine Tree Legal Assistance to provide outreach, increase language access."

Diverse Populations: This population did not respond to surveys or interviews. Given budgetary and time constraints, further outreach was not possible.

- **Other:**

Rape & Response Services (RRS): RRS said they don't have that many "go to partners" across diverse populations. They have relationships with homeless shelters and service providers, but haven't proactively approached the work in general like that. The trafficking work may open up these kinds of relationships and they have strong models with the jails and the homeless and perhaps need to think about approaching all of their work in this way.

III. Recommended Actions and Next Steps

In this section, MICC outlines and synthesizes 1) the specific recommendations made by service providers of diverse populations and members of diverse populations themselves and 2) the recommended, strategic action steps recommend by MICC for servicing traditionally underserved groups.

A. Population Specific Recommendations from Diverse Service Providers and Members of Diverse Groups

Overall, the feedback from service providers of traditionally underserved groups indicated:

1) An eagerness and willingness for more trainings and literature from MECASA about MECASA support center services about sexual violence issues and the services available;

2) A willingness to reciprocate with population specific training for MECASA support center staff; and

3) The desire for more outreach from MECASA to agencies, providers, and members of diverse groups in culturally responsive ways (including information availability in multiple languages, and "indirect" methods of providing services, such as relationship building)

Below are highlighted and/or summarized population specific recommendations from service providers **and/or** members of these traditionally underserved populations. Although the recommendations appear under specific populations, many suggestions are transferable among groups.

Homeless Persons:

- "Ensure staff/volunteers at needle exchanges and homeless shelters are aware of MECASA's services and referral system to act as a resource when they come across someone who shares they have been assaulted and are ready to address it."
- Have someone from MECASA center staff staff available at each shelter on a regular basis, so they are a trusted part of the community.
- "Partner with other agencies to get service information out to homeless our populations."

LBTQIA Persons:

- "Identify community leaders and allies, especially survivors who can help inform. Every underserved population has a specific culture; developing and honoring different cultures is critical to beginning conversations and building trust."
- "Increase outreach to and community education around working with specific subpopulations, such as veterans and transgender individuals, who often present with unique issues."

- "Visit agencies, go to staff meetings, be featured speakers at Rotary, have the local newspapers do an article or several."

Males:

- Consider outreach to male community leaders in the immigrant population to arrange male-only seminars about these issues.
- Consider collaboration and partnership with organizations that focus on this population.
- Develop a statewide strategic approach; consider unexpected partners in other populations, such as veterans, since both populations will often be disclosing abuse that happened years prior.

Trafficked Persons:

- "More training and outreach to providers and community about indicators/red flags and services available."
- "Perhaps get involved with CPPC throughout Maine. Join resource groups. Give out pamphlets for our offices. Posters."
- Create a standardized response mechanism/protocol that reflects confidentiality issues.
- Increase staffing to respond to this emerging population: 1) create a position at the State level to coordinate this effort and advise centers and 2) add a staff person to each center to focus outreach on this population and coordinate local services amongst service partners.
- Create safer, longer term housing, paying particular attention to trafficked youth.

Youth:

- "Work to enhance a better/closer relationship with law enforcement. Many police departments have community policing units. Develop a rapport with those members. Community Partnership for the Protection of Children is an excellent example of multiple disciplines working together to problem solve and improve the lives of children and their families."
- "Get into the schools and help the school staff learn that it is better for the CAC to do the interview than the school staff and why."
- "Funding CAC statewide TO INCLUDE PEDIATRIC MEDICAL COVERAGE. We have many children that have no access or education related to medical care and coordination after the initial ED exam. The medical arm of the CAC is equally important as all the other system supports."
- "As a teacher, it would be nice to have a single source resource to refer to when we see or suspect a situation within one of our students."

Incarcerated Persons:

- "Have a more regular presence in our jails in prisons. May help people become more comfortable with familiar faces/ names."
- "Give resources to professionals and to social workers in all incarcerated settings, especially in locked psych units."

Non-Native English Speakers/Language Limited/Foreign Born Persons

- Outreach and Education:
    - "Provide outreach and [sexual assault response] training to the service providers working directly with the vulnerable populations since they already have the relationships with those populations."
    - "Especially for youth. Identify ethnic community representatives/cultural brokers. Provide paid positions to cultural brokers. Work with and financially support community health outreach workers. Expand number of ethnic groups for which there are CHOWs."
    - Education outreach (in collaboration with female members of community) about: rights, American definition of sexual violence, difference between seeking support and reporting, and how to navigate systems
    - Engage in culturally responsive outreach in the community at safe places like schools, medical providers, community gatherings, etc., where the new Mainer population already visit.
    - Educate communities about available resources to support them so that outreach and services are transparent across all cultural communities. Such efforts may quell feelings expressed in the following survey responses from service providers to underserved populations:
        - "Please monitor and audit SA and DV grants awarded to immigrant organizations. When funds are provided to immigrant organizations to work on SA and DV initiatives, MECASA and the State SV and DV programs must make sure that the funds are used appropriately."
        - "Funding needs to be monitored, refugees and immigrants complain they are not aware of such services. Which means the services are not being provided, the funding is being spent on matters of personal interest."
        - [MICC notes that significant numbers of **all** underserved communities are not aware of sexual assault support services, thus the need for this assessment. A lack of awareness in an underserved community is not necessarily indicative of the inappropriate usage of funds. Likewise, a lack of cultural understanding about what constitutes appropriate "outreach" in diverse groups may lead to this perception.]
    - "Work with elders in community to spread the word--working with cultural brokers to help disseminate information to these populations--creating leaflets in

Arabic, Somali, French, Kirundi and posting them at PAE, ILAP, Multilingual, Community halal stores."

- Create cultural bridges and develop culturally responsive practices that allow for easy access to support services
    - "Employ people of color/people from immigrant & refugee groups."
    - "Create easy access to hotlines, etc. for people who don't speak English."
    - Have options that include someone from their own community on sexual assault center staff
    - Have the options of speaking with an American woman with a phone interpreter to keep anonymity in the very close knit community
- "Ongoing research and development of linguistically & culturally sensitive approaches."
    - Train MECASA staff in general cultural competency and cultural specific seminars, so they hone their skills and confidence to communicate effectively cross-culturally vs. automatically refer to cultural specific agency. "Just because I'm from Rwanda, doesn't mean I want to talk to someone from my country. An American woman may be able to help me understand my rights here," said one woman MICC interviewed.

Native American Indian Persons:

- More training needed of Native American Indian cultural contexts in many service areas including police force, hospitals, and MECASA sexual assault centers.
- Consider including members of the Native American population, such as the sexual assault support centers of the Women's Wabanaki Coalition, as members of MECASA

Economically Disadvantaged Persons:

- "Train in-home workers of the signs of sexual violence survival."
- Partner with transportation providers and others to provide transportation to services (see SACSC's collaboration with Community Action Programs for free transportation for CAC services as a best practice)
- Partner with Community Action Programs

Rurally Located Persons:

- "Please consider extending services of what is implemented to rural areas--even if only as mobile or distance services. Collaborate with already existing organizations in these rural areas to better share knowledge that services exist, or develop create ways to work with entities in community rather than creating something entirely new."
- "More staff to be able to staff more outreach in remote locations, even a day/week"

- Partner with transportation providers and others to provide transportation to services (see SACSC's collaboration with Community Action Programs for free transportation for CAC services as a best practice)
- Utilize technology to engage people from their homes (Skype support meetings, webinars, on-line support)
- Make sure staff of rural hospitals is trained in:
    - Proper forensic collection methods. [Reports of incorrectly handled evidence from service providers.]
    - Basic sexual assault survivor protocol. [Reports of insensitivity and ignorance were described by underserved populations in rural settings.]

People with Disabilities (Intellectual and Physical):

- Increase training for agencies, staff, *and guardians* serving this populations
    - "Residential staff, because of a lack of knowledge, sometimes comforted the survivor at the expense of destroying evidence."

Veterans/Active Duty Servicemembers:

- "Increased outreach to and community education around working with specific subpopulations, such as veterans and transgender individuals, who often present with unique issues."
- Involve those organizations who are currently serving veteran and active duty sexual assault survivors as members of MECASA
- "Have veterans on staff of support centers—both men and women."
- Consider trainings for all support centers on military cultural competency.

African American/ Black Persons:

- "Be more involved in community events or outreach. Possibly team up with local non-profits and be a referral source."

Asian/Asian American Persons:

- Create a safe place for disclosure in places where people already feel safe (adult education centers, school, church). "There are tons of people who are scared to come and speak about it, especially foreign born individuals."

Pacific Islander Persons:

- "Hire some people from their countries."

Hispanic/Latina/Latino Persons:

- "Hire Hispanics who ARE qualified." [MICC interprets this comment to mean don't simply hire someone because he or she is of a certain group; that alone will not ensure effective delivery of service. Instead, find someone both from that culture and highly qualified for the work at hand.]
- "Provide information in multiple languages. Share information within cultural communities; partner with other agencies to get service information out to our populations."

Religious Minorities:

- "Working with elders in community to spread the word- working with cultural brokers to help disseminate information to these populations- creating leaflets in Arabic, Somali, French, Kirundi and posting them at PAE, ILAP, Multilingual, community halal stores."

Seasonal Migrants:

- Partner with migrant health organizations and Pine Tree Legal Assistance to provide outreach, increase language access
- "Have more support and resources for legal help."

B. Synthesized Recommendations and Action Items from MICC for Serving Traditionally Underserved/Diverse Populations

Given all the information gleaned from the staff of MECASA centers, the service providers of traditionally underserved/diverse populations, and the members of traditionally underserved/diverse populations, themselves, MICC has arrived at the following 10 recommendations/action items.

1. **"We don't know what we don't know." Begin to collect additional demographic data of each client served and those people reached in outreach efforts.**
    - As MECASA support centers seek to service an accurate representation of Maine's current, evolving, and emerging demographics, the first step, bar none, is to know who is being serviced. This requires the sensitive collection of demographic data to be able to conduct a meaningful comparison of actual population categories of traditionally underserved groups. Currently, many demographic categories are not being gathered by MECASA support centers, making it challenging to know with accuracy and precision who in underserved communities are actually being serviced.
    - MICC recommends having goals of service for underserved populations based on U.S. Census data, and when this is unavailable (LGBTQIA, incarcerated, for example), from local service providers. In these goals of service by demographic,

MICC recommends modifying according to rates of victimization, if known. For instance, homeless women are victimized at a rate higher than women who are not homeless.

- The current method of MECASA reporting focuses on clients; this may be necessary for reports for funders and federal guidelines, however, MICC would suggest a reporting system that includes outreach hours and or number of contacts made in the underserved populations, as equally valuable methods of measurement. The strategy of visibility, "being where they are", was mentioned as a best practice by MECASA centers and service providers of diverse populations and members of diverse populations, themselves. Not to capture this in reporting seems to be missing and not quantifying the most important part of facilitating underserved populations reaching support services.

2. **"We gotta know our populations." Receive on-going, culturally broad *and* culturally specific, trainings to deeply understand the under-served populations and hone cultural competency.**
    - There is a wealth of understanding and best practices already in existence throughout the State of Maine, both within different MECASA support centers and with current service provider partners and potential partners. Continue cross-training, and consider more.
    - Pursue trainings from members of the underserved populations and/or those who are already serving them effectively, understanding that the process of acquiring and applying cultural knowledge is ongoing, sometimes bumpy, and absolutely necessary for effective delivery of services.
    - The cultures of poverty or rural Maine or LGBTQIA populations or immigrants and refugees each require developing broad cultural competency skills to serve them effectively. Receiving trainings to hone one's skills in intercultural communication will enhance delivery of services to ALL underserved communities.
    - Currently, there are many Center staff members who have deep knowledge of homeless populations, rural, and youth populations, for example. It is recommended to create motivation and opportunities for these staff members to share their knowledge and best practice with staff from other centers. Explore having Maine specific trainings versus national trainings. Maine's systems and structures are different, as are its rural challenges.
    - Recognize that part of cultural competency is effective language access for all, MICC recommends developing a Limited English Proficiency (LEP) policy, if not already done, which includes all MECASA staff be trained on best practices for using interpreters, translators, and cultural brokers.

3. **"Go where they are." Provide sexual assault trainings, outreach, and services where the population is and, when possible, *in partnership with* those who are already serving the population well or with members of the underserved community as partners. This will allow trainings to be delivered in a manner and in a location that is most accessible to that particular population. Also, make sure service providers of these populations receive MECASA training.**
    - Several focus groups and service providers spoke of the demystification of "sexual assault support" that happened when MECASA support center staff simply got to know the underserved population they sought to serve by consistently being visible in the places underserved populations frequent and talking about things other than sexual assault. In one homeless shelter, a staff person wistfully remembers when funding allowed for a sexual assault staff person to be present once a week at the shelter, and what a difference it made to have time for both relationship building and direct service: "It was a godsend."
    - These underserved populations are each unique cultures requiring outreach and knowledge dissemination may need to happen in ways that are different than traditional models. What United Somali Women has modeled (and, interestingly, been criticized for by service providers on surveys for this project) consists of non-traditional outreach that can appear to be "not getting anything done" or "unrelated to sexual assault support" is actually a model for building trust, which takes time, especially with diverse populations, and does not show immediate client numbers. It is only after this trust is established that there is a chance of disclosure, as MECASA support center staff know from their successful work in schools, homeless shelters, and jails.
    - Consider investing in early childhood partnerships: Parent Education, HeadStart, daycares, organized playgroups and library programming that targets economically disadvantaged caregivers, early screenings and therapies for infants/toddlers/preschoolers, fatherhood programs and initiatives.
    - Continue with the successful models for reaching youth in the school, for reaching incarcerated people in jails/prisons, and for homeless people in shelters and elsewhere. See SAPARS, AMHC best practices in education and youth; see SACSC, RRS, SARSSM, AMHC for best practices for incarcerated people; see RRS for best practice with homeless populations. These all include the model of consistent visibility to allow for relationship building which allows for disclosure.
    - Mentor, train, and fund already existing culturally specific community members (CHOWs, for example) to provide outreach, education and services within their own community.
    - In outreach, be mindful that "accessing services" is, in itself, a skillset that some underserved populations do not have; the process is often complicated and requires a team of support people.

4. **Leverage technology to serve diverse populations**.
    - Utilize social media, (i.e. Facebook, Twitter, etc.) to educate and reach diverse audiences.
    - AMHC SAS has utilized technology effectively to address the traditionally underserved male population by having video teleconferencing that allows for groups to continue when only a small number of survivors are at one location. MICC recommends extending this strategy throughout the state, as it has the possibility of engaging several traditionally underserved populations: rural and people with disabilities, especially, particularly if a secure technology could allow survivors to "meet" virtually from their homes.

5. **"Hire people who look like me." Employ and retain center staff who know and understand the under-served populations. It is highly recommended to recruit and retain members of support center staff from these traditionally underserved populations.**
    - The success of doing so was evidenced particularly in Portland, where a grant allowed for a Latina person to be on staff. In that time, that traditionally underserved populations was reached in ways and in numbers never before seen. Since the end of the grant, however, this populations have not been serviced with the same effectiveness.
    - BUT, do not assume that just because someone is a member of a certain underserved population that he or she will want to speak to a member of his or her community. Because of the close knit nature of many traditionally underserved populations, he or she may want to speak with someone outside the community *using a phone interpreter to maintain anonymity* with language limited populations. Having the option of speaking with both a member of their community and/or an American was mentioned in several immigrant focus groups.
    - Also, it is important to know that the staff themselves may have experienced sexual violence given their own refugee background and may need support services and training around working so closely with other victims/survivors.
    - Consider having population-specific advocates for specialized services, such as serving incarcerated survivors (or at least a few advocates who have a specialized understanding of the correctional system, PREA, etc. who are the "go to" at each center). A few centers mentioned it would also be valuable to have an Anti-trafficking Coordinator in each center, as well as a State Coordinator.

6. **Nurture and develop partnerships with underserved community members and their service providers. Understand that outreach and partnership is about relationships, and this takes (a long) time to develop.**

- Some centers expressed frustration and confusion that certain programs didn't "stick" or draw traditionally underserved clients. With diverse and non-traditional populations, building trust, by doing things other than talking about sexual assault, lays the foundation for people to come forward later, and is absolutely necessary. Offering broader or less "charged" programming, survivors will reach a comfort level to self-identify/disclose. Consistent investment of time, over months or years, with underserved populations and those who serve them is recommended.
- Explore building relationships with faith based organization and community leaders to educate, develop leadership/ambassadors to stand against sexual violence. Work with health systems and advocate within that system for culturally and linguistically services. Connect with law enforcement and provide liaison services between law enforcement and community, for example, give frontline police officers information to pass on to victims with an explanation of what they can access for help."
- Highlight the strengths of collaboration amongst providers and partners that break down the silos to meeting the needs of the underserved communities. Fill the gaps by putting value (highlighting the value of collaboration) and funds (and cost savings) for more staff and more outreach and linkages to more effectively deliver services.

7. **Consider expanding the fold of MECASA to include additional organizations that are currently providing services to (traditionally underserved) survivors of sexual violence.**
    - This could be by adding them as member centers on the website and in the organization, including them in MECASA quarterly meetings, or other methods of "bringing them into the fold". If the Coalition's goal is "representing and serving Maine's sexual violence service providers", it would be worthwhile considering including some or all of the following, perhaps in various levels of affiliation:
        - Wabanaki Women's Coalition
            - Aroostook Band of Micmacs, Domestic and Sexual Violence Advocacy Center
            - Houlton Band of Maliseets, Domestic and Sexual Violence Advocacy Center
            - Pleasant Point Passamaquoddy, Passamaquoddy Peaceful Relations
            - Indian Township Passamaquoddy, Domestic Violence Program
            - Penobscot Indian Nation, Domestic and Sexual Violence Advocacy Center

        - Internity
        - Maine National Guard Sexual Assault Prevention and Response Program
        - Maine Military and Community Network
        - Maine Veterans Affairs Military Sexual Trauma Coordinator
        - University of Maine Safe Campus Project
        - University of Southern Maine Campus Safety Project
        - Colby Students Against Sexual Assault
        - Bates Sexual Assault Victim Advocate
        - Bowdoin Gender Violence Prevention and Safe Space
        - UNE Victim Advocates
    - Additional partnerships to explore:
        - Maine Migrant Health Program
        - Maine Access Immigrant Network (MAIN)
        - Maine Community Action Association

8. **Consider public awareness/media campaigns that address popular misconceptions.**
   MICC repeatedly heard from underserved populations a lack of knowledge that:
    - Support services exist (and misunderstanding about what this means and how it helps)
    - Getting help from a support center is not the same as reporting, and a victim is not obligated to report by contacting a support center
    - Help is available to ALL in many forms
    - Sexual assault is a public health issue affecting men and women alike
    - MICC supports one center's recommendation to: "Develop open, inviting outreach materials that can make all centers more open to all underserved populations."

9. **Consider a standardized, statewide approach to serving particular groups with technical assistance from national stakeholders.**
    - This has been done very well and in accordance with best practices with network of Children's Advocacy Centers to address the traditionally underserved population of children, and has been well received by MECASA centers and the local communities. Since almost all centers echoed a desire to serve men better, MICC would suggest a similar statewide initiative that partners with 1 in 6, for example, as well as local men's groups (Boys to Men, Strong Fathers, etc.) to leverage resources and have a conversation focusing on male sexual violence survivors statewide. Additionally, many centers expressed a desire to better understand transgender issues. This could be an opportunity for partnership with Equality Maine, Maine Transnet, and the National Center for Transgender Equality. Another population to consider for a strategic, statewide campaign, is

elders, as the aging demographic of Maine lends itself nicely to this focus. Maine and MECASA could have to opportunity to be national leaders in this realm.

10. **More staff, more funding.**
    - Obviously and unsurprisingly, having more funding would allow for more people in more populations to be reached through the building of capacity (staffing, outreach, relationship development). We repeatedly heard the positive effects of adding staff and the negative effects of funding ending or being reprioritized away from a certain population in our conversations with Center directors and with service providers. Many expressed the challenge to set priorities and best meet the needs of community without watering down services and stretching staff too thin.
    - Others noted that funding could solve some problems, but the knowledge and technical assistance is what is needed first and then the funds to implement it and to serve the surge of people who are identified.

IV. Conclusion

In conducting this underserved communities assessment for MECASA, and its respective service providers, Maine Intercultural Communication Consultants looked to inform MECASA's strategic planning with qualitative and quantitative data to better address the sexual violence needs of underserved communities throughout the state. MICC assessed the strengths and gaps/barriers in MECASA services and outreach efforts as collected from and reported by MECASA staff, collaborating partners, area providers, and targeted underserved community members. Wonderfully rich insights were provided, for both strengths and gaps/barriers. In response to one of the assessment objectives, which asked to look at the perceptions of strength and gaps/barriers from the perspective of the MECASA Providers themselves, MICC found the following:

Served WELL – Strengths of Service	**NOT Served Well – Service Gaps/Barriers**
Youth (82%)	Males (60.87%)
Incarcerated Persons (60%)	LGBTQIA Persons (56.52%)
LGBTQIA and Intellectually Disabled Persons (55% by each)	Rurally Located Persons; Veterans/Active Duty Servicemembers, and Non-Native English Speakers/Language Limited/Foreign Born Persons (48% each)
Males, Homeless, Elderly, Rurally Located, and Economically Disadvantaged Persons (41% each)	Homeless Persons and Elderly Persons (43% each)
REASONS for Strengths of Service	**REASONS for Gaps/Barriers in Service**
Individual and Community Expressed Need (65%);	We need more/better collaborating partners (65%)
Local Partnerships (61%);	Limited staffing (61%)
Personal Relationships/Connections (55%)	Limited funding; We need more training to understand how best to serve these populations; and We don't know how to reach them effectively (43.48% each)

Through MICC's assessment of the services provided and populations currently being reached by MECASA Centers across 20 underserved groups (19 identified and 1 "Other"), when compiled altogether statewide, MICC found results that seem at first contradictory, and perhaps even neutralizing. For example, in the graph above, males appear as #1 in "not served well", despite being #4 in "served well", while homeless people appear as both #4 on "served well" and "not served well." Upon closer examination, MICC finds this indicative of the fact that each center is unique in terms of geography, partnerships, expertise, and/or population, making statewide comparisons challenging, but providing the potential for centers with population strengths to educate and support centers who are lacking in those service areas. MICC believes there is great value and potential within the MECASA centers to work together more strategically to share field knowledge and provide population specific cross training to truly build capacity for serving a variety of diverse groups from within the Coalition, while also incorporating available national best practices.

Centers clearly identified that the reason their services were strengths was a result of community connections in response to expressed need and the creation of local partnerships. While the *absence* of such connections (due to funding, staffing, training, etc.) were the primary contributing factors for their top service gaps. When gaps appear in areas in which no center indicated a strength (seasonal migrants, for example), the opportunity for collaboration and training with population specific partners (service providers and community members, for example) and national stakeholders, is rich and often untapped. MICC believes improving identified gaps in funding, training, and/or partnerships that prevent the effective serving of underserved populations, could be addressed by standardizing the service approach and staff competency levels across the Coalition (one underserved group at a time, if necessary) and strategically utilizing community expertise in the areas/populations that MECASA deems as most critical to address.

After examining the MECASA Centers' perceptions against the state's actual population and regional demographics in the areas covered by MECASA providers, MICC identified an opportunity for growth in service provision in most centers, when a certain population exists in the catchment area, but is not being serviced or outreached in a number reflective of the actual population. MICC found that because of the lack of a coordinated, confidential demographic database that all MECASA providers collectively input data into, and because most information gathering is from the 24 hour hotline, which makes demographic collection difficult, a priority action item should be to remedy the gap in demographic data collection. Additionally, MICC suggests incorporating outreach data, to capture the efforts made to connect with underserved populations; and giving this data as much attention as ultimate client numbers. Collecting data beyond what is required by current reporting could allow MECASA to access future targeted funding, perhaps supporting populations already being serviced and allowing for necessary capacity building to support underserved populations.

Within the "Recommendations/Action Steps" section of this report, MICC synthesized findings and outlined possible action steps for MECASA to pursue in highlighting strengths and filling gaps to meet the sexual violence support service needs of underserved communities in Maine. Depending on MECASA's vision and prioritization of how it wants and needs to evolve to serve more underserved populations, MICC believes that following as many of these action steps as are feasible will help MECASA continue in its goal of "put[ting] an end to sexual violence in Maine and ensur[ing] that there will be ongoing support and services for victims and survivors."

Appendix 1

Assessment Timeframe

- Awarded on: June 30, 2015
- Contract Signed and Submitted to MECASA: July 8, 2015
- Demographic Analysis and Desk Review Completed: July 7-9
- Survey Development/Set-up, Interviews/Focus Groups Scheduled: July 7-9
- Interviews and Focus Groups Conducted: July 20-31; August 3-14
- Report Compilation: August 18-31
- Project Completion: September 4, 2015

Appendix 2

Budget:

MICC Indirect Rate (12%)	$1,500
Consultant Rate (141.5 person hours at $81.25/hour)	$11,500
Total	**$13,000**

Appendix 3

Assessment Survey Weblinks - These links will be available to be seen by MECASA for a period of six months, and afterwards by request.

- Survey for Service Providers of Diverse Populations
    - https://www.surveymonkey.com/r/RGQ7C86

- Survey for Members of Diverse Groups
    - https://www.surveymonkey.com/r/Z78K66L

- Support Center Survey: Under-served Populations
    - https://www.surveymonkey.com/r/2PN23RT