Theses, Dissertations, and Other Capstone Projects

2014

The Impact of Race and Ethnicity on Sexual Violence: A Case Study on Underserved Populations in Minnesota

Lindsay Bolstad
Minnesota State University - Mankato

Follow this and additional works at: http://cornerstone.lib.mnsu.edu/etds

Part of the Ethnic Studies Commons, and the Gender and Sexuality Commons

The Impact of Race and Ethnicity on Sexual Violence:

A Case Study on Underserved Populations in Minnesota

By

Lindsay Bolstad

A Thesis Submitted in Partial Fulfillment of the

Requirements for the Degree of

Master of Science

In

Ethnic and Multicultural Studies

Minnesota State University, Mankato

Mankato, Minnesota

May 2014

The Impact of Race and Ethnicity on Sexual Violence: A Case Study on Underserved Populations in Minnesota

Lindsay Bolstad

This thesis has been examined and approved by the following members of the student's committee.

_____

Dr. Kebba Darboe, Advisor

_____

Professor Hanh-Huy Phan, Committee Member

_____

Dr. Sherrise Truesdale-Moore, Committee Member

Acknowledgments

This thesis would not be possible without the support of several generous people. I would first like to thank my family and friends for their unconditional encouragement during my graduate education. Thank you to Committee Member, Professor Hanh-Huy Phan, for being an empowering mentor throughout my academic career. Committee Advisor, Dr. Kebba Darboe, Committee Member, Dr. Sherrise Truesdale-Moore, and Dr. Mary Hadley from Minnesota State University, Mankato's Institutional Review Board spent hours advising me throughout the thesis process, and I am grateful for their expertise. My caring colleagues and friends that helped to edit and review this thesis also deserve recognition: John Foderick, Mehmet Aydin, Megan Kampstra, Saundra Foderick, Professor Vang Xiong, Alisha Phandanouvong, and La'Betra Chambers. I would like to thank the participants in this research for sharing their knowledge with me, and for the person-centered advocacy services they provide for victims/survivors. This thesis is dedicated to all of us that are impacted by sexual violence and oppression.

Table of Contents

List of Tables

Abstract

The Impact of Race and Ethnicity on Sexual Violence: A Case Study on Underserved
        Populations in Minnesota
Lindsay Bolstad; Master of Science Degree in Ethnic and Multicultural Studies
Minnesota State University, Mankato; Mankato, Minnesota; May 2014

Sexual violence in Minnesota impacts hundreds of thousands of lives and costs billions of

dollars each year. This qualitative case study describes how victims that are people of

color experience sexual violence at disproportionately high rates and face additional

barriers when seeking legal, medical, and mental health and crisis advocacy services in

Minnesota. The methodology employed includes secondary data collection using books,

scholarly articles, and archival data. Individual interviews and a focus group interview

were used to collect primary research. The voluntary interview participants were

advocates that provide services for victims of sexual violence in Minnesota. The

interviews were audio-recorded and transcribed with participant consent. Statements

from the transcriptions were coded into themes with the assistance of two graduate

students to check for reliability and validity. The major themes described from the

interviews include: the anti-sexual violence movement, barriers in the medical system,

barriers in the legal system, sexual assault advocacy organizations and culture, white

privilege and power dynamics, and oppression, historical trauma, racism, and

marginalization. It was concluded that given the history with historical trauma and

oppression, people of color often experience additional barriers as victims of sexual

violence. Minnesotans need to have more conversations about sexual violence,

oppression, and racism. Victims that are people of color must have the power in their

own healing journeys, as well as power in the future of the anti-sexual violence

movement.

CHAPTER ONE: INTRODUCTION

Statement of the Problem

The heightened concern about the frequency and increase in the rates of sexual violence in Minnesota demonstrates that the problem is not an epidemic, but a social norm. In 2005 alone, more than 61,000 Minnesotans were victims of sexual violence (Miller, Taylor, & Sheppard, 2010). Common feelings among these victims of sexual violence are reported to be stigma, self-blame, and fear. These negative reactions have erected many barriers when accessing services from legal, medical, and mental health and crisis advocacy community systems. Given the history with historical trauma and oppression, people of color often experience additional barriers as victims of sexual violence.

To date, it is difficult to obtain accurate statistics regarding sexual violence and race in Minnesota. The statistics are published at the national level, but the focus is on individuals that identify as female. According to the United States Department of Justice publication by Berzofsky, Krebs, Langton, Planty, and Smiley-McDonald (2013), sexual violence impacts 6.8% of Asian American women, 14.6% of Latina women, 17.7% of Caucasian American women, and 18.8% of African American women. American Indian women are victims at the highest rate at 34%, making them more than twice more likely to experience sexual violence than the general population (Berzofsky, Krebs, Langton, Planty, & Smiley-McDonald, 2013). This research will attempt to look further into the experiences surrounding these statistics.

Research Objectives

The purpose of this research is to describe the impact of race and ethnicity on sexual violence in Minnesota. A qualitative case study will be conducted to better understand the barriers faced by underserved populations of color. First, an extensive literature review of secondary data consisting of scholarly journals summarizes the research that currently exists. In addition, a review of the Minnesota Coalition Against Sexual Assault's resource manual for advocates is used as archival data to enrich the literature review. Next, primary data was collected by conducting interviews with professional advocates that work with victims of sexual violence. Last, common themes from the primary research are discussed. The case study concludes with recommendations to address the barriers for victims of color, as well as recommendations for future research.

Research Questions

This case study attempts to answer questions about the impact of sexual violence on victims that are people of color. To answer these questions, research focuses on barriers in accessing legal, medical, and mental health and crisis advocacy services. In addition to answering these questions, research addresses the impact of sexual violence on victims, the financial costs of sexual violence to Minnesotans, and the Violence Against Women Act. Last, this case study will ask how service providers can more effectively serve victims that are people of color.

Definition of Terms

Advocacy refers to "…sexual violence victim advocacy encompasses assisting individuals in exploring and understanding their options and empowering them to

make their own decisions. … Advocates assist individuals in finding answers to their questions, understanding their options, and building support systems" (Minnesota Coalition Against Sexual Assault, 2007c, para. 2).

Marginalize is "to put or keep (someone) in a powerless or unimportant position within a society or group" (Merriam-Webster, n.d., para. 1).

Microaggressions refers to "brief and commonplace daily verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, negative racial slights and insults to the target person or group" (Nadal, Griffin, Wong, Hamit, & Rasmus, 2014).

Oppression refers to "a systematic and broad-based method, which limits freedom of choice, action, and ideas of self on an individual and group level. Systematic domination of a person based on race, class, and sexual orientation" (Minnesota Coalition Against Sexual Assault, 2007a, para. 11).

Sexual Violence: "Sexual violence is the use of sexual actions and words that are unwanted by and/or harmful to another person" (Minnesota Department of Health, n.d., para. 1).

Inclusiveness of Terms

The researcher will attempt to be inclusive of all identities and experiences of victims of sexual violence, keeping in mind that specific terms will be used for consistency and the ease of the reader. The term victim will be used, although it is important to note that many people might preferred to be called another term, such as survivor. They and their gender pronouns will be used to be inclusive of all genders and acknowledge that sexual violence occurs across all genders. The term people of color

will be used to describe racial and ethnic marginalized groups. American Indian, African American, Latino American, Asian American, and Caucasian American will be the terms used to identify the five racial groups in the United States. Latina American will refer to only people that identify as female. It is relevant to note that there are hundreds of ethnicities and cultures within these groups, and not all people might identify as American.

CHAPTER TWO: REVIEW OF THE LITERATURE

Extant Literature

Much of the extant literature on the topic of sexual violence excludes people of color, as well as other marginalized groups. The majority of the secondary data found describes the experiences of Caucasian American college-age women. The spectrum of sexual violence includes: intimate-partner violence, drug and alcohol facilitated assault, child abuse, incest, harassment, stalking, prostitution and trafficking, exploitation, pornography, indecent exposure, and other forms of non-consensual actions and behaviors (Minnesota Coalition against Sexual Assault, 2007f). While the spectrum is very broad, the secondary data collected focuses on rape. Researchers agree that more research is needed on the impact of race and ethnicity on sexual violence. A more detailed and comprehensive study is needed at the local level to better understand the impact of race and ethnicity on victims of sexual violence in Minnesota.

The Impact on Victims

Sexual violence impacts each victim differently. According to the Minnesota Coalition Against Sexual Assault's (MNCASA) (2007e) resource manual for advocates, factors that impact a victim's healing include the individual's culture, past experiences, relationship with the offender, nature of the victimization, resources, coping skills, and support systems. Brofenbrenner's, Heise's, and Grauerholz's ecological framework supports this idea, arguing that an individual's ontogenic factors, microsystem factors, exosystem factors, and macrosystem factors play a role in their response to sexual violence victimization (Anders & Christopher, 2011).

According to MNCASA (2007b) in their resource manual for advocates, the factors impacting a victim's response to sexual violence are critical for professionals working in systems that respond to victims to understand. Every victim will have their own unique healing journey, requiring patience, respect, and awareness from the professionals supporting them. Culture can impact an individual's access to resources, beliefs about sex, and attitudes about support and mental health (Minnesota Coalition Against Sexual Assault, 2007b). The experience of people of color in the United States has been compromised of oppression, marginalization, racism, and sexism, and other forms of societal trauma. According to Bryant-Davis, Chung, & Tilman (2009), the experiences victims that are people of color are often ignored as part of oppression. Common experiences of victims that are people of color include the mistrust of community systems, victim blaming, discrimination, and rape mythology (Bryant-Davis et al., 2009).

Anders & Christopher (2011) describe rape mythology as a Western ideal of what makes a rape an "actual rape". The myth is that the victim is a woman who is not intoxicated, and the perpetrator is a stranger forcing the woman by using a weapon. The idea is that the woman "should" be injured while struggling to fight off or resist the attacker (Anders & Christopher, 2011). In reality, 11% of sexual assault offenders use a weapon such as a knife or gun, and many victims freeze at the time of victimization (Berzofsky et al., 2013). The stigma that many victims experience might be tied to rape mythology.

In addition to stigma, MNCASA (2007e) further explains that common reactions to sexual violence are feelings of guilt, shame, and self-blame. Many victims become

depressed and anxious, and are at high risk of self-injury and suicidal ideation. Some

victims will experience flashbacks and develop Rape Trauma Syndrome, a short-tem

form of Post-Traumatic Stress Disorder (PTSD). Biological consequences might be the

transfer of Sexually Transmitted Diseases (STDs), unwanted pregnancy, and bodily harm

and injuries (Minnesota Coalition Against Sexual Assault, 2007e). These consequences

of sexual violence cost the state of Minnesota billions of dollars each year.

Financial Costs to Minnesotans

According to Miller, Taylor, and Sheppard (2010), in 2005, the cost of sexual

violence in Minnesota was eight billion dollars. Sexual violence costs each individual

Minnesota resident $1,540 per year. These costs have a rate that is 3.3 times higher than

the costs of driving while under the influence of alcohol. Since sexual violence impacts

many areas of life, costs are dedicated to adjudication, police services, mental health

services, and medical care. The largest costs are related to quality of life losses, such as

lost wages when the victim cannot work, sexually transmitted illnesses, unplanned

pregnancies, suicidal acts, and substance abuse. Perpetrators receive $40 million more

than victims do for treatment (Miller, et al., 2010). The Violence Against Women's Act

aids in alleviating some of these costs.

Violence Against Women Act

Federal policy regarding sexual violence is progressing, but remains uncertain and

excludes marginalized groups. The Violence Against Women Act (VAWA) was created

in 1994, and reauthorized in 2000, 2005, and 2013 (Rosenblum, 2012). The act provides

funding for victim services, prevention initiatives, and training for law enforcement and

judicial workers. Funding provided by VAWA also provides grants for over 30 public

and nonprofit organizations in Minnesota (Rosenblum, 2012). While VAWA is an important policy, critical gaps in the legislation remain.

As Rosenblum (2012) stated, VAWA was extended with much resistance from Republican legislators that did not want to include protections for American Indians, immigrants that are undocumented, and people who identify as lesbian, gay, bisexual, transgender, or queer (LGBTQ). These groups experience disproportionately high rates of sexual violence and face substantial barriers in accessing victim services (Otega & Busch-Armendariz, 2013; Rosenblum, 2012). Ensuring that VAWA will address the needs of all victims will remain a challenge for sexual violence advocates for the foreseeable future (Otega & Busch-Armendariz, 2013).

Legal System

It is incredibly rare that legal justice is served for victims of sexual violence. Research estimates that 11% to 39% of victims seek services within the legal system (Ullman & Townsend, 2007). Berzofsky et al., (2013) reported that nationwide in 2010, 36% of victimizations were reported to the police. Of those reports, 64% were reports made by the victim. An official other than police reported 14% of cases and a household member of the victim reported 10% (Berzofsky et al., 2013). According to Lonsway & Archambault (2012), of the assaults that are reported only 7% to 27% are prosecuted. Convictions occur in 3% to 26% of those cases that are prosecuted, with a 95% of incarceration for those convicted. Due to low rates of reporting and prosecution, the perpetrator will be convicted in only 0.2% to 5.2% of all cases of sexual violence (Lonsway & Archambault, 2012). In addition to low conviction rates, rape mythology is a major cause of the low reporting rates to law enforcement.

Research from the United States Department of Justice concluded that 70% of victims in Minnesota knew their perpetrator (Minnesota Coalition Against Sexual Assault, 2007d). While the majority of victims experience violence perpetrated by someone they know, they are more likely to report if the perpetrator is a stranger (Anders & Christopher, 2011; Spohn & Tellis, 2012). They are also more likely to report if a weapon was used, there were physical injuries, and the victim was not intoxicated (Spohn & Tellis, 2012). Other barriers to reporting described by Spohn and Tellis (2012) were feelings of embarrassment, shame, and fear of retaliation from the perpetrator. Victims might also fear that law enforcement officers will not believe them or will not help them (Spohn & Tellis, 2012).

Research by Maier (2008) summarizes surveys conducted among law enforcement officers and victims with disturbing conclusions. The survey found that some law enforcement officers were found to have philosophies about sexual violence that were victim blaming. This victim blaming mentality comes through in questions asked by law enforcement regarding the victim's effort to resist the assault, their sexual history with the perpetrator, and the clothing they wore at the time of assault (Maier, 2008). Studies show that victims frequently feel victimized by law enforcement and many regret that they reported at all (Patterson, 2011). The system is created in a way that gives law enforcement officers and prosecutors control in a victim's case.

Law enforcement investigates cases of sexual violence before the case can move on to the prosecutor. Spohn and Ellis (2012) describe that law enforcement officers have discretion to clear or erase a case if they find that no crime occurred or if the chances of prosecution are low. Law enforcement officers are more likely to clear a case if the

victim was intoxicated or knows the perpetrator. African American and Latina American women are more likely to have their case erased, therefore the bias and discrimination of law enforcement officers is a serious concern (Spohn & Tellis, 2012).

The prosecutor also has a lot of power in what happens with a victim's case. Spohn and Tellis (2012) explain that the implications of a case's charge and plea bargain are the decision of the prosecutor. Legal factors such as strength of evidence influence the prosecutor's decision, but a victim's personal characteristics factor in this decision as well. The prosecutor might consider certain characteristics of the victim that are thought to put them "at risk" for sexual violence victimization, such as: reputation, education, age, and race. For example, research shows that cases are treated more firmly when they involve a Caucasian American female victim and African American male perpetrator (Spohn & Tellis, 2012).

Medical System

Victims of sexual violence also experience barriers in the medical system. It is estimated that only 9% to 43% of victims seek medical care after an assault (Ullman & Townsend, 2007). Between 2005 and 2010 in the United States, 35% of females injured during sexual assault received treatment (Berzofsky et al., 2013). Victims of sexual violence might seek sexual assault evidentiary exam or "rape kit" as a part of their treatment. The examination is medically necessary for the victim's health, especially regarding sexually transmitted diseases and pregnancy (Maier, 2008). Another purpose of the exam is to collect evidence in case there is a criminal prosecution (Payne, 2007). Nurses with specialized training, known as Sexual Assault Response Service (SARS) nurses or Sexual Assault Nurse Examiners (SANE), conduct the exam when possible

(Maier, 2008; Payne, 2007).

One of the roles of SARS/SANE nurses is to make the exam a more comfortable and empowering experience for victims. Maier (2008) and Payne (2007) describe the exam, especially the pelvic exam, to be very invasive with the chance of revictimizing the victim. These perceptions might deter the victim from receiving the exam. Other barriers in seeking a medical exam include behaviors of hospital staff, such as: informing law enforcement without the victim's consent, lacking of knowledge about sexual violence and community resources, hurrying victims through the exam or refusing to complete an exam, creating long wait periods, and asking victim blaming questions (Maier, 2008; Payne, 2007). In addition, people of color might be more distrusting of medical providers due to a history of discriminatory and abusive practices.

Volscho (2010) explains how women of color in the United States are more likely to receive sterilization procedures. High rates of nonconsensual or forced sterilization were reported in the 1960s and 1970s. These rates impacted mostly American Indian and African American women, but Mexican and Puerto Rican women were also victims. Women of color were given experimental Depo-Provera birth control shots. Girls were coerced into having full hysterectomies when they were as young as 11 years old. Reproductive health care providers sometimes lied to women, leading them to believe that the procedures were reversible. Health care providers are not immune to stereotypes of women of color being "welfare queens" or incapable of raising children (Volscho, 2010). Victims also experience barriers in accessing mental health and crisis advocacy services.

Mental Health and Crisis Advocacy Services

Victims might seek mental health and crisis advocacy services from licensed professionals such as social workers, therapists, psychiatrists, and crisis victim advocates (Ullman, 2007). Most crisis advocacy organizations provide short-term services at little or no cost, including one-to-one counseling, support groups, legal and medical advocacy, and a crisis hotline which can be accessed 24 hours a day (Ullman & Townsend, 2007). There are more than 25 centers like this in the state of Minnesota that provide some or all of these services, including Central Minnesota Sexual Assault Center, Someplace Safe, Committee Against Domestic Abuse, Sexual Violence Center, Southwest Crisis Center, Safe Avenues, New Horizons Crisis Center, Breaking Free, and Ramsey County Sexual Offense Services (Minnesota Office of Justice Programs, 2014). Some organizations are culture specific; for example, the Brian Coyle Immigrant Women's Advocacy Project, Minnesota Indian Women's Resource Center, Chicanos Latinos Unidos En Servicio, and Minnesota African Women's Association (Minnesota Office of Justice Programs, 2014). While these services are free, victims that are people of color are less likely to access them.

Victims that are people of color experience psychological impacts at higher rates; for example, low-self esteem, suicidal ideation, depression, and Post Traumatic Stress Disorder (Bryant-Davis, Chung, & Tilman, 2009). However, they are also one-third to one-half as likely to receive mental health services, compared to Caucasian American victims (Alvidrez, Shumway, Morazes, & Boccellari, 2011). Sixteen percent to sixty percent of all victims seek mental health services (Ullman & Townsend, 2007). In the United States, 23% of victims received services with a crisis advocacy organization

between 2005 and 2010 (Berzofsky et al., 2013). The majority of victims end up seeking

help from family or friends because of the barriers in seeking mental health services

(Ullman, 2007).

A study by Ullman and Townsend (2007) explored the barriers experienced by

victims in seeking mental health services. It concluded that these barriers include:

societal attitudes denying the problem of rape, revictimizing experiences such as being

blamed or disbelieved, the stigma of being labeled mentally ill, lack of knowledge of

services, and lack of access to services due to geographic isolation or reliance on public

transportation. These barriers are particularly relevant for victims from socially

marginalized groups in the categories of gender, sexual orientation, ability, immigration,

mental illness, age, and race and ethnicity (Ullman & Townsend, 2007).

In Ullman and Townsend's study (2007), the authors further explored the impact

of race on seeking services by using interviews with professional sexual violence

advocates. More than half of the advocates interviewed agreed that people of color are

less likely to be believed by professionals working with victims. Without being asked the

question directly, one-fourth of the advocates noted racism as a problem among sexual

violence crisis advocacy organizations. The feminist philosophies dominating these

agencies have historically excluded the experiences of people of color. The advocates in

the study suggested that attending conferences and events was not enough; daily practices

should be more multicultural and inclusive, such as providing bilingual services (Ullman

& Townsend, 2007). A racially and ethnically diverse staff might help reduce these

barriers, considering that victims who are the same race or ethnicity as their counselor are

30% more likely to participate in treatment services (Alvidrez et al., 2011).

Barriers for American Indians

Victims that are American Indian experience unique barriers when seeking services within community systems. There are 11 federally recognized tribes in Minnesota, consisting of Ojibwe and Dakota lineage: Bois Forte, Fond Du Lac, Grand Portage, Leech Lake, Mille Lacs, Red Lake, White Earth, Lower Sioux, Upper Sioux, Prairie Island, and Shakopee Mdewakanton (Hudon, 2007). According to Weaver (2009), prior to colonialism domestic violence and sexual violence was very uncommon and severely punished. Women were highly valued as leaders in sustaining communities and making decisions about war. Some ethnic groups were matrilineal and matrilocal. When the colonialists arrived, American Indian groups were forced to assimilate to Western, patriarchal values (Weaver, 2009). The prostitution of Native women was a "right of conquest" during the fur trade, and the trafficking of Native women in Minnesota continues to be a serious problem (Hudon, 2007). Today, American Indians experience sexual violence at rates higher than any other racial group in the United States.

High rates of violence against American Indians can be tied to the legacy of colonialism, genocide, and historical trauma. Hudon (2007) explained that in the United States Federal Trust Relationship, American Indians are legally owed adequate health care, education, and other services, in exchange for 400 million acres of tribal land. Promises made in the Trust Relationship have been repeatedly broken; for example, during the boarding school era more than 100,000 American Indian children were taken from their homes and sent to boarding schools where they were forced to assimilate to the dominant European, Christian culture. This era is said to be the largest contributor of

violence in American Indian communities because children were physically and sexually abused in the schools and learned to perpetrate these behaviors on others (Hudon, 2007).

Sexual violence against American Indian communities is not only more prevalent, but also more violent. American Indians victims are almost twice as likely as the general population to be injured during rape. Hamby (2008) stated that it has been reported that 94% of rapes of American Indian also include physical assault. Weapons are used in 11% of cases in the general population, and 34% for American Indians (Hamby, 2008). In the general population, the majority of victims know the perpetrator; this is not the case for American Indian women. More than 70% of people that perpetrate against American Indian women are of a race that is not American Indian, with the majority being Caucasian American (Golden, 2012). These facts have significant legal implications for American Indian victims.

Legal Services

For American Indian victims, the criminal justice system responses are complex and victimizing. Research by Megan (2007) describes how complexity of the Trust Relationship, Major Crimes Act, Indian Country Crimes Act, and Public Law 280 creates a confusing process for victims and undermines tribal sovereignty. The tribal government, state government, federal government, or some combination of the three might have jurisdiction over a case. (Bachman, Zaykowski, Lanier, Poteyeva, & Kallmyer, 2010). Minnesota is a Public Law 280 state, which means that the state often has concurrent jurisdiction with tribal codes. This concurrent jurisdiction has created a lot of confusion in daily tasks, such as police responding to calls (Hudon, 2007). The races of the people involved are of particular significance for American Indians in the

criminal justice system.

As discussed by Gebhardt and Woody (2012), the federal government has jurisdiction in cases where the perpetrator is a non-American Indian, which is more than 70% of all cases. Federal prosecutors reject these cases at high rates, leaving victims feeling hopeless about seeking justice. Compared to the general population, cases are less likely to result in arrest when the victim is American Indian (Bachman et al., 2010). This lack of justice is one barrier for American Indians reporting to law enforcement.

Hamby (2008) describes a study conducted on American Indian victims and reporting to law enforcement. Being too young and uneducated about resources were two common responses, but fear of not being believed was the most common reason; nearly two times the responses of the general population (Hamby, 2008). Again, the race of the perpetrator is relevant because victims fear that they are less likely to be believed if the perpetrator is Caucasian American (Gebhardt & Woody, 2012). American Indians also face unique barriers in the medical system.

Medical Services

Common barriers for victims that are American Indian in accessing services are social isolation, access to public transportation, access to telephones and other forms of communication, language barriers, and differences in cultural values (Gebhardt & Woody, 2012). Bryant-Davis et al., (2009) describe the additional barriers in accessing medical services as lack of routine medical care, geographic isolation from hospitals, and lack of insurance coverage. The Indian Health Service is also poorly equipped to respond to victims because they often are not able to perform the medical exam or cannot be released from work to testify in court on behalf of the victim (Hudon, 2007). With these

barriers in mind, American Indians might be more likely to be in need of medical services because they are often injured during the assault and are at increased risk for STDs (Bachman et al., 2010; Bryant-Davis et. al., 2009).

Mental Health and Crisis Advocacy Services

There are also serious mental health consequences for victims that are American Indian. American Indians have the highest rates of depression, suicidal ideation, and PTSD compared to other racial groups in the United States (Bryant-Davis et al., 2009). According to Gebhardt and Woody (2012), many victims do not seek mental health services because they do not trust organizations established by the dominant Caucasian American group. Also, many victims might come from small communities and therefore fear that confidentiality could be broken if they participate in support groups and other mental health services (Bachman, Zaykowski, Kallmyer, Poteyeva, & Lanier, 2008). The silence in American Indian communities surrounding sexual violence frequently makes victims turn to drugs and alcohol to cope (Hudon, 2007).

According to Hudon (2007), six reservations in Minnesota have sexual assault programs, and most have one advocate. It is difficult for some reservations to get program funding from the state of Minnesota and private organizations because they are located in rural areas. Traditional healing methods are becoming more popular for victims. Hudon (2007) suggests that traditional healers be trained to work with victims, as well as be screened for confidentiality and safety.

<div align="center">Barriers for African Americans</div>

Victims that are African American also experience unique barriers when seeking services within community systems. Sexual violence for African Americans has been

deeply entrenched throughout their history of experiencing oppression in the United States. Tillman, Bryant-Davis, Smith & Marks (2010), describe a history of Caucasian American masters raping their female slaves to increase the workforce. Jones (2007) explains that after slavery, many women migrated to the North due to high rates of rape in the South and no legal power for victims. During the Civil Rights Movement of the 1960s, African American women experienced violence by African American men because women were expected to place higher value on their race than their gender (Jones, 2007). It is relevant to note that anti-race motivation occurred in 47% of all bias–based crime in 2012, with 46% of victims being African American (Minnesota Department of Public Safety Bureau of Criminal Apprehension, 2012). Anti-race bias is deeply rooted in dominant culture.

The dominant culture justifies sexual violence against African American women by perpetuating the myth that African American women welcome sex and inherently enjoy it, also known as the Jezebel stereotype (Tillman, Bryant-Davis, Smith, & Marks, 2010). Today they are often called welfare queens, hoochies, and hoes in rap music (Jones, 2007; Tillman et al., 2010). These stereotypes have serious implications for victims of sexual violence.

Legal Services

Research suggests that because of their history of oppression and stereotypes, African American victims are more likely to subscribe to rape mythology (Schneider, Mori, Lambert, & Wong, 2009). Race; therefore, plays a role in a victim's decision to report to law enforcement. Studies by Bryant-Davis et al. (2009) show that the stereotypes of African American women being sexually promiscuous might contribute to

victim blaming experiences by law enforcement questioning. Also, considering the stereotypes of African American males being criminals, victims might be hesitant to report because it would reflect poorly on the community (Bryant-Davis et al., 2009).

Medical Services

Barriers for victims that are African American also exist in the medical system; for example, economic disadvantages. Bryant-Davis et al. (2009) stated that victims might be in greater need for medical care due to high risk of STDs. Victims also experience higher rates of alcohol and crack cocaine use (Bryant-Davis et al., 2009). Additional research is needed regarding medical services for victims that are African American; most of the research has focused on mental health services.

Mental Health and Crisis Advocacy Services

Depression in the weeks following the assault, fears related to the assault, high rates of PTSD, and loss of trust in people are common emotional distresses experienced by African American victims (Bryant-Davis et al., 2009). Lifetime PTSD is more likely among African American victims that regret disclosing, mostly because they were disregarded by the system that they disclosed to (Jacques-Tiura, Tkatch, Abbey, & Wegner, 2010; Ullman, Foynes, & Tang, 2010). Victims also experience higher rates of low self-esteem because they are more likely to place blame on themselves (Tillman, Bryant-Davis, Smith, & Marks, 2010). African American women in particular might not seek services for these mental health problems because of the "strong black woman" stereotype.

Tillman et al. (2010) explains how African American women have experienced oppression throughout United States history and are expected to "handle it" on their own,

without seeking mental health services. African American victims attend counseling sessions at the lowest rate among racial groups. Forty percent of African American victims attend at least four mental health sessions, compared to eighty-two percent of Caucasian Americans victims (Alvidrez et al., 2011). Most mental health organizations are structured using a Western philosophy, which serves as a major barrier (Ullman, 2007). African American victims are more likely to seek support from family, friends, and religious groups (Bryant-Davis, Ullman, Tsong, & Gobin, 2011; Ullman, 2007).

Barriers for Latino Americans

Victims that are Latino Americans also experience unique barriers when seeking services within community systems. More research is needed for Latino American victims of sexual violence, as estimates of rates and prevalence is unclear. It is important to note that immigrants that are Latino American come from a variety of countries with unique languages, cultures, and histories. In Minnesota, the majority of Latino Americans immigrate from Mexico, Puerto Rico, Cuba, Colombia, Ecuador, El Salvador, and Guatemala (Harders & Gullingsrud, 2007).

According to Schneider et al. (2009), Latino Americans might be more likely to subscribe to rape myths due to the values of decente and marianismo in some cultures. The values prescribe how a Latina American woman is expected to fulfill gender roles, behave like the Virgin Mary, and keep her virginity (Bryant-Davis et al., 2009; Sabina, Cuevas, & Schally, 2012). Bryant-Davis et al. (2009) adds that Latina American women are stereotyped to by flirtatious and passionate about sexual behaviors.

In addition to stereotypes, three major barriers for Latino American victims described by Bryant-Davis et al. (2009) are English language proficiency, immigration

status, and degree of acculturation. Immigrants who are more acculturated, or have adopted more customs from the dominant group, are more likely to be knowledgeable of resources and then seek those (Sabina et al., 2012).

Legal Services

Self-reporting rates for victims that are Latino American are very low, while reporting by Caucasian American victims is double the rate for Latino Americans (Sabina et al., 2012). Lack of education and the fear of deportation are two common barriers in reporting crime to law enforcement (Bryant-Davis et al., 2009). According to Harders and Gullingsrud (2007), 60% of Latino Americans in Minnesota are native-born citizens of the United States. As described by Otega & Busch-Armendariz (2013), immigrant women are more likely to be stuck in abusive situations in the home or workplace due to fear of deportation. Studies have shown that Latina American farmworkers experience sexual violence at the incredibly high rate of 80%. VAWA attempts to protect women in these situations, but does not go far enough because many people are not educated about their options (Otega & Busch-Armendariz, 2013). More education is also needed on medical services for victims that are Latino Americans.

Medical Services

Very little research has been conducted regarding medical care for victims that are Latino American. Transportation to the hospital is one major barrier for victims living in rural areas (Harders & Gullingsrud, 2007). Common symptoms among victims include headaches, heart problems, substance abuse, eating disorders, and other health problems (Bryant-Davis et al., 2009).

Mental Health and Crisis Advocacy Services

Sexual violence can have major impacts on Latino victims. According to Bryant-Davis et al. (2009), symptoms include PTSD, depression, dissociation, and suicidal ideation. Other cultural specific syndromes may occur, such as ataques de nervios, where victims feel anxious, sick, or aggressive (Bryant-Davis et al., 2009). Studies have shown that Latino Americans often do not seek mental health services due to traditions among many cultures.

Sabina et al. (2012) explains that traditional cultural values place a high value on trust, family, and religion. These values often conflict with the philosophies of mental health service providers. Latino American victims might experience distrust of mental health practitioners, fear brining shame to the family, and feel that their healing needs to be focused on the spiritual issues (Bryant-Davis et al., 2009; Sabina et al., 2012). The degree of acculturation for Latino American immigrants can impact whether a person is more likely to seek mental health services, although they might also be simultaneously struggling with the loss of their culture (Bryant-Davis et al., 2009).

<div style="text-align:center">Barriers for Asian Americans</div>

Victims that are Asian American also experience unique barriers when seeking services within community systems. Since the 1970s, Minnesota has seen a large increase in immigration of people who identify as Hmong, Lao, Cambodian, and Vietnamese (Kanuha & Her, 2007). According to Bryant-Davis et al. (2009), data regarding sexual violence and Asian Americans is inaccurate because they are the least likely racial group to disclose victimization. Asian Americans are highly likely to subscribe to rape myths due to gender roles within many Asian American cultures.

Some Asian Americans live in male-dominated cultures where women are considered property and believe that a victim should marry their perpetrator (Kanuha & Her, 2007). Also, Asian American women are expected to remain submissive, yet protect their virginity. If they fail to protect their virginity, it could destroy the family's image and honor. In many cultures, sexual violence is not viewed as a crime but as a personal matter (Bryant-Davis et al., 2009; Schneider et al., 2009). Age and acculturation are other important factors. First-generation Asian American immigrants are more likely to subscribe to rape myths and second-generation victims are more likely to disclose their experiences (Devdas & Rubin, 2007).

Bryant-Davis et al. (2009) explains that because Asian Americans are less likely to report, perpetrators might be more likely to target them. Similar to Latino Americans, other risk factors for Asian Americans are immigration status and English language proficiency. It is relevant to consider the stereotypes that Asian women are exotic and highly sexualized. All of these issues make them more vulnerable to be victims of sex trafficking (Bryant-Davis et al., 2009). Victims that are Asian American have the lowest rates of reporting, as well as the lowest rates of seeking mental health services.

Mental Health and Crisis Advocacy Services

Bryant-Davis et al. (2009) explained that it is common for Asian American cultures to value face-saving; therefore, victims might internalize their problems. The internalization of problems creates high rates of PTSD, depression, shame, helplessness, suicidal ideation, and alcohol use. Victims might be more likely to focus on spiritual support that emphasizes harmony in order to suppress conflict (Bryant-Davis et al., 2009). Kanuha and Her (2007) suggest that mental health professionals slowly build a

relationship with victims and focus on treating the immediate symptoms. Barriers might also exist for Asian Americans seeking services in the legal and medical systems, but little research has been conducted. One barrier to consider is that some victims might not trust law enforcement due to the corrupt political history of the countries they came from (Bryant-Davis et al., 2009).

Theoretical Framework

Sexual violence is a widespread social problem, impacting scores of people and institutions. Therefore, conflict, symbolic-interactionist, and functionalist perspectives could be applied to this case study. The primary perspective is sociocultural theory, feminist theory, and black feminist theory. Symbolic interactionist perspective can also be applied when considering labeling theory and stigma. In addition to these theories, a functionalist perspective can help understand barriers in accessing sexual violence services for people of color.

Conflict Perspective: Sociocultural, Feminist, and Black Feminist Theories

As described by Schmitt (2008), sociocultural theory explains that sexual violence is a learned behavior through cultural interactions and contacts. It argues that women are socialized to be giving, submissive, and less assertive, while men are socialized to be competitive, dominant, and less emotional (Schmitt, 2008). Sociocultural theories and feminist theories share similar views.

According to Casiello Jones and Budig (2008), feminist theory might argue that sexual violence is the result of patriarchy, sexism, gender inequality, and oppression. In the United States, women are historically objectified and exploited, preventing them from accessing economic, educational, and political resources. Moreover, women of color are

left out of mainstream feminist theories and movements that ignore the intersectionality of gender, race, and class. Thus, cultural groups have established their own theories, such as third world, Chicana, and Black feminist theories (Casiello Jones & Budig, 2008). For example, Black feminist theory was constructed to address the invisibility of African Americans in feminist movements, with the goal of challenging negative stereotypes through self-definition and empowerment (Bertrand Jones, Wilder, & Osborne-Lampkin, 2013). Labeling theory can also be applied to sexual violence and people of color.

Symbolic-Interactionist Perspective: Labeling Theory and Stigma

Globokar (2008) describes how labeling theory is a construct of symbolic interactionist perspective. A person can be prescribed a label by society, which then impacts their interactions with others, and becomes a major part of how they self-identify (Globokar, 2008). Harris (2008) explains how stigma also plays a role in labeling theory. A stigma is a socially constructed label placed on individuals that practice behaviors or beliefs that are considered abnormal or unacceptable by the dominant culture. In the United States, stigma can be tied to race and ethnicity, which serves to perpetuate stereotypes and discrimination (Harris, 2008). Labeling theory and stigma can help to understand a victim's feelings and reactions.

People who are prostituted are often labeled as deviant or criminal, rather than a victim. They could then identify as deviant or criminal and therefore, avoid services that could help them break free from a life of prostitution. Labeling theory and stigma also relates to rape mythology and victim blaming. Victims might blame themselves if they were wearing provocative clothing, under the influence of drugs or alcohol, or in an

environment where they "should not" have been. These requirements of what constitutes an "actual rape" also tie into functionalist perspective.

Functionalist Perspective

Schaefer (2008) describes how functionalist perspective requires the replacing and training of personnel, production of services, and preservation of order and purpose, in order to sustain the life of a society and social institutions. Members of society must have a sense of tribal identity and accept the values and norms of the dominant culture. It is the duty of social institutions to provide services that are acceptable by most members of society (Schaefer, 2008). If this is the perspective held by the legal, medical, and mental health and crisis advocacy systems, victims that are people of color can become excluded and marginalized.

CHAPTER THREE: METHODOLOGY

Prior to collecting primary data, an extensive literature review was conducted from secondary sources and archival data. This qualitative case study combined two types of interviews to examine the impact of race and ethnicity on sexual violence in Minnesota. The researcher conducted three individual face-to-face interviews and one focus group interview to initiate a discussion (Babbie, 2014). The research committee chair for this study served as advisor for the on-site interviews.

On-Site Interviews

The researcher was advised on the physical environment of the interview setting, the role and skills of the interviewer, the selection of interview questions, introducing the research topic, discussing the consent form, the audio-recording process, and how to conclude the interview with an evaluation of the relevance of the questions asked. An interview guide was used to conduct the interviews, and is listed in Appendix C.

The interview questions were created based on findings from the literature review, as well as input from other professionals who have researched the topic. The semi-structured interview guide contained questions about the participants' experiences working with clients from communities of color. The goal of the questions was to determine what barriers victims experienced in seeking services, determine what changes are required to meet the needs of underserved populations, and provide advice for professional advocates. While the interview guide had six questions, the researcher could

adjust them depending on the circumstances of the interview. The Institutional Review

Board at Minnesota State University, Mankato approved the interview questions, as well

as the participants selected for the interviews, as seen in Appendix A.

Participants

Professional advocates that work at a crisis center in the state of Minnesota were

interviewed to conduct this research. The five participants were chosen using purposive,

nonprobability sampling because they were the best qualified to discuss the subject

matter, based on the researcher's judgment (Babbie, 2014). Participants were contacted

via email with information about the study and asked for their voluntary participation.

They then responded via email to accept participation and schedule interview times. To

respect confidentiality, names and other identifying information about the advocates will

not be published. The advocates have experience providing victims with services such as

crisis counseling, support groups, medical advocacy, and legal advocacy. For data

collection purposes, the five advocates interviewed will be coded as Advocate 1 (A1),

Advocate 2 (A2), Advocate 3 (A3), Advocate 4 (A4), and Advocate 5 (A5), as seen in

Table 1 in Chapter 4.

Data Collection Method

A focus group interview with two participants and three individual interviews

were conducted within a two-week period. The interviews took place in a comfortable

setting of the participants' choice at the crisis center where the advocates were employed.

Participants were not compensated for their voluntary participation. Prior to the start of

the interviews, participants signed a consent form, displayed in Appendix B, which

explained the purpose of the study, the risks and benefits of their voluntary participation, their rights as a participant, and that the interview would be recorded.

Audio-recordings

With the consent of participants, and with the understanding that the recordings would be deleted and cleared form the cache, all of the interviews were recorded using a digital voice recorder. The lengths of the recorded interviews ranged between thirty minutes and one hour. The recordings were transferred onto computer files to be transcribed.

Data Reduction

The audio recordings from each interview were transcribed, resulting with more than 120 statements and constructs. These were narrowed down and summarized into 10 statements and constructs based on significance and relevance to the topic; for example, oppression, racism, white privilege, barriers in seeking services, cultural competency, and the sexual violence movement. A coding system was used to organize the data from the interviews into themes.

Data Analysis

The interview recordings were transcribed and coded using thematic analysis. The themes were not predetermined, but emerged from the primary data collection. For inter-coder reliability, the researcher and two other graduate students coded the themes.

Reliability and Validity

This research was checked for validity and reliability in several ways. Mixed methods were used because both individual and focus group interviews were conducted in order to collect interaction data, or in other words, the different experiences and

attitudes of the participants. Next, the transcription used the label "R" to code statements made by the researcher and the labels "A1", "A2", "A3", "A4", and "A5" to code statements made by the participants. After the transcriptions were narrowed down to 10 statements and coded into six themes, two graduate students in Ethnic and Multicultural Studies from Minnesota State University, Mankato, checked them for reliability.

The graduate students coded the same statements separately. The coded themes from the graduate students and researchers were then compared to check for reliability. The formula to check for reliability was number of agreements divided by the total number of agreements and disagreements. It was concluded that the coding process used was 100% reliable.

CHAPTER FOUR: FINDINGS

The ten interview statements were coded into six themes. The researcher and two other graduate students performed the coding to check for reliability and validity. The themes and statements are coded listed below and on Table 1.

Themes

Theme 1 (O): Oppression, historical trauma, racism, and marginalization

Theme 2 (W): White privilege and power dynamics

Theme 3 (C): Sexual assault advocacy organizations and culture

Theme 4 (L): Barriers in the legal system

Theme 5 (M): Barriers in the medical system

Theme 6 (A): The anti-sexual violence movement

Statements

1. People of color have experienced oppression, historical trauma, racism, and marginalization throughout the history of the United States.

2. Victims that are people of color experience additional barriers to seeking sexual assault services.

3. The majority of professionals that victims seek services from are Caucasian American.

4. A power dynamic exists in the relationship between victims and service providers.

5. Professionals need to create a safe space for victims that are people of color to validate their experiences of oppression.

6.   Professionals need to be more sensitive about the communities that they work with and not act on stereotypes.

7.   Victims might have specific expectations that relate to culture when seeking sexual assault advocacy services.

8.   Race and ethnicity impact a victim's experience when in seeking and accessing legal services in Minnesota.

9.   Race and ethnicity impact a victim's experience when seeking and accessing medical services in Minnesota.

10. The anti-sexual violence movement is mainly Eurocentric and leaves out the voices of people of color.

Advocates	Theme	Statement
		TABLE 1
		Coded Statements Regarding Advocate's Perspectives on the Impact of Race and Ethnicity on Sexual Violence in Minnesota
All	O	People of color have experienced oppression, historical trauma, racism, and marginalization throughout the history of the United States.
All	O	Victims that are people of color experience additional barriers to seeking sexual assault services.
All	W	The majority of professionals that victims seek services from are Caucasian American.
All	W	A power dynamic exists in the relationship between victims and service providers.
All	W	Professionals need to create a safe space for victims that are people of color to validate their experiences of oppression.
All	W	Professionals need to be more sensitive about the communities that they work with and not act on stereotypes.
All	C	Victims might have specific expectations that relate to culture when seeking sexual assault advocacy services.
All	L	Race and ethnicity impacts a victim's experience when in seeking and accessing legal services in Minnesota.
All	M	Race and ethnicity impacts a victim's experience when seeking and accessing medical services in Minnesota.
A1, A2, A3, A4	A	The anti-sexual violence movement, while legitimate, is largely mainstream and leaves out the voices of people of color.

Summary of Findings

A summary is constructed in order to better describe the six themes and ten statements. Observer comments were not included; only the data collected from the participant interviews.

Theme 1: Oppression, Historical Trauma, Racism, and Marginalization

Race and ethnicity have an impact on victims because of oppression, historical trauma, racism, and marginalization throughout the history of the United States. The genocide of American Indians, slavery of African Americans, internment of Japanese Americans, and birth control experimentation among Puerto Ricans, for example, created

a lasting impact on society leading to the stratification and marginalization of people of color. Oppression is at the root of sexual violence and people who are oppressed are targeted because it is an understood social norm that there will be no legal consequences for perpetrating against them. This lack of safety and vulnerability impacts a person's everyday life, but not all people recognize how they are oppressed because marginalized groups are socialized to internalize oppression. Marginalized groups, such as people who are immigrants and people that do not speak English, might be even more vulnerable to sexual violence (Advocate 1, Advocate 2, Advocate 3, Advocate 4, & Advocate 5, personal communication, February & March 2014).

People who are immigrants are sometimes tricked into thinking they are getting a job, but are then sold into sex slavery. It is very difficult for these victims to seek services because the only people they know are their perpetrators. People that do not speak English may not know that systems are obligated to provide interpreters, but interpreters might be difficult to find depending on the language and dialect. Other barriers for these groups will be discussed throughout the findings (Advocate 1 et al., personal communication, February & March 2014).

Theme 2: White Privilege and Power Dynamics

The majority of professionals in the legal, medical, mental health, and crisis advocacy systems are Caucasian American. White privilege gives advantages to people who are Caucasian American, such as greater access to educational and economic resources. Most Caucasian American professionals working with victims are not going to understand the experiences of oppression among people of color. People of color are socialized to feel like a minority in everyday life, and this feeling cannot be understood

academically. Therefore, service providers need to be more sensitive about the communities that they work with and not act on stereotypes (Advocate 1 et al., personal communication, February & March 2014).

Advocates working victims of sexual violence have witnessed stereotypes, discrimination, and racism within community systems. Stereotypes of women of color as "welfare moms" or as fetishized, "exotic creatures" contribute to individual and group discrimination. This discrimination can be unintentional and the service provider might not realize that they are participating in hurtful behaviors. Minnesota culture, in particular, is more passive aggressive and "quietly racist", but the microaggressions are certainly present. Microaggressions seem harmless to some, but perpetuate stereotypes and the socialization of rape culture. It is critical for service providers to reject stereotypes and educate themselves on the communities they serve without falling into making generalizations. A power dynamic exists in the relationship between a victim and a service provider, especially when the service provider is Caucasian American and the client is a person of color (Advocate 1 et al., personal communication, February & March 2014).

To effectively serve marginalized populations, service providers have the burden to be aware of their privilege and attempt to destabilize the power dynamic. An example of a power dynamic issue is when an advocate that is Caucasian American provides services for a victim that is a person of color; a service provider in the legal or medical system that is Caucasian American might discredit the victim and differ to the advocate. An advocate can be realistic about discrimination and ask the victim how they would like to navigate situations like those. Victims are empowered when they guide their own

healing journey. Service providers must not assume that they are the expert in their

client's feelings and avoid telling them what they "should" do. The victim has a choice

in what they want to do. To build trust and respect, a service provider can use language

that is reflective of the client. Another way professionals can destabilize the power

dynamic is to create a safe space for victims that are people of color (Advocate 1 et al.,

personal communication, February & March 2014).

Victims might need a space to express and validate their experiences of

oppression, including in areas outside of sexual violence. It is critical not to ignore

someone's experiences of oppression. These might be uncomfortable conversations, so it

might take longer for people to tell their stories. Service providers can avoid

rationalizing the victim's experiences in effort to make them feel better, and instead,

validate those experiences and feelings. It is recommended that service providers listen,

be genuine, and check in with themselves to be aware of their intentions. The victims

that they work with are not a "learning opportunity" or something to add to their resume.

Service providers can educate themselves outside of the workplace without placing that

burden on the victim, and can even practice their responses to prepare for challenging

situations (Advocate 1 et al., personal communication, February & March 2014).

Theme 3: Sexual Assault Advocacy Organizations and Culture

Sexual assault advocacy organizations in Minnesota can be mainstream; where

they are expected to meet the needs of all people. Organizations can also be cultural

specific, and serve primarily clients from a specific ethnic or cultural group. Victims

might have unique expectations that relate to culture when seeking sexual assault

advocacy services. If a victim fears or experiences discrimination, or if the organization

does not speak to their culture, they might seek services elsewhere and find alternate ways of coping. Organizations might not be prepared to respond to people of color in certain situations, for example: clients who leave a support group because all of the other participants are Caucasian American, women that have experienced female genital mutilation, people that value collectivism and family over individualism, people from cultures where therapy and counseling is highly stigmatized, and victims that want the violence in their relationship to stop without leaving their partner. Like other service providers, the majority of professionals and volunteers at mainstream sexual assault advocacy organizations are Caucasian American (Advocate 1 et al., personal communication, February & March 2014).

If the location of the organization is in a community with high populations of people of color, it is likely that most of the staff and volunteers are from outside of the community. As discussed in Theme 2, white privilege provides people who are Caucasian American with more life chances. Volunteers that work with victims are more likely to have confidence, a quality education, free time, and the leisure to volunteer without making money. Residents from the community might not volunteer due to obstacles such as childcare needs, lack of transportation, and coping with their own trauma. Mainstream organizations might serve fewer victims from the community they are located in due to these issues. There is no formula for cultural competency, but mainstream organizations can be survivor-led and reject the "White savior complex" by becoming a radical ally (Advocate 1 et al., personal communication, February & March 2014).

There are barriers for mainstream organizations to become an ally among underserved populations. Recruiting people of color for employment or volunteer work is important, but this has to been done in a way that does not tokenize people. Organizations are nonprofit, and therefore more subject to the requirements of government grants and private donors. Major barriers in reaching out to underserved populations are scarce resources and underfunding; for example, literature in brochures to introduce services might only be available in the English and Spanish languages. An organization that is cultural specific can be a positive choice for a victim, but there are barriers exist there as well (Advocate 1 et al., personal communication, February & March 2014).

Mainstream organizations might refer a victim to a cultural specific organization based on their race or ethnicity, but the victim might not necessarily choose that option. Confidentiality is barrier in cultural specific organizations because some communities are smaller in population. An organization might be sensitive to a victim's race or ethnicity, but not necessarily other aspects of their identity such as if they identify as LGBTQ (Advocate 1 et al., personal communication, February & March 2014).

Theme 4: Barriers in the Legal System

Race and ethnicity impacts a victim's experience when seeking and accessing legal services in Minnesota. People of color might have fear or distrust of law enforcement. In some communities, high instances of racial profiling lead to the belief that the police are there to prosecute rather than to help. People of color might feel unsafe when seeking legal services or feel they do not have anywhere to turn to if they have not received fair treatment. Some law enforcement officers have stated that they do

not always know how to effectively work with marginalized groups, and it is suggested that they attempt to recognize their privilege and work with a person-centered approach (Advocate 1 et al., personal communication, February & March 2014). There are several other examples of barriers with the legal system playing out in Minnesota.

People who are undocumented often avoid the police due to fear of deportation. However, many people do not know that they might have the right to report to law enforcement as a victim. Class and language is another factor when reporting to law enforcement. Victims who are less educated or do not speak English are sometimes talked down to, assuming that they are not very smart or credible. In court, victims that do not speak English have had to share an interpreter with their perpetrator, and they sometimes mistrust the fairness of the interpretation. It might also be difficult for some victims to be awarded an Order for Protection due to conflicts in Minnesota's legal definition of marriage or family, and the individual's definition of marriage or family based on their culture. Last, while it is difficult to prove intent, advocates have noticed that they only time victims were asked if they were seeking drugs when they were assaulted was when the victim was a person of color (Advocate 1 et al., personal communication, February & March 2014).

Theme 5: Barriers in the Medical System

Race and ethnicity also impacts a victim's experience when seeking and accessing medical services in Minnesota. While many SARS nurses seem to be doing better at acknowledging their privilege, many of the barriers in the legal system can also be applied to the medical system. People from marginalized groups are sometimes talked down to, and do not know where to turn if they did not receive fair treatment. Some

people of color fear the medical system, considering past experiences with forced

sterilization and birth control experimentation. Victims might have to leave their

clothing with the SARS nurse for records, but people that live in poverty might not have

other clothing to wear. Medical advocacies are often a long, tiring process and can be

even more exhausting for a victim that does not speak English and is working with an

interpreter (Advocate 1 et al., personal communication, February & March 2014).

Theme 6: The Anti-Sexual Violence Movement

The anti-sexual violence movement, while legitimate, is mainly Eurocentric and

leaves out the voices of people of color. For the movement to be effective, it needs to

happen on two levels. First, more people need to be educated about oppression and

sexual violence, and then be trained to work together collectively. Second, policy change

needs to be more inclusive and better implemented. An example of a change needed in

policy is VAWA; it is an important act, but even some service providers that work with

victims do not know about it. It is critical for ally communities of people of color to step

up and talk about racism, however in the anti-sexual violence movement, the voices of

Caucasian American people already are the loudest (Advocate 1 et al., personal

communication, February & March 2014).

Caucasian American allies can reject the power dynamics by giving victims that

are people of color the majority of the space to amplify their stories. A Caucasian

American ally cannot tell people of color how they will be best served, but rather

marginalized groups need to start the process and do the work. Also, the stigma that

comes with getting help and resources will have to be reduced among communities of

color (Advocate 1 et al., personal communication, February & March 2014).

Discussion

This case study addressed the research questions about the impact of race and ethnicity on sexual violence in Minnesota. Iris Young defines oppression as having five faces: exploitation, violence, powerlessness, marginalization, and cultural imperialism (Dubrosky, 2013). It can be concluded from the primary and secondary research findings that victims of sexual violence that are people of color have unique experiences and barriers due to these five faces of oppression. The participants' interviews also confirmed much of the research from the literature review.

It was confirmed that the anti-sexual violence movement excludes the voices of people of color, similar to mainstream feminist theories. Service providers in Minnesota need to better serve victims of sexual violence that are people of color. The marginalization of people who are undocumented or do not speak English, the fetishization of women of color, and the mistrust of service providers were critical topics found in both the literature review and interviews. One participant stated:

> When those are the messages that are being sent to you, and that's the actual history that these legal and medical systems have had on your community and on your body, what reason would you have to reach out to them for support or for healing and how much do you have to overcome and psych yourself up to go put yourself in a White doctor's experience and give that person access to your body? (Advocate 1, personal communication, February 27, 2014)

The qualitative approach to this study enriched the literature review by providing a deeper understanding of issues such as the white privilege, power dynamics, and discrimination that is present among service providers in Minnesota. It is clear that more conversation is needed regarding these issues:

> As much as you can be aware about your white privilege and … be aware of that academically, feeling that is very different. Feeling the idea of by the time you're a small child that "I'm a lesser person in society because of whatever my skin color is", or being told that you have to consider your skin color … (Advocate 4, personal communication, March 4, 2014)

Recommendations

The barriers for victims that are people of color need to be addressed in Minnesota. Inclusive public policy needs to be implemented and enforced, along with public education and grassroots movements simultaneously. Policy and education need to emphasize not only the sexism that perpetuates rape culture, but also the racism that gives people of color fewer opportunities and resources than Caucasian American people. To better serve victims of sexual violence who are people of color, Caucasian American service providers must reject their white privilege and destabilize the power dynamic.

Victims are the experts in their own experiences of oppression and sexual violence. Service providers can destabilize the power dynamic by being sensitive to stereotypes and generalizations, validating conversations about racism, and providing space for marginalized groups to make change that is meaningful for them. As one participant stated:

It needs to be the marginalized communities doing the work, but then the allies

really creating and amplifying that space to listen … and then take those stories

and those voices and then amplify it to people that share their identity. (Advocate

3, personal communication, March 4, 2014)

Future research must focus directly on the perspectives of people of color that are victims

of sexual violence. Attention can also be given to other underserved populations when it

comes to sexual violence, such as people who are LGBTQ, people who identify as male,

people with disabilities, and people who are older in age.

Limitations

This study had some strengths and weaknesses, including two main limitations.

First, due to the small sample size, this study can be replicated, but not generalized.

Second, the participants recruit victims to access their services through responding to

medical advocacies, hosting public events, and facilitating support groups and

presentations in the area. However, as discussed in the findings, the organization does

not see many clients from the community where the agency is located. This means there

is more to be understood about sexual violence among marginalized populations in that

community.

CHAPTER FIVE: CONCLUSION

In conclusion, sexual violence in Minnesota impacts hundreds of thousands of lives and costs billions of dollars each year. Victims that are people of color experience sexual violence at disproportionately high rates and face additional barriers when seeking legal, medical, and mental health and crisis advocacy services. Minnesotans need to have more conversations about sexual violence; including the stigma, self-blame, and fear that many victims experience. It is also critical to for organizations to provide education on oppression, historical trauma, marginalization, white privilege, and racism. Victims that are people of color must have the power in their own healing journeys, as well as power in the future of the anti-sexual violence movement.

References

Alvidrez, J., Shumway, M., Morazes, J., & Boccellari, A. (2011). Ethnic disparities in mental health treatment engagement among female sexual assault victims. *Journal Of Aggression, Maltreatment & Trauma*, *20*(4), 415-425. doi:10.1080/10926771.2011.568997

Anders, M. C., & Christopher, F. (2011). A socioecological model of rape survivors' decisions to aid in case prosecution. *Psychology Of Women Quarterly*, *35*(1), 92-106. doi:10.1177/0361684310394802

Babbie, Earl. (2014). *The basics of social research*. (6th Ed.). Chapman University, Wadsworth: Cengage Learning.

Bachman, R., Zaykowski, H., Lanier, C., Poteyeva, M., & Kallmyer, R. (2010). Estimating the magnitude of rape and sexual assault against American Indian and Alaska Native (AIAN) women. *Australian & New Zealand Journal Of Criminology (Australian Academic Press)*, *43*(2), 199-222. doi:10.1375/acri.43.2.199

Bertrand Jones, T., Wilder, J., & Osborne-Lampkin, L. (2013). Employing a Black feminist approach to doctoral advising: Preparing Black women for the professoriate. *Journal Of Negro Education*, *82*(3), 326-338. Retrieved from http://web.b.ebscohost.com.ezproxy.mnsu.edu/ehost/pdfviewer/pdfviewer?sid=53 51923c-449d-44ef-b1ec-7a6f44d420f4%40sessionmgr110&vid=5&hid=121

Berzofsky, M., Krebs, C., Langton, L., Planty, M., & Smiley-McDonald H. (2013). *Female Victims of Sexual Violence, 1994-2010*. Retrieved from http://www.bjs. gov/content/pub/pdf/fvsv9410.pdf

Bryant-Davis, T., Chung, H., & Tillman, S. (2009). From the margins to the center: Ethnic minority women and the mental health effects of sexual assault. *Trauma, Violence & Abuse*, *10*(4), 330-357. doi:10.1177/1524838009339755

Bryant-Davis, T., Ullman, S. E., Tsong, Y., & Gobin, R. (2011). Surviving the storm: The role of social support and religious coping in sexual assault recovery of African American women. *Violence Against Women*, *17*(12), 1601-1618. doi:10.1177/1077801211436138

Casiello Jones, K. & Budig, M. J. (2008). Feminist theory. *Encyclopedia of social problems.* Parrillo, V. N. (Ed.). Retrieved from http://knowledge.sagepub.com. ezproxy.mnsu.edu/view/socialproblems/n218.xml?rskey=wOaP5v&row=12

Devdas, N. R., & Rubin, L. J. (2007). Rape myth acceptance among first- and second-generation South Asian American women. *Sex Roles*, *56*(9/10), 701-705. doi:10.1007/s11199-007-9209-1

Dubrosky, R. (2013). Iris Young's five faces of oppression applied to nursing. *Nursing Forum*, *48*(3), 205-210. doi:10.1111/nuf.12027

Gebhardt, A. R., & Woody, J. D. (2012). American Indian women and sexual assault: Challenges and new opportunities. *Affilia: Journal Of Women & Social Work*, *27*(3), 237-248. doi:10.1177/0886109912452642

Golden, L. (2012). Embracing tribal sovereignty to eliminate criminal jurisdiction chaos. *University Of Michigan Journal Of Law Reform*, *45*(4), 1039-1070. Retrieved from http://web.a.ebscohost.com.ezproxy.mnsu.edu/ehost/pdfviewer/pdfviewer? sid=3fc9257a-a2e7-40f4-9dfd-9a4cea038648%40sessionmgr4001&vid=4 &hid=4214

Globokar, J. L. (2008). Labeling theory. *Encyclopedia of social problems.* Parrillo, V. N. (Ed.). Retrieved from http://knowledge.sagepub.com.ezproxy.mnsu.edu/ view/socialproblems/n309.xml?rskey=cvw1xJ&row=6

Hamby, S. (2008). The path of helpseeking: Perceptions of law enforcement among American Indian victims of sexual assault. *Journal Of Prevention & Intervention In The Community*, *36*(1/2), 89-104. doi:10.1080/10852350802022340

Harders, M. & Gullingsrud, L. (2007). Latina victims/survivors of sexual violence. In Minnesota Coalition Against Sexual Assault (Ed.), *Sexual violence in Minnesota: A resource manual for advocates* (pp. 31-36). Retrieved from http://www.mncasa. org/Documents/membership_6_2484653542.pdf

Harris, A. (2008). Stigma. *Encyclopedia of social problems.* Parrillo, V. N. (Ed.). Retrieved from http://knowledge.sagepub.com.ezproxy.mnsu.edu/view/ socialproblems/n560.xml?rskey=e0BScg&row=36

Hudon, E. (2007). Native women: Creating a response to sexual violence. In Minnesota Coalition Against Sexual Assault (Ed.), *Sexual violence in Minnesota: A resource manual for advocates* (pp. 9-30). Retrieved from http://www.mncasa.org/ Documents/membership_6_2484653542.pdf

Jacques-Tiura, A. J., Tkatch, R., Abbey, A., & Wenger, R. (2010). Disclosure of sexual assault: Characteristics and implications for posttraumatic stress symptoms among African American and Caucasian survivors. *Journal Of Trauma & Dissociation*, *11*(2), 174-192. doi:10.1080/15299730903502938

Jones, D. (2007). Sexual violence in the Black community. In Minnesota Coalition Against Sexual Assault (Ed.), *Sexual violence in Minnesota: A resource manual*

for advocates (pp. 3-8). Retrieved from http://www.mncasa.org/Documents/ membership_6_ 2484653542.pdf

Kanuha, V. & Her, D. (2007). Sexual violence in Southeast Asian communities. In Minnesota Coalition Against Sexual Assault (Ed.), *Sexual violence in Minnesota: A resource manual for advocates* (pp. 79-84). Retrieved from http://www.mncasa. org/Documents/membership_6_2484653542.pdf

Lonsway, K. A., & Archambault, J. (2012). The "justice gap" for sexual assault cases: Future directions for research and reform. *Violence Against Women*, *18*(2), 145-168. doi:10.1177/1077801212440017

Maier, S. L. (2008). "I have heard horrible stories..." Rape victim advocates' perceptions of the revictimization of rape victims by the police and medical system. *Violence Against Women*, *14*(7), 786-808. doi: 10.1177/1077801208320245

Megan, L. J. (2007). Coming full circle: The use of sentencing circles as federal statutory sentencing reform for Native American offenders. *Thomas Jefferson Law Review, 29*(2), 265-288. Retrieved from http://ezproxy.mnsu.edu/login?url=http://search. proquest.com/docview/198181782?accountid=12259

Merriam-Webster. (n.d.). *Marginalize*. Retrieved from http://www.merriam-webster.com/ dictionary/marginalize

Miller, T., Taylor, D., & Sheppard, M. (2010). In the United States, sexual violence costs more than drunk driving. *Injury Prevention*, *16*A190. doi:10.1136/ip.2010.029215.678

Minnesota Coalition Against Sexual Assault. (2007a). Definitions. *Sexual violence in Minnesota: A resource manual for advocates* (pp. 1-34). Retrieved from

http://www.mncasa.org/Documents/membership_6_2484653542.pdf

Minnesota Coalition Against Sexual Assault. (2007b). Cultural sensitivity and cultural

competency in assisting victims/survivors of sexual violence. *Sexual violence in*

Minnesota: A resource manual for advocates (pp. 1-2). Retrieved from

http://www.mncasa.org/Documents/membership_6_2484653542.pdf

Minnesota Coalition Against Sexual Assault. (2007c). Introduction to advocacy.

Sexual violence in Minnesota: A resource manual for advocates (pp. 1-2).

Retrieved from http://www.mncasa.org/Documents/membership

_6_2484653542.pdf

Minnesota Coalition Against Sexual Assault. (2007d). Myths and facts about sexual

violence. *Sexual violence in Minnesota: A resource manual for advocates* (pp. 25-

27). Retrieved from http://www.mncasa.org/Documents/membership

_6_2484653542.pdf

Minnesota Coalition Against Sexual Assault. (2007e). Reactions and responses to sexual

violence. *Sexual violence in Minnesota: A resource manual for advocates* (pp. 1-

34). Retrieved from http://www.mncasa.org/Documents/membership

_6_2484653542.pdf

Minnesota Coalition Against Sexual Assault. (2007f). The spectrum of sexual violence.

Sexual violence in Minnesota: A resource manual for advocates (pp. 1-73).

Retrieved from http://www.mncasa.org/Documents/membership

_6_2484653542.pdf

Minnesota Department of Health. (n.d.). *Sexual Violence*. Retrieved from

http://www.health.state.mn.us/injury/topic/svp/sviolence.cfm

Minnesota Department of Public Safety Bureau of Criminal Apprehension (2012). *State of Minnesota Department of Public Safety Uniform Crime Report 2012*. Retrieved from https://dps.mn.gov/divisions/bca/bcadivisions/mnjis/Documents/ 2012%20Crime%20Book.pdf

Minnesota Office of Justice Programs. (2014). *Victim service provider directory*. Retrieved from https://dps.mn.gov/divisions/ojp/forms-documents/Documents/ Victim%20Service%20Directory%20-%20for%20website.pdf

Nadal, K. L., Griffin, K. E., Wong, Y., Hamit, S., & Rasmus, M. (2014). The impact of racial microaggressions on mental health: Counseling implications for clients of color. *Journal Of Counseling & Development*, *92*(1), 57-66. doi:10.1002/j.1556-6676.2014.00130.x

Ortega, D., & Busch-Armendariz, N. (2013). In the name of VAWA. *Affilia: Journal Of Women & Social Work*, *28*(3), 225-228. doi:10.1177/0886109913495644

Patterson, D. (2011). The linkage between secondary victimization by law enforcement and rape case outcomes. *Journal Of Interpersonal Violence*, *26*(2), 328-347. doi:10.1177/0886260510362889

Payne, B. K. (2007). Victim advocates' perceptions of the role of health care workers in sexual assault cases. *Criminal Justice Policy Review*, *18*(1), 81-94. doi: 10.1177/0887403406294900

Rosenblum, G. (2012, Sep 11). Minnesota agencies rely on anti-violence act that's in limbo. *Star Tribune*. Retrieved from http://ezproxy.mnsu.edu/login?url =http://search.proquest.com/ docview/1038960333?accountid=12259

Sabina, C., Cuevas, C., & Schally, J. (2012). The cultural influences on help-seeking

among a national sample of victimized Latino women. *American Journal Of Community Psychology*, *49*(3/4), 347-363. doi:10.1007/s10464-011-9462-x

Schaefer, R. T. (2008). Social institutions. *Encyclopedia of social problems.* Parrillo, V. N. (Ed.). Retrieved from http://knowledge.sagepub.com.ezproxy.mnsu.edu/view/ socialproblems/n541.xml?rskey=b6aUBs&row=29

Schmitt, F. E. (2008). Rape. *Encyclopedia of social problems.* Parrillo, V. N. (Ed.). Retrieved from http://knowledge.sagepub.com.ezproxy.mnsu.edu/view/ socialproblems/n460.xml?rskey=b6aUBs&row=21

Schneider, L., Mori, L., Lambert, P., & Wong, A. (2009). The role of gender and ethnicity in perceptions of rape and its aftereffects. *Sex Roles*, *60*(5/6), 410-421. doi:10.1007/s11199-008-9545-9

Spohn, C., & Tellis, K. (2012). The criminal justice system's response to sexual violence. *Violence Against Women*, *18*(2), 169-192. doi:10.1177/1077801212440020

Tillman, S., Bryant-Davis, T., Smith, K., & Marks, A. (2010). Shattering silence: Exploring barriers to disclosure for African American sexual assault survivors. *Trauma, Violence & Abuse*, *11*(2), 59-70. doi:10.1177/1524838010363717

Ullman, S. E. (2007). Mental health services seeking in sexual assault victims. *Women & Therapy*, *30*(1/2), 61-84. doi:10.1300/J015v30n01_04

Ullman, S. E., Foynes, M., & Tang, S. (2010). Benefits and barriers to disclosing sexual trauma: A contextual approach. *Journal Of Trauma & Dissociation*, *11*(2), 127-133. doi:10.1080/15299730903502904

Ullman, S. E., & Townsend, S. M. (2007). Barriers to working with sexual assault

survivors: A qualitative study of rape crisis center workers. *Violence Against Women*, *13*(4), 412-443. doi: 10.1177/1077801207299191

Volscho, T. W. (2010). Sterilization racism and pan-ethnic disparities of the past decade: The continued encroachment on reproductive rights. *Wicazo Sa Review*, *25*(1), 17-31. Retrieved from http://web.b.ebscohost.com.ezproxy.mnsu.edu/ ehost/detail?sid=7797f3be-e8ef-4dca-b1f5-3bfcdbecf94f%40sessionmgr112 &vid=2&hid=127&bdata=JnNpdGU9ZWhvc3QtbGl2ZQ%3d%3d#db=aph&AN =50447174

Weaver, H. N. (2009). The colonial context of violence: Reflections on violence in the lives of Native American women. *Journal of Interpersonal Violence, 24*(9), 1552-1563. doi: 10.1177/0886260508323665.

Appendix A

Institutional Review Board Approval

MINNESOTA STATE UNIVERSITY
MANKATO

February 10, 2014

Dear Kebba Darboe:

Re: IRB Proposal   entitled "[563032-3] The Impact of Race and Ethnicity on Sexual Violence: A Case Study on Underserved Populations in Minnesota"
Review Level: Level [I]

Your IRB Proposal has been approved as of February 10, 2014. On behalf of the Minnesota State University, Mankato IRB, I wish you success with your study. Remember that you must seek approval for any changes in your study, its design, funding source, consent process, or any part of the study that may affect participants in the study. Should any of the participants in your study suffer a research-related injury or other harmful outcome, you are required to report them to the IRB as soon as possible.

When you complete your data collection or should you discontinue your study, you must notify the IRB. Please include your log number with any correspondence with the IRB.

This approval is considered final when the full IRB approves the monthly decisions and active log. The IRB reserves the right to review each study as part of its continuing review process. Continuing reviews are usually scheduled. However, under some conditions the IRB may choose not to announce a continuing review. If you have any questions, feel free to contact me at irb@mnsu.edu or 507-389-5102.

The Principal Investigator (PI) is responsible for maintaining signed consent forms in a secure location at MSU for 3 years. If the PI leaves MSU before the end of the 3-year timeline, he/she is responsible for following "Consent Form Maintenance" procedures posted online.

Cordially,

Mary Hadley, Ph.D.
IRB Coordinator

Sarah Sifers, Ph.D.
IRB Co-Chair

Appendix B

Consent Form

The Impact of Race and Ethnicity on Sexual Violence:
A Case Study on Underserved Populations in Minnesota

The purpose of this study is to research the barriers for victims/survivors of sexual violence in seeking services among underserved communities in Minnesota. Specifically, this research will focus on American Indians, African Americans, Latino Americans, and Asian Americans. Research will explore barriers among the medical system, legal system, social services, and at the counselor-client level. Data will come from the perspectives of professionals working in field.

Informed Consent
You are invited to voluntarily participate in this study, and you may discontinue participation any time before the data collection is complete without penalty or loss of benefits. Therefore, your decision whether or not to participate will not affect your relationship to Minnesota State University, Mankato, nor will a refusal to participate involve a penalty or loss of benefits.

As a voluntary participant, you will answer questions about the research topic in a focus group interview. Specifically, the questions will focus on your perspective on: barriers in seeking services, best practices for advocates and counselors, communities served at your organization, and suggestions for policy. The interview will last one to two hours.

You will be provided with a copy of this consent form. It can be obtained by contacting Principle Investigator, Dr. Kebba Darboe. It will be kept in a secure location at Minnesota State University, Mankato and destroyed three years after the completion of the research.

Recording
The focus group interview will be recorded using a digital voice recorder. The student investigator, Lindsay Bolstad, will securely store the recordings in a locked safe in their home for approximately two months, until March 28th, 2014. At this time, upon conclusion of research, the recordings will be destroyed by deleting the files from the device and clearing the cache. If there are unforeseen circumstances that would require longer storage, participants will be notified and asked for permission.

Initials: _____

Confidentiality
Your privacy and confidentiality will be protected because you will be asked not have to state your name during the recorded interview. Names or other identifying information will not be recorded.

Potential Risks
As a voluntary participant, you may encounter minimal risks associated with the focus group interview. An emotional risk might be a trigger or flashback of a traumatic event when discussing the topic of sexual violence. Risks will be minimalized because participants possess skills in responding to flashbacks, and may discontinue participation at any time.

Harm caused to you as a professional or your organization is another potential risk, in the rare circumstance that you said something that you did not want included. To avoid this risk, you will not to disclose your name or identifying information in the interview.

Another potential risk is if a participant repeats something that was discussed to others outside of the interview. The student investigator has no control over what others do or say outside of the focus group. To avoid this risk, think carefully about what you say and do not repeat what was discussed during the interview.

Potential Benefits
A potential benefit from your participation in this study is an increased knowledge of barriers experienced by the clients you serve as staff at your organization.

Contact Information
(i) For participants' rights and research-related injuries:
   Dean of Graduate Studies, Barry J. Ries
   (507)389-2321 or grad@mnsu.edu
(ii) For copy of consent form:
   Principle Investigator, Dr. Kebba Darboe
   (507)389-5014 or kebba.darboe@mnsu.edu
(iii) For debriefing and results of the study:
   Student Investigator, Lindsay Bolstad
   (651)500-9317 or lindsay.bolstad@mnsu.edu

IRB Case Number: __563032__

Printed Name: _____ Signature: _____ Date: _____

Appendix C

Interview Guide

Focus Group Interview Guide

The Impact of Race and Ethnicity on Sexual Violence:
A Case Study on Underserved Populations in Minnesota

Questions

Participants in the focus group interview will address the following questions:

1. What barriers to victims/survivors of sexual violence experience when seeking medical services?

2. What barriers to victims/survivors of sexual violence experience when seeking legal services?

3. What barriers to victims/survivors of sexual violence experience when seeking social services?

4. What are the best practices that advocates should be aware of when working with victim/survivors of sexual violence?

5. How many clients from each category does your organization serve annually?

6. What policies or programs are needed to address these barriers?