LATINA PORTRAIT

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LATINAS AND SEXUAL ASSAULT
Dedicated to the survivors of sexual assault and the brave women that come through our doors every day.
Introduction

By observing the U.S. commercial media, one may quickly conclude that sexual violence against women and children is acceptable in this society. Images often display women as objects, concealing their voice and value. Children and more disenfranchised groups, such as persons with disabilities, are frequently portrayed as vulnerable and incomplete. As specific images are repeated through the media, stereotypes are formed. These imposed definitions set the tone to erroneously justify cruel acts against them.

Latinas are no exception. Media images have overly sexualized them as “hot lovers” and acquiescent “exotic dancers.” Roles available to Latinas in the film industry have emphasized certain social behaviors and personality types. Some have embodied femininity, representing submissive, weak, and docile characters to be looked at and acted upon; on the other extreme, they play promiscuous, lusty, or hot-tempered lovers, who stimulate male attention and provoke sexual aggression. When Latinas are bound by such objectifying roles and images, it becomes easier for society to justify violence against them.

Sexual violence is manifested in many ways: sexual harassment, an unwanted sexual pressure; sexual assault or rape, a non-consensual sexual penetration; sexual abuse, a sex act committed by force or against a person’s will; the creation and use of pornography; prostitution, an exchange of sex for a profit; and trafficking, the illegal transportation and enslavement of a person for sexual exploitation.

This article focuses on Chicago area Latinas in a national context and addresses their experiences with sexual violence as well as the quality of local programs and gaps in services for sexual assault survivors. The article and subsequent recommendations are based on a literature review and an analysis of interviews conducted in 2005 with a total of 13 social service agencies offering sexual assault services, including the experience of Mujeres Latinas en Acción (Mujeres) staff working with survivors of sexual assault. Providers were located in the six county area of Metropolitan Chicago. The interviews covered the demand for services among Latinas, medical and legal responses, gaps in services, and overall recommendations to better serve Latinas in the Chicago Metropolitan Area. Most recent data about providers comes from a resource for Spanish-speaking survivors of sexual abuse in Illinois created by Mujeres in 2013.
Historical Intersections of Sexual Assault and Racism

For centuries, Latinas have survived systemic sexual violence across the Americas. Racism and discrimination underpinned the invasion and colonization of Latin America as Spanish conquistadores robbed, raped, and murdered indigenous women in pursuit of regional conquest. In his book *The Labyrinth of Solitude*, Mexican author Octavio Paz claims Mexican culture originated from rape and violation, symbolized by La Malinche’s relationship with Hernán Cortés. Enslaved by the Spanish in the early 1500s, La Malinche was an indigenous woman with tremendous linguistic ability, who served as interpreter, advisor and intermediary in the Spanish conquest. According to Paz’s assertion, La Malinche represents the raped indigenous people that gave birth to a new Spanish-influenced Mexican race. However, various Chicana authors, such as Carmen Tafolla in her poem “La Malinche,” consider the historical character as giving birth to a new mestizo race from a position of pride and strength instead of weakness and betrayal. Regardless of how one retrospectively perceives the role of La Malinche, sexual violence permeated the process of colonization, spinning off social structures that have systematically oppressed Latinas and other women of color for centuries.

Institutionalized within the judicial system, the colonial legacy of white, European supremacy and racism in the United States has deeply impacted the way society views sexual assault against women of color. Initially, anti-rape laws in the U.S. did not integrate the concept of universality: “Rape laws made rape a capital offense only for a Black man found guilty of raping a white woman” and “the rape of a Black woman was not even considered a crime, even when it became officially illegal.” Stemming from the historical context of slavery, the modern day external ownership of women of color’s bodies is constantly attempted through objectification and the normalized violence against them.

Latinas often become targets of sexual violence, especially women forced by tight economic circumstances to migrate to the United States. Along the U.S.-Mexico border, violence experienced by women in the migration route can include sexual abuse, rape, economic exploitation, and psychological abuse by immigration authorities and coyotes (human traffickers). Many times immigrant women are blackmailed by the coyotes, who demand more money and/or sexual favors. According to a survey with immigrant Latinas, at least 46 percent said they suffered some kind of abuse by the authorities, family members and/or strangers before reaching their final destination in the U.S. Many migrating Latinas encounter increased vulnerability because of limited economic resources, unfamiliarity with the border region, language differences, and an insidious culture of impunity regarding crimes against women.

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Waves of Feminism and the Anti-Rape Movement

Considering the prevalence of sexual violence in the U.S., women still face a long stretch ahead in the journey to transform society. While movements made can be viewed in three phases or feministic waves, the rights of women of color were only more recently addressed by mainstream feminism, which has traditionally pushed a White middle class agenda. However, despite frequent exclusion, women of color have concurrently demanded their rights from a position of social oppression. During the late nineteenth and early twentieth centuries, first wave feminism focused on legal changes, removing obstacles to women’s political and economic participation in society. Spanning the early 1960s to the 1980s, the second wave consisted of women’s mobilization, in which gender inequalities in the public and private realms were linked to the patriarchal social structure. Finally, third wave feminists coming together in the mid-1990s accentuated a broader range of issues, including the rights of women of color, ethnic minorities, and globalization. The direct connection between feminism and the anti-rape movement is deep because of the activism led by women of color.

The beginning of the anti-rape movement in the U.S. is marked by the struggles of African American women against racism and sexism. During the eighteenth century, courageous women, such as Sojourner Truth, laid the foundation for inclusion and justice. Through her speech “Ain’t I a Woman,” presented in 1851 at the Women’s Convention in Akron, Ohio, Truth demonstrated the connection between racial oppression and women’s oppression, challenging the White women in attendance to consider African American issues.

In the 1970s, the anti-rape movement flourished and several events brought light to the issue of sexual violence: protests against the imprisonment of women of color who killed their assailants, the initial “Take Back the Night” marches in San Francisco and New York in 1978, the establishment of rape crisis centers in Chicago, Boston, Philadelphia and Washington, DC, and the publication of books about rape, including Susan Brownmiller’s 1975 book Against Our Will. Despite these actions, women of color in the movement became invisible and the subject of racism, forgotten as White women directed political involvement in the issue. In spite of frustration and exclusion, women of color continued to organize and increasingly gained greater visibility between 1976 and 1980. Currently, the effort to confront racism has continued despite the prevalence of White women within the power structure of most rape crisis centers.

Stemming from the late 1970s, “Take Back the Night” marches continue to be a popular vehicle for sexual assault agencies, college students, and community members across the nation to speak out against rape. Typically during April, Sexual Assault Awareness Month, local students from universities, such as Loyola, Northwestern, DePaul, and the University of Chicago, organize marches to listen to survivors’ voices and to demonstrate solidarity with survivors. While empowering people to feel safe in their communities, these marches raise consciousness around the need to transform the pervasive victim-blaming rape culture.
Fighting Sexual Violence in Illinois

The anti-rape movement in Illinois flourished in the 1970s as nine rape crisis centers statewide formed a coalition called ICWAR (Illinois Coalition of Women Against Rape, later renamed ICASA). With the goal of ending rape, these activists shared their personal stories of sexual violations, exposing the devastating realities of sexual assault. Striving toward male-female social equality, ICWAR developed victim-centered services while challenging legal, medical and educational institutions to change practices with a new awareness. In collaboration with the Illinois House Rape Study Committee, their first legal victory was the enactment of the Rape Shield Act in 1978, which made the victim’s past sexual activities irrelevant in a trial.

Advancements in state laws reflect the efforts of anti-rape advocates. Passed in 1984, the Illinois Criminal Sexual Assault Act expanded the legal definition of sexual assault to include victims of both sexes and assailants of all ages. Previously, only a married woman raped by a man other than her husband was considered a victim of rape. A major advantage of this law was that the victim did not need to prove the use of force by the perpetrator. It also recognized that anyone under 14 could be prosecuted for the assault. Illinois is one of few states in which confidentiality law safeguards absolute privilege for survivors, meaning that confidential verbal communication between a survivor and rape counselor is protected from mandatory disclosure in court. The State of Illinois also provides funding for rape kits used to collect evidence after a violation. National and statewide organizations, like the National Coalition Against Sexual Assault (NCASA) and the Illinois Coalition Against Sexual Assault (ICASA), have served as sources of support and resources for local service providers and continue to engage in strategies to eradicate sexual violence. Consisting of 31 sexual assault crisis centers and 27 satellite offices throughout the State of Illinois, ICASA members develop and implement prevention programs for local schools, law enforcement, hospitals, and civic groups. Crisis centers provide counseling, education, and legal and medical advocacy for victims and their families. Despite all of these achievements, the struggle remains. As Polly Poskin, Executive Director of ICASA, has stated, “We are still underdogs – still asking for justice, waiting for justice.”

Responding to many Latinas’ reports of marital rape and history of childhood sexual abuse, Mujeres began offering sexual assault services in 1992 through the Domestic Violence Program. With a two-year development grant from ICASA, Mujeres expanded sexual assault services into a separate program, composed of a coordinator, counselor, community educator, and legal/medical advocate. Having successfully fulfilled all program development requirements over a two-year period, Mujeres acquired full membership with ICASA in 2005.

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Dispelling Victim Myths

Sexual assault can happen to anyone, and children and teenagers make up a large percentage of those affected. Nationally, 8.0% of students in grades 9-12 have been physically forced to have sex, including 11.2% of Latinas in that age group. Of the 9,423 survivors who received services from ICASA member centers in 2012, 61% were under age 25. Of these young survivors, 21% were Latino. Fortunately, in 2003 the State of Illinois enacted the “No-Means-No” law, which respects the right of any individual to bring an end to sexual activity at any time. This is an important step toward augmenting the value placed on consent and the empowerment of survivors.

Dispelling the myth that rape primarily occurs late at night in dark alleys, approximately 79% of women and 26% of men know the person who sexually victimizes them. Acquaintance rape commonly occurs both in cases of child sexual abuse as well as most cases of adult sexual violence. Sexual assault is endemic on college campuses, with crimes perpetrated by acquaintances, dates, and at parties where alcohol and/or drugs are present. Sex offenses were the most commonly reported type of violent crime reported in residence halls, accounting for 64% of all violent crimes. A study using data from 119 schools found that one in twenty college women reported being raped, and 72% of these victims were raped while intoxicated. While alcohol and drugs may be associated with rape, they are not a causing factor. Ninety percent of college women who are victims of rape or attempted rape know their attackers. Because the perpetrator may be a classmate, friend, boyfriend, or ex-boyfriend, the victim may be confused by the assault.

Acquaintance and marital rapes are among the most underreported crimes. According to the U.S. Department of Justice, 65% of rape or sexual assault victimizations were not reported to the police. It is hard enough to disclose a rape by a stranger, but in acquaintance/marital rape the victim realizes that trust in the relationship is no longer viable. Disclosing this type of rape may elevate the survivor’s vulnerability and complicate the healing process if family members and friends refuse to believe the victim, minimize the seriousness of the incident or even blame the victim for “provoking” the assault.

It is important to note that women can be perpetrators of sexual violence, particularly to other women. Furthermore, lesbians and transgendered women may face additional barriers to reporting sexual assault when victimized by female intimate partners or acquaintances because of the myth that women do not commit acts of sexual violence. In disclosing sexual assault, a victim’s sexual identity may be revealed without her consent, placing her at further risk for isolation and discrimination.
Children and Sexual Abuse

Another dimension of sexual violence is sexual abuse, which frequently occurs during childhood. Child sexual abuse includes a range of behaviors such as vaginal, anal, or oral penetration, fondling, exhibitionism, prostitution, and photographing a child for pornography. The incidence of child sexual abuse is staggering. Across the U.S. in 2011, 42.2% of female victims were first raped before their 18th birthdays and 27.8% of male victims were raped at 10 years of age or younger.\(^{14}\) The prevalence of sexual abuse towards girls compared to boys is well-documented. The Department of Children and Family Services (see Table 1) indicated that 2,072 children were sexually abused in Illinois in 2010 with a total 1,681 girls and 390 boys.\(^{15}\)

| Table 1. Children Indicated for Sexual Abuse 2010 |
|-----------------|-----------------|-----------------|
| **Age**         | **# of children** | **%**           |
| 00-02           | 28              | 1.4%            |
| 03-05           | 299             | 14.4%           |
| 06-09           | 552             | 26.6%           |
| 10-13           | 603             | 29.1%           |
| 14-17           | 587             | 28.3%           |
| Age not reported| 3               | 0.1%            |
| **Gender**      |                 |                 |
| Female          | 1,681           | 81.1%           |
| Male            | 390             | 18.8%           |
| Gender not reported | 1         | 0.1%           |
| **Child’s Ethnic Group** |       |                 |
| African American| 536             | 25.9%           |
| Hispanic        | 203             | 9.8%            |
| White           | 1234            | 59.6%           |
| Other/Not specified | 99          | 4.8%            |
| **Total**       | **2072**        | **100%**        |

Source: DCFS Annual Report 2010

According to this report, most victims were ages 10 to 17 and the majority of the abuse occurred between ages 10 to 13. The DFCS report shows that Whites had the highest percentage of child sexual abuse victims at 59.6 percent, followed by African Americans at 25.9 percent and Latinos/as at 9.8 percent. This data demonstrates that Whites may be more likely to report the abuse compared to minority groups and does not necessarily indicate the incidence of abuse is higher among Whites compared to other ethnic groups. Culturally, Whites are more familiar with the justice system and report the abuse more often.

Misperceptions about child sexual abuse are not uncommon. In an attempt to protect their children, parents often warn: “Don’t take candy from a stranger,” or “Don’t accept a ride from a stranger;” however, as previously mentioned, most cases of abuse are perpetrated by a relative or someone they know. The danger often lies among those who are trusted and respected rather than among strangers. Many children are exposed to pornography within the home, with one in three youth receiving unwanted exposure to sexual material on the Internet.\(^{16}\) Increased access to the internet also raises their risk of victimization through child pornography and sexual solicitation. The Youth Internet Safety Survey found that one in seven youth received unwanted sexual solicitation over the Internet and one in eleven were harassed.\(^{17}\)
Latina mothers who lack computer skills and English proficiency face barriers in providing supervision to their children’s use of the Internet inside or outside of the home. As a result, Latino/a children have become easy targets.

With 36 percent of Latinas in Chicago 17 years and under, young Latinas are not only placed at higher risk for sexual violence, but many are subject to patriarchal attitudes on sexuality and gender relations. For instance, some adolescents are pressured or forced by their partners to have intercourse as a demonstration of love. Upon becoming aware of a daughter’s sexual activity, more traditional families may quickly seek to formalize the relationship through marriage, despite any nonconsensual dimensions of the sexual activity.

Within more conservative Latino/a households, open communication about sexual matters is not encouraged, especially in the child-parent relationship. The deep value of respect for authority figures and elders makes it difficult to facilitate this type of conversation while placing Latino/a youth in an awkward position to deny or challenge inappropriate requests from an adult person. Rigidity in adherence to this value has serious implications for the child to disclose the sexual abuse to his/her parents and to get professional assistance without delay. At times parents deny the sexual abuse of their children out of disbelief or to safeguard the family unit. They may minimize the abuse and perpetuate the myth that if there is no genital contact, there is no abuse. Furthermore, the lack of information about what constitutes sexual abuse and its consequences is insidious. As a result, the statement “he almost sexually abused my daughter” is not alien to sexual abuse counselors working with Latino/a parents.

All providers have identified a gap in services for adolescent survivors. Latino/a adolescents are underrepresented in the access and delivery of services. Most adolescent victims of sexual assault who access services only seek assistance in their adulthood. In addition, the vast absence of comprehensive sex education in schools, including the lack of information on sexual violence and the implementation of “abstinence only” curricula in middle and high schools, only aggravates youth victimization and does not prepare the young population to engage in healthy relationships.
Barriers Specific to Latina Survivors

Gender roles, views about marriage and sexual relationships between the opposite or same sex are important factors that influence the disclosure and healing of victims. Latinas who hold more traditional views and values may encounter greater internal barriers in dealing with sexual assault. A deeply-ingrained familism, which values the dominating role of family in the definition of self as well as the urgent responsibility to keep the family together at all costs, may bring shame not only to the victim but also to the family’s honor when rape and sexual abuse are disclosed. The socialization process of more traditional Latinas includes the importance of respect to their own body “darte a respetar” by remaining sexually abstinent until marriage, expectations of behaving in a “decent” manner and messages of being vigilant in their interactions with the opposite sex. Disclosure of rape may imply not only increased feelings of guilt and shame to self and family, but also internal and external judgment for “failing” to follow social expectations.

Spanish monolingual Latinas in the U.S. are usually more isolated because of language barriers and cultural attitudes. Because many immigrant Latinas come from countries that neither recognize nor punish rape within marriage, most do not know that marital rape is a punishable crime in the U.S. Along with an unfamiliarity of legal procedures, many Latinas face additional barriers through negative responses from law enforcement, the legal system, medical personnel, and social services. Racist and discriminatory treatment from institutions, lack of staff that both speak Spanish and are trained in the area of sexual violence, and a lengthy legal process leading to low prosecution of perpetrators are factors that discourage many Latinas from seeking support. Addressing the legal system’s failure to defend survivors’ rights, one provider commented: “Unfortunately, what we see every day is a tremendous amount of what we know is mythology around rape and sexual violence. We see that being taken as truth or fact by people in the position to enforce the laws, and so the laws are up to the interpretation of the individuals enforcing them.”

For many recent Latina immigrants, navigating U.S. social institutions is an extensive process often inhibited by limited access to resources. For example, the healing process of a Spanish monolingual survivor of sexual assault may be complicated by the challenge of learning to use public transportation, a lack of childcare while attending court and medical appointments, culture shock, or the adjustment to living in an urban climate.
The Sex Industry and Sexual Violence

Prostitution is the exchange of sex for money or a profit. A very high percentage of women in the sex trade were victims of sexual abuse and are continuously re-victimized while being prostituted. Seventy-five percent of all inmates surveyed in a study of women in Illinois prisons experienced some form of sexual abuse in their lifetimes. Sixty-seven percent of all inmates had been arrested for prostitution at one point. As there is often an element of coercion in prostitution, women and children are largely the targets. As many as 300,000 children are at risk for sexual exploitation each year in the United States, from juvenile pornography and street prostitution to selling sex at school. In Illinois prostitution is a Class A misdemeanor for both the sex worker and the customer, and soliciting a juvenile is a Class 1 felony.

Sex trafficking happens when a person is illegally coerced, forced, or deceived into prostitution. It is a very lucrative business around the globe, producing an estimated value of $9.5 billion dollars annually in the U.S. with between 14,500 and 17,500 trafficked victims. According to the Bureau of Democracy, Human Rights, and Labor, Mexico serves as a primary point of origin and transit for people trafficked into the U.S. Illegal networks of traffickers coupled with high consumer demand subjugate women and children (boys and girls) into situations of sexual abuse and slavery. Undocumented status can also be used as a tool to force someone into a situation of sexual slavery. In 2010, in the Little Village neighborhood of Chicago, six women, including a 16-year-old, were promised legitimate cleaning work, but then were threatened and coerced into performing sex acts on male customers. The brothel owner threatened to have the women deported if they reported anything to the police. Fortunately, one of the women called the police and the owner was caught in a police sting and sentenced to eight years in prison.

Both young and adult immigrant Latinas are often tricked into sexual slavery through promises of the “American Dream,” the vision of an affluent, glamorous lifestyle masking the reality of a dreadful situation. In fact, according to the U.S. Department of State, a large percentage of the victims trafficked into the United States are from Mexico, Guatemala, and Honduras. However, specific numbers of trafficking victims are difficult to produce because of the complexity and clandestine nature of transnational trafficking.

The Illinois legislature has responded to the prevalence of sex trafficking by passing laws to combat it, including the Illinois Trafficking of Persons and Involuntary Servitude Act (2006), the Illinois Predator Accountability Act (2006) that allows victims of the sex trade to sue their abusers for damages, and the Illinois Safe Children Act (2010) that protects children from being forced into the sex trade. The Cook County Sheriff’s Office, led by Sheriff Tom Dart, launched a Human Trafficking Response Team in 2009 “to respond to the exploitation of women and girls in the sex trade and reduce the demand for paid sex in Cook County.” This initiative examines the behavior of the customers and looks at offers of help extended to sex workers.

Impacts of Sexual Assault

Sexual assault damages a victim’s physical, mental, emotional, and reproductive health, resulting in immediate and long term consequences. While women who have survived an assault cope with the trauma in different ways, some may suffer Post Traumatic Stress Disorder (PTSD), depression, and anxiety while others may hopelessly decide to end their lives. The social impact of sexual assault can be severe as many women are ostracized by their families and communities who blame them for their victimization. Other women lose time from work due to mental health conditions, medical appointments, and court appearances related to the incident.
Prevalence in Cook County

In 2012, there were 2,660 victims and 271 significant others receiving services for sexual assault in Cook County according to InfoNet reports and (See Table 2). InfoNet is a web-based data collection system used by victim service providers in Illinois, allowing all affiliated agencies to collect consistent city and state demographic information throughout the years. Between 2008 and 2012 there was a striking increase in the number of Latinos receiving services at ICASA affiliated centers in Cook County from 780 to 1042. A great amount of public funds are directed to offenders’ incarceration, probation, medical and psychological treatments, and criminal justice responses.

<table>
<thead>
<tr>
<th>Race Group</th>
<th>2008</th>
<th>2012</th>
<th>Change Total</th>
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<tbody>
<tr>
<td>Asian/Pacific Islander</td>
<td>45</td>
<td>55</td>
<td>10</td>
</tr>
<tr>
<td>Black</td>
<td>991</td>
<td>1013</td>
<td>22</td>
</tr>
<tr>
<td>Hispanic/Spanish</td>
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<td>1042</td>
<td>262</td>
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<td>Native American</td>
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<tr>
<td>Biracial</td>
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<td><strong>TOTAL (clients included in multiple categories)</strong></td>
<td><strong>2,746</strong></td>
<td><strong>2,931</strong></td>
<td><strong>181</strong></td>
</tr>
</tbody>
</table>

Source: ICASA InfoNet Service, 2013

While the devastating effects on the victim are beyond measure, the economic consequences of sexual violence are substantial. Sexual harassment encompasses the unwanted sexual pressure that one person imposes upon another evidenced through offensive and demeaning words, gestures, and visual materials. Sexual harassment suits account for great losses in Fortune 500 Companies and government offices. Nationwide, in FY 2011 there were 11,364 charges and a total of $52.3 million was recovered for charging parties, not including monetary benefits obtained by litigation. Furthermore, the economic costs of sexual crimes are considerably high; in 2011 the total cost of rape to victims (excluding child sexual abuse) was $127 billion in the United States. A great amount of public funds are directed to offenders’ incarceration, probation, medical and psychological treatments, and criminal justice responses.
Support Services in Chicago

While demand for services continuously increases, providers have urgently articulated the challenging conditions their organizations face. The lack of funding for services supporting victims of sexual assault, especially Spanish monolingual Latinas, is overwhelming. Providers’ voices echoed clearly: “Absolutely, we definitely need that, more funding,” or “My fear is that years down the road monies for victims’ services will be diverted elsewhere, which is very likely.” Another commented: “It’s actually very difficult for social services because what we are seeing is this huge influx of people, but there is no increase in funding.” The lack of funding remains a challenge, “and one of the areas where it is reflected is our inability to pay the salary required to get someone that can adequately serve a population that is growing,” pointed out one provider. Another one said: “Well, we try to find funds specifically for serving populations that are not well served in that area and I do not want to say just for Latinos, but actually that has had a major focus because of the population growth.”

Four sexual assault centers and eight satellite offices provide support services for Chicago. Of the 40 hospitals in Chicago, 20 have rape crisis centers, leaving half of the hospitals in the city without coverage and many victims without support in a very crucial moment of their lives. Chicago has one Rape Crisis Hotline that operates 24 hours daily to assist survivors and their significant others, handling an average of 180-210 calls on a monthly basis, with 10-15 calls from Spanish speakers per month. The use of the hotline by Spanish monolingual Latinas is limited, and in the absence of Spanish-speaking staff, the calls are referred to Mujeres.

Culturally and linguistically proficient services are not readily available for Spanish monolingual Latinas. In collecting information for a 2013 resource for Spanish-speaking sexual assault survivors (at the end of the document), 14 out of 31 ICASA affiliated sexual assault crisis centers had permanent bilingual staff. Thirteen of these locations have a bilingual counselor or therapist and seven of these locations have a bilingual counselor or therapist that works with children that have been sexually abused. Eight of these locations have bilingual legal and/or medical advocates and five have community educators. For the organizations that do not have bilingual staff, many have bilingual interns and volunteers trained to interpret or work with clients. Healing is a complex process, making the connection between culture and language in the delivery of services for survivors essential. There is a direct correlation between the number of culturally proficient staff and the number of Latinas receiving services in a specific center due to the increase of community trust in providers, the Spanish outreach effort and word of mouth referrals. One provider stated, “Since we have our bilingual counselor, we have more Latina clients.” Referring to the need to do outreach activities within the Latino/a community, another mentioned, “We don’t wait until clients come to us, we go to them.”

Culturally appropriate services to Latinas incorporate cultural orientations, such as the knowledge of Latinas’ high regard or respeto for authority, the client’s expectation of guidance and high directive interventions, the client’s need to develop a warm personal relationship with the provider, and the use of less personal space between client and provider. The culturally proficient organization also avoids hostile confrontation, includes family members in the treatment, and uses a group approach. Groups offer the possibility of recreating the sense of family, a highly valued structure especially among immigrant Latinas. Practicing family inclusion, Mujeres welcomes participants to invite anyone they consider family to celebrate their completion of groups.

To be culturally sensitive, it is also important to learn about survivors’ interpretation of the traumatic event. Besides carrying a fatalistic view of events, some Latinas may also have religious or spiritual beliefs which make the role of folk healers in the healing process crucial. Furthermore, the provider is aware of the diversity among Latinas, including the acculturation process, and pays close attention to how language and translations reflect variations among groups as a result of geographic region, urban or rural setting, socioeconomic status, and country of origin. In such organizations, not only do Latinas feel welcomed and comfortable in reaching out for services, but also bilingual and bicultural providers have opportunities for further professional development, leading to leadership positions.
All service providers interviewed emphasize the relevance of culturally sensitive practices to better serve immigrant Latina survivors of sexual assault. However, not all centers have a cultural component in their program design and most of them are struggling to hire and retain bilingual/bicultural staff. One provider stated: “We are trying to kind of come up with a plan, recruiting more bilingual Spanish-English volunteers and in the staff and also working with Mujeres.”

Half of the providers identified the need to design their programs and network with other agencies to coordinate services and address the specific needs of immigrant Latinas. One provider stated, “Many times Latina immigrants need assistance with a larger number of issues such as housing, job opportunities, English as a second language and so on.” Someone else pointed out the need to foster networks with other agencies to make referrals for Spanish monolingual Latinas by explaining, “Because we’re not in a position at this point to guarantee that we can always have available someone who Spanish is their first language or someone who has that much grasp of the language to be effective in that role,” and “We put so much importance on cultural…the relevance of culture that we know when we need to work with another agency.”

The urgent need for cultural proficiency extends beyond service-providing organizations to the institutional realm a victim must traverse for support. Accessing medical facilities and the criminal justice system can re-victimize survivors through the lengthy, scrutinizing inquiries about personal aspects of their lives or possibly through judgmental, unfair treatment. Because courts and medical facilities can be adversarial arenas for many victims, the assistance of legal and medical advocates is essential. This is true for all survivors, but more so for immigrant Latinas, who are often not aware of their rights, encounter language barriers, and are excluded from many functions of the mainstream culture. Once Latina survivors seek services, they clearly communicate their negative experiences within these systems. One victim shared that when she was reporting the rape to a police officer, he responded, “This is not a big deal.” Another woman expressed her frustration, “I don’t know why she (the detective) is acting like that with me. I am the victim.” Referring to law enforcement, someone else stated, “They act as if they do not care.”

While all service providers agree that Illinois’ legislation against sexual assault is one of the most progressive in the United States, they see serious problems with the implementation of these laws (i.e. most cases are dismissed or do not lead to incarceration of the perpetrator, the system remains hostile to victims and is not conducive for victims to report sexual assault). Considering these challenges, medical and legal advocates facilitate the process of communication and educate victims on how to navigate the systems.

Where language barriers exist, accurate interpretation is crucial. A lack of qualified interpreters can be problematic for victims accessing the criminal justice system, placing them in a vulnerable position. One provider commented, “I have an issue where I hear translators misinterpreting what’s being said, summarizing…leaving things out, putting their own meaning.” As a result, the victim may not be taken seriously due to contradictions during the questioning, leading to the dismissal of a crime. Furthermore, the legal system can be confusing for anyone, regardless of native language or country of origin. “It never fails to shock us how much confusion there is about the law,” said one provider, referring to the need for more training for workers in the criminal justice system. Institutional advocacy and training is a necessity.

Most providers identify a gap in medical advocacy for all survivors of sexual assault, but especially for Spanish monolingual Latinas. The need for medical advocacy in Chicago is greater than providers’ ability to meet the demand of coverage for all hospitals in the city. Moreover, there is a shortage of nurses who are SANE (Sexual Assault Nurse Examiner) trained to collect rape kits for evidence. Nurses who have the training in this area are knowledgeable about state laws pertaining to sexual assault and are able to testify in court cases if necessary. In their absence a physician will do the evidence collection; however, their availability to respond to victims is much more limited, requiring a longer waiting period for victims. Unfortunately, not all hospitals are willing to support nurses in becoming SANE certified and only a few choose to pursue this training on their own.
RECOMMENDATIONS

While the findings presented in this article reveal that Latinas overwhelmingly face additional barriers to reporting sexual assault and seeking support services, the following recommendations suggest ways in which both policies and services can better accommodate Latina survivors.

FOR POLICY MAKERS:
Reduce the number of dismissed cases, speed up the legal process, and increase the prosecution of perpetrators of every form of sexual violence.
• Assess the current legal system to determine the changes necessary to increase levels of efficiency and prosecution rates.
• Increase funding for nurses to become SANE certified and available to collect evidence.
• Establish an accountability system to monitor the implementation of existing laws and policies.

Promote the education of attorneys, court personnel, law enforcement, medical staff, and social service providers in the legal aspects of sexual assault.
• Create a liaison program to communicate changes in laws, amendments, and policies so that survivors receive efficient and consistent services and information.
• Mandate survivor-sensitivity trainings that explore the social myths surrounding sexual assault and the multiple factors which influence a survivor’s decision-making process.

Enhance sexual assault prevention efforts among youth.
• Ensure implementation of comprehensive sex education curriculum in the public schools, including a component on sexual violence.
• Allocate funds for research and programs targeting youth and sexual assault prevention.

FOR SERVICE PROVIDERS:
Develop culturally proficient services that best support the diversity of Latina survivors.
• Develop and institutionalize a Latina track in the 40-hour sexual assault training mandated for all rape crisis centers.
• Hire bilingual/bicultural professionals on both administrative and direct service levels, providing opportunities for leadership development.
• Partner with universities to expand possibilities for more bilingual/bicultural staff.
• Collaborate with social service organizations to best meet the needs specific to Latinas.
• Train medical and legal advocates to be sensitive to the complex barriers many Latina immigrants encounter.
• Explore the success of centralized models in other cities to provide medical advocacy.

Design and implement programs that serve youth.
• Advocate for the implementation of age-appropriate comprehensive sex education in public schools, incorporating the theme of sexual violence.
• Integrate discussions on sexual violence, including pornography and media images that objectify and stereotype women, into existing youth curriculum and programs.
• Engage men and boys in preventing sexual assault.
• Hold local and national media accountable by taking a stand against the sexual stereotyping and objectification of Latinas.
• Engage in outreach activities to educate young populations about sexual assault.
• Support Latino/a parents in understanding the risks of their children’s internet access and offer opportunities for parents to become more computer literate.
Sexual Assault Resources for Spanish-Speakers

These organizations have a combination of bilingual counselors/therapists, medical/legal advocates, community educators, children’s therapists, and case managers.

**ADV & SAS**
Crisis Hotline: (800) 892-3375
1718 N. 2525 Road
Ottawa, IL 61350
(815) 434-9650

815 N. Orlando Smith Ave.
Oglesby, IL 61348
(815) 224-2720

**Community Crisis Center**
Crisis Hotline: (847) 697-2380
P.O. Box 1390
Elgin, IL 60121
(847) 697-2380
http://www.crisiscenter.org

**Kankakee County Center Against Sexual Assault**
Crisis Hotline: (815) 932-3322
1440 W. Court Street
Kankakee, IL 60901
(815) 932-7273
http://www.kc-casa.org

**Mujeres Latinas en Acción**
Crisis Hotline: (312) 738-5358
2124 West 21st Place
Chicago, IL 60608
(773) 890-7676
www.mujereslatinasenaccion.org

**Mutual Ground, Inc.**
Crisis Hotline: (630) 897-8383
P.O. Box 843
Aurora, IL 60507
(630) 897-8989
http://www.mutualgroundinc.com

**Northwest CASA**
Crisis Hotline: (888) 802-8890
415 W. Golf Rd., Suite 47
Arlington Heights, IL 60005
(847) 806-6526
http://www.nwcasa.org

**Pillars**
Crisis Hotline: (708) 482-9600
333 N. LaGrange Road
LaGrange Park, IL 60526
(708) 995-3550
http://www.pillarscommunity.org/

Pillars Midway Center
4033 West 63rd Street
Chicago, IL 60629
(773) 767-6590

8020 West 87th Street
Hickory Hills, IL 60457
(708) 741-4500

Pillars CARE Center
6915 Cermak Road
Berwyn, IL 60402
(708) 788-6759

**Rape Victim Advocates (RVA)**
Crisis Hotline: (888) 293-2080
1945 W. Wilson
Suite 6114
Chicago, IL 60640
(773) 275-8340
http://www.rapevictimadvocates.org

**Rockford Sexual Assault Counseling, Inc.**
Crisis Hotline: (815) 636-9811
4990 E. State Street
Rockford, IL 61108
(815) 636-9811
http://www.rsaconline.org
Sexual Assault Resources for Spanish-Speakers (Continued)

Sexual Assault and Family Emergencies
Crisis Hotline: (800) 625-1414
730 E. 2nd Street
Centralia, IL 62801
(618) 533-0475
http://www.safecrisiscenter.org

YWCA of Metropolitan Chicago
Crisis Hotline: (888) 293-2080

YWCA Parks and Francis Center
6600 S. Cottage Grove Ave
Chicago, IL 60637
(773) 955-3100

YWCA Logan Square
2858 W. Diversey
Chicago, IL 60647
(773) 862-3100

YWCA RISE Children’s Center
820 W. Jackson Blvd. Ste. 550
Chicago, IL 60607
(312) 733-2102

YWCA Metropolitan Chicago–Patterson and McDaniel
Crisis Hotline: (630) 971-3927
55 E. North Ave.
Glendale Heights, IL 60139
(630) 790-6600

YWCA of the Sauk Valley
Crisis Hotline: (815) 626-7277
412 1st Avenue
Sterling, IL 61081
(815) 625-0333

Crisis Hotline: (815) 288-1011
115 W. 1st Street, Suite 200
Dixon, IL 61021
(815) 288-1232

Zacharias Sexual Abuse Center
Crisis Hotline: (847) 872-7799
4275 Old Grand Avenue
Gurnee, IL 60031
(847) 244-1187
http://www.zcenter.org
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