

**RESOLUTION**  
**CITY OF SAINT PAUL, MINNESOTA**

Presented by \_\_\_\_\_

- 1 WHEREAS, the City of Saint Paul Police Department (SPPD) wishes to enter into a Memorandum of  
2 Understanding with the Ramsey County Sexual Protocol Team (RCSAPT); and  
3  
4 WHEREAS, in entering into this agreement the SPPD will join the coordinated efforts of the RCSAPT to  
5 implement an interagency response to sexual assault victims which promotes consistency, respect and  
6 cultural competency; and  
7  
8 THEREFORE BE IT RESOLVED, that the council approves entering into and authorizes Chief Thomas  
9 Smith to implement the attached agreement with the Ramsey County Sexual Assault Protocol Team.  
10

	Yeas	Nays	Absent
Bostrom			
Brendmoen			
Carter			
Lantry			
Stark			
Thune			
Tolbert			

Requested by Department of: **POLICE**

By: **Thomas F. Smith, Chief of Police**



Approved by the Office of Financial Services

By: \_\_\_\_\_

Approved by City Attorney

By: \_\_\_\_\_

Approved by Mayor for Submission to Council

By: \_\_\_\_\_

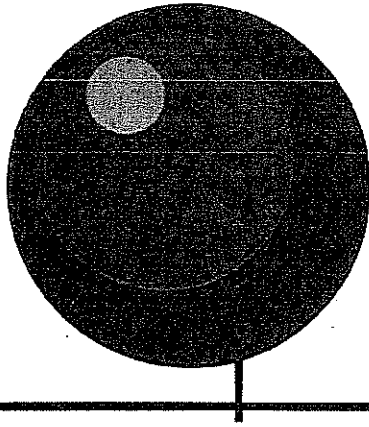
Adopted by Council: Date \_\_\_\_\_

Adoption Certified by Council Secretary

By: \_\_\_\_\_

Approved by Mayor: Date \_\_\_\_\_

By: \_\_\_\_\_



# **RCSAPT**

**Ramsey County Sexual Assault Protocol Team**

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2012

## **MEMORANDUM OF UNDERSTANDING**

The mission of the Ramsey County Sexual Assault Protocol Team (RCSAPT) is to coordinate and implement an interagency response to sexual assault victims which promotes consistency, respect and cultural competency. The team has been meeting regularly since 1998 and has created and completed three revisions to its interagency response protocol since that time.

In order for the RCSAPT to fulfill this mission, community agencies and organizations that respond to sexual assault victims must be active and engaged team members, and must make every effort to comply with the procedures set forth in the protocol as their resources allow.

Participating agencies and individual team members signing this Memorandum of Understanding agree to fulfill the roles and responsibilities outlined here to the best of their abilities as their resources allow.

### Role of participating agencies & organizations

- Be committed to the victim-centered SAPT protocol
- Maintain leadership support for the development and implementation of the interagency protocol and other goals of the team
- Ensure that the team meetings are a priority for their agency and their agency representative
- Provide for periodic updates by individual agency representative back to agency about the work of the SAPT
- Actively support training and other information-sharing within agency to ensure implementation of protocol throughout agency
- Actively support the use of case consultation or case reviews to identify strengths and weaknesses of protocol or of implementation within the agency

### Team member roles & responsibilities

- Be committed to the victim-centered SAPT protocol
- Develop and implement written protocol
- Be versed in their agency's role in sexual assault cases
- Be able to speak about the ability of their agency to fulfill obligations related to the multidisciplinary process
- Commit to regularly attend meetings and actively participate in discussion. subcommittees

(2 of 2)  
Ramsey County Sexual Assault Protocol Team  
2012 M.O.U.

Dated September 11, 2012

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Chief Thomas E. Smith  
Saint Paul Police Department

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City Attorney

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Director of Office of Financial Services

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Mayor  
City of Saint Paul

## Ramsey County Sexual Assault Protocol Team (SAPT) Team Roles and Responsibilities

Through agreement to the basic tenets of the group as outlined in a Memorandum of Understanding (MOU) the team members commit to the work of the SAPT.

For a team to work at its maximum capacity, there are five core agencies that must participate. These include the following:

**Victim Services:** Nonprofit, community-based organizations, such as sexual assault centers or advocacy programs that are located in county systems such as corrections or social / human services.

**Medical:** Specially trained nurses and/or physicians who are responsible for medical evaluations and collecting forensic evidence during examinations of sexual assault or child abuse victims.

**Law Enforcement:** The county sheriff's department and other law enforcement agencies located in the jurisdiction being served.

**Prosecution:** The county attorney or other representative, who handles the criminal cases and the victim assistance program, if any, located in the County Attorney's office.

**Corrections:** The state, county or community corrections probation officers who supervise convicted offenders in the community either in lieu of prison or after return from prison.

The makeup of the team should reflect the profile of the Ramsey County community and the needs of sexual assault victims in Ramsey County. Other to include are:

- Agencies serving particular populations including cultural and/or groups
- Social services
- Mental health providers
- Public health
- Schools
- Colleges and universities
- Faith community representatives
- Courts

### Role of the Participating Agencies

- Maintain leadership support for the development and implementation of the multidisciplinary protocol and other goals of the team
- Ensure that the team meetings are a priority for their agency and their agency representative
- Give their representative authority to speak for the agency at team meetings
- Have the representative update other staff in the agency about the progress of the team
- Support access to training for staff affected by the protocol
- Support the processes of monitoring the implementation of the protocol and the evaluation of its effectiveness

### **Role of Team Members**

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- Be committed to the victim-centered protocol
- Attend team trainings
- Develop and implement written protocol
- Be versed in their agency's role in sexual assault cases
- Be able to speak about the ability of their agency to fulfill obligations related to the multidisciplinary process
- Commit to regularly attend meetings and actively participate in discussion, subcommittees
- Transmit information, questions and concerns from the team back to their agency
- Bring information, questions and concerns from their agency/discipline to the team
- Support the monitoring and evaluation of the protocol

### **Role of Co-Facilitator**

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- Keep the meetings focused, on time and goal oriented.
- Create agendas in coordination with Site Coordinator
- Ensure adequate representation and participation from the appropriate agencies
- Maintain regular and frequent contact with team members
- Identify emerging issues for the SAPT team

### **Role of Site Coordinator**

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- Provide staffing and support to enhance the team's ability to collaborate
- Coordinate monthly meetings (location, agenda, previous months agenda, minutes, distribute, etc )
- Contact team members prior to the meeting to ensure attendance
- Orient new members
- Attend , coordinate and facilitate sub-committee meetings as needed
- Facilitate communication between team members
- Ensure that the 8 step process is followed
- Ensure that monitoring and evaluation plans are made and implemented
- Network with agencies, systems, and community members to gather input on improving the victim centered protocol
- Gather, compile, disseminate and maintain statistical data and records needed for the team

### **Role of SVJI**

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- The site coordinator has the assistance of the staff at The Sexual Violence Justice Institute (SVJI) of MNCASA (Minnesota Coalition Against Sexual Assault) to assist with problem solving in identified areas of need and/or concern. SVJI staff attends team meetings, conducts site coordinator meetings and retreats, reviews and critiques documents, develops resources for all teams, and provides other technical assistance as necessary to all team members.

## Ramsey County Sexual Assault Protocol Team History

**1996** – Victim Services in Rochester (Olmsted County) receives VAWA funding from the Minnesota Department of Public Safety, office of Justice Programs (OJP) to develop a model protocol for sexual assault response for Minnesota. They soon realized that ‘one size doesn’t fit all’ and moved to developing a process that could be used in multiple settings. A book titled “Improving Community Response to Crime Victims: An Eight-Step Model for Developing Protocol,” by Anita Boles and John Patterson became the template model for multiple sites across Minnesota.

**1998** – An additional Request for Proposals was issued by OJP seeking an urban protocol development site. Sexual Offense Services of Ramsey County (SOS- Margy Singher and Bonnie Clairmont), along with Partners for Violence Prevention (PVP- Andrea Marboe) worked on the proposal and were awarded funding for the Ramsey County Sexual Assault Protocol Team (SAPT). PVP was to act as the fiscal home and facilitator/coordinator for the project. Cathy Siegel from SOS is hired as the first Site Coordinator.

**1999** - The first three steps are completed: Inventory of Existing Services, Victim Experience Survey, and the Community Needs Assessment, and protocol writing begins.

**2000** - Anita Berg starts with PVP; Community Needs Assessment is printed and protocol writing continues.

**2001** – The first version of the protocol is completed and training on the protocol begins. A video is created to assist with training.

**2003** – IES and VES are repeated and the first revision of the protocol is started. A Cultural Considerations piece is added to the protocol. The team also decides to create a mini-version of the protocol for law enforcement officers as well.

**2004** – First revision of the protocol is complete, mini-version of the protocol is printed.

**2005** – Team implements the Systems Consultation standing agenda item. Began to explore the options for more intense case studies.

**2006** - Team takes part in a Hennepin County fatality review team meeting to learn about their process. Team chooses a sexual assault case for the SAPT to do a similar review. The review takes place late in 2006, and is determined to be valuable but too time and labor intensive to do frequently. The Safe Harbors Youth Intervention Project is founded in the fall, supported with monies designated by the Minnesota legislature to target individuals at risk for trafficking. Laurel Edinburgh with Midwest Children’s Resource Center, Kate Richtman from the Ramsey County Attorney’s Office and Emily Heumann from SOS are asked to facilitate the SHYIP project. In December, 2006, the SHYIP team begins to meet.

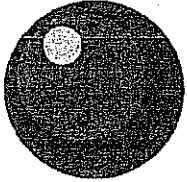
**2007** - Late in the year, the second revision (third version) of the protocol begins. Sub-committees work on each piece of the protocol.

**2008** – Work on protocol revisions continues through the year. Discussions take place on how to expand the Cultural Considerations piece. Preparations are done for a training for law enforcement. Leah Lutz from SVJI at MNCASA is the team technical advisor.

**2009** – Major expansion of the Cultural Considerations begins, led by a contractor, Andrea Marboe, who did the SHYIP cultural considerations piece. Anita Berg from PVP facilitates most meetings in early 2009. Due to the fact that many of the same people are involved on both the SAPT and SHYIP teams, discussions begin about merging the two teams. Teresa Dolezal, the facilitator, leaves in December, and Vivian Suggs with PVP begins as the new team coordinator. Sara Thome from SVJI at MNCASA begins as the team's new technical assistance provider in December. Sub-committee meeting held in December of concerned team members and OJP to discuss the ability to merge SHYIP and SAPT. Decision made to overlap SHYIP and SAPT meetings, with a middle portion.

**2010** –Vivian Suggs, facilitator, leaves in April. Stephanie Siegel, the SHYIP coordinator and PVP staff person, is given facilitator role. Team hosts trainings on sexting and vulnerable adults. Team articulates desire to form goals and agenda for next 12 – 18 months. Sara Thome conducts an 8 step refresher for the team in July. Team is given a survey to choose top three choices for team direction. They choose: 1) Track a sampling of cases through the system to identify trends 2) set a deeper agenda to discuss systems issues each month, so we can leave minutiae work to the sub-committees and 3) formalize/revive case review process and (tie for 3) learn more about how we can monitor and evaluate whether the protocol we have in place is actually working. Protocol revisions completed and protocol re-designed and printed. Video for training law enforcement is completed by a team sub-committee. In December, PVP closes its doors due to financial concerns. Team seeks new fiscal home and site coordinator.

**2011** – Jacob Wetterling Resource Center applies for and is awarded the SMART grant. JWRC will contract with SOS to facilitate the meetings.



**RCSAPT**  
Ramsey County Sexual Assault Protocol Team

**September 13, 1:00 pm – 3:00 pm**  
**SOS Office**  
**Agenda**

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**Note: Location of you meeting is the SOS office**  
**1619 Dayton Ave - Conference Room**

1. ANNOUNCEMENTS
2. KUDOS TO OTHER AGENCIES AND PROFESSIONALS
3. Update on MOUs and
4. UPDATE ON SHYIP
5. WEBSITE UPDATE
6. REPORT FROM TEAM PARTNER SUB COMMITTEE
7. SYSTEMS CONSULTATION
8. REPORT FROM COLLEGE/UNIVERSITY SUB-COMMITTEE
9. OTHER
10. NEXT MEETING  
October 4, 2012; 1-3 pm; SOS Office, 1619 Dayton Avenue



RAMSEY COUNTY  
Adult Sexual  
Assault  
Response  
PROTOCOL

Version 3 – 2010

CREATED BY

**The Ramsey County  
Sexual Assault Protocol Team**

This protocol was created to help effect a more victim-centered approach toward sexual assault crimes, and does not afford a criminal defendant any additional rights or procedural protection beyond those that exist by law. The Protocol contains general operating guidelines only. In some scenarios, various Protocol steps may be added omitted or amended as appropriate.

The Ramsey County Team would like to thank all who participated in the revision of this protocol, and a special thank-you to those who participated in the culturally-specific focus groups.

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### **Our Mission Statement**

The mission of the Ramsey County Sexual Assault Protocol Team is to coordinate and implement an interagency response to sexual assault victims which promotes consistency, respect and cultural competency.

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This document was written to provide further education and ensure all professionals can work to provide comprehensive, multicultural services to victims of sexual assault. This document can be shared and distributed with others, and your agency, provided you share this document in its full entirety of its printed/published information. This document may not be incorporated into other printed or electronic materials. If you would like a printed copy, wish to adapt this material other than what is printed here, or have questions about the printed material, please send requests and questions to [info@partnersforviolenceprevention.org](mailto:info@partnersforviolenceprevention.org).

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### **Published by:**

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<b>Cultural Considerations</b>	<b>4</b>
<b>Advocacy Protocol</b>	<b>34</b>
<b>Corrections</b>	<b>37</b>
<b>Law Enforcement</b>	<b>39</b>
<b>Medical</b>	<b>42</b>
<b>Prosecution</b>	<b>46</b>
<b>Community Resources</b>	<b>47</b>
<b>Merrill Oroski Proceedings</b>	<b>849</b>

**Cultural Considerations Table of Contents**

Introduction to Adult Sexual Assault Considerations	1
<b>General Considerations for All Victims</b>	<b>7</b>
Working with Interpreters	8
African American Community	11
American Indian/Alaskan Native Community	12
Deaf and Hard of Hearing Community	16
<b>Elderly Considerations</b>	<b>18</b>
Hmong Community	20
Immigrant/Refugee Considerations	21
Latino Community	24
Lesbian, Gay, Bisexual/Transgender/Queer/Questioning (LGBTQ) Community	25
Latino/Hispanic Community	29
Male Victim Considerations	40
Prostitution/Sex Trafficking Victims Considerations	44
<b>Somali Community</b>	<b>33</b>

**Cultural Considerations when working with Sexual Assault or Abused Victims**

The Ramsey County Sexual Assault Protocol (SAP) Team is dedicated to helping providers understand victims from diverse cultures to ensure all victims are served with respect regardless of their cultural backgrounds. The present document is intended to be a tool to help professionals who work with diverse victims of sexual assault/abuse; however, it is the responsibility of each professional to integrate culturally sensitive services to all victims regardless of their cultural background. It is hoped that professionals will utilize these cultural considerations to obtain an understanding of diversity and learn ways to serve victims with respect to their cultural background and cultural identities.

The cultural considerations content has been developed thanks to the commitment, dedication and significant work of following agencies and SAP representatives.

- Ain Dah Yung**
- American Indian Family Center**
- Arx Greater Twin Cities**
- Breaking Free**
- Bureau of Criminal Apprehension**
- Casa de Esperanza**
- Center for Victims of Torture**
- Children's Hospitals and Clinics**
- Comunidades Latinas Unidas En Servicio (CLUES)**
- Dakota County SAFE Program**
- Macalester College**
- Maplewood Police Department**
- Midwest Children's Resource Center (MCRCC)**
- Minnesota Coalition Against Sexual Assault /Sexual Violence Justice Institute**
- Minnesota Indian Women's Sexual Assault Coalition**
- Minnesota Indian Women's Resource Center**
- Mounds View Police Department**
- New Brighton Police Department**
- North St. Paul Police Department**
- Office of Justice Programs/Crime Victim Services**
- OutFront Minnesota**
- Partners for Violence Prevention**
- Project Pathfinder**
- Ramsey County Attorney's Office**
- Ramsey County Corrections**
- Ramsey County Sheriff's Office**
- Regions Hospital**
- Roseville Police Department**
- Saint Anthony Police Department**
- Sexual Offense Services of Ramsey County**
- Southern MN Regional Legal Services**
- St. Anthony Police Department**
- St. John's Hospital**
- St. Joseph's Hospital**
- St. Paul Domestic Abuse Intervention Project**
- St. Paul Police Department**
- Tribal Law and Policy Institute**
- University of St. Thomas**
- White Bear Lake Police Department**

## Introduction to Adult Cultural Considerations

Dedicated to helping providers understand individuals from diverse cultures, the Sexual Assault Protocol team (SAP) created the following cultural considerations section. This section is to be used by multiple disciplines to assist and educate professionals on considerations related to working with adults from all cultural backgrounds.

Professionals must understand and accept the complexities of culture as something that is ever-changing. The development of cultural understanding is an on-going process that evolves over time and requires professionals to consciously seek new experiences to better understand, value, and appreciate cultural communities. All individuals deserve to be treated fairly, regardless of race or ethnicity. Policy makers, police officials, service providers, court and corrections must work together to remove racial inequalities from every system. It is hoped that all will aspire to achieve understanding, appreciation, and respect of cultural differences and similarities in an effort to better serve and understand the populations with whom they work.

Aspiring to be considerate and sensitive is the ultimate goal for professionals using this cultural considerations document. The information presented here is specific to cultural communities and reflects

input from a multidisciplinary team. The composition of this team was made up of active representatives and reviewers from each community discussed. The considerations begin with general considerations for all professionals to apply to their work, followed by the most pertinent considerations applicable to each discipline. It is expected that all professionals will read, become familiar with and employ these considerations when working with adults.

For optimal effectiveness, these considerations must be incorporated into all levels of professional practice and service delivery from policy making to administration to each individual community of service providers. In doing so, these cultural considerations will assist professionals as they grow in their capacity to value diversity, manage the dynamics of differences and acquire cultural knowledge. Ultimately, it is intended that professionals using the Sexual Assault Protocol team (SAP) protocol will reference these cultural considerations and use it to develop their personal and professional cultural knowledge.

## General Considerations for All Victims

- Regardless of how open sexual violence is discussed within communities, rape and sexual violence is not a cultural practice or culturally accepted for any culture.
- Many communities do not use eye contact when in conversation with others; this is a cultural practice of respect for elders/adults and should not be considered a form of disrespect or not paying attention.
- Not all females will shake hands with someone of the opposite sex. (In some cultures, neither females nor males will shake hands).
- Family and community are important across cultures. Some victims will avoid telling family what has occurred or avoid reporting to law enforcement as they do not want to be shamed or bring shame upon the family.
- Many communities will not their head in respect with the intention of "I hear you." Many times nodding one's head is misinterpreted as "you're agreeing with me or you understand me." Therefore, be sure to ask for a verbal response before making decisions.
- Regardless of age or cultural community the victim belongs to, these factors do not imply that service providers should talk to them in slower English or louder, as this minimizes one's abilities and intelligence.
- Avoid stereotyping and making assumptions about identity, appearance, race or class.
- Many victims and families have trust in the legal system. When a victim chooses to report, there is an implication that the case will be charged. When cases are not charged or prosecuted, victims may be re-victimized within their community for what appears to be lying about the incident.
- If a victim states he/she is sexually active, do not assume she/he is referring to heterosexual sex.
- Be aware that when victims go to a clinic or hospital the perpetrator may accompany her/him. Regardless of whom the victim says she/he is with (friend, partner, brother) the professional should see her/him alone. When the victim is separated from the person she/he came in with, it may be helpful to ask, "Are you comfortable with that person being here?" This may open communication about unsafe situations.
- When using an interpreter, pay attention to what the interpreter says and watch body language. Not all interpreters relay the correct information and some may add their own opinions while interpreting which is unacceptable. Always use a trained and qualified interpreter. Never use family members or children as interpreters.

## Considerations for Working with Interpreters

Working with an interpreter brings in an added dimension of complexity to the already complex process of working with victims. The interpreter's role in serving the victim is also complex as it is not limited to enabling the linguistic aspects of communication. For example, interpreters may provide information valuable to understanding the cultural context or framework of a client's history. Specialized training for both interpreters and service providers working with refugees and individuals of ethnic minority populations is strongly recommended. Please use these resources and general considerations as a starting point when working with victims who need interpreters.

### General Considerations:

- There are factors that may potentially affect the interpreter-client relationship including: membership in different or previously adversarial ethnic groups, gender differences, class differences and/or age differences (e.g., younger person interpreting for older person).
- Spatial aspects between client-interpreter-professional are important. Set up the chairs in a triangle so that each person can see each other clearly. Take time to observe the interaction between each person to build trust and rapport within the relationships.
- When interviewing use short sentences so the interpreter can properly convey the content of questions.
- Always use clarifying questions or summarizing statements to assure a clear understanding of the victim's story or relayed information about the current problem.
- The interpreter should convey meaning of statements back to the professional. However depending on what language is being interpreted, the interpreter may convey meaning rather than entire translation. For example, in the Hmong language the interpreter may use the word, "soft body parts" instead of "vagina" as this is less vulgar and a universal word for this body part in the Hmong community.
- There is no formal assessment for interpreter's skills or comprehension of training, therefore, different interpreters may be more skilled than others which leave a wide range of abilities between interpreters.
- **Guidelines for ALL professionals working with interpreters:**
- **Before hiring an interpreter,** consider the following guidelines to ensure culturally competent services:
  - Develop a pool of accessible, trained professional interpreters for the most common languages spoken in your most frequent population of clients.
- Ask the interpreter if they have worked specifically with victims of sexual violence.
- Screen interpreters to determine their level of language skills, interpretation skills, knowledge of culture, sensitivity to mental health issues (especially confidentiality) and general service delivery of interpretation services (reliable, efficient, etc.). A good way to screen interpreters is to call before needing an interpreter and ask those questions about training, services and experiences.
- With the interpreter, determine cultural backgrounds and languages that would be a good match for the interpreter's skills, specific dialect and personal background.
- When placing a call for an interpreter, ask for the interpreter's name (at least the last name) to ensure there is no conflict of interest with the victim (relative, friend, acquaintance, neighbor, etc.)
- Inform the client that interpreters are instructed not to introduce their own information, they should interpret only what is said by the client and the provider.
- If hiring an interpreter in a hospital setting for a recent victim of sexual assault, who also wants to report the crime, make sure to ask the interpreter if there are any agency policies against providing interpretation services for both medical and law enforcement. As both medical professionals and the officer may want to hear the story from the victim at one time, to avoid the victim having to tell the story multiple times. In some cases, the interpreter's agency may request two payments if two separate parties are using the interpretation services. Alternatively, phone interpretation services can be used to avoid this issue.
- Interpreters may not feel comfortable providing interpretation services outside of their specialty, (i.e. medical interpreter translating legal or law enforcement questions) as this is outside of their role.
- A shared cultural background between the client and interpreter may assist in effective, efficient communication, however in some cases there may be limitations in discussing their victimization or situation with someone from their own community. Many individuals may fear the interpreter will not maintain confidentiality and as a result learn of their private information. Always ask the victim if the interpreter is a good fit to provide services; always work with the client to find an interpreter who will provide the best means of open communication.

Ramsey County Adult Sexual Assault Response Protocol

*When using an interpreter,* consider the following guidelines to ensure culturally appropriate services:

- Allow for more time as tasks, interviews and services take longer when using an interpreter.
- Model speaking in a normal voice to the client (not too slow, or too fast, or soft/loud). Talking in short sentences allow accurate interpretation; ask one question at a time; decide on a convenient "stop signal" that everyone can understand and feel comfortable using.
- Expect the interpreter to take notes when issues become complicated.
- Expect that the interpreter may use a dictionary while interpreting to elaborate on a word that may not be translatable in the other language.
- Repeat your statements using different words and terms to explain questions, information and referrals.
- When asking the interpreter to interpret a written document/procedure into spoken words, the professional (doctors, nurse, police officer, attorney) should read or say it in their own words and have the interpreter interpret (repeat) the document verbally by listening to the professional—not by reading the written document. It is challenging to have the interpreter read something they are not familiar with and try to interpret it into spoken words.
- Always use words, not gestures to convey meaning. Take time to explain that interpreters need words in order to give the most accurate interpretation of what the client wishes to say.
- To ensure good communication, take time to introduce all people involved and explain each person's role. Explain the role of the leading professional (medical personnel, law enforcement, advocate, etc.) in relation to other professionals at the agency. When introducing the interpreter, it may be helpful to say, "the interpreter is here to help communicate your needs and concerns with me so I can better understand and provide you with support or information that can help you make the choices that you believe are best for you."
- Have all people (clients, professionals, interpreter) speak directly to each other, not to the interpreter. Make sure the interpreter speaks to all people in first person.
- Make sure to look at the client while you are speaking to her/him. Maintain eye contact when the client or interpreter speaks.
- Let the client know interpreters are included in the agency's confidentiality agreement (if not, confidentiality laws should be understood before including an interpreter). Make it clear that all information will not be shared outside the agency, and inform clients of the information that would be shared (e.g., HIPAA law). When a release of information is issued, inform the client of its purpose of sharing information outside the agency.
- Explain the roles of all people involved. It is very important to address the issue of interpreter confidentiality and how the interpreter and client will handle future interactions within the community; typically it is at the client's discretion of whether or not the client will interact with the interpreter.
- Look for nonverbal cues including behaviors, facial expressions and always clarify if words do not match nonverbal cues, i.e. distressing facial remarks that have not been interpreted. As nonverbal cues are usually the only means of direct communication between you and the client.
- Be conscious of ethnic, age, and class differences between the client and interpreter.
- Use short simple statements and stick to one topic at a time.
- Avoid using slang, technical words, or acronyms that may be difficult to interpret or understand. (e.g., PTSD).
- Plan what you want to say ahead of time.
- Always check to see if messages and information is understood. Always ask clarifying questions and/or ask the interpreter to repeat statements.
- Encourage the interpreter to tell you when he/she is having difficulty interpreting something.
- Give the interpreter time to interpret concepts; one word can require a lengthy explanation in either direction if the concept does not exist in other languages.
- **After using an interpreter:**
  - Debrief any communication problems, the best cross-cultural learning for both service providers and interpreters often occurs through immediate feedback using specific situations as learning opportunities.
  - Ask the interpreter if there was anything that reflected lack of understanding the client's culture or if the interpreter had any difficulty interpreting. This feedback will build a stable, good working relationship between the provider and interpreter.
  - If there are complications with the interpreter, by his/her feedback, it may be helpful to follow-up with the client and a different interpreter to get the perspective from the client on how the services went for him/her. This

## Considerations for Working with Interpreters

- follow-up and open communication will build trust with the client and provider for future communications.
- Do not ask the interpreter for their opinion after the client leaves. An example of this would be to ask, "What do you think?" or "Do you believe her/him?" Also, keep in mind that each time the interpreter works with the client (e.g. court, hospital, making police report) the information shared cannot be shared with other professionals. Therefore, as a professional working with the client for the first time, and the interpreter has worked with the client before, the professional should not ask for other information that the interpreter may know regarding the client.
- **Considerations if a client states s/he/ she does not need an interpreter, or is reluctant to state s/he/ she needs an interpreter:**
  - It may not always be obvious whether the client needs an interpreter. If an interpreter is needed, determine in what situations, as it may only be needed for legal representation or reading complex documents.
  - If clients seem to latch onto nouns in sentences but are unable to understand complex concepts. The client may be able to speak English, but not read/write important documents. Providing an interpreter to translate documents in the client's language would be required.
  - Discuss with clients whether they would feel more comfortable to convey thoughts, feelings and emotional experiences in their first language. Always offer phone interpreters as an alternative to a live person.
  - Assure the client that if you found an interpreter, the interpreter would be a neutral, qualified interpreter and not a family member, or friend.
  - Discuss the role of confidentiality and how it applies to each role (interpreter, client, provider, agency, etc.) Many victims wonder about possible connections between providers and interpreters and it may be helpful to address this openly.
- **Effective Legal Representation with an Interpreter:**
  - Effective legal representation depends on clear and accurate information from the legal system, interpreters and clients. If interpretation is necessary, a competent interpreter must be provided on behalf of the client.
  - Court systems must use a certified interpreter.
  - Find an interpreter who is familiar with the cultural backgrounds and the legal system as technical language and specific terminology will be used throughout the process.

- For a certified interpreters or for more information on court based interpreters:

Minnesota Court Interpreter Program  
105 Minnesota Judicial Center  
25 Rev. Dr. Martin Luther King Boulevard  
Saint Paul, MN 55155  
Phone: 651-297-5300

Web: [www.mncourts.gov](http://www.mncourts.gov)

### Medical Considerations:

- When preparing to work with an interpreter for the first time, it is helpful for the medical provider and interpreter to discuss skills, processes of interpreting and expectations.
- Consider matching gender whenever possible, or if you can ask the victim which gender s/he/ she prefers due to cultural or religious beliefs and/or potential history of sexual trauma.
- If discussing difficult concepts such as suicide, work to structure questions as unambiguous as possible. It may be helpful to rephrase questions throughout the interview to verify responses and information.
- Remember there are no medical certified interpreters for all languages, only American Sign Language (ASL) as certified interpreters. All other language interpreters are required to go through comprehensive training and typically a designated number of hours depending on each agency.
- Ask the interpreter specific questions to determine knowledge and competency.

## African American Considerations

### General Considerations:

- African Americans are not a monolithic people. They are a richly diverse population, spanning the spectrum of lifestyles and interests, education and income levels, and religious background. However, the unique legacy of slavery, racism, sexism and economic oppression continues to influence the lives of contemporary African Americans.
- The brutal history of African Americans still resonates with contemporary African Americans and has left a sense of distrust for many systems.
- African Americans from all backgrounds still may not trust institutions that are "white male" driven largely because of the institutionalized racism that exist in these structures.

- Many Black families are fractured because of poverty and the ills associated with poverty (e.g. unemployment, healthcare, childcare). When poverty is socialized within the family structures, young African American males or females might experience a lack of direction and isolation.
- In African American communities, the church is often an extension of family and can be a major contributor to supporting individuals especially during adversity.
- Most rapes in the African American community are intra-racial, black on black. Fear that a victim will be labeled a traitor to his/her race for raising the awareness of black on black rape may prevent reporting.
- A belief in the African American culture is that females have to be strong and protect their men. Because of this cultural belief, black females may be reluctant to identify their perpetrator.
- Victims may fear a negative response from their brothers, fathers, or partner toward the perpetrator.

### Law Enforcement Considerations:

- Women and men may be reluctant to report a sexual offense for a variety of reasons. For instance, there may be a concern that once the rape has been reported nothing will happen to bring the perpetrator to justice. An explanation is needed to help the victim understand how both law enforcement and the legal system will work on their behalf. Equally important is the discussion of their limitations.
- Black gay males are a highly marginalized community and may be hesitant to report a sexual assault because fears of blame, disbelieve and/or intolerance.

**American Indian/Alaskan Native Considerations**

- ICWA sets out rules that state courts have to follow in certain child custody cases involving Indian children. Under state law, courts must follow these rules.
- The rules are designed to keep Indian children connected to their families and tribes. Maintaining this connection serves the best interests of Indian children and also promotes the stability and security of Indian tribes and families.
- One important way ICWA helps to keep children connected to their families and tribes is by requiring social service agencies to make special efforts to keep Indian families together. These agencies must provide services that reflect the current social and cultural standards of the family's Indian community.
- A high number of Indian children were being removed from their families by state courts and county social services agencies and put in non-Indian homes and institutions. These rules apply in cases where Indian children are being taken away from their parents or Indian custodians.
- Often, state and county officials did not understand, ignore, or rejected the cultural or social customs of the child's tribal community.
- **When does Indian Welfare Act apply to youth?**  
ICWA applies to child custody cases where an Indian child is being taken away from a parent or Indian custodian, or where parental rights are being "terminated" (ended). These include:
  - Foster care "placements" (placing a child in the custody of foster parents)
  - Child Protective Services removal
  - Guardianships (in juvenile court and probate court) and adoptions (in juvenile court and family court)
  - Certain juvenile delinquency cases (for example, truancy cases)
- ICWA does not apply to custody cases between parents who are divorced or are getting divorced
- **What defines an American Indian Child?**  
An American Indian child is one under the age of 18, who is either enrolled in a federally recognized tribe or eligible for enrollment in a federally recognized tribe;
- If the state has reason to believe that the child is American Indian, the court has a duty to discover their tribal identity;
- The State must notify the tribe immediately;
- Notice to parents, tribe, and Bureau of Indian Affairs (BIA) notification
- **Under ICWA, what rights does the Indian child's tribe have?**
  - The tribe has a right to participate in custody cases of its Indian children.
  - The tribe can "exercise" (use) "tribal jurisdiction." (The term "jurisdiction" refers to which court – tribal or state – has the right to hear a case. Whether the tribe has jurisdiction may depend on whether the child lives on or off the reservation.)
  - NOTE: Jurisdiction is a very complicated subject. Contact proper authorities if you have questions about the jurisdiction of your custody case.
  - The tribe has the right to be notified about the child custody case.
  - The tribe has the right to ask for up to 20 more days to get ready for a hearing.
  - The tribe has the right to ask that the case be moved to tribal court.
  - The tribe has the right to deny your request that the case be moved to tribal court.
  - The tribe has the right to look at the documents about the case that the court has on file.
  - The tribe has the right to see records kept by the State on the placement of tribal children.
  - The tribe has the right to apply certain tribal laws or customs to the custody case. These include laws that define "Indian custodian" or "extended family," for example.
  - The tribe has the right to disagree with ICWA's placement preferences and to tell the court where the tribe thinks it would be best for the Indian child to live.
  - Tribes have all the same rights about getting proper notice from the court that you do, including the right to ask for invalidation.
  - Notice to the tribe must be sent to the tribal chairperson or other representative that the tribe chooses.

**American Indian/Alaskan Native Considerations**

**General Considerations:**

- Colonization by the United States government resulted in historical trauma and racism for American Indian/Alaskan Native. As with any community who has withstood such experiences, generations of urban American Indians may have developed mistrust of service providers, law enforcement, etc. It is important to recognize this historical context, even if the victim does not. Be mindful that it may take time to establish trust with American Indian/Alaskan Native individuals.
- Avoid assumptions and generalizations that all American Indians/Alaskan Natives are the same. There are 562 federally recognized tribes in the United States and several tribes exist without Federal recognition.
- Avoid believing the statement, "What works for the majority, works for all." Or saying, "Color doesn't matter to me" or "Some of my best friends are Native." These statements generalize communities and are disrespectful, and may ultimately jeopardize the relationship between client and professional.
- Take time to allow for silence; avoid interrupting, talking too much or talking in a loud voice. Also, refrain from being directive or intrusive as all of these tactics contribute to intimidation.
- American Indians/Alaskan Natives have a strong rule to "respect your elders." As with other communities, it may be difficult to seek help if the perpetrator was a family member.
- Recognize that non-American Indians/Alaskan Natives may need to earn the trust of an individual who has been victimized. Take the time to build a trusting relationship.
- Unspoken rules, such as: "Do not turn on your own community" may prevent individuals from seeking services or reporting violence.
- It is offensive to make assumptions about American Indians/Alaskan Natives' spiritual practices. As with traditions, customs and experiences, individual's spirituality is diverse.
- Recognize that because of the generations of forced assimilation into the dominant society, some American Indian/Alaskan Natives are unfamiliar with the traditional practices of their Nations. Don't assume individuals know of, have access to, or want these resources.
- Refrain from criticizing practices that are not the same as what you believe or choose.
- Some victims are going to be more quiet than others, don't mistake quietness for being shy or a disability. Accordingly, individuals who avoid making eye contact are not necessarily an indication for further to investigation.
- According to the Department of Justice, the majority of sexual assaults on American Indians/Alaskan Natives are perpetrated by non-American Indians.
- Recognize that American Indians/Alaskan Natives come in all colors and/or have varied knowledge and experience with their own cultures.
- It is important to be patient, let individuals have time to think and process.
- Avoid making assumptions about family composition in the home as they can be made up of aunts, extended family, partners, etc.
- Be aware that family is often both urban and reservation. Frequently, American Indians/Alaskan Natives travel back and forth, so that support, safety, and resources may be located with both, neither, or one or the other. Every individual is different.
- Alcohol and drugs impact all communities. Despite statistical cultural disparities, do not assume alcohol or drugs are in any way related to a victim's experiences.
- Recognize that speaking original languages is valued within lineage lines.
- American Indians/Alaskan Natives view culture as a form of healing and a way of life.

**Law Enforcement and Medical System Considerations:**

- Do not assume that an individual's reaction (be it highly emotional or unemotional) means that the person is ignorant or fabricating the crime committed against them. Their response may be a sign of fear, respect, intimidation, or distrust.
- Understand the importance of family. When possible (as protocol permits), it is respectful to let the victim decide to have a family member stay during police interviews or medical examinations. In cases where protocol will not allow the victim to have a family member stay during police interviews, encourage the victim to utilize an advocate for support.

**Important Information Regarding the ICWA-Indian Child Welfare Act, PL 95-608**

**What is the Indian Child Welfare Act?**

- The Indian Child Welfare Act (ICWA) is a federal law that was passed in 1978.

- Individuals with disabilities are at an increased risk for abuse or being targeted because of their vulnerabilities as compared to people without disabilities.
- Individuals with disabilities are more vulnerable to abuse in the community because they may be unable to make safe decisions and may lack self-protective skills.
- Individuals with disabilities rarely report either abuse or sexual assault because of:
  - Lack of trust for authority figures;
  - The assumption they will not be believed when telling their story;
  - Disabilities act as a barrier for victims to acknowledge the abuse.
- Reports from individuals with disabilities may be construed as false and not believed because of stereotypes based on physical and cognitive abilities.
- Individuals with disabilities need additional support and will typically have difficulty accessing appropriate services. Guiding individuals throughout the referral process is essential.
- The perpetrator of the abuse will most likely be someone well known to the victim (family member or guardian, coworker). Safety should always be assessed before transporting the victim back home. Involve social workers to assess the home environment.
- If the victim is not able to give consent for medical exams or cannot make a report to law enforcement, it is essential to find out who the legal guardian is for the adult that can provide consent for procedures. Medical personnel and/or law enforcement cannot give consent for the victim. If there is no one available or able to give consent for medical exams/procedures a court order may be obtained.
- Individuals may lack the ability to know the difference between care and abuse, especially when abuse does not cause physical harm.
- Make sure to involve adult protective services (county where guardianship is) and social workers, especially when the perpetrator is the legal guardian or caregiver.
- From an early age, individuals are educated to be responsive to authority figures.
- This population of victims may be looked upon as being

- asexual and are often not provided with general sex education and/or denied recognition that the developmental phases of their sexuality may be delayed.
  - Developmental delays (cognitive, psychological or physical) may interfere with the understanding of what is happening in abusive situations.
  - Victims may have difficulty communicating that sexual assault/abuse has occurred and may express their frustration through their actions and appear frustrated with their inability to communicate words verbally.
  - Knowing the level of functioning may be critical to the changing decision and may constitute a separate offense or may assist prosecution, courts and law enforcement. Although it may be difficult to assess, attempt to document the individual's level of functioning. The following questions are appropriate to ask a case worker, or guardian to assess the victim's functioning:
    - Are the cognitive/developmental challenges obvious; if so, in what way?
    - What is the victim's chronological age vs. developmental age?
    - What is the difference between his/her developmental age and age of consent?
    - Is the person living independently?
    - Does the person have a job, does the person work with a job coach, or by oneself?
    - Is the person in a relationship?
    - Ask about other formal assessment that may have been done at school (for teens) or by other providers to access additional information.
- Source: **First Response To Victims Of Crime, Office of Victims of Crime, April 2008**
- Reflect on the stereotypes that exist about people who have a disability. Negative attitudes may be the greatest impairment for people with disabilities.
  - Avoid labeling or defining victims by their disability. Instead, use "people-first" language that emphasizes the person, not the disability.
  - Use the word "disability" rather than "handicap". A disabling condition may not be handicapping. Victims who use a wheelchair, for instance, have a disability, but are not handicapped by stairs when a ramp is available.
  - Ask victims directly how the two of you can most effectively communicate with each other, how they wish

- their disability to be characterized, and how you can best assist them. Most victims would prefer to answer these few questions upfront rather than endure your uneasiness or be uncomfortable themselves throughout an entire interview. Your respectful and sensitive questions and language will ensure the accommodations you make are appropriate.
- Do not be embarrassed if you use common expressions that seem related to a victim's disability, such as "Do you see my point?" to a person with a vision impairment; or "I need you to run over there," to someone who uses a wheelchair. Victims know what you mean and should not take offense.
- Recognize that the presence of someone familiar to victims or a person knowledgeable about their disability may be important for victims and helpful during your interview. But remember that family members, personal care attendants, and service providers could themselves be the offenders or be protecting the offenders. Therefore, the presence of that person may inhibit victims, out of fear of retaliation, from fully describing the crime.
- Do not act on your curiosity about victims' disabilities. Restrict your questions to those necessary to accommodate victims' needs; focus on the issues at hand, not the disability.
- Avoid expressions of pity such as "suffering from" Alzheimer's or "a victim of" mental illness.
- Speak directly to victims, even if accompanied by another person. People with disabilities are sometimes assumed to be incapable of making decisions, avoid giving this impression.
- Listen to your tone of voice and monitor your behavior to make sure that you're not talking down to victims, coming across in a condescending manner, or treating victims as children.
- Do not express admiration for abilities or accomplishments of victims in light of their disability.
- Be mindful of the underlying painful message communicated to victims by comments such as "I can't believe they did this to someone like you," "She's disabled and he raped you anyway?" Such phrases send the message that people with disabilities are "less than."
- Document victims' disabilities in your incident report, as well as their individualized communicating, transportation, medication, and other accommodation needs.
- Make sure that victims are in a safe environment before



## Deaf/Hard of Hearing Considerations

Candidates and steps to using Interpreter Services: To obtain a certified ASL Interpreter call 651-224-6548.

Please review more specific considerations for working with interpreters on Page 14 of this document.

### General guidelines for choosing Interpreter services:

- Only use certified American Sign Language (ASL) interpreters (# 651-224-6548).
- Do not allow "signers,"—people who are not certified to interpret, regardless if they know sign language, interpreters must be certified.
- Do not use children or any family members to interpret.
- Do not wear sunglasses.
- Attempt to get an interpreter of the same sex as the deaf/hard of hearing person.

### Guidelines for interacting with an interpreter:

- Have the interpreter stand next to you facing the deaf/hard of hearing person.
- Face the deaf/hard of hearing person, not the interpreter.
- Give the deaf/hard of hearing person eye contact, avoid watching the interpreter.
- While the deaf person will mostly likely watch the interpreter, s/he will also have eye contact with you and want a relationship with you.
- Speak directly to the deaf/hard of hearing person as you would a hearing person. Direct questions to the deaf/hard of hearing person (i.e. "How are you feeling?"). Avoid directing questions at the interpreter (i.e. "Tell her..." "Ask her...")
- Make sure the room is well lit and free from distractions.
- Have deaf/hard of hearing person face away from the light (from windows, flashing lights, computer screens, etc.).

### Video Relay Service: Local Resources

Family Ties Clinic  
Phone: 651-845-0478  
TTY: 651-379-5127  
Regions Hospital Health and Wellness Program  
Voice/TTY: 651-254-4786  
651-254-1888  
Minnesota Relay  
Dial 7-1-1  
Minnesota Deaf/Blind Association  
Voice/TTY: 651- 847-8564

### If you absolutely cannot get an Interpreter:

- Avoid using computers or writing on paper. When a deaf/hard of hearing person is in crisis, their English and typing skills become impaired.
- Attempt to locate a Video Relay Service (VRS) which enables a person with hearing disabilities who use ASL to communicate with voice through video equipment.
- Video Relay Services (VRS) is more efficient and effective than a TTY machine for a deaf/hard of hearing individual to express what has happened to them.
- Access with Interpreter/Relay Service or directly online VRS website.
- Communicate in American Sign Language (ASL) via video phone or web cam.

- As the very last communication option when working with a victim, it is an option to use a computer to type back and forth or pen/paper, however please use the following considerations if this method is used:

- Remember English is a second language for individuals with hearing disabilities. Keep written sentences short and use simple words. Instead of, "Did she assault you?", it is better to say, "Did she hurt you?"
- A small percentage of deaf people read lips well but only 30 percent of what is said is visible on the lips and may be especially difficult to understand in stressful situations. Avoid using lip-reading as the method for communication, even if the deaf/hard of hearing individual states it is okay.

### General Considerations:

- Avoid displaying signs of impatience; the process of communication requires extra time.
- Many deaf victims of sexual assault perceive a lack of support within the deaf community, particularly if the perpetrator is also deaf.
- There is a lack of trust using interpreters; victims of sexual assault may believe they cannot rely on interpreters to accurately represent their words and experiences.
- Due to the deaf/hard of hearing community being small, anonymity is an issue. Always make certain the deaf person is comfortable with the interpreter to ensure confidentiality.
- Individuals who are deaf and/or hard of hearing that also are homeless and/or live in shelters, face additional challenges such as not hearing someone behind them, not hearing fire alarms, etc. Building a safety plan is extremely important.

## Deaf/Hard of Hearing Considerations

- View deaf/hard of hearing individuals as members of a linguistic and cultural community.
- Never print out or save conversations (TTY, email, IM) with a victim without explicit permission. Delete phone histories out of the TTY device after your call has ended.

- Beware of potential impersonation; have victim create code words or phrases early on if using TTY or relay services. Use words/phrases to identify the caller before information is discussed.

### Law Enforcement System Considerations:

- If outside and a squad car is visible to a deaf/hard of hearing person, do not attempt to communicate with the deaf person while the squad car's lights are flashing or when there are outside distractions. The flashing lights should be turned off and communicate in a quiet room.

- The deaf community recognizes law enforcement as a resource; however, reporting sexual assault/abuse rarely happens because of frustration communicating with first responders (911 dispatch) and fear of stigmas related to victimization.

- If a police officer yells, "stop," a deaf/hard of hearing person may not see nor hear them and can easily be misinterpreted as defiant behavior. Be aware of individual's hearing abilities.

- When at the hospital with a victim, remember that hospital interpreters will not interpret for law enforcement; law enforcement officers will need to provide their own interpreter.

### General Relay Service Information:

All individuals have the right to access national Telecommunication Relay Services (TRS) at no extra cost in the US and Canada. Dial 711 for relay services from any phone.

- TRS operators facilitate phone/internal calls between people who are deaf or hard of hearing.
- IP Relay: send/receive by instant messenger or via internet. IP-RELAY.com was the first service to offer deaf and hard of hearing persons the ability to place calls over the Internet. Calls within the United States are confidential and free of charge. Users have the ability to request a male or female operator based on preference.

- Voice Carry Over (by TTY or voice to voice): both persons use the voice carry over phone and relay interpreter types both sides of phone conversation.

## Elderly Considerations

### General Considerations:

The 20th century has given Americans the gift of longevity. In the past hundred years, life expectancy has increased by three decades, a phenomenon that is reshaping families, attitudes, work lives and institutions. Today, a baby boomer turns 50 every 7.6 seconds and by mid century old people will outnumber young people for the first time in history. The retirement age is rising, 80-year-olds are dating and an unprecedented number of grandparents are parenting again.

- According to the 2000 Census, the number of Americans age 55 or older will increase by almost 30% over the next decade; by the year 2020, the 65 to 74 age group will see a 70% increase and the 85+ group will see a 43% increase. Today, the United States has approximately 78 million baby boomers that have passed the age of 60.

- Aging in our society has created new demands and problems. Currently a quarter of all households are caring for an older relative. Prisons are overcrowded with elderly inmates; long-term care facilities can expect a 100 percent turnover in nursing staffs every year and veterans with Alzheimer's disease have been relocated out of Veterans Administration facilities because there are not enough beds.

- Just because someone is elderly does not mean that they are frail or have dementia, avoid making/labeling someone who is elderly a vulnerable adult.

- **Aging involves many life adjustments, possibly including:**

- 1) Physical frailty
- 2) Loss of independence
- 3) Loss of hearing/sight
- 4) Depression

- 5) Dementia - refers to the loss of memory and other cognitive/physical skills because of changes in the brain caused by disease or trauma. The changes can affect thinking, memory and may occur gradually or quickly. **Note:** Memory loss alone is not always a sign of dementia, but memory loss along with other forms of cognitive impairment is an indicator that dementia may be occurring.

- **Cognitive functions that might be affected by dementia include:**

- Decision making/judgment
- Memory
- Thinking/reasoning
- Verbal communication
- Delirium

- 6) Alzheimer's disease - is the most common cause of dementia. Alzheimer's disease is a brain disease

characterized by lesions that gradually destroy cells in the brain. As nerve cells die, affected areas of the brain wither and become smaller. The areas of the brain that control memory, logical thinking and personality are generally the most affected.

- **Symptoms of Alzheimer's disease include:**

- Loss of recent memory
- Problems with language, calculation, abstract thinking and judgment
- Depression, anxiety and personality changes
- Unpredictable moods or behaviors

- 7) Competent elderly person may experience other altered states of mind that may be short term caused by illness, medication reactions or due to other medical health conditions.

- Older people are at risk for all types of abuse including sexual assault because of the physical and mental changes that may occur due to factors associated with aging; e.g. physical limitations, isolation, etc.

- Elder abuse tends to take place where the senior lives. Most often by family members such as a caregiver, child, grandchild, or spouse/partner of elders. Institutional settings especially long-term care facilities are also a source of elder abuse.

- There is a false sense of security among elderly and their loved ones; a belief that only younger people are sexually assaulted. Non-consensual sexual contact with an older person is elder sexual abuse. It can also mean using coercion; sexual coercion which is defined as, someone compelling another to submit to an unwanted sexual act by:
  1. Intimidation
  2. Threatening Acts
  3. Control
  4. Manipulation
  5. Misused Authority
  6. Sexual Harassment

### Medical Considerations:

Medical personnel should be aware of the emotional and physical ramifications when an older person has been sexually assaulted. The impact of the sexual assault can be different both emotionally and physically.

- The elderly person may feel lost and alone after the sexual assault because of some of the following social changes in his/her life:
  1. A weakened support system (family or friends) due to mobility limitations and lack of peers because of death

2. Isolation/vulnerability
3. Depression and low self-esteem

Ramsey County Adult Sexual Assault Response Protocol

## Elderly Considerations

- The following are potential physical indicators that might be the result of a sexual assault:

1. Difficulty in recovering from pre-existing conditions because of the stress of the assault
2. Unexplained injuries or bruising
3. Broken bones due to trauma
4. Sexually transmitted diseases
5. Difficulty walking or sitting
6. Exhibiting signs of fear where originally he/she reacted normally

### Law Enforcement Considerations:

- When sexual violence happens to aging individuals, they are less likely than a younger individual to report the offense to a family member or authorities. There are several reasons that older adults may not choose to report the crime that occurred; some possible reasons are:
  - Generational beliefs about sex and morality that create feelings guilt and shame.
  - Discomfort discussing private information with a caregiver or a law enforcement officer that is younger in age.
  - Fear that an investigation could result in a loss of independence or mobility for the victim.
  - An intense desire not to "snitch" the family or "air dirty laundry" to the public.
  - Fear of retaliation by the perpetrator of the abuse (e.g. use of threats such as removing elder from his/her home and/or threatening to put the elder in a nursing home, etc.).

### Concluding Thoughts on Elder Abuse:

Elder sexual assault has not been well researched and is often not recognized or acknowledged. Federal programs have been designed to combat child abuse and domestic violence; yet elder abuse, according to U.S. Rep Rahm Emanuel, D-ILL, is "under-researched, under-funded and under-prosecuted."

Many older people live healthy and rewarding lives. However, for many elders, the latter years of their lives can be the most vulnerable. Many social agencies are now recognizing the elderly are vulnerable.

Sexual abuse has no boundaries; anyone can be a victim regardless of gender, age, social-economic status, race, ethnicity, religion or sexual orientation. To bring about change in our society regarding aging and the abuse of the aged; social agencies, law enforcement and medical professionals have the responsibility to believe, listen, investigate, affirm, and support elders who have been victim of sexual abuse.

Ramsey County Adult Sexual Assault Response Protocol

## Hmong Considerations

### General Considerations:

- Rape and sexual violence are typically not discussed within the Hmong culture; however, just because it is not discussed, does not mean that rape/abuse is culturally accepted or practiced.
- Many individuals have fears about their family/community hearing about the crime that occurred. In some cases, many fear ostracism and family retaliation despite the circumstances of the event; furthermore, if the victim does not have the support of their family, an advocate is valuable to provide support.
- Many individuals have faced racism within different social systems (i.e. with the police, legal system and hospitals). Be cautious about how reluctant the victim is to go to these places and always ask, and/or provide an advocate to assist them.
- Avoid making generalizations or stereotypes about Asians being the same. For example: Asian women are soft spoken and well mannered, as this is a generalization.
- Avoid talking to the person with a louder voice or slower English; this is demeaning even if the victim's English is not as fluent as others.

### Medical System Considerations:

- Be mindful that not all Hmong victims of sexual assault/abuse will need an interpreter. However, always give the option of having an interpreter.
- Although the person may be fluent in English, he/she may not understand medical terminology in English. Some words do not translate to English medical terminology.
- There are no Hmong words for all Sexually Transmitted Infections (STI):
  - If medical personnel are discussing information or preventative precautions about sexually transmitted infections, always clarify that she/he does not have a deadly disease and explain about illness and treatment options.
- Be sensitive when talking about body parts:
  - Hmong words for private body parts are more graphic than English words.
  - Use an interpreter that knows the language for body parts and is comfortable with other medical terms.
- Communicate the process of the evidentiary exam. Many times when a victim does not speak English, the examiners avoid talking with them, making the exam more uncomfortable.

### Law Enforcement System Considerations:

- In the event of having experienced past racism, the victim may not want to cooperate with law enforcement if the victim perceives she/he is being falsely judged.
- Be aware that Hmong language is less direct; when interviewing, be sure you understand what the victim is saying or conveying to you. To do this, ask clarifying words, use pictures or diagrams, and always use sensitivity when discussing sexuality.
- If the victim of sexual violence does not speak English, it is imperative for law enforcement to secure an interpreter of the same gender as the victim. Likewise, ask if she/he would be most comfortable with a male or female officer to make the report (as available).
- Inform the victim of Hmong advocates and make sure the advocate understands both the law and Hmong culture, especially how these may conflict with each other.
- The Hmong community trusts the legal system. When a victim chooses to report, the expectation is that the perpetrator will be arrested and the victim will be safe. It is important to explain the reason(s) if the case is not charged. In these circumstances the victim is often ostracized by the community and re-victimized in other ways for the sexual assault.

### Court System Considerations:

- Hmong people may or may not be familiar with system procedures and the legal process.
- Be mindful that there is not a legal system in the Hmong culture; therefore, the American Criminal Justice System is something new to Hmong individuals.
- To understand the Hmong community, know there may be drastic repercussions when choosing or not choosing to use the clan system. Be mindful that not all victim(s) will want his/her case to be resolved within the clan system; likewise, not all cases that enter the criminal justice system are appropriate to be resolved within the clan system.
- Keep in mind, despite the victim being raised in the United States, he/she may choose to use the clan system to resolve their case. Also, youth may want to use both the Clans in the community and the law enforcement to resolve the issue regarding the criminal case.
- Also be aware that within the clan system everything is solved quickly; whereas, in the criminal justice system it may take months or years for a case to be resolved.

Ramsey County Adult Sexual Assault Response Protocol

## Immigrant Refugee Considerations

to accompany them to meetings, making reports or working with authority figures.

- Be aware of the generational effects of ethnic torture and abuse. Not all generations living in the United States have directly been affected by torture and/or violence; however, the historical effects of violence often impact grandparents, parents, children, and future children.
- There are many symptoms victims experience after fleeing torture and violence. Professionals should consider the following lasting effects that break down one's ability to heal in current circumstances:
  - 1) Distast of relationships, service providers, one's body and mind, or with family and friends.
  - 2) Disempowerment and helplessness, as many victims feel a sense of unpredictability and lack of control when experiencing violence. Empowering the victim is always a first step in helping.
  - 3) Shame and humiliation that undermines identity and prevents victims from talking about their traumatic experiences.
  - 4) Fear of not being believed by a professional.
  - 5) Rage and angered response to the situation and current circumstances.

Please review more specific considerations for working with interpreters on Page 14 of this document.

- As a professional, or within your agency, there are several resources available to learning about concerns related to immigrant refugees and cultural communities:
- Provide guest speakers, other resources from local refugees and asylee communities and agencies.
  - Look up country reports from governmental, nongovernmental or human rights organizations.
  - Develop an understanding and appreciation for cultural arts as a way to acquire further knowledge.
  - Utilize internet websites implemented by political or social justice organizations.

### Law Enforcement Considerations:

- This community has a long history of abuse from governmental agencies. As a result, victims may be reluctant to trust governmental agencies in the United States. It is best if law enforcement and the court systems work to build rapport with an immigrant victims and the community before engaging in difficult questions or offering support.

### Medical and Mental Health Considerations:

- Professionals must be aware of the barriers to accessing health care and social services, including:

## Cultural Considerations

## Immigrant Refugee Considerations

## Immigrant Refugee Considerations

- transportation, child-care needs, language and cultural barriers, inability for services due to lack of insurance or immigration status, increased stigma of mental health illness, racism and classism.
- Immigrant victims may feel ashamed or afraid to seek medical care as a result of previous experiences with governmental agencies, fear of arrest while in the hospital and/or fear that clinics will refuse to treat members of certain communities.
- Clinicians working with victims must consider mental health issues in a conceptual framework that goes beyond posttraumatic stress disorder or major depressive disorders—the framework must incorporate the historical and political context in which the trauma originated.
- Lingering body pains and physical symptoms often create daily reminders of previous violent experiences. This may create an added fear of developing disabilities or impaired functioning due to the long term effects of violence and torture.
- **Resources for Professionals and Immigrant Communities, put together by the Center for Victims of Torture:**
  - **Center for Victims of Torture**  
<http://www.cvt.org>  
Since 1985 CVT has provided multidisciplinary to torture survivors worldwide. Their mission is to end torture worldwide. The following resources below were put together by the Center for Victims of Torture as culturally sensitive and comprehensive resources.
  - **American Red Cross - Minneapolis Area Chapter**  
<http://www.amerredcross.org>  
The American Red Cross - Minneapolis Area Chapter offers access to various Red Cross programs, including blood services, disaster relief, international programs, and multicultural programs designed to reduce health disparities.
  - **American Refugee Committee**  
<http://www.artc.org>  
National headquarters of the American Refugee Committee (ARC) is located in the Twin Cities. This international organization promotes the health and well-being of displaced persons living throughout the world.
  - **Amnesty International Group 37**  
<http://www.twincitiesamnesty.org/>  
Amnesty International Group 37 is a local Minnesota chapter of Amnesty International. Their purpose is to address human rights violations worldwide and to work towards the goals of freeing prisoners of conscience, gain fair trials for political prisoners; and torture.

political killings and "disappearances", and abolish the death penalty throughout the world.

- **Catholic Charities Migration and Refugee Services**  
[http://www.ccspp.org/migration\\_refugee\\_services.aspx](http://www.ccspp.org/migration_refugee_services.aspx)  
Catholic Charities is a social service organization that offers programs to assist refugees in resettlement and employment.
- **Center for Cross-Cultural Health**  
<http://www.crosscultural.org>  
The Center for Cross-Cultural Health helps to promote cross-cultural understanding and to integrate the role of culture in health care. They train health care providers, social service providers, and others to foster greater cultural competency.
- **Greater Minneapolis Council of Churches**  
<http://www.gmncc.org>  
The Greater Minneapolis Council of Churches (GMCC) is a multi-denominational faith-based organization focused on assisting struggling people in Minnesota to remain self-reliant. GMCC offers assistance to new political asylum seekers living in Hennepin County.
- **Immigrant Law Center of Minnesota**  
<http://www.immigrantlawcentermn.org/imm.htm>  
The Immigrant Law Center of Minnesota is a nonprofit law firm that provides assistance to low-income immigrant and refugee families and individuals. They offer legal representation, advice, and referral on immigration matters, including asylum, Temporary Protected Status (TPS), and citizenship. They also offer community education and training.
- **International Institute of Minnesota**  
<http://www.iiimm.org>  
The International Institute of Minnesota is a social service agency that serves both foreign and native-born individuals. An affiliate of the Immigrant and Refugee Services of America, they offer refugee resettlement services and educational opportunities, such as language learning and citizenship. They are involved with cultural programs, including the Festival of Nations.
- **Minnesota Advocates for Human Rights**  
<http://www.mnadvocates.org>  
Minnesota Advocates for Human Rights is a volunteer-based legal organization seeking to promote and protect human rights. They work locally, nationally, and internationally on human rights issues affecting children, women, refugees, immigrants, and marginalized populations.
- **Minnesota Council of Churches**  
<http://www.mnchurches.org>  
The Minnesota Council of Churches promotes social

## Immigrant Refugee Considerations

- action. Their Refugee Services program offers resettlement and placement services, a matching grant program for refugees and asylum, immigration assistance, and the Asylum Seeker Volunteer Training Program.
- **Minnesota Department of Health - Refugee Health Program**  
<http://www.health.state.mn.us/divs/depw/refugee>  
The Minnesota Department of Health - Refugee Health Program Web site contains useful information for refugees, as well as for service providers working with cultural and ethnic groups in a health setting. Some information is accessible in multiple languages.
- **Minnesota International Directory**  
<http://www.logglobal.org/directory/OrgList.orgResults.cfm>  
The Minnesota International Directory offers access and information to international organizations, businesses, entertainment, restaurants, and government offices in the state.
- **United Nations Association of Minnesota**  
<http://www.unamnm.org>  
The United Nations Association of Minnesota promotes the principles and goals of the United Nations.
- **University of Minnesota Human Rights Center**  
<http://www1.umn.edu/humanrts/center.htm>  
The Human Rights Center at the University of Minnesota offers a comprehensive Web site, including access to the Human Rights Resource Center and history.

membership in a particular social group, or political opinion, or (B) any person who is within the country of such person's nationality or, in the case of a person having no nationality, within the country in which such person is residing, and who is persecuted or who has a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion.

- **Refugee:** (A) "any person who is outside any country of such person's nationality or, in the case of a person having no nationality, is outside any country in which such person last habitually resided, and who is unable or unwilling to return to, and is unable or unwilling to avail himself/herself of the protection of, that country because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion, or (B) any person who is within the country of such person's nationality or, in the case of a person having no nationality, within the country in which such person is residing, and who is persecuted or who has a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion." The term "refugee" does not include any person who ordered, incited, assisted, or otherwise participated in the persecution of any person on account of race, religion, nationality, membership in a particular social group, or political opinion. A person who has been forced to abort a pregnancy or to undergo involuntary sterilization, or who has been persecuted for failure or refusal to undergo such a procedure or for other resistance to a coercive population control program, shall be deemed to have been persecuted on account of political opinion, and a person who has a well-founded fear that he/she will be forced to undergo such a procedure or subject to persecution for such failure, refusal, or resistance shall be deemed to have a well-founded fear of persecution on account of political opinion." (Immigration and Nationality Act (2009)).
- **Asylee:** an individual who has won a claim for asylum. Asylees are eligible to work in the United States and may be able to travel internationally. One year after winning asylum, an asylee may apply for legal permanent residence, however there is currently a backlog of over ten years in processing these applications. ([www.immigrationequality.org](http://www.immigrationequality.org)).
- **Asylum:** a form of relief for which nationals of other countries can apply if they have suffered persecution in their home countries or if they have a well-founded fear of future persecution on account of certain protected characteristics. Persecution on account of sexual orientation, transgender identity and HIV-positive status have been found to be grounds for asylum. ([www.immigrationequality.org](http://www.immigrationequality.org)).
- **Immigrant:** this is a technical legal term which means a foreign national who has been granted permission to remain in the United States permanently, that is a "legal permanent resident" or "green card holder" and as such is distinguished from a "non-immigrant" who comes to the United States on a temporary visa. The term "immigrant" is often used more broadly to mean any person who is not a U.S. citizen. ([www.immigrationequality.org](http://www.immigrationequality.org)).

## KaRen Community Considerations

The KaRen are learning and adjusting to life in the United States and may be adopting American manners and customs. This list should be used as a guideline until one is able to get to know each person individually.

### What are the KaRen Community Members?

KaRen individuals make up the second largest ethnic group, after the Burmese, in the land that the world has come to know as Burma. More than 100,000 Karens are refugees in Thailand, and according to the Minnesota Department of Health, hundreds of KaRen individuals have been coming to Minnesota in the last few years.

### Countries Inhabited: Thailand, Burma (Myanmar)

### Language: Karenic

KaRen, (pronounced Ca-Ren) are derived of three main KaRen languages and many dialects. The most prominent types are Sghaw (pronounced Skaw) KaRen, Eastern Pwo KaRen and Western Pwo KaRen. When providing interpreters, always ask if the individual speaks Sghaw or Pwo KaRen. The common language will generally be Sghaw. Some of the Pwo KaRen will speak Burmese; in these circumstances, be aware that Burmese is the language spoken by the Burmese military and should be used only as a last resort. If it is the only option for communicating with the individual, provide the choice to having an interpreter or to possibly use a telephone interpreter.

### General Considerations:

- KaRen individuals are addressed by given names and do not have family names. This may cause confusion within the United States that identify people by last names (may need to search by "first" name).
- Many KaRen have a cultural value of not imposing on others or being quiet or less talkative. To encourage KaRen people to feel as though they can talk to professionals (law enforcement, medical providers, etc.), it is imperative that providers ask open ended questions.
- Traditionally, KaRen do not shake hands with other individuals, or professionals. It is only with experience in living within the Western culture that KaRen individuals begin to shake hands. KaRen might shake with their right hand, supporting the right forearm with the left hand as it is a sign of respect to use both hands.
- KaRen individuals may often say "no" as a way of being modest. It is important to educate KaRen community about the significance of saying "no," in terms of consent and within relationships both acquaintances and when engaging with strangers.
- Being direct is culturally considered disrespectful.

## Lesbian/Gay/Bisexual/Transgender/Queer/Questioning (LGBTQQ)

### Definitions relating to the LGBTQQ Community:

Definitions comprised from the following resources:

University of Minnesota, International Student and Scholar Services: GLBT Definitions  
 OutFront Minnesota

### Colorado Anti-Violence Program.

Language is dynamic; it grows, changes, and develops. This is particularly true with the language of diversity and the terms (labels) used to identify ourselves. As professionals, we should strive to be sure that our language does not demean, exclude, or offend. These definitions provide a starting point for understanding.

**LGBTQQ:** Often referred to as the gay alphabet that takes the first letter of each identify a person may select such as Lesbian, Gay, Bisexual, Transgender, Intersex, and/or Questioning/Queer. These letters may be seen in different order (example: GLBTQ, BGLTQ, GLBTQ, etc.).

### Homosexual: a person who is emotionally, physically, and/or sexually attracted or committed to members of the same sex.

**Gay:** a common and acceptable term for a male homosexual, this includes those who identify as male and are emotionally, physically, and/or sexually attracted to or committed to others who identify as male. Not to be confused with men who have sex with men. This term is sometimes used with females as well in same sex female relationships, rather than using the term lesbian. Keep in mind language is consistently evolving and ever-changing.

**Lesbian:** a common and acceptable term for a female homosexual, including those who identify as women and are emotionally, physically, and/or sexually attracted to or committed to others who identify as female. Not to be confused with women who have sex with women.

**Bisexual:** a common and acceptable term for a person who may be emotionally, physically, and/or sexually attracted or committed to members of both the male and female sexes.

**Transgender:** a broad term for all gender variant people, including transsexuals, transvestites, drag kings, drag queens, and intersex people, and is meant to include anyone who does not identify with the traditional roles of male/female that are imposed by biological sex.

**Queer:**  
 1) An umbrella term used by some to refer to all LGBTQQ and Intersex individuals  
 2) A political statement which advocates breaking binary thinking and seeing both sexual orientation and gender identity as powerfully fluid. An individual may relate more to the use of queer in terms of sexual orientation (sexual fluidity) or political orientation (critically questioning dominant ways of thinking about a variety of issues, including sexuality and gender).  
 3) A label to explain a complex set of sexual behaviors and desires. For example, a person who is attracted to multiple genders or a heterosexual man who does not fit society's narrow view of acceptable masculinity may identify as queer.

Importantly, some people in the LGBTQQ community feel the word has been hatefully used against them for too long and are reluctant to embrace it.

**Questioning:** A person who is questioning their sexual orientation or gender identity.

**Sexual Orientation:** a person's emotional, physical, and/or sexual attraction and the expression of that attraction. Most people become aware of their sexual orientation during adolescence.

**Gender Identity:** A person's sense of being masculine, feminine, in-between or androgynous. It is important to recognize that this is independent from a person's biological sex.

**Gender Identity vs. Sexual Orientation – Gender identity is distinct from sexual orientation. Gender identity, the sense that one is a boy or a girl, is usually manifested by the age of 3 or 4 years. Sexual orientation, the sense of which gender one is emotionally, physically and/or sexually attracted to, does not manifest itself until much later in life, usually after puberty and often not until full adulthood.**

**Gender expression:** is how an individual expresses their gender through clothing, behavior, mannerisms, hair style, speech, grooming, etc. A person's gender expression may differ from their gender identity.

**FTM (female to male):** People who were born female but see themselves as male.

**MTF (male to female):** People who were born male but see themselves as female.

**Cross dresser:** A person who dresses in the clothing of the opposite biological sex. Cross dressers generally want to relate as, and be accepted as, a person of the gender they are presenting. Crossdressing may be partial or total in amount of time and amount of clothing worn. See: Bigenderist. Cross dressers may identify as heterosexual, lesbian, gay, or bisexual.

### Legal, Enforcement, and Court Systems Considerations:

- Many KaRen find American's directness and body language uncomfortable and will typically shy away from being direct about decisions and individual needs. Typically, decisions are usually made by consensus.
- Traditionally, men and women refrain from touching in public. Women are very affectionate with each other, as are men with men. Such displays of affection do not indicate gender preference.
- Avoid referring to the KaRen as Burmese. Ethnically, they are a completely different group and many will not even speak Burmese. It is much better to refer to people by their ethnic group.
- Many community members share experiences and events together within the community. As the community is small, it is likely the victim's community will know about the sexual assault.
- **Legal, Enforcement, and Court Systems Considerations:**
  - KaRen individuals have a long history of abuse from governmental agencies. Their government has been accused of killing, burning their crops and forcing youth into slavery and engaging in severe violence against women. As a result, KaRen individuals may be reluctant to trust governmental agencies in the United States.
  - It is best if law enforcement and the court systems work to build rapport with KaRen people and the community before engaging in difficult questions or offering support.
- **Medical Considerations:**
  - KaRen individuals generally feel more comfortable with same-gender interpreters.
  - In some circumstances of women delivering babies as illegal migrants in Thai hospitals, women were forced to be sterilized without consent. As a result, some women have a heightened sense of fear when returning to hospitals or circumstances where there is pressure to make decisions about health care.
  - When providing preventative sexually transmitted infection medications, medical professionals should explain the purpose of the medications to ensure the/they understands it completely.
  - Please be mindful that vitamins and other medication language are used interchangeably.
  - KaRen individuals may have an increased amount of shame, embarrassment and hesitation to share information with health care providers, and this may be true especially for female individuals. Building a relationship with victim is essential so they feel they can return for follow-up services.

**Lesbian/Gay/Bisexual/Transgender/Queer/Questioning (LGBTQQ)**

**Drag:** Dressing in the clothing of the opposite biological sex or in a manner different than how one will usually dress (i.e. "corporate drag" or "military drag"). "Drag" is often theatrical, and often presents a stereotyped image. Individuals who dress in "drag" may or may not consider themselves part of the transgender community. They also may identify as heterosexual, gay, lesbian, or bisexual.

**Transsexual:** A person whose gender identity is other than their biological sex. This person may wish to change their anatomy to be more congruent with their self-perception. Transsexuals may desire to alter their bodies through hormonal therapy, sex reassignment surgeries or other means.

**Transition:** In referring to transgender issues, a transition is the process by which individuals change their gender presentation and expression to align with their gender identity. This may include a name change, pronoun change, and hormonal and/or surgical modifications.

Transition is an individual process that can include any, all, or none of these changes. An individual may be transitioning currently, or be pre-, post-, or non-transition.

**Two Spirits:** An individual who has a hold on two spirit worlds. This term is an English translation of a concept present in some Native American cultures that an individual can express or exist in both masculine and feminine realms.

**Intersex:** A person whose reproductive organs or secondary sex characteristics don't seem to fit the typical definition of male or female, or which combine features of the male and female sexes. For example, a person might be born appearing to be female on the outside, but having mostly male-typical anatomy on the inside. Arbitrary medical guidelines have often decided whether intersex babies will be assigned male or female sex. Although complex genetic testing may give a clearer picture of the biology of an intersex child, many decisions are made based solely on the assessment of the externally visible genitalia. Given several well known cases of these decisions resulting in emotional and physical trauma for people later and life and increasing awareness of intersex issues, some parents are refusing medical "treatment" for their intersex children until they are old enough to participate in the decision.

**Homophobia:** The irrational fear of homosexuals, homosexuality, or any behavior, belief, or attitude of self or others, which doesn't conform to rigid sex-role stereotypes. It is the fear that enforces and is enforced by sexism and heterosexism. The extreme behavior of homophobia is violence against homosexuals. It can occur anywhere – on personal, social, institutional, and societal levels.

**Biphobia:** The discomfort and fear others feel around bisexual people and the myths that exist about bisexuality.

Bisexuality is often misperceived as an invalid sexual orientation. Bisexual people are not only stigmatized by heterosexual people, but also by lesbian and gay people because they "blur the boundaries between insider and outsider."

**Heterosexism:** The assumption that all people are or should be heterosexual. Heterosexism excludes the needs, concerns, and life experiences of lesbian, gay, and bisexual people while it gives advantages to heterosexual people. It is often a subtle form of oppression which reinforces realities of silence and invisibility for gays and lesbians.

**Sexism:** The belief in the inherent superiority of one sex or gender and thereby it's right to dominance. Most modern societies are patriarchal, meaning that men are considered superior to women and transgender people and given unearned advantages.

**Heterosexist/Heterosexual Privilege:** The benefits and advantages heterosexual receive in a heterosexual culture. Also, the benefits lesbians, gay men, and bisexual people receive as a result of claiming heterosexual identity or denying gay, lesbian, or bisexual identity. The assumption is that all people are heterosexual.

**Heterosexist/Ally:** A heterosexual person who confronts heterosexism, homophobia, biphobia, and heterosexual privilege in themselves and others out of self-interest, a concern for the well-being of lesbian, gay, and bisexual people, and a belief that heterosexism is a social justice issue.

**Coming Out:** An ever-evolving process of publicly integrating one's sexual identity, gender identity, or HIV status into various aspects of their lives including personal, professional, and intimate relationships. It is an intra-personal as well as interpersonal process and may include public proclamation of identity as well as political action in the larger society. Some people, especially those in marginalized communities who face multiple forms of oppression or those in religious or regional contexts that do not openly discuss or accept LGBTQQ or HIV+ people may not "come out." People should be allowed freedom in choosing whether or not to come out as it is not a viable option for everyone. Being in the closet does not necessarily mean one is ashamed of their identity, as the closet can be strategically used as a space of agency and resistance. Ultimately, people who are exploring sexuality and gender should be supported whether or not coming out is ultimate outcome.

**Lesbian/Gay/Bisexual/Transgender/Queer/Questioning (LGBTQQ)**

**Being Out or Out of the Closet:** A term which means being open and public about being

lesbian, gay, bisexual, intersex, transgender, or queer. Some people are "out" in some settings (for example, with friends) and not "out" in other settings (for example, at work, with family, or in religious communities). Movements for coming out (i.e., "Out of the closets and into the streets") were mostly spearheaded by white, middle to upper class gay men and lesbians who had the privilege and social capital to do so. Being out is not an option for everyone (see "Coming Out").

**Out-ed:** Being "Out-ed" is a term used when a LGBTQQ individual's sexual or gender identity or HIV status is disclosed by another person without the LGBTQQ or HIV + individual's consent. "Outing" someone can have significant negative consequences for an LGBTQQ or HIV + person, such as jeopardizing employment, housing, health insurance, relationships, personal safety, and child custody.

**Rainbow Flag:** Artist Gilbert Baker first proposed the Rainbow Flag as the symbol for the 1978 San Francisco Gay Freedom Day Parade. Volunteers hand-dyed and hand-stitched two huge flags out of organically grown cotton. The Rainbow Flag became nationally known after a 1988 lawsuit in which John Stout, a gay man living in West Hollywood, CA, successfully fought his landlord's attempt to keep him from flying the flag from his apartment balcony. A mile-long rainbow flag weighing over 7,000 pounds was carried by over 10,000 people as part of the 1994 New York City Pride Parade, marking the 25th anniversary of the Stonewall Uprising.

**General Considerations and Important Definitions:**

Homophobia and heterosexism affects all—regardless of personal sexual orientation, whether the victim is lesbian, gay or heterosexual, sexual assault victims or not, and whether we are social service providers, health care workers, police, correction workers or advocates.

- If a victim needs to go to a shelter after being victimized, individuals should be allowed to self-define their gender. This means specifically asking the victim: "What are the most comfortable sleeping arrangements for you?" "Do you want a male or female space to sleep, or a private place to sleep?" (As available for transgender victims).
- Please note that not all shelters will allow a transgendered person or gay male to stay at the shelter, make sure the shelter is transgender and gay safe/friendly.
- Before placing a victim in a safe shelter, be aware of

- how the staff responds to a victim who is transgender, make sure it is in a respectful and safe atmosphere.
- It is considered to LGBTQQ individuals to have non-gender specific bathrooms in public spaces.
- Have clarity around the diversity of family. Recognize that victims may come from queer/LGBT families themselves.
- Many transgender victims have documents that have discrepancies between legal name, gender marker and gender presentation. It is best to inquire about these privately to have questions clarified. Limit your questions only to what is necessary.

- Due to societal oppression on this community, gay men and lesbians are often discouraged from expressing physical affection in public, and sometimes it is unsafe to display affection. This negates the degree of isolation & undermines efforts to create support. It is common for gay men and lesbians to separate themselves from the dominant heterosexual culture and associate with other gay men and lesbians.
- It is important that professionals examine their own perceptions and feelings about the LGBTQQ community to acknowledge any homophobic or heterosexist attitudes they may hold before working with victims.

- Have the victim identify who they are and how they identify. If you do not know, always ask.
- All personnel can learn to be allies for LGBTQQ individuals by leading by example, i.e. if there is a transgender victim, use their preferred pronoun and name.

**Advocacy Considerations:**

- Some victims who have been assaulted by a same sex partner may be concerned about not being taken seriously by professionals. Individuals may be concerned that others will believe that makes cannot be raped or that an assault by a partner is "mutual" since they are both men.
- A person may not wish to be open about an assault if it will somehow involve coming out about gender identity or sexual orientation. Get consent from the individual person before assuming it is okay to share their personal information (sexual identity/orientation) with any other providers or family members.
- Unlike many individuals who come from families where discrimination and harassment are shared experiences, (i.e. racial discrimination), a person who is

## Lesbian/Gay/Bisexual/Transgender/Queer/Questioning (LGBTQQ)

- LGBTQQ will face discrimination or harassment but they may not have the support of their families.
- Before providing referrals, consider whether the referrals are LGBTQQ friendly and safe.
- Without releasing confidential information, it may be helpful to consult with a LGBTQQ specific agency for more information and/or resources.

### Medical System Considerations:

- Use a non-judgmental approach when asking a victim to disclose information about sexual behaviors. Asking, "Have you been sexually involved with males, females or both?" can do this.
- Always use inclusive language.
- Avoid making assumptions that someone is male or female, gay or straight and always ask questions openly. "Are you dating someone?" "How do you identify your gender?"
- Transgender victims may resist being seen naked. Many transgender people do not relate comfortably to their genitals and may deny their genitals exist as they do not identify who they are (male/female).
- Transgender victims may be uncomfortable if they feel their medical provider is deciding their gender based on their genitals.
- Discretion should be used when calling the person from the lobby for an appointment. If you are aware a person is transgender, it is most respectful to walk up to them and say, "It is your turn," rather than call their legal name from across the room, thereby "outing them" or causing them to feel unsafe.
- Many transgender victims have documents that have discrepancies between legal name, gender marker and gender presentation. Get clarification about these privately.
- If you ask if a female is sexually active and she says she is, do not assume she is referring to heterosexual vaginal sex.
- A person who is transgender also has a sexual orientation and can be gay, lesbian, or bi-sexual, etc. Gender identity, not biology, will likely determine how a person identifies his or her sexual orientation. For example, a person born biologically male who identifies as female and is attracted to males will likely consider herself to be heterosexual.
- Incorporate intake and assessment forms that are gender inclusive in the medical setting.
- Provide sexual health education, sexually transmitted infections/disease education, mental health support—

never assume the victim is straight or only has heterosexual relationships.

### Law Enforcement and Legal/Court System Considerations:

- Comprehensive questioning and non-generalized language (partner rather than girlfriend or assuming sexual orientation) will allow victims to build trust and rapport with law enforcement.
- Discuss with the victim the implications of interviewing others that may be involved with the crime as it may have an effect on the victim being "outed" if not openly lesbian/gay/bisexual/transgender.
- Many transgender victims have documents that have discrepancies between legal name, gender marker and gender presentation. It is best to inquire about these privately to have questions clarified.
- Prepare victim for public involvement after the legal system is involved and what is likely to happen with publicly, newspaper articles and if the case goes to trial.

## Lesbian/Gay/Bisexual/Transgender/Queer/Questioning (LGBTQQ)

### General Considerations:

- Latinos are not a monolithic ethnic group. Latinos can be documented or undocumented immigrants from different countries with different cultural traditions. They can belong to families that have lived in the United States for many generations.
- Some may claim English as their native language; others will claim Spanish as their native language, always ask before hiring an interpreter.
- If a victim appears to speak English, ask if she/he would prefer to have an interpreter. Hire only trained or qualified interpreters. Do not use family members or children to interpret. When using an interpreter, please refer to Interpreter section in this document on page 14.
- It is extremely important to let the victim decide if she/he wants to inform her/his family about the crime that has occurred.
- Be informed about the special challenges faced by immigrants (racism, language barriers, sexism, cultural differences, immigration status, etc.). Understand the Latino/Hispanic community often fears reporting crimes to the police as victims do not want their family to be separated, or fear family members to be deported. In most families, children are documented and it may be that parents or elders in the family undocumented. It is best to ask about citizenship only if necessary, this will build trust with families and reduce fear.
- Some Latino victims will make less eye contact or touch each other more in normal conversation, but others will not.
- Be aware that when victims go to a clinic or hospital the perpetrator may accompany her/him. Regardless of whom the victim says she/he is with (friend, partner, brother, etc.) the professional should see her/him alone. When the victim is separated from the person she/he came in with, it may be helpful to ask, "Are you comfortable with that person being here?" This may open communication about any danger the person.
- Attempt to find out who financially supports the family; if the perpetrator is a family member or sole provider, this may deter the victim from reporting.

### Legal/Law Enforcement System Considerations:

- Victims of sexual assault may often believe that it is their fault. Victims may choose not to discuss the assault with their family because they don't want to scare, dishonor or worry their family, or because of religious beliefs.

## Latino/Hispanic Considerations

- Individuals who are immigrants may not report a sexual assault due to fear of immigration problems or deportation. They often distrust the legal system and may not know how to ask for help because of their fears.
- Barriers to reporting include: deportation of family members, family separation, financial disparities, immigration status and retaliation after reporting.
- There are several ways professionals can break these barriers, including: spend time building trust with the victim and avoid asking (only as necessary) if the victim/or their family are documented/undocumented. In most families, the children are documented and parents may be undocumented. It is best to only ask if necessary as this will build trust with the families and reduce fear.
- It may be difficult for a Latino victim of sexual assault/abuse to seek help because of previous negative experiences with the system. Be aware of how these biases may affect communication and provide reassurance of the confidentiality and safety of the interaction.
- In some Latin American countries, sexual assault and/or domestic violence are not viewed as a crime. Teach the victim the magnitude of the abuse/assault crime.
- In many Latin American countries, photos of the suspected/convicted perpetrators appear on the news, in some cases the victim's picture may appear alongside it. This may interfere with the victim's willingness to report, because of the way in which their identity is made public. It is important to explain to victims how sexual assault and domestic violence are addressed in the United States Criminal Justice System.

### Medical System Considerations:

- Questions related to sexuality are a delicate topic, victims should be asked if she/he prefers a female or male person to do the examination, make the police report, etc. Be sure that regardless of who the victim says she/he is with (friend, partner, brother, etc.) the professional sees her/him alone. When the victim arrives, separate the victim from the person she/he is with and ask, "Are you comfortable with this person being here?"

## Male Victim Considerations

### General Considerations:

The identification of sexual assault/abuse committed against males is a recently recognized phenomenon. There has been a bias in our culture against recognizing the sexual assault of boys and men as prevalent and abusive. Because of this bias, there has been a belief that men do not experience abuse and do not suffer from the same negative impact of sexual assault/abuse that women do. Today, many states are beginning to recognize the sexual assault of males is a problem.

Below are some of the considerations that apply to male victims:

- The feeling of denial is most common after a male victim has been sexually assaulted. The reasons behind denial include:
  - A worry that people will not believe him.
  - A fear that the perpetrator may punish him for reporting the crime.
  - Inability to view himself as a victim of a crime.
  - Reluctance to face consequences or implications to acknowledge what happened.
- Mistaken attitudes including the perception that men cannot be forced into sex makes it difficult for a man who has experienced sexual assault to cope with the event, leaving him feeling isolated, ashamed and feeling "less of a man."
- Erection or ejaculation during a sexual assault does happen. Reassure the male victim that a physical arousal has nothing to do with sexual desires or consent. Physical contact or stress can make physiological responses occur.
- Sexual assault typically causes confusion or questioning about his sexuality. Reassure the victim that his sexuality is unlikely to have changed as a result of being sexually assaulted.
- Gay males may hesitate in reporting a sexual assault due to fears of blame or intolerance by police or medical personnel. As a result, gay males might not seek out legal protection and/or medical care following the assault.
- Be sensitive to the needs of the male victim's needs in a medical setting. Always ask if he would prefer a male or female physician for any injuries; however, the special sexual assault nurse examiner will likely be female.
- Male victims may respond differently to the sexual assault. Some may respond to their feelings of shame, guilt, or anger by punishing themselves with self-destructive behavior.

## Prostituted/Sex Trafficking Victims Considerations

### General Considerations:

There is a long history of abuse for victims in prostitution and trafficking. The majority of women, men, and children engaged in prostitution are themselves victims. Prostitution is driven by abuse, poverty and economic displacement, or in the case of trafficking, by coercion. Many studies have shown that people turn to prostitution when they see no viable alternative to meeting basic needs, such as food, clothing, and shelter for themselves and their families. The average age of entrance into prostitution for women worldwide is 13 years.

Many people in prostitution have been severely injured, some have died, and some have been murdered by their pimp. There are only a few programs that provide alternatives for women in prostitution. People in prostitution dream of a life free from oppression, a life that is safe, and a life as respected citizens, not as "sex workers."

Consider the following guidelines when working with women who have endured prostitution/sex trafficking:

- Prostitution exists in every society. In addition, studies show that poverty, war, and economic dislocation force many people to engage in the exchange of sex for basic goods on an intermittent basis, though these individuals are not formally recognized as prostitutes.
- The commercial sex industry includes street prostitution, brothels, escort services, outcall services, strip clubs, exotic dancing, phone sex, adult and child pornography, video and internet pornography, and prostitution tourism, both domestic and international.
- People in the sex industry often need medical care. They may need treatment for infectious diseases, including AIDS. Victims may need mental health care for post-traumatic stress disorder, psychiatric problems and suicidal ideation.
- It is estimated that 85% of trafficking victims have been molested and/or sold before the age of 18.
- Annually, according to U.S. Government-sponsored research (2006), approximately 800,000 people are trafficked across national borders, which does not include millions trafficked within their own countries. Approximately 80 percent of transnational victims are women and girls and up to 50 percent are minors.
- The identification of victims of trafficking remains one of the main challenges in the work against trafficking. Those responsible (legal authorities, police, etc.) central for the identification process, often use a restrictive definition and criminalize people in prostitution despite their victimization.

### Further Reading and Resources:

- Melissa Farley Prostitution and Education website: <http://www.prostitutionresearch.com>
- Donna Hughes – Leading international researcher on trafficking of women and children. <http://www.utic.edu/arts/sci/wms/hughes/>
- The SAGE Project—Standing Against Global Exploitation <http://www.sagep.org/>
- Coalition Against Trafficking in Women <http://www.caatwinternational.org/>

Frequent Terminology and Definitions associated with prostitution and sex trafficking:

- Definitions by SAGE Online center for The SAGE Project—Standing Against Global Exploitation (2008).
- Commercial Sexual Exploitation (CSE): Sexual exploitation which occurs with a commercial transaction and/or for commercial gain or exchange, including commercialized sexual activity.
- Commercial Sexual Exploitation of Children (CSEC): Commercial sexual exploitation in which the sexually exploited individual is a minor under the age of 18 years.
- "Johns" or "Tricks": The "customers" in systems of prostitution, or individuals who provide money or other compensation in order to obtain sex acts or access to sex or sexual activities.
- Pimping: The act of controlling and selling access to other human beings in systems of prostitution, in order to make a profit.
- Prostitution: A practice in which money or other material compensation or value is exchanged, whether with mutual consent or not, for performance of a sex act or access to sex. Systems of Prostitution: Industries and practices involving the commercialization of sex, representations of sex, or sexual performance, including but not limited to prostitution, stripping, pornography, phone or internet sex services, live sex shows, peep shows, massage parlors, escort services, domestic and international trafficking, bestiality prostitution and mail order brides.
- Sexual Exploitation: Profiting—economically or otherwise—by buying, selling or obtaining the sexual use of someone else's body that is in turn taken advantage of or harmed.
- Trafficking: Transporting one or more human beings for use, sale, or profit through sexual exploitation, labor exploitation, or any form of slavery. Sex Trafficking: recruitment, transportation, or obtaining a person for the purpose of a sex act.



## Somali Considerations

### Who are Somali people?

Somalia is located in eastern Africa, bordering the Gulf of Aden and the Indian Ocean, east of Ethiopia. Due to the collapse of the 1991 Somali government and subsequent civil war, thousands of Somalis immigrated to this country as either refugees or political asylees. An estimated 50,000 Somalis have made Minnesota their home because of economic opportunities. It is very important for one to know the following key elements about this community:

**Language:** The spoken language is Somali with regional variations.

**Social Structure:** Based on family and clan group.

**Religion:** The majority of Somalis (99%) are Muslim Sunnis. Being a Muslim means declaring (Shahadah), that there is only one God and Mohammed is his messenger.

### General Considerations:

- Shaking hands with the opposite sex is not a common practice in the Somali culture. It is best not to shake hands unless one is first extended to you.
- Physical contact between men and women in public is avoided.
- Somalis sometimes use sweeping hands and arm gestures to express a feeling.
- The American way of using the index finger to call someone to come towards you is offensive to Somali people. It is a sign of disrespect.
- Indirect speech and humor is used as a way of overcoming embarrassment.
- In the traditional household, the father is the head of the household; however, due to the civil war in Somalia, there are many families being raised by single mothers.
- One of the important pillars of Islam includes praying five times a day. It is good practice to offer a victim a place to pray during prayer time. Do not be offended if someone requests prayer time.
- Another important pillar of Islam is fasting during the month of Ramadan. The start and end dates of Ramadan change every year because it is based on the lunar year. A person who might be fasting during Ramadan is not allowed to eat or drink from dawn to dusk.
- In the Muslim religion, drinking alcohol and consuming products containing pork is prohibited. Somalis who drink alcohol or use drugs might not want anyone to find out because using alcohol and drugs are not culturally accepted behaviors.

- As with other religions, within the Muslim religion rape is a serious offense and carries serious consequences. The stigma associated with rape often prevents victims coming forward. Often victims are shamed by their community and may not be believed or supported.

Avoid making judgments based on a Somali victim's attire. Generally, Somali women wear a head scarf and prefer to cover their entire body. This is something required by their religion and is part of their culture and tradition. Despite this, not all women choose to dress traditionally; some may choose to more mainstream (urban or pop cultural attire) without approving or disapproving their culture or religion.

### Medical System Considerations:

- In the United States female genital mutilation is an unlawful act; however some Somali women may have experienced female genital mutilation. Be mindful when examining women who might have been circumcised and focus on the issue at hand.
- Women might not be comfortable to share their sexual or medical history with strangers including medical professionals. Discuss why it is important, how it might help the victim, issues of confidentiality, right to choose services, as well as resources.

### Law Enforcement System Considerations:

- Let the victim know about available community resources and provide interpreter services if language is a barrier; let the victim decide the gender of the interpreter.
- Many Somalis fear dogs and get upset if touched by dogs or chased by one. It is best to keep dogs away from them when seeking their trust or cooperation.

### Court System Considerations:

- Provide interpreters if language is a barrier. Whenever possible, allow the victim to determine the gender of a trained interpreter.
- Only with the victim's consent, connect with Somali community leaders for assistance.
- Be aware that the entire family and community might appear in court and expect you to explain the facts of the case. Give families and relatives an explanation of what you can realistically and legally share with them.

## Advocacy Protocol

The role of advocacy services is to provide support, counseling, advocacy and information to the survivor of a sexual assault. The following checklist is a guideline only. All services and support by a trained advocate is victim centered and based on a victim's defined need. An advocate's role includes informing victims of all the options and rights available including their right not to consent to medical procedures. Services provided by each agency may vary based on cultural differences and staff limitations. (See Community Resources for complete list of available services).

◆ Symbols refer to issues to keep in mind when working with any victim, but they may be of heightened concern for victims with culturally specific needs.

### Initial Contact By Victim to Advocacy Services

- Ask, "How can I help?" Assess reason for call.
- ◆ Assess need for culturally specific advocate i.e. interpretive services (including sign language). Advocates are reminded to inform other providers of victim's specific needs.
- Address safety issues
- Where is the perpetrator?
- Where is the victim calling from and is the victim safe and okay to talk from there?
- Identify immediate concerns:
- ◆ If victim is from a diverse community, concerns may be different, make no assumptions.
- ◆ The following items should be considered for all victims; however, keep in mind they may be heightened concerns for victims with culturally specific needs.
  - Home (Is the home safe? Will she be able to return?)
  - Financial (What is the source of income? Will any of the services she receives have a cost?)
  - Children (Where can they stay? What is the role of Child Protection?)
  - Confidentiality (Is the victim concerned about the community learning what happened? Is she aware of what information is available to the perpetrator? Does she know that all advocacy services she receives are confidential?)
  - Victims may have various concerns about reporting (immigration status, child protection status, and fear regarding law enforcement). Provide information regarding reporting and address victim concerns. (See Advocacy – Legal).
- Address medical needs (if after 120 hours, see Advocacy – Medical and Advocacy – Legal).

◆ Address any concerns victim may have regarding past experience with medical providers. Victims' reluctance may stem from past negative experience with medical providers. During initial contact with victim, advocates should address all of the following:

- Explain that regardless of intent to report, the costs of evidentiary exams are covered, however general injuries are not. STD and pregnancy testing are not covered.
- Offer to call paramedics if appropriate.
- Assess need for other transportation to hospital
- Inform victim to bring change of clothing.
- Caution against evidence destruction.
- Offer to meet victim at the emergency room (see Advocacy – Medical)
- Inform victim of victim rights and reparations.
- Address police reporting (if after 120 hours see Advocacy – Medical and Advocacy – Legal)
- ◆ Address any concerns about police response. Reluctance to report may stem from past negative experience with law enforcement.
  - If delayed report, provide law enforcement phone number.
  - If recent assault, call 9-1-1 or explain that report can be made at the emergency room. (See Advocacy – Legal)
  - Offer accompaniment when victim makes report.
  - Explain the reporting process.
  - Reinforce victim's decision to call.
  - Provide/offer ongoing crisis and in person counseling, information referrals, support groups, and financial assistance as needed. (See Community Resource pages.)
  - Support decisions victim makes.
  - Find out what kind of support system the victim has.
  - Offer ongoing referral services.
  - Assess ongoing safety issues (shelter, home security, etc.)
- Advocacy – Medical/Hospital Contact
  - Check in with triage nurse, show your Regions Hospital ID Badge if there's any questions.
  - Introduce yourself to the patient, the nurse, and law enforcement.
  - Explain your role as an advocate to the victim
  - ◆ Address any concerns about ER procedures and pelvic exams. Determine if there is a need for culturally appropriate services (interpreter, Ramsey County Adult Sexual Assault Response Protocol)

advocate...) See Community Resources for a complete list of available services.

- Give information regarding Emergency Department services and other options (community clinics that charge less for services, STD testing, pregnancy tests)
- If SANESAFE Nurse is not there yet, verify with hospital that a SANESAFE nurse has been contacted.
- ◆ Address any need for interpretation. (Be sure victim is comfortable with the provided translator – gender, relationship, etc.)
- Ask victim about reporting. If victim wants to report, ensure that police have been called.
- ◆ Victims may have various concerns about reporting (immigration status, child protection status, and fear regarding law enforcement). Provide information regarding reporting and address victim concerns. (See Advocacy – Legal)
- ◆ If there is reluctance regarding reporting due to warrant concerns see "Warrant Check addendum".
- Provide emotional support, validation of feelings.
- Spend time with the victim when hospital personnel not available.
- Ask if the victim wants you to call anyone for her
- Ask if there is anything you can get for the victim to make her feel more comfortable (food, something to drink, warm blanket...)
- Address victims' cost concerns; evidentiary costs are covered; any other additional costs should be discussed with SANESAFE.
- Inform victim of right to refuse any treatment (i.e. drug testing, blood alcohol testing)
- If you have reason to believe that this victim has psychiatric problems that they need to be assessed for (such as suicidal tendencies), consult with the ER social worker.
- Check in with anyone waiting with the victim after assisting the victim.
- During Evidentiary Examination:
  - It is the victim's choice whether you will be in the room during the examination.
  - Stand at the head of the examining table near patients' head.
  - Provide support and validate.
- Discharge of patient or admission
  - Address transportation home, immediate and long term safety needs (phone security, court no contact orders, Ramsey County Adult Sexual Assault Response Protocol)

## Advocacy Protocol

etc.) and the victim's support system (family and friends).

- Inform victim that follow up is available at victim's request.
- Assist victim with prescriptions as needed.
- Assist in securing a change of clothes from hospital staff, if needed.
- Assure that victim has transportation home, arranging a cab if needed.
- Offer referrals as needed (reparations, shelter, Domestic Abuse Office (for OHP/HRO)).
- Advocacy – Legal
  - ◆ Assess need for interpreter or any other culturally specific concerns victim may have about reporting to police.
    - If delayed report, give phone number for law enforcement.
    - Inform victim that a delayed report can always be made.
    - Discuss pros and cons.
    - Offer to provide support during the report. Victim can make report at the advocate's office.
    - Refer victim to the jurisdiction where crime occurred. (See Community Resources)
    - Be present during interviews when requested by victim.
    - Let the victim know what information the police will need.
    - Provide emotional support during the interview.
    - Continue advocacy, intervening on behalf of the victim when appropriate.
    - Assist victim in getting information about the status of the case (including the case number)
    - Provide ongoing support, advocacy and information during the investigation.
    - Provide assistance with any civil matters (OHP, harassment restraining orders, etc.)
  - Arrest
    - Provide victim with information regarding the process for obtaining offender's case status (arrest, charged, not charged, incarceration status, etc.)
    - ◆ If immigration status is a concern, pursue options with INS at victim's request.
  - Charged Cases
    - Facilitate communication between victim and Victim Witness Advocate assigned to case, as requested by

## Advocacy Protocol

- Victim. Detailed information about the case will be provided by the Victim Witness Advocate through the County Attorney's Office.
  - Accompany victim to hearings, meetings with prosecuting attorney, Victim Witness staff and others as requested by victim.
  - Assist victim in communicating safety concerns regarding conditions of offender release.
  - Attend trial during victim testimony and other testimony if requested by victim.
  - Provide ongoing support as needed.
  - Ensure there is an interpreter that the victim is comfortable with for all hearings and meetings.
- Cases Not Charged**
- At victim's request, contact charging attorney for information on the decision not to charge.
  - Provide continuing support services and advocacy as needed and requested by victim.
  - Address safety concerns.
  - Accompany victim to meet with prosecuting attorney to discuss reasons for non-charging.
- Sentencing**
- Assist victim with victim impact statement if requested.
  - Accompany victim to sentencing hearing, if requested.
- Post-Sentencing**
- Be available to respond to ongoing victim needs and to inform victim about issues such as restraining order options, reparations and civil litigation.
  - Offer non-system related services, which may include individual counseling, support groups, 24-hour hot line access, and referrals to other community services.

## Community Corrections Protocol Checklist

- The Pre-Sentence Investigation**
- During the pre-sentence investigation, Ramsey County Community Corrections will provide the following services to sexual assault victims:
- Victims or their legal guardians will receive information regarding:
    - The District Court file number
    - The conviction offense;
    - The proposed disposition as contemplated in plea agreement if there is one;
    - The right to object to the proposed plea agreement;
    - The right to request restitution;
    - The right to be present at sentencing;
    - The range of sentencing options available to the judge;
  - The pre-sentence investigation shall include a summary of the damages to the victim and the victim's recommendation for disposition.
  - To obtain this information, the pre-sentence investigator shall make a good faith effort to contact the victim or his/her legal guardian by phone or by mail.
  - If the victim is not available or does not respond, the pre-sentence investigator will contact the Ramsey County Attorney's Office Victim-Witness Advocate.
  - If there is a victim advocate, contact can be established through the advocate.
  - Contact will be made with the victim in the victim's language when the victim does not speak or read English.
  - Victims will be informed of timing issues:
    - For inclusion in the PSI – 10 days prior to sentencing;
    - For restitution award – to Clerk of Court 3 days prior to sentencing;
    - For delivery to Court for sentencing – 1 day prior to sentencing.
  - Interested victims or their legal guardians will be provided with referrals to appropriate services.
  - Note will be made in the PSI of any advocacy organizations (with contact information) providing service to the victim.
- Community Supervision**
- Upon a probationary disposition of Criminal Sexual Conduct victim incident, Ramsey County Community Corrections will provide the following victim services:
- Notify victims or their legal guardians of the perpetrator's supervising agent so victims know who to contact with questions or concerns.
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    - The conviction offense;
    - The proposed disposition as contemplated in plea agreement if there is one;
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- Community Corrections Protocol Checklist**
- Notify victims or their legal guardians of any relevant conditions of probation related to the perpetrator.
  - If the victim is not available, provide the information to the Ramsey County Attorney's Office Victim-Witness Advocate and request that it be forwarded to the victim.
  - Monitor "no contact orders" between the perpetrator and victim when those orders are issued.
  - If restitution is ordered, the payment schedule or structure will be incorporated into the probation agreement and the offender's obligation to pay restitution to the victim will continue through the term of the probation.
- Upon assignment of a Pre-Release Investigation (Supervised Release/Parole/Conditional Release) or a Request for Transfer Investigation, RCCOD will provide the following victim services:
- Ascertain the identity & location of the victim(s).
  - Determine if the victim desires notification of the offender's release/relocation; the identity of the supervising agent; or provision of services.
  - Make the appropriate contacts. If in doubt as to the victim's desires – contact should be attempted.
  - Contact the appropriate victim advocacy program in the originating jurisdiction for assistance in determining victim's wishes and/or location as needed.
  - Confirm Victim Notification of Release completed by releasing institution as appropriate.
- In order to provide services to victims, Ramsey County Community Corrections will commit to the following procedures:
- The supervising agent shall make a good faith effort to contact the victim or the victim's legal guardian.
  - If there is a victim advocate, contact can be established through the advocate.
  - When the victim's whereabouts are unknown or the victim does not respond, the Ramsey County Attorney's Office Victim-Witness Program will be contacted.
  - Contact will be made with the victim in the victim's language when the victim does not speak or read English.
  - In the case of victims who do not want their phone number and address given out, the supervising agent will send the victim his/her name and phone number through the victim advocate.

## Community Corrections Protocol Checklist

- Once contact is established, the supervising agent will provide the following information to the victim or to the victim's legal guardian:
    - Probation officer's name and phone number;
    - The status of any "no contact" orders that may exist;
    - The status of restitution if ordered;
    - Explain the procedures for the victim to obtain timely enforcement of no contact orders (call 911 first, notify corrections later).
  - Corrections works closely with child protection agencies in all counties to ensure that perpetrators are not permitted access to minor children if the perpetrator is untreated, if the perpetrator did not successfully complete treatment, or if the perpetrator is otherwise not permitted contact with minors as directed by the probation/parole officer and/or the court.
- Note: For victims attempting to contact an offender's probation/parole officer, call Ramsey County Community Correction's main number at 651-266-2300. For victims attempting to find the location of an adult inmate in a Minnesota prison, call the Minnesota Department of Corrections at 651-361-7249 or see their web site at: <http://www.corr.state.mn.us/>

## Law Enforcement

### Law Enforcement

- Mission Statement:** The goal of the Law Enforcement agencies of Ramsey County is to treat all members of society with appropriate dignity and respect, balancing the needs of the victim with law enforcement requirements. And so, to that purpose, we ascribe to the following protocol:
- Telecommunicator Protocol:**
1. Determine if suspect is still present and if so, is the suspect armed.
  2. Determine if the victim is injured and if medical attention is needed.
  3. Obtain pertinent information on location of crime scene, victim's name, address and phone number.
  4. Obtain information on suspect: (Name, address, phone number, physical description, etc.)
  5. Establish a call priority based on information obtained.
  6. Relay all vital information to the responding police officers including any possible language barriers that may exist.
  7. Reassure the victim that the police are responding to the call. In cases where the suspect may still be present or the victim is extremely distraught, the telecommunicator will stay on the line with the victim until the police arrive on scene. The telecommunicator must recognize that in cases where the suspect is still present, it may not be safe for the victim to remain on the phone with the telecommunicator and that other safety options should be suggested.
  8. Advise the victim the importance of not disturbing the crime scene and explain to the victim the need to refrain from bathing.
- The Following Factors May Be Documented, But Will Not Interfere With The Reporting And Investigative Process:**
1. Marital status, sexual orientation, race, gender, culture, disability, age, economic, social or professional position.
  2. Belief that the victim will not cooperate with the criminal prosecution or that an arrest may not lead to a conviction.
  3. Disposition of previous police calls involving same victim.
  4. Drug or alcohol use by the victim.
  5. Immigration status.
- Patrol Officer Protocol:**
- Talking with the Victim**
- Attempt to calm and reassure the victim that the victim is now safe and that what happened was not the victim's fault. It is helpful and appropriate to tell a victim you are sorry this happened to her/him. Make every effort to ensure the victim is as comfortable as possible. Take a few minutes to explain to the victim the processes she/he will be undergoing, and explain the need to ask questions that may be sensitive in nature or uncomfortable.
  - Obtain necessary information on victim, and witness including alternate phone numbers. It is especially important to obtain a phone number where the victim can be reached in the following days.
  - Obtain assistance of an advocate if the victim wishes.
  - Interview victim and witnesses as to what has transpired. Provide interpreter if needed. It is best not to use a family member, neighbor or friend to interpret unless you are primarily obtaining suspect information on an incident that only recently occurred. Limit interview to information immediately needed to assess situation when the victim will be going directly to the hospital.
  - If a victim is making a delayed report, document the reason for the delay (shame, embarrassment, fear, etc.) However, be sensitive that questioning the delay may cause the victim to feel you are blaming her or do not believe her.
  - Ask open-ended questions such as "And then what happened?" rather than questions that convey judgment such as "Why didn't you scream, fight or call the police?"
  - Attempt to locate and interview the first person the victim told about the assault.
  - Explain to the victim the need to collect evidence such as clothing and bed linens.
  - Provide the victim with complaint number assigned to case, and a list of victim service agency phone numbers.
  - The patrol officer and the investigator should evaluate cases involving children to ensure that they will not be left in a vulnerable environment. Child protection services and the Shelter program may be necessary.
  - Explain to the victim that an investigator will contact the victim.
- Victim and Medical Facilities**
- Determine if the victim needs urgent medical attention.

## Law Enforcement

- Obtain the victim's signature on a medical release form. Be aware that each hospital has their own medical release form.
  - Explain to the victim the necessity to go to a medical facility for treatment and collection of evidence in cases in which the sexual assault happened within the past 120 hours. CSC Kits can be collected on children up to 120 hours after sexual assault.
  - Accompany the victim to the medical facility. SANE personnel will perform a CSC exam, interview the victim and collect a CSC Kit. Regions, United, Unity, Mercy, St. John's, St. Joseph's, & Woodwinds Hospitals are all equipped to perform the required exam and all follow the protocol. Officers will be present with the victim's consent during interview, will document events, and ask additional clarifying questions. Do not tape the interview.
  - If the assault just happened and victim is immediately brought to hospital for an exam, the interview can be conducted with Law Enforcement, SANE, and advocate all present if the victim so desires.
  - Collect and inventory the CSC Kit as evidence.
- Evidence can be collected 24/7 as follows:**
- Regions – Regions Security (651) 254-3979
  - \*Note: Law Enforcement to call security at Regions
  - United – ED (651) 241-8755
  - Unity – ED (763) 236-4144
  - Mercy – ED (763) 236-7144
  - St. John's – ED (651) 232-7348
  - St. Joseph's – ED (651) 232-3348
  - Woodwinds – ED (651) 232-0348
  - Middlewest Children's Resource Center (MCRC) – (651) 220-6750
- Hospitals will fax Sexual Assault Reports and Hospital Lab Reports to law enforcement during regular business hours. See **Where to pick up Evidence and Reports** table under the Medical tab for more information.
- **Officers shall not conduct an in-depth interview with a sexual assault victim age 12 and under. Sexual assault victims age 12 and under should be taken to Children's Hospital where arrangements will be made with Midwest Children's Resource Center (MCRC) for a clinical interview and physical exam. Interviews will be conducted by MCRC (Ramsey Co) or Corner House (Fleming Co) according to agency policy.**

## Law Enforcement

- In circumstances where the victim is a child 13-17 years of age and the crime is interfamilial (i.e., committed by a relative regardless of residence) or by any other person who resides regularly or intermittently in the home, or the crime is committed by a caretaker or person in authority over them (parent, teacher, priest), MCRC will examine them.
  - MCRC may also accept requests for evaluation of an individual who is mentally impaired on a case by case basis. The investigations often benefit from the type of videotaped interview MCRC does.
- Victim and Crime Scene Questions and Procedures**
- Secure crime scene to ensure that evidence is not lost, changed or contaminated.
  - Record officer's observations of crime scene including demeanor of suspect and victim, as well as documenting any injuries or disheveled clothing.
  - When trained to do so, process the crime scene and collect all pertinent physical evidence or follow agency policy of conducting the Saint Paul Police Crime Lab, or Ramsey County Sheriff's Crime Scene Unit. A crime lab unit should be called to the scene for processing particularly in cases of an unidentified suspect breaking into a dwelling to sexually assault a victim.
- Victim and Date Rape/Physical Evidence**
- Victim losing physical evidence, an intoxicated person who claims to be a sexual assault victim should be taken to a hospital for a CSC exam before being taken to Detox.
  - If date rape drugs are suspected (such as Rohypnol, GHB) request a urine test at the hospital. These drugs metabolize quickly in the body. Rohypnol cannot be detected 48 hours after ingestion. Evidence of GHB can remain up to only 12 hours. Indications that the victim may have been drugged are any of the following:
    - If she reports becoming intoxicated in a short span of time (5-15 minutes)
    - Can't remember what happened
    - Recalls waking up then passing out again.
  - Officer should be cognizant that other prescription and over-the-counter medications can cause similar reactions, therefore all other medications consumed by the victim in the past 24 hours should be documented.
- Victim and Suspect Information**
- Obtain necessary information on the incident that is imperative to public safety regarding the suspect. The suspect description, weapons, along with any vehicle information, and/or direction of travel should be

broadcast to other squad cars if pertinent to case or any stranger CSC situations.

- Ask if the suspect took something during the assault or if the victim may have left something at the crime scene or suspect's home.
- Broadcast suspect information to other squad cars and notify immediate supervisor as department policy requires.

Make arrests when and where appropriate. In the case of delayed reporting it may be advisable to delay an arrest to allow time to locate and interview witnesses. Inform the victim of Ramsey County's policy of notifying the victim after the suspect is released.

**Note Please see Warrant Check Addendum if the victim is concerned about a warrant out against them. Investigative Protocol:**

- The investigator should attempt to contact the victim within 24 hours of receiving the incident report. To obtain additional information from the victim, it is strongly recommended that an in-person interview be conducted. The interview should be arranged where the victim would be the most comfortable. The victim may have an advocate present during the interview with the understanding that the advocate cannot interfere into the questioning.
- Determine what information is needed before the interview so that these questions can be asked in one interview. This will lessen the chance of repetitions interviews.
- Set the victim at ease and reassure the victim that the victim is in control and that the investigation will go forward only with the victim's approval.
- Explain to victim the importance of the interview for clarification purposes and that some questions may seem pointed but need to be asked in order to gather more evidence for the prosecutor.
- Where applicable, provide interpreter during the interview.
- Obtain the victim's medical records. Some sexual assault records are available within 1 day of exam and can be faxed to the investigator if a medical release has been signed. Lab reports from the hospital are generally available within 7-14 days and require a follow-up request.
- Visit the scene of the crime if necessary. Obtain search warrants when necessary.
- Ensure that CSC Kits are taken from the hospital and sent to BCA for DNA identification in stranger rapes

and CSC's where a suspect has been identified but denies any sexual assault.

- When necessary obtain consent to search or execute a search warrant for a buccal swab or blood draw on a suspect. The investigator can do the buccal swab. Medical personnel are not needed. Blood samples taken by medical personnel must be witnessed by Law Enforcement.
- Document all interviews from victim, witnesses or suspects. Interview should be conducted in person whenever possible.
- Obtain a copy of the 911 tape from the communications center if relevant.
- Explain to the victim the charging process and provide the victim the investigator's work phone number and encourage the victim to call if questions arise.
- Inform the victim of appropriate victim services.
- Notify the victim when the suspect has been charged and inform the victim when law enforcement phase of the investigation is complete and when the prosecutor's phase of the case begins. In the event of a case being declined by the County Attorney, inform the victim of the reason for the declination. If the victim has further questions, refer the victim to the charging attorney.
- Remain available to the charging attorney and the trial attorney for any follow-up investigation.

### Ramsey County Multi-Discipline Definition of Sexual Assault:

- Sexual assault is any activity of a sexual nature involving a person who does not or cannot consent, including:
  - Rape
  - Sexual Contact
  - Incest
  - Sexual Exploitation of Clients by Professionals
  - Sexual Contact between Children and Adolescents with Adults or those of a significant age difference
  - Coerced Sexual Contact of any kind
  - Peeping, Voyeurism
  - Exposing
  - Obscene telephone calls
- Not all offenses will fit into the protocol guidelines and may be adapted to fit individual department policy.

## Medical Sexual Assault Management

Sexual Assault Nurse Examination (SANE) and Sexual Assault Forensic Examination (SAFE) programs ensure a victim will be treated by a specially trained nurse who is sensitive to his or her particular needs. It also ensures proper collection of forensic evidence, and maintains proper chain of custody issues if a case is brought to trial.

**United Hospital**  
Emergency Services (651) 241-8755  
333 North Smith Avenue  
St. Paul, MN 55102  
**SANE Program Manager: Karline (Chip) Zakroczyński**  
**Office: (763) 236-4172**  
**Pager: (612) 654-5465**

### Children's Hospital

Emergency Services (651) 220-6911  
345 North Smith Ave  
St. Paul, MN 55102

**SANE Program Manager: Karline (Chip) Zakroczyński**

**Office: (763) 236-4172**  
**Pager: (612) 654-5465**  
**Fax: (763) 236-7226**

**Midwest Children's Resource Center**  
347 North Smith Avenue, Suite #401  
St. Paul, MN 55102

**Phone: (651) 220-6750**  
**Fax: (651) 220-6770**

### Regions Hospital

Emergency Center (651) 254-3307  
Jackson Street  
St. Paul, MN 55101

**SANE Supervisor: Ellen Johnson**  
**Office: (651) 254-1611**  
**Pager: (651) 629-1899**  
**Fax: (651) 254-5216**

### St. John's Hospital

Emergency Room (651) 232-7348  
1575 Beann Avenue  
Maplewood, MN 55109

**SAFE Manager: Cassandra Moore**  
**Volcanelli: (952) 892-2714**  
**Pager: (612) 538-3527**  
**Cell: (612) 418-9113**

**St. Joseph's Hospital**  
Emergency Room (651) 232-3348  
69 West Exchange Street  
St. Paul, MN 55102

**SAFE Manager: Cassandra Moore**  
**Volcanelli: (952) 892-2714**  
**Pager: (612) 538-3527**  
**Cell: (612) 418-9113**

### Advocacy services are provided by:

- Breaking Free – (651) 645-6557
- Comunidades Latinas Unidas En Servicios (CLUES) – (612) 746-3337
- Sexual Offense Services (SOS) – (651) 643-3006
- For inter-familial (i.e. committed by a relative regardless of residence or by any other person who resides regularly or intermittently in the home, or if committed by a caretaker or person in authority) assault under 18 years and children age 12 and under, please call MCRC at (651) 220-6750 for guidance 24 hours a day.
- Not all sexual assault cases are acute or require an immediate examination.
- Victims aged 13 and above should be examined at ANY ER in Ramsey County if the assault occurred < 120 hours ago. On a case-by-case basis, MCRC may accept requests for evaluation of a person who is mentally impaired; these investigations often benefit from the type of videotaped interview MCRC does.
- If assault occurred > 72 hours HIV prophylaxis is not recommended.

### Medical Protocol Acronyms

ACRONYM	STANDS FOR
SANB/SAFE	Sexual Assault Nurse Examiner/Sexual Assault Forensic Examiner
SART	Sexual Assault Response Team – an all encompassing title for the many organizations that respond to the needs of sexual assault victims
ED/ER	Emergency Department/Room
PD	Police Department
STI/STD	Sexually Transmitted Infections/Diseases
BCA	Bureau of Criminal Apprehension
SO/SA	Sexual Offense/Assault
Chain of Custody	Protocol followed when working with the Sexual Assault Kit.

## Medical Sexual Assault Management

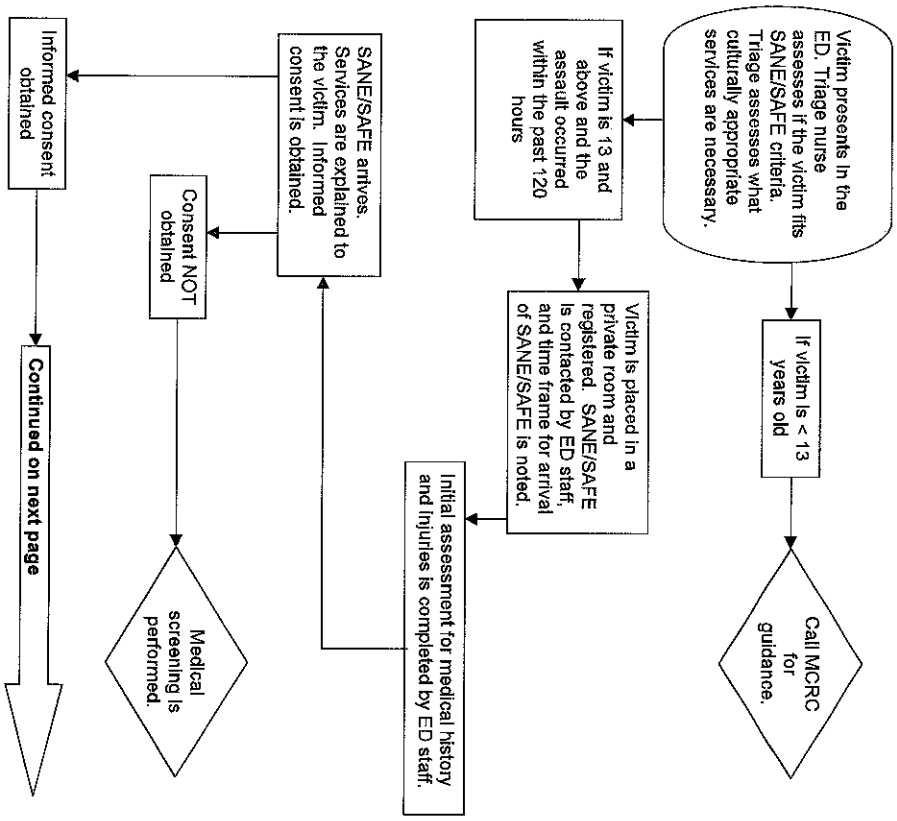
Where to pick up evidence and reports

Location	Evidence Collection (available 24/7)	Sexual Assault Report
Children's Hospital	ED (651) 220-6911	Copy is available with BCA Kit Karline (Chip) Zakroczyński Phone: (763) 236-4172 Pager: (612) 654-5465
Midwest Children's Resource Center	MCRC (651) 220-6750	MCRC (651) 220-6750
Regions Hospital	Region's Security (651) 254-3979	Jeanie Preuss (651) 254-2924
St. John's Hospital	ED (651) 232-7348	Signed out with BCA kit in ER Cassandra Moore Phone: (612) 418-9113 Pager: (612) 538-3527
St. Joseph's Hospital	ED (651) 232-3348	Signed out with BCA kit in ER Katherine Moore Phone: (612) 418-9113 Pager: (612) 538-3527
United Hospital	ED (651) 241-8755	Copy is available with BCA kit Karline Zakroczyński Phone: (763) 236-4172 Pager: (651) 654-5465

**\* Please note: Hospitals will fax Sexual Assault Reports to law enforcement during regular business hours.**

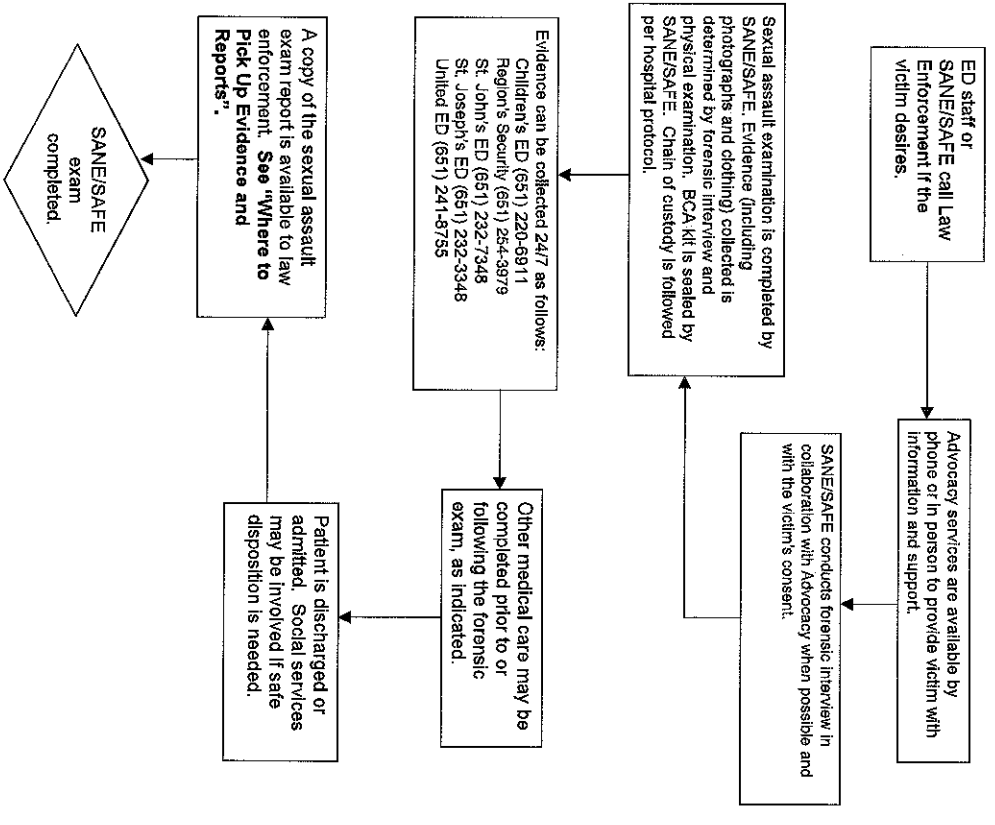
# Medical Sexual Assault Management

## Medical Protocol for Sexual Assault Victims



# Medical Sexual Assault Management

## Medical Protocol for Sexual Assault Victims Continued



## Prosecution Protocol Checklist

- Review reports submitted by law enforcement.
- Decline, charge or request further investigation.
- If case is declined, complete a decline sheet and give to investigating officer. Investigating officer will advise the victim.
- Either the victim or the investigator may request a second opinion on any case declined.
- If case is charged, prosecutor will request bail and No Contact Order.
- Further investigation may be requested (e.g., sexual assault medical exam kit or other physical evidence may be submitted for forensic testing, fresh complaint witnesses interviewed and Special reports (other similar crimes committed by defendant) collected).
- Once charged
  - Victim advocate assigned.
  - Advocate notifies victim of charges.
  - Investigating officer notified of charges.
- First Appearance in District Court
  - Bail set.
  - No Contact Order issued – victim identified by initials only if unknown by defendant.
  - If DNA testing is required, serve defense with appropriate motion and obtain court order referring to the taking of saliva sample (buccal swab).
  - Next hearing is scheduled.
- Following First Appearance
  - Copy of No Contact Order sent to victim and police jurisdiction in which victim resides.
  - Victim input sought regarding resolution of case.
  - Victim advised by advocate of next hearing date.
  - Victim is provided with appropriate services as needed e.g., interpreter, transportation, etc. (ongoing throughout pendency of case).
  - Victim is provided with victim's rights information and community referrals.
  - Whenever possible, the advocate will contact the victim by phone or in person regarding these items.
- Arraignment (usually two weeks after first appearance)
  - Probable cause found.
  - Special motions may be filed (DNA testing, etc.).
  - If defendant pleads guilty, sentencing date set and victim notified, victim given pre-sentence investigation information.
  - If defendant pleads not guilty, pretrial and trial date set.
- If Not Guilty Plea Entered
  - Case assigned to trial attorney.
  - Advocate notifies victim of pretrial and trial dates.
  - Prosecutor will assess facts of case, offender's history, aggravating/mitigating factors, strengths and weaknesses of the case as well as victim and public safety.
  - Victim, trial attorney and advocate meet to discuss settlement options and further evidentiary detail.
- amended complaint filed if appropriate.
- Prosecutor will seek victim's input before making plea offer.
- Trial Preparation
  - All investigative reports are disclosed.
  - All witness statements and physical evidence reviewed and necessary follow-up investigation requested.
  - Witnesses are subpoenaed.
  - Trial motions prepared (e.g., Spreigl).
  - Discuss sexual assault medical exam with SANE nurse for additional evidentiary detail.
  - Victim and witnesses prepared for trial. Inform medical and scientific witnesses of when they will be needed or if they are no longer needed.
  - Case status updates provided to advocate and other witnesses. Advocate will notify victim.
  - Advocate will coordinate services with community-based advocate, if involved.
  - Advocate provides support to victim before and during trial.
  - If plea offer is made, notify advocate and seek input from victim. Notify victim of right to attend plea hearing.
  - Trial attorney files sentencing departure motion when appropriate.
- Trial
  - Witnesses sequestered.
  - Advocate will notify victim of trial outcome.
  - If found guilty, sentencing date set and victim notified, victim given pre-sentence investigation information.
- Sentencing
  - Trial attorney attempts sentencing, if possible, especially if departure motion made or complex sentencing conditions.
  - Court advised if victim wishes to make oral impact statement or have it read.
  - Advocate attends if victim is present.
  - All relevant sentencing requests presented on behalf of victim.
- Post sentencing
  - Victim notified of sentence, including no contact order if applicable.
  - Property return arranged if applicable.
  - Advocate advises victim of inmate release notification rights.
  - Victim-witness secretary forwards copy of any probation non contact order or cancellation non contact order to law enforcement.
  - Advocate provides victim with counseling information and/or community resources as requested.
  - Victim notified if defendant files an appeal, notified of appeal result.

## Community Resources

<b>Table of Contents</b>	
Advocacy .....	48
Self Help Resources .....	52
Youth Shelter .....	53
Community Service Agencies .....	54
Medical Resources .....	55
Sexually Transmitted Disease Testing Referrals .....	57
Birth Control and Pregnancy Options .....	59
Abortion Services .....	60
Youth Mental Health and Other Youth Programs .....	61
Male Adult Survivors .....	63
Law Enforcement and Legal Services .....	64
County Based Services .....	67
Adult Shelter/Housing .....	68
Financial, Rental and Emergency Assistance Referrals .....	70
Child Abuse Victims .....	72
Child Abuse/Neglect Reporting .....	74
Vulnerable Adult and Mental Illness Referrals .....	75
Sexual Harassment & Exploitation Reports .....	76
Battered Women/Domestic Violence Services .....	77
Prostitution and Sex Trafficking Survivors .....	80
<b>Community Specific Services and Resources</b>	
African and African American Community Resources .....	81
Asian and Asian American Community Resources .....	82
Deaf/Hard of Hearing Community Resources .....	83
Gay/Lesbian/Bisexual/Transgender/Queer/Questioning (LGBTQQ) Community Resources .....	85
Jewish Community Resources .....	86
Latino Community Resources .....	87
Native American/Alaskan Native Community Resources .....	88



## Advocacy

- Adult Psychiatric Services**  
**PH:** 612-873-3161  
**WEB:** www.home.org/depts/psychic.htm  
**WHO:** Anyone in crisis, adolescent (up to 18 yrs) and adult program  
**WHAT:** They provide a 24-hour walk-in crisis intervention and treatment of behavioral emergencies; Crisis intervention phone service for assessment, information, and referral for psychiatric emergencies.  
**WHERE:** 701 Park Ave South, Minneapolis  
**WHEN:** Immediate services are 24 hours; adolescent program hours are Mon/Thurs/Wed 8am - 5pm; Thurs noon - 5pm; Fri Closed  
**KNOW BEFORE YOU GO:** If you are under 18, parents have access to your records and you will be transferred to the adolescent program.
- RAININ Rape Abuse Incest Network (RAININ)**  
**PH:** 800-656-4673 (HOPE)  
**WEB:** www.rainin.org  
**WHO:** Anyone  
**WHAT:** Connects caller to closest rape crisis center in their area. Provides free, safe and confidential support and information  
**WHEN:** 24 hours
- Adolescent Center for Advocacy and Education**  
**PH:** 1-800-656-4673  
**WEB:** www1.umn.edu/aueo/  
**WHO:** Victims of sexual violence  
**WHAT:** Provides crisis intervention and advocacy to victims of sexual and domestic violence, harassment and stalking
- Children's Crisis Response**  
**PH:** 651-774-7000 (24 hours)  
**WEB:** www.courtesy.umn.us/shs/Children/VenialHealth.html  
**WHO:** Youth 0-18 yrs  
**WHAT:** Provides crisis support, intervention, de-escalation, and mobile services for youth who are dealing with mental health or family issues.  
**WHEN:** 24 hours
- Family County Sexual Assault Crisis Center, Crisis Center for Adults**  
**PH:** 651-266-7900 (24 hours)  
**WEB:** www.co.ramsey.mn.us/shs/AdultMentalHealth.htm  
**WHO:** Ages 18 and older  
**WHAT:** Crisis support and intervention for adults suffering from mental illness and that are a danger to themselves or others. Outreach also available  
**WHEN:** 24 hours

## Advocacy

- Regional Hospital Crisis Program**  
**PH:** 651-254-1000 (24 hours)  
**WEB:** www.regionalhospital.com  
**WHO:** 18 yrs and older  
**WHAT:** 24 hour mental health intake through emergency room. No adolescent inpatient psychiatric beds.  
**NOTE:** United Hospital is the only hospital in Saint Paul that has adolescent inpatient psychiatric beds.
- Access Program**  
**PH:** 651-228-9544 (24 hours)  
**WHO:** Ages 18 and older  
**WHAT:** Provides outreach to persons experiencing chronic, persistent mental illness, chemical dependency and/or homelessness.  
**CARVER AND SCOTT COUNTY CRISIS LINE**  
**PH:** 952-442-7601  
**WEB:** www.co.scott.mn.us  
**WHO:** Carver and Scott county residents  
**WHAT:** To reach Social workers 24-hours a day.  
**WHEN:** 24 hours
- Dakota County Crisis Response**  
**PH:** 952-891-7171  
**WEB:** www.co.dakota.mn.us  
**WHO:** Dakota county residents  
**WHAT:** A 24 hour crisis line  
**Washington County Crisis Line**  
**PH:** 651-777-4455  
**WEB:** www.co.washington.mn.us  
**WHO:** Washington County residents  
**WHAT:** A 24 hour crisis line  
**Childline Minnesota**  
**PH:** 651-215-2209 (Intake Line)  
**WEB:** www.cocpmn.org  
**WHO:** Anyone  
**WHAT:** Individual, family and group counseling and therapy. Nondiscriminational services.  
**WHERE:** Call for nearest location, multiple locations throughout metro.
- One youth**  
**PH:** 612-871-0118  
**WEB:** www.ohyouth.org  
**WHO:** 18 yrs and older  
**WHAT:** Group and individual counseling and therapy, legal clinic, chemical dependency, couples/uncoupling, adult survivors, support groups, general information and referrals.  
**KNOW BEFORE YOU GO:** Childcare may be available, must call to arrange.

## Advocacy

- CLUES (Community's Latent Unmet Needs in Elderly Services)**  
**PH:** Minneapolis Office: 612-746-3500  
 Minneapolis Crisis Line: 612-746-3537  
 St. Paul: 651-379-4200  
 St. Paul Fax: 651-292-0347  
**WEB:** www.clues.org  
**WHO:** Culturally appropriate for the Spanish speaking community.  
**WHAT:** Individual, family and group counseling in Spanish and English.  
**WHERE:** 720 East Lake Street, Minneapolis AND 797 East 7th Street, St. Paul
- Jewish Family Service**  
**PH:** 651-698-0767  
**WHO:** Culturally appropriate services for Jewish clients  
**WHAT:** Counseling, family life education, services and case management for elderly, resettlement and training services.  
**FEE:** Sliding fee scale
- Latent Unmet Needs in Elderly Services**  
**PH:** 612-879-5320 (Intake Line)  
**WHO:** Ages 3 to 90 yrs of age  
**WHAT:** Individual, family and couples counseling. Nondiscriminational services.  
**WHERE:** Call intake line for nearest location, multiple locations in metro area.  
**KNOW BEFORE YOU GO:** Sliding fee scale and insurance accepted.
- Mental Health Resources Inc**  
**PH:** 651-266-7890 (Intake Line)  
**WHO:** Adults recovering from mental illness  
**WHAT:** Counseling services for Ramsey, Hennepin and Dakota County. Intake through Ramsey County Mental Health Services
- Midwest Teen Health Advice Helpline**  
**PH:** 1-866-331-9474  
**WEB:** 1-866-331-9453 TTY  
**WWW:** www.lovestrespect.org  
**WHAT:** Information, resources, hotline, online live chat rooms for teens
- Project Healing Community Center**  
**PH:** 612-638-0700  
**WHO:** Culturally appropriate for African American community  
**WHAT:** Counseling, classes, nursery, after school program, information and referrals.

## Advocacy

- Ramsey County Mental Health Clinic**  
**PH:** 651-266-7999 General  
 651-266-7960 Intake  
**WHAT:** Counseling available for wide variety of issues including physical and sexual abuse, depression, anxiety, transitions, etc.
- Southwest Family Services**  
**PH:** 612-825-4407 Intake for all locations  
**WHO:** Anyone  
**WHAT:** Individual, couples and family therapy.  
**WHERE:** Call intake line for nearest location, multiple metro locations.
- White Community Center**  
**PH:** 612-870-0565  
**WEB:** www.walkin.org  
**WHO:** 18 yrs and older  
**WHAT:** Individual, couples and family short term counseling and crisis intervention.  
**WHERE:** 2421 Chicago Ave, Minneapolis  
**WHEN:** Call for hours, day or evening  
**KNOW BEFORE YOU GO:** Services are free; donations accepted; Childcare usually available, walk-in okay for 1st session with therapist
- White Bear Community Center**  
**PH:** 651-462-4001  
**WHO:** Children and families  
**WHAT:** Counseling for child victims of abuse and their families.
- White Bear Areas Community Counseling Center**  
**PH:** 651-429-8544  
**WHO:** Residents of White Bear Lake, White Bear Township, Vadrais Heights, Birchwood, and Mahonueli ONIX  
**WHAT:** Individual, couples, family and group counseling. Psychiatric services and parenting classes.  
**FEE:** Sliding fee scale
- Family Service**  
**PH:** 651-653-0095  
**WHO:** Anyone  
**WHAT:** Individual, family and group counseling and therapy services.  
**FEE:** Sliding fee scale.

Advocacy

Advocacy

Family & Consumer Services

PH: 612-339-9101  
 WEB: www.familydserv.org/  
 WHO: Individuals, families and children  
 WHAT: Counseling and Support Groups  
 WHERE: 4123 East Lake Street Minneapolis, MN; 6900 78th Avenue N Brooklyn Park, 9201 E. Bloomington Freeway, Suite Q, Bloomington

WHEN: Downtown, Wed until 8pm  
 Lake Street, Mon/Tues/Thurs until 8pm  
 Brooklyn Park: Mon/Tues/Wed until 8pm  
 Thurs until 5pm, Fri until 4pm  
 Bloomington: Mon/Wed until 8pm  
 Tues/Thurs until 5pm. Staff is also available evenings and weekends. Call 612-339-9101.

KNOW BEFORE YOU GO: Services offered on sliding fee scale, may need to be 18 yrs. of age to be seen without parent/guardian permission.

PH: 651-644-8515  
 WEB: www.projeptatinder.org

WHO: Children under age 18 with sexual behavior problems or who have been sexually abused. Adolescents and adults who have engaged in harmful or abusive sexual behaviors.  
 WHAT: Provides evaluation, individual, family and group counseling programs, both short and long term to individuals who have committed sexually abusive behaviors. Also provides services to children who have been sexually abused and their families.

WHEN: Monday through Friday. To make an appointment call 651-644-8515, ask for intake.  
 WHERE: 1821 University Ave. West N385, Saint Paul  
 FEE: Vary according to services provided.

La Familia Guidance Center, Inc

PH: 651-221-0913  
 WEB: www.lafamilia.org  
 WHO: Youth, families and adults  
 WHAT: Mental health counseling; youth intervention; parent and family counseling

WHERE: 155 S. Wabasha Street Suite #120, Saint Paul and 2217 Nicollet Avenue South in Minneapolis  
 LANGUAGE: Fluent in Spanish and English; has multicultural mental health clinic  
 KNOW BEFORE YOU GO: Must have insurance; agency works to keep children in the family.

Law Family Community of Minnesota, Inc

PH: 651-221-0069  
 WEB: www.lawfamily.org  
 WHO: Youth and Families  
 WHAT: Offers culturally-specific education and support to youth and families to help them cope with the particular social and cultural issues that affect them. Provides case management

WHERE: 320 University Ave East, Saint Paul  
 LANGUAGE: Hmong and English  
 KNOW BEFORE YOU GO: This agency is education based, and does not provide crisis work or intervention

Minnesota Department of Health  
 Community Counseling Clinic  
 PH: 612-374-4601

WHO: Women, men 18 yrs and older, may see youth (age 17) with parental consent  
 WHAT: Mental health supportive counseling; GLBTQ friendly

WHERE: 2431 Hennepin Ave South, Minneapolis  
 KNOW BEFORE YOU GO: Counseling based on sliding fee scale based on income

PH: 612-276-1322  
 WEB: www.neighborhoodinvolvement.org  
 WHO: Youth, up to 18 yrs.  
 WHAT: After school programs, summer programs; children's mental health counseling

WHERE: 3333 North 4th St, Minneapolis  
 KNOW BEFORE YOU GO: Need parental or guardian consent for services; services based on sliding fee and income of family.

Neighborhood Involvement Program (NIP) Community Clinic

PH: 612-374-4089  
 WEB: www.neighborhoodinvolvement.org  
 WHO: Women, men and children of all ages by appointment. Must be uninsured for services and fees are based on income level.  
 WHAT: Primary medical care; STI and pregnancy testing; HIV testing; GYN exams and services; dental exams and fittings.

WHERE: 2431 Hennepin Ave South, Minneapolis  
 WHEN: Mon-Thurs: 9am - 5pm and 6pm - 8:30pm  
 Friday 9am-5pm

KNOW BEFORE YOU GO: Medical and dental services based on sliding fee scale and only provide services to uninsured individuals and families.

PH: 612-825-4357  
 WEB: www.neighborhoodinvolvement.org/sac  
 WHO: Youth, men and women who have been sexually abused, assaulted, raped or sexually harassed; any victim of sexual violence

WHAT: 24 hour crisis line; mental health counseling; supportive confidential services  
 WHERE: 2431 Hennepin Ave, Minneapolis  
 WHEN: Mon-Fri 9am - 5pm; evening appointments available, 24 hour crisis line  
 KNOW BEFORE YOU GO: all phone services are free and confidential; mental health counseling is based on sliding fee scale

Central Violence Services of Ramsey County

PH: 651-643-3006 (24 hour)  
 651-643-3022 (business line)  
 WEB: www.ramsey.mn.us/pdv/sos.htm  
 WHO: Anyone (primary or secondary) that is a victim of sexual violence  
 WHAT: Crisis supportive counseling for victims, friends and families that are affected by sexual violence; advocacy, referrals, emergency services, medical outreach to Regions Hospital, support groups, 24 hour crisis line  
 WHERE: 1619 Dayton Ave Suite #201, Saint Paul  
 WHEN: 24 hour crisis line; office open 8:30am - 5pm,  
 24 hour medical outreach  
 KNOW BEFORE YOU GO: All services are free and confidential

Sexual Violence Center

PH: 612-871-5111  
 WEB: www.sexualviolencecenter.org  
 WHO: Anyone a victim of sexual violence  
 WHAT: Rape crisis program that provides support, crisis counseling, support groups, referrals  
 WHERE: 3757 Fremont Ave. North, Minneapolis  
 WHEN: 24 hour crisis line; call anytime 612-871-5111

PH: 952-546-0616  
 WEB: www.jfrcamp.org

WHO: Children and Families  
 WHAT: Support groups; emergency financial services; counseling services; teen and adult programs  
 WHEN: Mon/Thurs 8:30am - 5:30pm,  
 Tues/Wed: 8:30am - 5pm, Fri 8:30am - 4pm  
 WHERE: 13100 Weyzata Blvd, Minnetonka  
 BUS: On bus line, see website for bus route

PH: 651-645-2824  
 WEB: www.spallinvention.org

WHO: Victims of domestic violence  
 WHAT: 24 hour response and service to victims of domestic violence, including youth  
 WHERE: 1509 Marshall Ave, Saint Paul

Stop It Now! Minnesota

PH: 651-644-8515  
 1-888-773-8368  
 WEB: www.stopitnow.org  
 WHO: Anyone who has concerns about their own, or someone else's behavior towards children.  
 WHAT: Provides information and resources for anyone with any concerns about their own or someone else's behavior towards children, including: adults who are having sexual thoughts towards children, or have sexually abused a child; parents concerned about their child's sexual behavior; parents concerned about someone's behavior towards their child; and adults who care about someone whose sexual behavior concerns them. The agency works to keep kids safe.  
 WHERE: 821 University Ave, West, Suite N385, Saint Paul, MN 55104  
 WHEN: Mon-Fri 8am - 5pm

## Self Help Resources

### Adult Recovering From Incest

**PH:** 763-591-5916  
**WHO:** Incest Survivors 18 yrs and older  
**WHAT:** 12 step style support group for female adult survivors of incest.  
**WHEN:** Call number and leave a message for someone to call you back.

### AA/Alc & ALTERNATE

**PH:** 651-771-2208 Saint Paul  
**WHO:** 952-920-3961 Saint Louis Park/Mnneapolis  
**WHAT:** Primary and secondary people affected by alcoholism by self or family member. Both adult and teen support groups, call for more information.  
**WHAT:** Support groups for alcoholism

### Alcoholics Anonymous

**PH:** 651-227-5502 Info on all Saint Paul area meetings  
 952-922-0880 Info on Minneapolis area meetings  
**WHO:** Adult, Middle-aged and Young People Self Defense and Personal Safety Courses  
**PH:** 612-729-4621  
**WHO:** Emergency Anonymous  
**PH:** 651-647-4621—answering service  
**WHAT:** Assistance to people with emotional/living problems, mild or severe.

### Foundation For The Human Arts (FFHA)

**PH:** 612-729-7233  
**WHO:** women or Transgender only  
**WHAT:** Self defense courses

### Minnesota Gay, Lesbian, Bisexual, Transgender, and Intersex Family Services

**PH:** 612-238-2365  
**WHO:** Culturally appropriate for African Americans, Saint Paul or Minneapolis residents  
**WHAT:** Assistance coping with family pressure, anger management, chemical substance use and other resources.

### Parent-View Center: Program of Children's Hospital and Clinic

**PH:** 612-813-6336  
**WHAT:** Support and response to questions about child development.

### Parent-View Center: Adolescent

**PH:** 651-523-0099  
 1-800-621-6322  
**WHO:** Parents, caregivers or guardians  
**WHAT:** Self help for parents concerned about abusive behavior towards their children. Promotes positive parenting and healthy families.  
**WHEN:** Mon-Fri 8:30am – 5pm

### Parents for Child Care

**PH:** 651-641-0305  
**WHO:** Parents, caregivers or guardians  
**WHAT:** Childcare information and referrals. Offers child care sliding fee program for eligible families.  
**WHEN:** Mon-Fri 8:30am – 5pm

### Survivors of Incest Anonymous (SIA)

**PH:** 651-291-0211  
**WHO:** National Organization to Prevent Sexual Abuse of Children (NAPSAC)  
**PH:** 651-215-9913  
**WHO:** Anyone  
**WHAT:** Support for survivors of sexual abuse, their families and supporters, including peer counseling, support groups, information and referrals.

## Youth Shelter

### Arlington House

**PH:** 651-771-3040  
**WEB:** www.arlington-house.org  
**WHO:** Ages 11-17.  
**WHAT:** Emergency shelter for Ramsey County (as well as other counties as space permits) adolescents for up to 90 days. 24-hour services and counseling services.

### East Larpenteur Ave, Saint Paul

**KNOW BEFORE YOU GO:** Adolescents must be referred by county Social Service departments, Community Corrections and Law Enforcement; therefore, you must have a social service agency call 651-771-7504 or 651-774-3701 for admission to the shelter.

### East Larpenteur (EELP)

**PH:** 651-646-2601  
**WEB:** www.lbesalmy.com/bhh.htm  
**WHO:** The Foyer Program, a transitional living program for 16-25 year-olds and a Girls Shelter program for 11-17 year-olds  
**WHAT:** Emergency shelter, Counseling and Case Management  
**WHERE:** 1471 Como Ave, West, Saint Paul  
**KNOW BEFORE YOU GO:** Must be sober and willing to participate in counseling and consultation.

### Home Free Shelter

**PH:** 763 – 559-4945  
**WEB:** www.homefreeprograms.org  
**WHO:** Women and their children  
**WHAT:** Emergency shelter for domestic violence; all services are free  
**WHERE:** 3405 East Medicine Lake Blvd, Plymouth, MN  
**WHEN:** 24 hour services  
**KNOW BEFORE YOU GO:** Must be involved in a domestic abuse relationship or part of violent family and must be 18 years or older.

## Community Services Agencies

- Family & Children's Service**  
**PH:** 612-339-9101  
**WEB:** <http://www.familyclsserv.org/>  
**WHO:** Individuals, families and children  
**WHAT:** Counseling and Support Groups  
**WHERE:** 4123 East Lake Street, Minneapolis; 414 S. 8th Street, Minneapolis; 6900 78th Avenue N, Brooklyn Park, 9201 E. Bloomington Freeway, Suite Q, Bloomington  
**WHEN:** Downtown, Wed until 8pm  
 Lake Street/Mor/Tues/Thurs until 8pm  
 Brooklyn Park: Mon/Tues/Wed until 8pm  
 Thurs until 5pm, Fri until 4pm  
 Bloomington: Mon/Wed until 8pm  
 Tues/Thurs until 5pm. Staff is also available evenings and weekends. Call 612-339-9101.  
**KNOW BEFORE YOU GO:** Services offered on sliding fee scale; may need to be 18 yrs. of age to be seen without parent/guardian permission.
- Newton Community Center**  
**PH:** 651-698-0751  
**WEB:** [www.spauldce.org](http://www.spauldce.org)  
**WHO:** Teens and Adults  
**WHAT:** Community programs; teen "ounge" - drop in center; GLBTQ teen support group; childcare and fitness  
**WHEN:** Teen Lounge: Mon-Thurs 6pm - 7pm; Sun 1pm - 5pm; GLBTQ support group is ongoing call for next meeting date  
**WHERE:** 1375 Saint Paul Ave, Saint Paul  
**KNOW BEFORE YOU GO:** All GLBTQ and teen inquiries are confidential
- Partners for Violence Prevention**  
**PH:** 651-221-8529  
**WEB:** [www.partnersforviolenceprevention.org](http://www.partnersforviolenceprevention.org)  
**WHO:** Collaborates with schools and social service agencies to educate, train and provide prevention opportunities for youth and families.  
**WHAT:** Is a critical link for families, health care, and community organizations to develop and nurture a culture of peace in St. Paul and surrounding communities through collaboration and the provision of education and resources.  
**WHERE:** 340 Walnut Street, Saint Paul
- Partners United Communities, Primary Friends**  
**PH:** 612-302-3400  
**WEB:** [www.puc-um.org](http://www.puc-um.org)  
**WHO:** Provides assistance to low income individuals and families as well as new immigrants to the United States  
**WHAT:** Agency has 12 locations, including neighborhood centers, housing projects and employment and training center  
**WHERE:** 1201 37th Avenue North, Minneapolis
- Parent Outreach Services of Ramsey County**  
**PH:** 651-643-3006 (24 hour)  
**WEB:** [www.ramsey.mn.us/ph/yas/sos.htm](http://www.ramsey.mn.us/ph/yas/sos.htm)  
**WHO:** Anyone (primary or secondary) that is victim of sexual violence  
**WHAT:** Crisis supportive counseling for victims, friends and families that are affected by sexual violence; advocacy, referrals, emergency services, medical outreach to Regions Hospital, support groups, 24 hour crisis line  
**WHERE:** 1619 Dayton Ave Suite #201, Saint Paul  
**WHEN:** 24 hour crisis line; office open 8:30am - 5pm,  
**KNOW BEFORE YOU GO:** All services are free and confidential

## Medical Resources

- Children's Hospital**  
**PH:** 651-220-6911 (Emergency Room) 24 hours  
**WEB:** [www.childrensmn.org](http://www.childrensmn.org)  
**WHO:** Children 12 yrs. and younger  
**WHAT:** Emergency medical needs and sexual abuse evidentiary exams for children 12 yrs and younger  
**WHEN:** 24 hours  
**WHERE:** 345 Smith Street, Saint Paul
- Children's University Health Care Center (CUHCC)**  
**PH:** 612-638-0700  
**WEB:** [www.ahn-umn.edu/CUHCC/](http://www.ahn-umn.edu/CUHCC/)  
**WHO:** Anyone in need of medical services  
**WHAT:** Primary medical care, mental health and dental and legal services  
**LANGUAGE:** Cambodian, English, Hmong, Laotian; Somali, Spanish, and Vietnamese.  
**WHERE:** 2001 Bloomington Ave South, Minneapolis  
**WHEN:** Mon-Fri 8am - 5pm; Walk-ins welcome!  
**KNOW BEFORE YOU GO:** If you are under 18, parents have access to your records. Fees based on sliding fee scale and have community programs to help with fees.
- BUS:** 2, 14 and 24 bus lines and within walking distance of the Franklin Station Stop on the Hiawatha Light Rail and the 19 and 8 bus lines.
- Family Medical Center, Ramsey County Medical Center**  
**PH:** 612-545-9000  
**WEB:** [www.hcmc.org/depts/fmc.htm](http://www.hcmc.org/depts/fmc.htm)  
**WHO:** Anyone  
**WHAT:** Affordable medical care, physical exams, pregnancy care, family planning, interpreters available, WIC program, social services and brief counseling.
- Midwest Children's Diagnostic Center (MDCDC)**  
**PH:** 651-220-6750  
**WEB:** [www.childrensmn.org](http://www.childrensmn.org)  
**WHO:** Children/teens from 0 - 17 years old.  
**WHAT:** Provides care for children/teens for all forms of intrafamilial abuse (sexual, physical, and severe nutritional neglect) and provides care for all non-acute, extra-familial sexual assault for children/teens age 0 - 17 years old. Agency provides forensic interviews for teens who have been sexually exploited. These appointments need to be scheduled during office hours. MCRC sees all acute sexual assaults to children 12 years old and under; there is no appointment needed. MCRC has a number of counseling groups for sexually abused teens, including: violence prevention program, teen empowerment group for young runaways, cognitive behavior therapy group, and individual therapy. Therapy groups are free. MCRC provides comprehensive health assessments for runaways. Parental/Guardian permission is required, care is confidential. A nurse case manager is on-call to answer questions 24 hours per day. Direct care for intrafamilial abuse is available 24 hours per day. However, when possible, an appointment should be made. Appointments need to be scheduled during office hours.  
**WHERE:** 347 Smith Street, Saint Paul (Garden View Medical Building, Suite 401)  
**FEE:** Insurance is billed when available and there is also a sliding scale fee.  
**KNOW BEFORE YOU GO:** Parental permission is needed for all of the therapy groups.
- Family Tree Clinic**  
**PH:** 651-645-0478  
**WEB:** [www.familytreeclinic.org](http://www.familytreeclinic.org)  
**WHO:** Teens, men and women  
**WHAT:** Sliding fee based medical and reproductive health services; STI testing; free birth control and family planning; annual exams; UTI and infection treatment; same day appointments  
**WHEN:** Mon/Wed 8:30am - 8:30pm; Tues/Thurs 8:30am - 9pm; Closed Fri  
**LANGUAGE:** ASL and Interpreter services  
**WHERE:** 1619 Dayton Ave, Saint Paul
- Region ER Crisis Program**  
**PH:** 651-254-1000  
**WEB:** [www.regionshospital.com](http://www.regionshospital.com)  
**WHO:** Anyone in crisis age 18 and over.  
**WHAT:** Crisis intervention and referrals  
**WHERE:** 640 Jackson Street, Saint Paul  
**WHEN:** 24 hour services  
**LANGUAGE:** Staff spoken language interpreters are available weekdays in Cambodian/Khmer, Hmong, Oromo/Amanic, Somali, Spanish, and Vietnamese. Interpreters are available in other languages or after hours over the telephone or through a contracted agency. ASL interpretation is provided 24 hours.

## Medical Resources

**Regions Hospital Sexual Assault Nurse Examiner Program (SANE)**  
**PH:** 651-254-1611  
**WEB:** www.regionshospital.com  
**WHO:** Youth 13 yrs. or older and adults who have been a victim of sexual violence.  
**WHAT:** Crisis intervention, advocacy, resources and sexual assault evidentiary exams  
**WHERE:** 640 Jackson Street, Saint Paul  
**WHEN:** 24 hour services  
**LANGUAGE:** Staff spoken language interpreters are available weekdays in Cambodian/Khmer, Hmong, Oromo/Ambare, Somali, Spanish, and Vietnamese. Interpreters are available in other languages or after hours over the telephone or through a contracted agency. ASL interpretation is provided 24 hours.

**KNOW BEFORE YOU GO:** The county which the crime occurred in (Ramsey, Hennepin, etc.) will PAY for the costs of the exam; not the county in which you reside. The evidentiary exam will be free; however, not the costs of injuries or further medical care.

**Southside Community Health Services**  
**PH:** 612-822-3186  
**WEB:** www.southsidechs.org  
**WHO:** All ages  
**WHAT:** medical services, STI screening; mental health counseling; separate women's clinic and men's clinic; pregnancy testing; eye clinic; dental clinic; teen check-ups  
**WHERE:** 4730 Chicago Ave. South, Minneapolis  
**WHEN:** 8am – 5:30pm  
**Freemont Community Health Services**  
**PH:** 612-588-9411  
**WEB:** www.freemonthealth.org  
**WHO:** Teens and adults  
**WHAT:** Cost effective medical services including: STI testing; annual exams; immunizations; adult and pediatric care; minor surgical procedures  
**WHERE:** 3300 Fremont Ave, Minneapolis  
**LANGUAGE:** Competent service delivery through a skilled team of bilingual and bicultural provider staff, bilingual patient advocates as well as language interpreters.

**St. Paul Public Schools**  
**PH:** 651-312-1995  
**WHAT:** Medical services for youth, located in several Saint Paul public schools

**Teens, Age Medical Services (TAMS)**  
**PH:** 612-813-6125  
**WEB:** www.teenshealth11.org/  
**WHO:** 11-25 yrs. of age  
**WHAT:** General medical services, pregnancy testing, STI testing, emergency contraception; mental health counseling, family planning, treatment of injuries; immunizations, etc.  
**WHERE:** 2425 Chicago Ave. South, Minneapolis  
**WHEN:** 8:30am – 3pm  
**KNOW BEFORE YOU GO:** Youth under 18 yrs will receive confidential medical care under Minors Consent Law; Youth over age 18 are guaranteed confidential services.

**University of Minnesota Youth & AIDS Programs**  
**PH:** 612-627-6820  
**WEB:** www.yajpm.com  
**WHO:** 13-25 yrs.  
**WHAT:** Has programming to prevent transmission of HIV to and from high-risk youth and to provide care to youth and families living with HIV infection. Supportive counseling; support groups; GLBTQ friendly and has support groups; HIV testing  
**WHERE:** 428 Oak Grove Street, Minneapolis

## Sexually Transmitted Disease Testing Referrals

**Room 114 of the Ramsey County Department of Public Health**  
**PH:** 651-266-1352  
**WEB:** www.health.state.mn.us/divs/depd/diseases/hiv/testing/sex\_hm114room111  
**WHO:** Anyone  
**WHAT:** Walk-in or by appointment STI/STD and HIV testing, treatment and prevention.  
**WHERE:** 555 Cedar Ave, Saint Paul  
**WHEN:** Mon/Tues/Wed 8:30am – 11am & 1pm – 3:30pm; Thurs 8:30am – noon & 4pm – 6pm; Fri 8:30am – noon  
**HOW:** Walk in for specific treatment or testing  
**KNOW BEFORE YOU GO:** Donation is requested in place of fee, but not required. Come early otherwise wait could be several hours. Minors do not have to be accompanied and parents do not have to be notified.

**Family Planning & STD Services**  
**PH:** 651-645-9360 (Metro)  
**1-800-78-FACTS**  
**WEB:** www.srdhonline.state.mn.us  
**WHO:** Anyone  
**WHAT:** Free and confidential information about STDs, birth control, clinic referrals  
**WHEN:** Call Mon-Fri 8am – 10pm; Sat 9am – 3pm; Sun noon-4pm

**Family Tree Clinic**  
**PH:** 651-645-0478  
**WEB:** www.familytreeclinic.org  
**WHO:** Teens, men and women  
**WHAT:** Sliding fee based medical and reproductive health services; STI testing; free birth control and family planning; annual exams; LUT and infection treatment; same day appointments  
**WHEN:** Mon/Wed 8:30am – 8:30pm; Tues/Thurs: 8:30 a.m. – 5pm, Closed Fri  
**LANGUAGE:** ASL and interpreter services  
**WHERE:** 1619 Dayton Ave, Saint Paul

**Freemont Community Health Services**  
**PH:** 612-588-9411  
**WEB:** www.freemonthealth.org  
**WHO:** Teens and adults  
**WHAT:** Cost effective medical services including: STI testing; annual exams; immunizations; adult and pediatric care; minor surgical procedures  
**WHERE:** 3300 Fremont Ave, Minneapolis  
**LANGUAGE:** competent service delivery through a skilled team of bilingual and bicultural provider staff, bilingual patient advocates as well as language interpreters.

**Hennepin County**  
**PH:** 651-772-9757  
**WHO:** Youth of all ages  
**WHAT:** Healthiest clinics are in Saint Paul High school and Junior High; has a Saint Paul central clinic  
**PHN AIDS Project (AAPT) AIDS Line**  
**PH:** 612-373-AIDS (2437) Metro area  
**1-800-248-AIDS**  
**612-373-2465 TTY Metro**  
**1-888-820-2437 TTY Out of State**  
**WEB:** www.aidsproject.org  
**WHO:** Anyone  
**WHAT:** Information about AIDS, HIV, etc.  
**LANGUAGE:** Available in English, Hmong, Russian, Somali and Vietnamese

**Planned Parenthood of MN, ND, SD**  
**PH:** 651-698-2406 (Highland Park)  
**WEB:** www.plannedparenthood.org/mn-nd-sd  
**WHAT:** STD and HIV testing, full reproductive health services.  
**WHERE:** Multiple metropolitan locations, call for information, location and to make an appointment

**Southside Community Health Services**  
**PH:** 612-822-3186  
**WEB:** www.southsidechs.org  
**WHO:** All ages  
**WHAT:** Medical services, STI screening; mental health counseling; separate women's clinic and men's clinic; pregnancy testing; eye clinic; dental clinic; teen check-ups  
**WHERE:** 4730 Chicago Ave South, Minneapolis  
**WHEN:** 8:00am-5:30pm

**University of Minnesota Youth & AIDS Programs**  
**PH:** 612-627-6820  
**WEB:** www.yajpm.com  
**WHO:** 13-25 yrs.  
**WHAT:** Has programming to prevent transmission of HIV to and from high-risk youth and to provide care to youth and families living with HIV infection. Supportive counseling; support groups; GLBTQ friendly and has support groups; HIV testing  
**WHERE:** 428 Oak Grove Street, Minneapolis

**Sexually Transmitted Disease Testing Referrals**

**Teen Age Medical Services (TAMS)**  
**PH:** 612-813-6125  
**WEB:** www.teenhealth411.org/  
**WHO:** 11-25 yrs. of age  
**WHAT:** General medical services, pregnancy testing, STI testing, emergency contraception, mental health counseling, family planning, treatment of injuries; immunizations, etc.  
**WHERE:** 2425 Chicago Ave. South, Minneapolis  
**WHEN:** 8:30am – 5pm  
**KNOW BEFORE YOU GO:** Youth under 18 yrs will receive confidential medical care under Minors Consent Law; Youth over age 18 are guaranteed confidential services.  
**West Side Community Health Services (La Crosse)**  
**PH:** 651-222-1816  
**WEB:** www.westsidchs.org  
**WHAT:** STD and HIV testing, pre-natal care and family planning  
**WHERE:** 153 Cesar Chavez Street, Saint Paul

**Birth Control and Pregnancy Options**

Abortions or prenatal care and delivery may be paid for by the MN Crime Victims Reparation Board in cases of reported sexual assaults. If victim has insurance, she must use her insurance first before reparations would help. Call reparations board for more information: 651-201-7300 (metro); Out of state: 1-888-622-8799; TTY: 651-205-4827  
**Children's Home Society of MN**  
**PH:** 651-646-6393  
**WEB:** www.chsfs.org  
**WHAT:** Pregnancy counseling, crisis nursery, foster homes and adoption services.  
**KNOW BEFORE YOU GO:** Crisis nursery is free  
**Emergency Contraception Hotline**  
**PH:** 1-888-NOT-2-LATE (888-668-2-5283)  
**Family Tree Clinic**  
**PH:** 651-645-0478  
**WEB:** www.familytreeclinic.org  
**WHO:** Teens, men and women  
**WHAT:** Sliding fee based medical and reproductive health services; STI testing; free birth control and family planning; annual exams; UJI and infection treatment; same day appointments  
**WHEN:** Mon/Wed 8:30am – 8:30pm; Tues/Thurs 8:30am – 5pm, Closed Friday  
**LANGUAGE:** ASL and interpreter services  
**WHERE:** 1619 Dayton Ave, Saint Paul  
**Ramsey County Department of Public Health**  
**PH:** 651-266-1272  
**WEB:** www.co.ramsey.mn.us  
**WHAT:** Family planning and women's health services  
**WHERE:** 555 Cedar Street, Saint Paul  
**Family Resource Center**  
**Metropolitan County Medical Center**  
**PH:** 612-545-9000  
**WEB:** www.hcmc.org/depts/frc.htm  
**WHO:** Anyone  
**WHAT:** Affordable medical care, physical exams, pregnancy care, family planning, interpreters available, WIC program, social services and brief counseling.  
**Midwest Health Center for Women**  
**PH:** 612-332-2311 or 1-800-998-6075;  
**WEB:** www.midwesthealthcenter.org  
**WHO:** Women  
**WHAT:** OB/GYN care, emergency contraception, abortion information, low cost birth control, and STD treatment. Fee negotiation possible when pregnancy is the result of reported sexual assault.  
**WHERE:** 33 South 5th Street, Minneapolis

## Abortion Services

- Metropolitan Women's Clinic**  
**PH:** 612-376-7708  
**WEB:** www.metwomensclinic.com  
**WHAT:** Abortion information (not counseling). Some fee negotiation possible—have staff or victim contact the Clinic Administrator  
**WHERE:** 825 S. 8th St. #1018, Minneapolis  
**PH:** 612-332-2311 or 1-800-998-6075  
**WEB:** www.mtwomensclinic.org  
**WHAT:** OB/GYN care, emergency contraception, abortion information, low cost birth control, and STD treatment. Fee negotiation possible when pregnancy is the result of reported sexual assault  
**WHERE:** 33 South 5th Street, Minneapolis  
**PH:** 651-698-2406 (Highland Park)  
**WEB:** www.plannedparenthood.org/mn-nd-sd  
**WHAT:** STD and HIV testing, full reproductive health services and abortion services at the Highland Park clinic. Abortion information and planning.  
**KNOW BEFORE YOU GO:** Very limited fee negotiation possible.
- Pro-Choice Resource Center**  
**PH:** 763-533-2534  
**WEB:** www.prochoiceclinic.com  
**WHAT:** Abortion information and services  
**WHERE:** 3819 W Broadway Ave, Robbinsdale, MN  
**PH:** 612-825-8270  
**1-888-439-0124 (toll free)**  
**WEB:** www.prochoiceresources.org  
**WHO:** Anyone  
**WHAT:** Provides sexually education and financial assistance for abortions.  
**WHERE:** 250 3rd Ave North, Minneapolis  
**LANGUAGE:** English and Spanish speaking staff  
**KNOW BEFORE YOU GO:** Assistance is usually available through no-interest loans for part or the total cost. Note: For minors, full grants may be available
- Regions Hospital - GYN Special Services Clinic**  
**PH:** 651-254-9091 (call to schedule)  
**WEB:** www.regionshospital.com  
**WHO:** Anyone  
**WHAT:** Abortions through 21 weeks 6 days gestation  
**WHERE:** 640 Jackson Street, Saint Paul  
**WHEN:** Call the office M-F 8AM – 3:30 PM  
**FEE:** Insurance is billed, or abortion is prepaid if no insurance (there may be financial assistance available – talk directly to clinic for information)  
**KNOW BEFORE YOU GO:** No age restrictions, but there are laws governing parental notification. On occasion the clinic will help the teen through the process of judicial bypass if they are unable to talk to their parents.

## Youth Mental Health and Other Youth Programs

- Children's Crisis Response**  
**PH:** 651-774-7000 (24 hours)  
**WEB:** www.co Ramsey.mn.us/hsc/ChildrenMentalHealth.htm  
**WHO:** Youth ages 0-18 yrs.  
**WHAT:** 24 hour intervention services—will go to youth and family's homes to provide services for youth in coping with mental health/family issues. Provides crisis de-escalation, safety assessment, referrals and services to youth and their families.  
**LANGUAGE:** Staff available in Hmong, Spanish and English
- Distal 202**  
**PH:** 612-871-5559  
**WEB:** www.dist202.org  
**WHO:** GLBT youth and under 21 yrs  
**WHAT:** Coffee shop, social events, groups, programming for youth and supportive friends  
**WHERE:** 1601 Nicollet Ave. South, Minneapolis  
**Face to Face**  
**PH:** 651-772-5555  
**WEB:** www.face2face.org  
**WHO:** Ages 12-23 yrs.  
**WHAT:** Counseling, therapy, and support groups for adolescents and their families. Also provides specialized services to Hmong girls through girls' empowerment groups. Onsite medical clinic, program for pregnant young women/young moms, charter schools. Face to face also runs SafeZone for homeless youth.  
**WHERE:** 1165 Arcade, Saint Paul  
**FEE:** Sliding fee scale  
**KNOW BEFORE YOU GO:** Must begin services between ages of 12 to 23 yrs and then may continue until age 27 yrs.
- Family and Community Services**  
**PH:** 612-339-9101  
**WEB:** www.familychildrenservicenonprofitoffice.com  
**WHO:** Youth and families  
**WHAT:** Provides counseling and therapy services for children, youth and families. GLBT and community specific services, also services available for survivors of physical, sexual and emotional abuse.
- Neighborhood Involvement Program**  
**PH:** 612-276-1522  
**WEB:** www.neighborhoodinvolve.org  
**WHO:** Youth, up to 18 yrs.  
**WHAT:** After school programs; summer programs; children's mental health counseling  
**WHERE:** 3333 North 4th Street, Minneapolis  
**KNOW BEFORE YOU GO:** Need parental or guardian consent for services; services based on sliding fee and income of family.
- Teen/Youth (Family and Community Services)**  
**PH:** 612-728-2062  
**1-888-PRIDE-99 Toll free**  
**WEB:** http://familychildrenservicenonprofitoffice.com  
**WHO:** Women ages 13-18  
**WHAT:** Counseling, advocacy, referrals to women teens; 24 crisis line that accepts collect calls. Free services, support groups, transportation to those who are at risk for sexual exploitation and/or who have been sexually exploited or victims of prostitution.  
**WHERE:** Support groups are held at Mondays from 5:00-7:00 pm at Project OffStreets (41 N 12th Street in Minneapolis) Tuesdays from 5:00-7:00 at the Lake Street Branch (4123 East Lake Street)  
**HOW:** Call 24 hour line; drop in  
**WHEN:** Lake Street Open: Mon/Tues/Thurs 8am – 8pm Wed/Fri 8am – 4:30pm
- GLBT Wellness**  
**PH:** 1-877-452-8343  
**RAINBOW YOUTH AND FAMILY SERVICES**  
**PH:** 651-486-3808  
**WEB:** www.ytfs.org  
**WHO:** Ages 7 to 18 yrs of age and youth's families  
**WHAT:** Youth based services in Roseville, Mounds View and Shoreview areas, call for locations nearest you. Agency provides individual services to youth and parents; services to youth include, summer camp, counseling, employment help and resources.  
**WHERE:** 3490 Lexington Ave. North, Shoreview, MN
- 180 Degrees: The Edge and Fair Technology Enriching Program**  
**PH:** 651-772-5562  
**WEB:** www.180degrees.org  
**WHO:** Youth between 9-17 yrs of age.  
**WHAT:** Program works in collaboration with social workers, probation, and families to provide mentoring services for adolescent females and males involved with Children's Mental Health, Child Protection, Probation, and other Social Services Programs. This strength based program offers groups and one-on-one mentoring for both male and female adolescents and provides a safe place for them to address their needs, develop their own identity, and build self-esteem.  
**WHERE:** 1165 Arcade Street, Saint Paul

## Youth Mental Health and Other Youth Programs

- Stonewall Center**  
**PH:** 612-861-1675  
**WEB:** www.stonewall.org/  
**WHO:** Anyone  
**WHAT:** Youth and family counseling, support and referrals. Programs with schools.  
**WHERE:** 6425 Nicollet Ave, Richfield MN
- People Serving People**  
**PH:** 612-332-4500  
**WEB:** www.peopleservingpeople.org  
**WHO:** Children ages 3-17  
**WHAT:** Educational programs, family programs and child development programs. Agency primarily serves homeless families and has many resources for homelessness.  
**WHERE:** 614 South Third Street, Minneapolis
- Western Alliance**  
**PH:** 952-988-8338  
**WEB:** www.westernalliance.org  
**WHO:** Anyone  
**WHAT:** Free confidential crisis line, counseling, support and referrals. Primary serve West Suburban areas of Minneapolis/Saint Paul. Anyone can call.  
**WHERE:** 915 Main Street, Hopkins MN  
**HOW:** Call hotline: 952-988-7EEN  
**WHEN:** Monday-Friday 9am-5pm
- Volunteers of Anokaoka**  
**PH:** 763-753-7310 Anoka  
**763-225-4052 (Mental Health) Golden Valley**  
**www.volamn.org**  
**WHO:** Children and adolescents age 0-21  
**WHAT:** Mental health services, case management, services for deaf/hard of hearing, residential treatment, therapy, family services, referrals, mentoring programs, school programs, programs for families.  
**WHEN:** Call to schedule: Mon-Fri 9am – 6pm, Clinic appointments are flexible.  
**WHERE:** Anoka Office:  
 22426 St. Francis Boulevard, Anoka MN 55303,  
 Golden Valley Office:  
 5905 Golden Valley Road,  
 Golden Valley MN 55422
- FEE:** Fees for mental health services are reimbursable by Medical Assistance, third party insurance payers and contractual agreements with counties.
- Anders Wilder Foundation**  
**PH:** 651-280-2000  
**www.wilder.org**  
**WHO:** Youth ages 5-18 yrs. In addition works with families. GLBTQ friendly
- WHAT:** Provides residential therapeutic treatment, works with foster care, and works with youth in schools.  
**WHERE:** 451 Lexington Parkway North, Saint Paul  
**LANGUAGE:** Wilder provides language interpretation services as needed
- Saint Paul Youth Services**  
**PH:** 651-771-1301  
**WEB:** www.sps.org  
**WHO:** All youth, under the age of 18  
**WHAT:** 24 hour crisis response from mental health counselors; court diversion programs; community education; behavior education  
**WHERE:** 2100 Wilson Ave, Saint Paul
- Youth Service Bureau, Stillwater**  
**PH:** 651-439-8800  
**WEB:** www.ywb.net  
**WHO:** Washington county youth and their families  
**WHAT:** Individual and family counseling; primarily youth focused problems, parent education, crisis intervention; educational, and diversion groups.  
**WHEN:** Call during daytime hours, Monday through Friday  
**WHERE:** 101 Pine St. West, Stillwater MN 55082
- Youth Service Bureau, Forest Lake**  
**PH:** 651-464-3685  
**WEB:** www.ywb.lakesarea.org  
**WHO:** Youth and their families  
**WHAT:** Individual and family counseling; primarily youth focused problems.  
**WHEN:** Call during daytime hours, Mon-Fri  
**WHERE:** 214 Lake St North, Forest Lake MN 55025
- Wilder Child Conference Forum**  
**PH:** 651-642-4001  
**WEB:** www.wilder.org/clinic  
**WHO:** Children and families  
**WHAT:** Counseling for child victims of abuse and their families.

## Male Adult Survivors

- John DeWitt, Inc. and Therapist**  
**PH:** 651-699-4573  
**WHO:** Adult and adolescent male victims and also works with male offenders  
**WHAT:** Individual and group counseling/therapy  
**FEE:** Sliding fee scale
- Wilder's Center**  
**PH:** 612-822-5892  
**WHO:** Adult male victims of sexual violence  
**WHAT:** Individual and group counseling. Offers male Survivors of Sexual Assault support group.
- Wilder's Center**  
**PH:** 651-224-4335  
**WHO:** 18 yrs and older; Adult survivors of sexual violence Individual, couples and group therapy for adult survivors and also provides clinical dependency/abuse treatment.
- Trigo and Sexual Abuse Center**  
**1201 Hennepin Ave, Minneapolis, MN 55403**  
**PH:** 612-822-4357  
**WEB:** www.nighborhoodinvolvement.org/sac  
**WHO:** Youth, men and women who have been sexually abused, assaulted, raped or sexually harassed; any victim of sexual violence  
**WHAT:** 24 hour crisis line; mental health counseling; supportive confidential services  
**WHERE:** 2431 Hennepin Ave, Minneapolis  
**WHEN:** Mon-Fri 9am – 5pm;  
 evening appointments available; 24 hour crisis line  
**KNOW BEFORE YOU GO:** all phone services are free and confidential; mental health counseling is based on sliding fee scale.



For any sexual assaults that have recently happened, (within the last 24 hours) and if you need immediate assistance from police, always dial 911.

**Law Enforcement:**

- Anoka County Police Department**  
PH: 763-427-1212 Anoka, Non-Emergency
- Carver County Police Department**  
PH: 952-361-1231 Chaska, Non-Emergency
- Duluth County Police Department**  
PH: 651-437-4211 Hastings, Non-Emergency
- Maplewood Police Department**  
PH: 651-777-8191
- Monticello Police Department**  
PH: 612-348-2345, Non-Emergency
- Shoreview Police Department**  
PH: 651-484-9155
- New Sweden Police Department**  
PH: 651-767-0640
- North Saint Paul Police Department**  
PH: 651-747-2406
- Webb: www.wd.north-saint-paul.mn.us/**
- WHO:** For anyone who needs information on crimes and/or in need of law enforcement assistance
- WHERE:** 2400 Margaret Street, North Saint Paul
- Minneapolis County Sheriff's Department**  
PH: 651-266-9333 General Law Enforcement Center  
Information to confirm service delivery of harassment restraining orders and order for protections.
- PH:** 651-767-0640 Twenty-Four Hour Dispatch
- FOR:** Arden Hills, Falcon Heights, Gen Lake, Lauderdale, Little Canada, North Oaks, Shoreview, Vadnais Heights
- Rooming Office Department**  
PH: 651-792-7008
- WEB:** www.droseville.mn.us
- WHO:** Anyone in need of police support or assistance
- WHAT:** 24 hour response from Roseville police
- WHERE:** 2660 Civic Center Drive, Roseville MN
- Saint Paul Police Department**  
PH: 911
- PH:** 651-291-1111 for non-emergency, delayed reports
- PH:** 651-266-5685 For cases that have been reported and assigned to an investigator.

**Law Enforcement and Other Legal Services**

- Hennepin County Sheriff**  
PH: 651-439-9381 Stillwater
- Wentz County Police Department**  
PH: 651-429-8511

**Other Legal Services:**

- Anoka County Community Corrections**  
PH: 763-712-2900
- WEB:** www.co.anoka.mn.us/v2\_deptcomm-corr/index.asp
- WHO:** Anyone needing information about criminal, probation or court services that are within Anoka County facilities.
- WHAT:** For assistance with probation, information on criminal cases in Anoka County and listings of incarcerated individuals in Anoka County facilities.
- WHERE:** 325 East Main Street Anoka MN and various Anoka County juvenile and adult locations.
- WHEN:** Mon-Fri 8am - 5pm
- Enhanced Women's Legal Advocacy Program**  
PH: 612-343-9842 Local  
1-800-313-2666 MN wide
- WHO:** Any woman
- WHAT:** Team of attorneys providing legal assistance and advocacy for women who are battered. The project has an "Immigrant Initiative" that assists battered immigrant women and children with issues of legal status, immigrant rights, Visas, etc. City of Minneapolis, Human Resources
- Administrative Action Division**  
PH: 612-673-2282 Minneapolis  
651-266-8550
- WHO:** Anyone
- WHAT:** Investigates and resolves complaints of discrimination brought against the City of Minneapolis
- City of Saint Paul Office**  
PH: 612-871-0118 TTY  
612-824-2780
- WEB:** www.cityofstpaulmn.org
- WHO:** Women
- WHAT:** Offers one half hour of legal advice from attorneys on a sliding fee scale. Specializes with family issues such as divorce and/or domestic violence; assists with Filing Order For Protection reports.
- Office of Women's Justice Unit**  
PH: 612-282-6236  
1-800-247-0390
- WEB:** www.dps.state.mn.us
- WHO:** Anyone
- WHAT:** Investigates victim's right violations

**Law Enforcement and Other Legal Services**

- Danville Abuse Program, Ramsey County**  
PH: 651-266-5130
- WHO:** Anyone in need of protection to ensure their safety.
- WHAT:** Orders For Protection and Harassment Restraining Orders.
- WHEN:** Call to make an appointment, Mon-Fri daytime hours.
- WHERE:** 2nd West 7th Street, Saint Paul, located inside the Juvenile Detention Center
- KNOW BEFORE YOU GO:** Harassment Restraining Orders cost a large amount of money; some agencies will assist with the fee. Order For Protection (OFP) do not cost money but the victim must have a relationship with (mother, father, partner, sibling) the person who is harassing or threatening the victim.

**Crime Victim Services**

- Crime Victim Services**  
PH: 612-340-5400 (24 hour services)  
www.ojp.state.mn.us
- WEB:** www.ojp.state.mn.us
- WHO:** Support for victims of crime
- WHAT:** Crisis counseling, advocacy, court advocacy, financial assistance
- Immigrant County Attorney's Office**  
PH: 612-348-5561
- WHO:** Victims/witness of crime who will be a part of the criminal justice system.
- WHAT:** Advocacy, support and referrals. Ensures victim's rights throughout the legal process.
- Refugee Center of Anoka County**  
PH: 612-752-6666
- WHO:** Anyone
- WHAT:** Information and lawyer referrals for residents in Hennepin County
- Immigrant Law Center of MN**  
PH: 651-641-1011
- WEB:** www.immigrantlawcentermn.org
- WHO:** All individuals of any nationality, primarily serves immigrants
- WHAT:** Provides help with citizenship, immigration, violence against women, legal information for low-income individuals
- WHERE:** 450 North Synchate Street Suite 175 Saint Paul, 55104
- WHEN:** Mon-Thurs business hours
- Legal Aid of Hennepin County**  
PH: 1-800-334-5970  
612-332-1441
- WEB:** www.aidmnlegal.org
- WHO:** Anyone over 18 yrs.

## Law Enforcement and Other Legal Services

- Minnesota Office of Crime Victims**  
**Regional Board**  
**PH:** 651-201-7300  
**WEB:** www.opj.state.mn.us/MCOVS/  
**WHO:** Any victim of crime  
**WHAT:** Will provide financial assistance for expenses to victims as a result of crime  
**WHERE:** Bremer Tower, Suite 2300, 445 Minnesota Street, MN
- Minnesota Office of Justice Programs**  
**Dept. of Public Safety**  
**PH:** 651-201-7300  
**WEB:** www.opj.state.mn.us  
**WHO:** Minnesota crime victims  
**WHAT:** Providing resources to reduce crime in Minnesota and to assist crime victims.  
**WHERE:** 444 Cedar Street Suite #100, Saint Paul
- Minnesota Department of Corrections**  
**PH:** 218-236-9884 (Moorhead MN)  
**WEB:** www.mnjudicialsystem.com/united.org  
**WHO:** Chicanos/Latina women, particularly single mothers  
**WHAT:** Information and referrals, advocacy and support working with law enforcement, legal information.
- Northern-based Justice Center Inc**  
**PH:** 651-222-4703  
**WEB:** www.wjlcinc.org  
**WHO:** Anyone in Ramsey, Washington and Dakota counties.  
**WHAT:** Provides criminal defense and referrals, serving low income and minority populations in Ramsey, Washington and Dakota counties.
- Ramsey County Adult Detention Center and Youth House**  
**PH:** 651-266-9352  
**651-266-9350** General Information  
**651-266-1400** Workhouse  
**For public information on someone who is in jail or the workhouse**
- Ramsey County Bar Association**  
**PH:** 651-224-1775 or 651-222  
**WEB:** ramseybar.org  
**WHO:** Anyone  
**WHAT:** Information a lawyer referrals for residents of Ramsey County
- Ramsey County Probation/Parole**  
**PH:** 651-266-2300  
**WHAT:** For public information on someone on probation, parole or being held in county prison system.

## County Based Services

- Carver County Public Health**  
**PH:** 952-361-1329  
**WEB:** www.co.carver.mn.us  
**WHO:** Anyone looking for resources (emergency services, emergency financial resources) who has relations in Carver County  
**WHAT:** Emergency services  
**WHEN:** Mon-Fri 8am - 5pm  
**WHERE:** 600 East 4th Street, Chaska MN  
**KNOW BEFORE YOU GO:** Most likely need to be 18 yrs old to receive services
- Carver County, Children and Family Services**  
**PH:** 612-348-4111  
**WHAT:** Child protection, social services for teen parents, mental health services, emergency social services; Spanish speaking staff available.
- Ramsey County Support Network of Family Health**  
**PH:** 651-266-1263  
**WEB:** www.co.ramsey.mn.us  
**WHERE:** 555 Cedar Street, Saint Paul  
**Carver County Department of Public Health Teen Parent Program**  
**PH:** 651-266-2400  
**WEB:** www.co.ramsey.mn.us  
**WHERE:** 1670 Beam Ave #101, Maplewood MN
- Ramsey County Marriage Services**  
**PH:** 651-266-4444  
**WEB:** www.co.ramsey.mn.us  
**WHAT:** For emergency assistance in regards to housing (rental or owned homes)  
**WHERE:** 160 East Kellogg Blvd, Saint Paul  
**WHEN:** Daytime hours, Monday-Friday
- Grand Offense Services of Ramsey County**  
**PH:** 651-643-3006 (24 hour)  
**651-643-3022** (Business Line)  
**WWW:** www.ramsey.mn.us/gbo/vs/sos.htm  
**WHO:** Anyone that is victim of sexual violence  
**WHAT:** Crisis supportive counseling for victims, friends and families that are affected by sexual violence; advocacy, referrals, emergency services, medical outreach to Regions Hospital, support groups, 24 hour crisis line  
**WHERE:** 1619 Dayton Ave Suite #201, Saint Paul  
**WHEN:** 24 hour crisis line, 24 hour medical outreach  
**Office hrs 8:30am - 5pm**  
**KNOW BEFORE YOU GO:** All services are free and confidential
- Minnesota Department of Health**  
**PH:** 651-201-3627  
**WEB:** www.health.state.mn.us/youth  
**WHO:** Resources for teens and adults  
**WHAT:** Information for youth, adolescents and adults regarding general public health information and current topics related to youth development  
**WHERE:** 85 East 7th Place, Saint Paul
- Crisis Nursery**  
**PH:** 651-641-1300  
**WEB:** www.crisisnursery.org  
**WHO:** Residents of Ramsey, Dakota and Washington Counties  
**WHAT:** Provides help for parents with children under age 12 yrs Short term child care, call for information. Services are free.
- Carver County Crime Nursery**  
**PH:** 763-591-0100  
**WEB:** www.crisisnursery.org  
**WHAT:** Emergency child care for children through age 6, up to 72 hours at a time, up to 30 days within one year.

## Adult Shelter/Housing

### Academy Place

PH: 612-588-0861  
 WEB: www.academyplace.org  
 WHO: 18 yrs and older  
 WHAT: Sober transitional housing for women in Minneapolis. Appropriate for women experiencing mental health problems, domestic violence, or chemical dependency. This shelter does not take children.

WHEN: 24 hour shelter; must call before you go.  
 WHERE: 1803 Bryant Ave North, Minneapolis

### Theresa Leroy Center (Catholic Family Services)

PH: 651-772-1344  
 WHO: 18 yrs and older  
 WHAT: Program for single parent families. Will help find housing and provides on going support and assistance to families in the program.  
 WHERE: 1526 6th St E, Saint Paul

### Catholic Charities

PH: 612-664-8500  
 WEB: www.ccsppm.org  
 WHO: Children, adults and families.  
 WHAT: Provides emergency food shelf, homeless shelter, physical and mental health care and help for children in crisis.  
 KNOW BEFORE YOU GO: Agency most likely will not provide shelter assistance to youth.

### Emergency Street Services

PH: 651-291-6795  
 WHO: 18 yrs and older  
 WHAT: Food, shelter, and other assistance after 5pm and weekends  
 WHEN: Call this number Mon-Fri 5pm - 8pm and all day on weekends

### Ednet Gordon Community Center

PH: 651-222-3838 (24 hours)  
 WHO: Homeless women, both single and with children.  
 WHAT: Agency provides emergency, temporary, safe, sober housing for homeless single women and women with children. Program assists residents with becoming self-sufficient and finding housing.  
 WHEN: Call number 24 hours for assistance  
 WHERE: 148 Bates Ave, St Paul

### Families Moving Forward

PH: 612-929-2185  
 WEB: www.familiesmovingforward.org  
 WHO: Homeless families and adults  
 WHAT: Emergency and transitional housing, advocacy for homeless families, faith based organization.  
 WHERE: 1808 Emerson Ave N, Minneapolis

### Family Place Shelter, Catholic Charities

PH: 651-225-9357  
 WEB: www.ccsppm.org  
 WHO: Adults and families  
 WHAT: Emergency 30-day shelter for women  
 WHERE: 244 East 10th Street, Saint Paul

### Hennepin County Assistance

PH: 612-348-9410  
 WEB: www.co.hennepin.mn.us  
 WHO: 18 yrs and older  
 WHAT: Assists adult individuals in obtaining shelter and emergency assistance in Hennepin County and surrounding areas.  
 WHEN: Call this number between 7:30am - 5pm

### Health Care People Home provided

PH: 651-645-9779 - 24 Intake  
 WEB: www.peoplehomeprovided.org  
 WHO: Adults in mental health crisis  
 WHAT: Provides short term (1-5 days) shelter for adults experiencing mental health crisis. Referral needed from an ER or Ramsey County Mental Health Crisis Intake.

WHEN: Call 24 hours

KNOW BEFORE YOU GO: Must have referral from hospital or crisis intake line, must be sober, and must call intake line before being admitted.

### St. Paul, Catholic Charities

PH: 651-227-2637  
 WEB: www.ccsppm.org  
 WHO: 18 yrs and older  
 WHAT: Emergency Shelter for Men only; provides transitional housing and single room occupancy housing for women and men.

### Manly Place, Sheltering and Caregiving Home

PH: 612-338-4640  
 WEB: www.shelteringandcaregivinghome.org  
 WHO: Families with two or more children in Minneapolis  
 WHAT: Emergency shelter for families in Minneapolis  
 WHEN: Call Monday-Thursday 8:30am-4pm

## Adult Shelter/Housing

### Saint Paul Public Housing Agency Central Office

PH: 651-298-5158  
 WEB: www.spapha.org/agency.html  
 WHO: Elderly, handicapped and disabled, singles and families

WHAT: Public housing applications and placement; will take applications  
 WHEN: 8am - 4:30pm  
 WHERE: 555 N. Wabasha Street Suite 400, Saint Paul

### Saint Stephen's Shelter

PH: 612-874-9292  
 WEB: www.ststephensmpls.org  
 WHO: Adult males  
 WHAT: Emergency shelter; has 40 beds for men  
 WHERE: 2211 Clinton Ave, Minneapolis

### Sanjour Family Resource Prevention Program

PH: 651-266-6626  
 WEB: www.hocmn.org  
 WHO: 18 yrs and older  
 WHAT: Assistance for mortgage problems in Ramsey County

### Neighborhood House

PH: 651-789-2500  
 WEB: www.neigh.org/default.asp  
 WHO: 18 yrs and older  
 WHAT: Assistance with basic needs like clothing, diapers, furniture and other essentials.  
 LANGUAGE: Assistance available in Hmong, English, Somali and Spanish

### People Serving People

PH: 612-332-4500  
 WEB: www.peopleservingpeople.org  
 WHO: 18 yrs and older  
 WHAT: Emergency housing for families with children, some transitional housing; provides food, clothing, daily necessities.

KNOW BEFORE YOU GO: If unable to pay for services, a voucher from Hennepin County Emergency Assistance is required.

### People Center

PH: 651-690-0625  
 WEB: www.mnhomelesscoalition.org  
 WHO: Single women ages 18-24 years  
 WHAT: Low cost, transitional housing for single women working or who are in school.

KNOW BEFORE YOU GO: Maximum stay is two years.

### Support Services, Community Emergency Services

PH: 612-870-1330 after 5pm  
 612-874-8683 Main Office  
 WEB: www.ssinpeohousing.org

WHO: Women and families  
 WHAT: Emergency shelter in the Twin Cities serving homeless single women and families.  
 WHEN: Call numbers for more information anytime

### St. Anne's Place

PH: 612-521-2128  
 WEB: www.mnhomelesscoalition.org  
 WHO: Adult families in Hennepin County  
 WHAT: Emergency shelter for residents of Hennepin County  
 WHERE: 634 Russell Ave, N, Minneapolis

**Financial, Rental and Emergency Assistance Referrals**

- Minnesota Crime Victim Reparations Board**  
**PH:** 651-201-7344  
**1-888-622-8799;**  
**WEB:** www.victimrep.mn.us  
**WHO:** Victims of as a result of a reported crime  
**WHAT:** Financial assistance for expenses to victims of crime.  
**WHEN:** Call during business hours  
**KNOW BEFORE YOU GO:CALL:** Will not cover moving expenses/rent. Processing claims may take up to 4 months, unless the need is urgent.
- Central Crime Victim Services**  
**PH:** 612-340-5400 (24 hour services)  
**WEB:** www.cqvj.state.mn.us  
**WHO:** Support for victims of crime  
**WHAT:** Crisis counseling, advocacy, court advocacy, financial assistance
- Domestic Violence**  
**PH:** 612-664-8300  
**WEB:** www.dvcpn.org  
**WHO:** Individuals and families  
**WHAT:** Provides emergency services including, food, shelter, homeless shelter, physical and mental health care, and help for children in crisis.
- Domestic Violence Helpline**  
**PH:** 651-789-2500  
**WEB:** www.waivh.org  
**WHO:** Anyone  
**WHAT:** Childcare center, emergency assistance, food shelf and referrals
- LANGUAGE:** English, Hmong, Somali and Spanish  
**Community Stabilization Program**  
**PH:** 651-642-0102  
**WEB:** www.vhpn.org  
**WHO:** 18 yrs and older; must be a resident of Saint Paul, MN  
**WHAT:** Emergency rental assistance for residents in Saint Paul. Funds are available on first come basis beginning the 1st of every month  
**WHEN:** Call at 8am the 1st of every month for rental assistance, or leaving a voicemail the night before is recommended.
- Center for Crime and Justice**  
**PH:** 612-348-7874  
**WEB:** www.crimereadjustice.org  
**WHO:** For general crime victims  
**WHAT:** Provides some financial assistance and emergency lock changes are available. Does not typically assist with expenses related to Domestic Violence. May assist with rent or moving expenses in general crime, like homicide; not sexual or domestic violence.  
**WHERE:** 822 S 3rd St # 100, Minneapolis
- Emergency Assistance/Emergency County Human Services**  
**PH:** 651-266-4444  
**WEB:** www.co.ramsey.mn.us/humanassistan  
**WHO:** 18 yrs and older  
**WHAT:** General financial assistance for rent or other expenses.  
**KNOW BEFORE YOU GO:** Must make an appointment and meet with someone for a screen/intake person. Individuals may access this money only one time per year. Time period to receive assistance may vary with urgency of situation.
- Emergency Social Services**  
**PH:** 651-291-6795  
**WHO:** 18 yrs and older  
**WHAT:** Food, shelter, and other assistance after 5pm and weekends  
**WHEN:** Call this number after 5pm-8pm Mon-Friday and all day on weekends
- Emergency Assistance/Hennepin County Human Services**  
**PH:** 612-596-1300  
**WEB:** www.co.hennepin.mn.us  
**WHO:** 18 yrs and older  
**WHAT:** General financial assistance for rent or other expenses  
**KNOW BEFORE YOU GO:** Individuals may access this money only one time per year. Time period to receive assistance may vary with urgency of situation.
- Respite Community Services Hennepin County**  
**PH:** 651-645-0349  
**WEB:** www.keystonecommunityservices.org  
**WHO:** Only the following Saint Paul zip codes: 55108, 55114 and part of 55104 (west of Lexington)  
**WHAT:** Emergency rental assistance for residents in parts of Saint Paul  
**WHERE:** 2000 St. Anthony Ave, St. Paul  
**KNOW BEFORE YOU GO:** Call to schedule an appointment.

**Financial, Rental and Emergency Assistance Referrals**

- Priority United Communities Priority House**  
**PH:** 612-302-3400  
**WEB:** www.puc-um.org  
**WHO:** Provides assistance to low income individuals and families as well as new immigrants to the United States  
**WHAT:** Agency has 12 locations, including neighborhood centers, housing projects and employment and training center  
**WHERE:** 1201 37th Avenue North, Minneapolis
- Sharing and Caring Hands**  
**PH:** 612-338-6640  
**WEB:** www.sharingandcaringhands.org  
**WHO:** Individuals meeting low income, poverty line  
**WHAT:** Financial assistance available for expenses due to poverty, need, etc. Also provides meals, shelter, etc.  
**WHERE:** 525 N. 7th Street, Minneapolis  
**WHEN:** Mon-Thurs 10am – 11:30am and 1:30pm – 3:30pm  
**KNOW BEFORE YOU GO:** Must wait in line and ask Mary Jo directly for funds. Mary Jo is able to receive requests 10am – 11:30am and 1:30pm – 3:30pm Mon-Thurs.
- Social Outreach Services of Ramsey County**  
**PH:** 651-643-3006  
**WEB:** www.ramsey.mn.us/pb/vas/soe.htm  
**WHO:** Victims of crime  
**WHAT:** Financial assistance to help meet victim's needs, amount depends on funds available. Victim can speak with staff during business hours for assistance.  
**WHEN:** 8:30am-5:00pm Monday-Friday  
**PH:** 651-291-0504  
**WEB:** www.spul.org  
**WHO:** Saint Paul residents in the following zip codes: 55101, 55102, 55103 and 55104 (east of Lexington)  
**WHAT:** Emergency rental assistance  
**WHERE:** 401 Selby Avenue, Saint Paul  
**KNOW BEFORE YOU GO:** Must call to schedule an appointment
- The Salvation Army, East Side**  
**PH:** 651-776-2653  
**WEB:** www.usc.salvationarmy.org  
**WHO:** Saint Paul zip codes: 55101 and 55106 ONLY  
**WHAT:** Emergency rental assistance  
**KNOW BEFORE YOU GO:** Must call to schedule an appointment

**Child Abuse Victims**

**Andrew Children's Resources Center (MCRCC)**

**PH:** 651-220-6750  
**WEB:** www.childdomn.org  
**WHO:** Children/teens from 0 – 17 years old  
**WHAT:** Provides care for children/teens for all forms of intrafamilial abuse (sexual, physical, and severe nutritional neglect) and provides care for all non-acute, extra-familial sexual assault for children/teens age 0 – 17 years old. This agency provides specialized forensic interviews for teens that have been sexually exploited. These appointments need to be scheduled during office hours. MCRCC sees all acute sexual assaults to children 12 years old and under, there is no appointment needed. MCRCC has a number of counseling groups for sexually abused teens, which include, violence prevention program, teen empowerment group for young runaways, cognitive behavior therapy group, and individual therapy. The therapy groups are free. MCRCC provides comprehensive health assessments for runaways. Parental/Guardian permission is required but all care is confidential.

**WHEN:** A nurse case manager is on-call to answer questions 24 hours per day. Direct care for intrafamilial abuse is available 24 hours per day. However, when possible, an appointment should be made. Appointments need to be scheduled during office hours.  
**WHERE:** 347 Smith Street Saint Paul (Garden view Medical Building, Suite 401)  
**PH:** 612-664-8500  
**WEB:** www.ecapm.org  
**WHO:** Children, adults and families.  
**WHAT:** Provides emergency food shelf, homeless shelter, physical and mental health care and help for children in crisis.  
**KNOW BEFORE YOU GO:** Agency most likely will not provide shelter assistance to youth.

**Child Care Crisis Response**  
**PH:** 651-774-7900 (24 hours)  
**WEB:** www.co.ramsey.mn.us/ChildrenMentalHealth.htm  
**WHO:** Youth 0-18 yrs  
**WHAT:** Provides crisis support, intervention, de-escalation, and mobile services for youth who are dealing with mental health or family issues.  
**WHEN:** 24 hours

**Children's Home Crisis Nursery**

**PH:** 651-641-1300  
**WEB:** www.chsn.org  
**WHO:** Residents with children under the age of 12 in Ramsey, Dakota or Washington County  
**WHAT:** Provides help for parents with children under the age of 12 yrs. Short-term childcare, call for information  
**KNOW BEFORE YOU GO:** Crisis nursery is free

**Corner House**  
**PH:** 612-813-8300  
**WEB:** www.cornerhousemn.org  
**WHO:** Must be referred from Child Protection or Police  
**WHAT:** Provides child abuse assessment for Hennepin County  
**WHERE:** 2502 10th Ave South Minneapolis, MN  
**PH:** 651-772-5555  
**WEB:** www.face2face.org  
**WHO:** Ages 12-23 yrs.  
**WHAT:** Counseling, therapy, and support groups for adolescents and their families.  
**WHERE:** 1165 Arcade Saint Paul  
**KNOW BEFORE YOU GO:** Must begin services between ages of 12 to 23 yrs and then may continue until age 27 yrs.

**Family Services**  
**PH:** 651-635-0095  
**WEB:** www.chsn.org  
**WHO:** Anyone  
**WHAT:** Individual, family and group counseling and therapy services.  
**FEE:** Sliding fee scale

**Henriette Hennepin County Child Nursery**  
**PH:** 763-591-0100 (24 hours)  
**WEB:** www.crisisnursery.org  
**WHO:** Residents of Hennepin County  
**WHAT:** Emergency child care for children through age 6, up to 72 hours at a time, up to 30 days within one year. Services are free.  
**Hennepin County Children and Family Services**  
**PH:** 612-348-4111  
**WEB:** www.co.hennepin.mn.us  
**WHAT:** Child protection, social services for teen parents, mental health services, emergency social services

**Minnesota Prevention and Intervention Services - Hennepin County & Family Services**  
**PH:** 651-287-2400  
**WHO:** Abused Children and families  
**WHAT:** Provides counseling and therapy services to abused children and their families. Anger management and domestic abuse counseling for both victims and perpetrators.

**Child Abuse Victims**

**Ramsey County Mental Health Center**

**PH:** 651-266-7999  
**651-266-7960 Intake**  
**651-266-7900 Crisis**  
**WWW:** www.co.ramsey.mn.us  
**WHAT:** Counseling available for abused children and their families

**Wildcat Center**  
**PH:** 651-642-4001  
**WWW:** www.wildcat.org/clinic  
**WHO:** Children and families  
**WHAT:** Counseling for child victims of abuse and their families.

**Minnesota Prevention and Intervention Services - Hennepin County & Family Services**  
**PH:** 651-287-2400  
**WHO:** Abused Children and families  
**WHAT:** Provides counseling and therapy services to abused children and their families. Anger management and domestic abuse counseling for both victims and perpetrators.

## Child Abuse/Neglect Reporting

### Hennepin County Child Protection

PH: 612-348-3552 (24 hours)

WEB: [www.co.hennepin.mn.us](http://www.co.hennepin.mn.us)

WHO: Anyone who would like to make a report, individuals, professionals and mandated reporters.

WHAT: County agency receiving reports of abuse or neglect of children. Assesses families for services.

### Ramsey County Child Protection

PH: 651-266-4500 (24 hours)

WEB: [www.co.ramsey.mn.us](http://www.co.ramsey.mn.us)

WHO: Anyone who would like to make a report, individuals, professionals and mandated reporters.

WHAT: County agency receiving reports of abuse or neglect of children. Assesses families for services.

### St. Paul Health

PH: 651-644-8515 or 1-888-773-8368

WEB: [www.stpaulmn.org](http://www.stpaulmn.org)

WHO: Anyone who has concerns about their own, or someone else's behavior towards children.

WHAT: Provides information and resources for anyone with any concerns about their own or someone else's behavior towards children, including: adults who are having sexual thoughts towards children, or have sexually abused a child; parents concerned about their child's sexual behavior; parents concerned about someone's behavior towards their child; and adults who care about someone whose sexual behavior concerns them.

WHERE: 821 University Ave. West, Suite N385

St. Paul

WHEN: Mon-Fri 8am - 5pm

## Vulnerable Adult/Adult Mental Illness

### Hennepin County

PH: 612-331-6840

WEB: [www.mentalhealthmn.org](http://www.mentalhealthmn.org)

WHO: Community ed. and advocacy for people with mental illness

WHAT: 2021 East Hennepin Ave, Minneapolis

### Ramsey County

PH: 651-266-7900 (24 hours)

WEB: [www.co.ramsey.mn.us/mhc/AdultMentalHealthCenterforAdults](http://www.co.ramsey.mn.us/mhc/AdultMentalHealthCenterforAdults)

WHO: Ages 18 and older

WHAT: 24 hour crisis support and intervention for adults suffering from mental illness and that are a danger to themselves or others. Outreach also available

### Regional Hospital Crisis Program

PH: 651-254-1000 (24 hours)

WEB: [www.regionalhospital.com](http://www.regionalhospital.com)

WHO: 18 yrs and older

WHAT: 24 hour mental health intake through emergency department

### Behavioral Assessment for the Community in (BACOM)

PH: 651-665-2948

WEB: [www.bacomn.org](http://www.bacomn.org)

WHO: Public policy, advocacy, education and support groups for people with mental illness and for their families, information and referrals.

### REACH - Mental Health Association of Ramsey County

PH: 612-331-6840

WEB: [www.mentalhealthmn.org](http://www.mentalhealthmn.org)

WHAT: Support groups for people with mental illness and their families.

### Adolescent Program

PH: 651-228-9544 (24 hours)

WHO: Ages 18 and Older

WHAT: Provides outreach to persons experiencing chronic, persistent mental illness, chemical dependency and/or homelessness.

### Adult Program - Self Views

PH: 612-873-3161

WEB: [www.hcmc.org/depts/psych/cic.htm](http://www.hcmc.org/depts/psych/cic.htm)

WHO: Anyone in crisis; adolescent (up to 18 yrs) and adult program

WHAT: They provide a 24-hour walk-in crisis intervention and treatment of behavioral emergencies; Crisis intervention phone service for assessment, information, and referral for psychiatric emergencies.

WHERE: 701 Park Ave South, Minneapolis  
WHEN: Immediate services are 24 hours; adolescent program hours are Mon/Tues/Wed 8am - 5pm; Thurs noon - 5pm; Fri Closed

KNOW BEFORE YOU GO: If you are under 18, parents have access to your records and you will be transferred to the adolescent program.

### Ramsey County Adult Protection

PH: 651-266-4012 M-F day hours

WEB: 651-291-6795 nights and weekends

WHO: Anyone who would like to make a report of abuse or neglect of a vulnerable adult.

WHAT: County agency receiving reports of abuse or neglect of a vulnerable adult.

### Ramsey County Adult Protection

PH: 612-348-8526 (24 hours)

WEB: [www.co.hennepin.mn.us](http://www.co.hennepin.mn.us)

WHO: Anyone who would like to make a report of abuse or neglect of a vulnerable adult.

## Sexual Harassment Reporting and Exploitation Reports

## Battered Women/Domestic Violence Services/Shelter

### Federal Equal Employment Opportunity Commission (EEOC)

PH: 612-335-4040 Voice

612-335-4045 TTY

WEB: www.eeoc.gov

WHAT: Filing sexual harassment reports and information

Minnesota Department of Human Rights

PH: 651-296-5663

1-800-657-3703

WEB: www.humanrights.state.mn.us

WHO: Anyone

WHAT: Sexual harassment reports and other discrimination reports.

WHEN: Mon - Fri 8am - 4:30pm

LANGUAGE: Phone assistance in English, Hmong and Spanish.

Board of Psychology

PH: 612-617-2230

Call to file a sexual exploitation report against a licensed psychologist.

Minnesota Board of Medical Practice

PH: 612-617-2130

Call to file a sexual report against psychiatrist and other physicians

Minnesota Board of Nursing

PH: 612-617-2270

Call to file a sexual exploitation report against a nurse.

Minnesota Board of Social Work

PH: 612-617-2100

612-617-2166 Fax

Sexual exploitation complaints against licensed social workers. Not all social workers need or have state licenses.

Minnesota Office of Mental Health Practices

PH: 612-617-2105

Sexual exploitation complaints against unlicensed mental health professionals.

### Asian Women United of Minnesota

PH: 612-724-8823 (24 hours)

WEB: www.awun.org

WHO: Asian women and their families

WHAT: Shelter, advocacy, information and domestic violence services for Asian women and their children.

LANGUAGE: Hmong, Vietnamese, Japanese and Cambodian languages spoken by staff.

WHERE: 1611 Park Ave Suite 2 Minneapolis, MN

Emergency Legal Clinic

PH: 612-871-0118 TTY

612-824-2780

WEB: www.dhrysalswomen.org

WHO: 18 yrs and older

WHAT: Legal assistance for women, call to schedule an appointment

KNOW BEFORE YOU GO: Childcare may be available, must call to arrange.

National Domestic Abuse Hotline

PH: 1-800-799-7233

1-800-787-3224 TTY

WHAT: National number that provides support, information and referrals.

Day One Center

PH: 1-866-223-1111 (24 hours)

WEB: www.dayonecenter.com

WHAT: Allows clients to make a single call to access shelter availability for all domestic violence shelter throughout the state of Minnesota. The number connects to the MN Crisis Line and they are able to access the Day One Center if unable to place them elsewhere.

Domestic Abuse and Harassment Office Ramsey County

PH: 651-266-5130

WEB: www.mncourts.gov/district/27/page=45

WHO: Anyone who needs to file an Order for Protection and Harassment Restraining Order

WHAT: Office for filing Order for Protection and Harassment Restraining Orders. Call to make an appointment.

WHEN: Open Monday-Friday, 8am-4:30pm

### Domestic Abuse Project

PH: 612-874-7063

WEB: www.mndap.org

WHO: For battered women and offenders

WHAT: Legal advocacy in court, counseling programs for batterers and victims.

WHERE: 204 West Franklin Avenue, Minneapolis

Domestic Abuse and Harassment Office Ramsey County

PH: 651-348-5073

WEB: www.mncourts.gov/

WHO: Anyone who needs to file an Order for Protection and Harassment Restraining Order

WHAT: Office for filing Order for Protection and Harassment Restraining Orders. Call to make an appointment.

WHEN: Open Monday-Friday, daytime hours

Minnesota Coalition for Battered Women

PH: 651-646-6177

WEB: www.mcbw.org

WHO: Survivors of domestic violence

WHAT: Survivors network, information and referral.

WHEN: 8:30am-4:30pm Monday through Friday

Anonymous Crisis Line for Battered Women

PH: 651-646-0994 Business line

651-222-5836 (24 hours) Women of Nations line

WHO: Women

WHAT: 24 hour crisis intervention and counseling, provides shelter space information and locations of shelters. Information on lesbian battering.

Safe Path Intervention Protocol

PH: 651-645-2824

WEB: www.safeintervention.org

WHO: Victims of domestic violence

WHAT: 24 hour response and service to victims of domestic violence, including youth

WHERE: 1509 Marshall Ave. Saint Paul, MN

Tubman Family Advocacy

PH: 651-770-8844 West Administration

612-825-3333 West location

651-770-0777 East (24 hours)

612-825-0000 West (24 hours)

612-821-4754 TTY

WEB: www.harrtribunna.org

WHO: Battered women

WHAT: Provides legal advocacy, information, counseling services and referrals. Services for survivors and offenders. Tubman Family Alliance runs multiple shelters, call for locations. Also has a legal department within one or more locations.

PH: 651-266-5130

WEB: www.mncourts.gov/district/27/page=45

WHO: Anyone who needs to file an Order for Protection and Harassment Restraining Order

WHAT: Office for filing Order for Protection and Harassment Restraining Orders. Call to make an appointment.

WHEN: Open Monday-Friday, 8am-4:30pm

Battered Women/Domestic Violence Services/Shelter

**Women's Adult Advocacy Program (WAP)**  
**MINNEAPOLIS, MN**  
**PH:** 507-532-9532 Business Line  
**PH:** 507-532-2330 (24 hours)  
**PH:** 1-800-639-2330 (24 hours)  
**WEB:** www.lawsrap.com  
**WHO:** Women  
**WHAT:** Advocacy and safe housing for women of domestic violence. Services Lincoln, Lyon, Murray, Redwood and Yellow Medicine counties.

**Day One Center**  
**PH:** 1-866-223-1111 (24 hours)  
**WEB:** www.dayonecenter.com  
**WHAT:** Allows clients to make a single call to access shelter availability for all domestic violence shelter throughout the state of Minnesota. The number connects to the MN Crisis Line and they are able to access the Day One Center if unable to place them elsewhere.

**Hennepin County Assistance**  
**PH:** 612-348-9410 (Families)  
**PH:** 612-348-3007 (For singles with no children)  
**WEB:** www.co.hennepin.mn.us  
**WHO:** Hennepin County residents  
**WHAT:** Assists residents in obtaining shelter in Hennepin County and local areas. Must meet eligibility requirements, call for requirements.

**Alaska Refugee Council**  
**PH:** 763-780-2330 (24 hours)  
**PH:** 763-780-2332 (Business)  
**WEB:** www.alaskarefugeecouncil.org  
**WHO:** Women and Children  
**WHAT:** Domestic abuse shelter for women, shelter in Blaine (Anoka County).  
**WHERE:** 10065 3rd St NE Blaine, MN 55434

**Casa de Esperanza (House of Hope)**  
**PH:** 651-772-1611 (24 hours)  
**PH:** 651-772-1723 (Business)  
**WEB:** www.casadeesperanza.org  
**WHO:** Culturally appropriate for Latinas, however services available to all women and children.  
**WHAT:** Shelter with Spanish-English bilingual staff. Provides certain legal, housing, employment and domestic violence advocacy exclusively to the Latina community.  
**WHERE:** 1515 East Lake Street, Minneapolis

**Overnight Shelter**  
**PH:** 952-884-0330 (24 hours)  
**PH:** 952-884-0376 (Business)  
**WEB:** www.comtristionemn.org

Battered Women/Domestic Violence Services/Shelter

**Women and their children**  
**Shelter in Bloomington, MN; provides shelter, information and referrals.**  
**WHO:** Women and their children  
**WHAT:** Shelter in Bloomington, MN; provides shelter, information and referrals.

**Dorothy Place**  
**PH:** 651-776-4805  
**WEB:** www.thedwellingshelter.org  
**WHO:** Battered woman and their children  
**WHAT:** Christian based shelter and ministry for battered women and their children, call to complete intake.  
**WHEN:** Call Monday-Friday for intake, 9am-5pm

**Women's Legal Advocates, Inc**  
**PH:** 651-227-8284 (24 hours)  
**WHO:** Women and children, Ramsey County  
**WHAT:** Provides shelter to women and their children

**Ramsey Family Alliance**  
**PH:** 612-825-0000 (24 hours)  
**PH:** 612-821-4754 TTY  
**WEB:** www.hartleibman.org  
**WHO:** Battered women  
**WHAT:** Provides legal advocacy, information, counseling services and referrals. Services for survivors and offenders. Tubman Family Alliance runs multiple shelters, call for locations and services.

**Home Free**  
**PH:** 763-559-4945 (24 Hours)  
**PH:** 763-545-7080 (business)  
**WEB:** www.homefreeprograms.org  
**WHO:** Women of Hennepin County  
**WHAT:** Plymouth based domestic violence shelter; support groups for immigrant women, moms with children who have witnessed domestic violence, women's empowerment group.

**Supporter Project, Inc.**  
**PH:** 952-933-7422 (24 hours)  
**PH:** 952-933-7433  
**WEB:** www.supporterproject.org  
**WHO:** Women and children  
**WHAT:** Shelter in Hopkins (Hennepin County). Shelter and advocacy for women and children

**Asian Women United (House of Peace Shelter)**  
**PH:** 612-724-8823 (24 hours)  
**WEB:** www.awum.org  
**WHO:** Anyone, but culturally appropriate for Asian and Asian American women.  
**WHAT:** Provides shelter, advocacy, information and domestic violence services for Asian women and their children.  
**LANGUAGE:** Hmong, Vietnamese, Japanese and Cambodian languages are spoken by staff.

Battered Women/Domestic Violence Services/Shelter

**Women of Nations - Eagles Nest**  
**PH:** 651-222-5836 (24 hours)  
**WEB:** www.women-of-nations.org  
**WHO:** Culturally appropriate for Native American/Alaskan Native women, but services available to all women and children  
**WHAT:** Provides temporary shelter and legal advocacy for women who have experienced domestic violence, sexual violence and women who have been prostituted.

**Lewis House, Community Action Council**  
**PH:** 651-452-7288 (24 hours)  
**PH:** 1-800-336-7233  
**WEB:** www.communityactioncouncil.org  
**WHO:** Women and children, primarily serves Dakota County  
**WHAT:** Provides shelter, counseling, case management, legal and employment assistance to battered women. Offers support groups. Also has a sexual assault service program in the shelter.

**WHERE:** Eagan MN

**Alaska Refugee Council**  
**PH:** 651-770-0777 (24 hours)  
**PH:** 651-768-0216 (24 hour shelter line)  
**WEB:** www.hartleibman.org  
**WHAT:** Saint Paul Park, Washington County shelter to women and children

**Lewis House, Community Action Council**  
**PH:** 651-457-1291 (24 hours)  
**WEB:** www.communityactioncouncil.org  
**WHO:** Women and children, primarily serves Dakota County  
**WHAT:** Provides shelter, counseling, case management, legal and employment assistance to battered women. Offers support groups.  
**WHERE:** Hastings MN

**Tom Tubman, Tubman Family Alliance**  
**PH:** 651-770-0777 (24 hours)  
**PH:** 651-653-6305 (Business line)  
**WEB:** www.hartleibman.org  
**WHAT:** Lake Elmo, Washington County shelter to women and children

**Wannamack Center, Hope Center**  
**PH:** 800-607-2330 (24 Hours)  
**PH:** 507-332-0882 (Business)  
**WEB:** www.hopecentermn.org  
**WHO:** For battered women in, or wanting to be in a safe place. Located in Fairbault, MN  
**WHAT:** Battered women's program, outreach and sexual assault services.  
**WHERE:** 303 1st Avenue NE, Fairbault MN 55021



## Prostitution and Sex Trafficking Survivors

### Breaking Free

PH: 651-645-6537

WEB: [www.breakingfree.net](http://www.breakingfree.net)

WHO: Prostituted women and girls

WHAT: Agency fights commercial sexual exploitation through direct services to prostituted women and girls; community education on prostitution as systematic violence, case management, support groups, housing, mentorship programs, community court and "school for Johns" will soon be starting a transitional housing program.

WHERE: 770 University Ave Saint Paul

### PRIDE and Transition (Family and Children's Services)

PH: 612-728-2062

1-888-PRIDE-99 Toll free

WEB: [www.familychildservices.noprofitoffice.com](http://www.familychildservices.noprofitoffice.com)

WHO: Women ages 13-18

WHAT: Counseling & advocacy to women teens, 24 crisis line that accepts collect calls, free services, support groups, transportation to those who are at risk for sexual exploitation and/or who have been sexually exploited or victims of prostitution. Can assist with housing, both teen and adults.

WHERE: Support groups are held at Mondays from 5pm - 7pm at Project Off streets: 41 N 12th Street in Minneapolis

Tuesdays from 5pm - 7pm at the Lake Street Branch: 4123 East Lake Street

HOW: Call 24 hour line; drop in

WHEN: Lake Street Hours Mon/Tue/Thurs 8am - 8pm, Wed/Fri 8am - 4:30pm

### Adult Survivors Kit

PH: 612-872-0684

WEB: [www.adultsurvivorskit.org](http://www.adultsurvivorskit.org)

WHO: Professional educational outreach program.

WHAT: Presentations about commercial sexual exploitation in prostitution, stripping and pornography. No direct services.

WHERE: 1901 Portland Ave, Minneapolis

### Project Pathfinder, Inc.

PH: 651 - 644-8315

WEB: [www.projectpathfinder.org](http://www.projectpathfinder.org)

WHO: Program for men who have paid for sex with prostitutes and want to stop. Self referred or referred by the criminal justice system.

WHAT: Intervention Program - For Men Who Use Prostitutes. A brief group based program that provides information and brief therapy for men who have been arrested or who have engaged in sex with prostitutes and want to stop. Men-Fri... To make an appointment call 651-644-8315, ask for "Intervention Program" intake.

WHERE: 1821 University Ave, West N785, Saint Paul

PH: 612-721-6327

WEB: [www.yoann.org](http://www.yoann.org)

WHO: Prostituted women and teens who also have chemical dependency issues

WHERE: North Oaks MN

WHAT: 90 day residential program by referral only, for women who have been used in prostitution who are also dealing with chemical dependency programs, trauma, mental illness, etc.

WHEN: Mon-Fri 8am - 4:30pm

KNOW BEFORE YOU GO: Residential program by referral only from corrections or Rule 25.

## African and African American Community Resources

### Project Whoddy Community Center

PH: 612-374-4342

WEB: [www.pwccenter.org](http://www.pwccenter.org)

WHO: Culturally appropriate for African American and African community

WHAT: Counseling, classes, nursery, after school program, information and referrals.

WHERE: 1301 10th Ave North, Minneapolis

### African American Family Services

PH: 612-813-0782

WEB: [www.aafs.net](http://www.aafs.net)

WHO: Culturally appropriate for African American adults and adolescents

WHAT: Adult and adolescents, domestic violence and anger management support groups for women and men, services to both victims and abusers, and provides free individual therapy.

WHERE: 1041 Selby Ave, Saint Paul

### Community University Health Care Center (CUHCC)

PH: 612-638-0700

WEB: [www.abc.umn.edu/CUHCC/](http://www.abc.umn.edu/CUHCC/)

WHO: Anyone in need of medical services

WHAT: Primary medical care, mental health and dental and legal services

LANGUAGE: Cambodian, English, Hmong, Laotian, Somali, Spanish, and Vietnamese.

WHERE: 2001 Bloomington Ave South, Minneapolis

BUS: 2, 14 and 24 bus lines and within walking distance of the Franklin Station. Stop on the Hiawatha Light Rail and the 19 and 8 bus lines.

WHEN: Mon - Fri 8am - 5pm; Walk-ins welcome!

KNOW BEFORE YOU GO: If you are under 18, parents have access to your records. Fees based on sliding fee scale and have community programs to help with fees.

### Yield Williamson & Associates

PH: 651-225-8997

WHO: Culturally appropriate for African and African Americans.

WHAT: Provides individual, general therapy for Ramsey County residents. Case managers are onsite.

WHERE: 475 University Ave, Saint Paul

Asian and Asian American Community Resources

- Asian Women United of Minnesota**  
 (Office of Peace Shelter)  
**PH:** 612-724-8823  
**WEB:** www.awum.org  
**WHO:** Anyone, but culturally appropriate for Asian and Asian American women.  
**WHAT:** Provides shelter, advocacy, information and domestic violence services for Asian women and their children.  
**LANGUAGE:** Hmong, Vietnamese, Japanese and Cambodian languages are spoken by staff.
- Southwest Asian Refugee Community Home**  
**PH:** 612-673-9388  
**WHO:** Asian refugees individual and families  
**WHAT:** General social services agency, offering counseling services, victim services, employment assistance, youth prevention program, childcare program and juvenile delinquency assistance for families  
**WHERE:** 1113 E Franklin Ave, Minneapolis
- University of Minnesota**  
**Health Care Center (CUHCC)**  
**PH:** 612-638-0700  
**WEB:** www.aic.umn.edu/CUHCC/  
**WHO:** Anyone in need of medical services  
**WHAT:** Primary medical care, mental health and dental and legal services  
**LANGUAGE:** Cambodian; English; Hmong; Laotian; Somali; Spanish; and Vietnamese.  
**WHERE:** 2001 Bloomington Ave South Minneapolis  
**WHEN:** Mon – Fri 8am – 5pm, Walk-ins welcome!  
**BUS:** 2, 14 and 24 bus lines and within walking distance of the Franklin Station Stop on the Hiawatha Light Rail and the 19 and 8 bus lines.  
**KNOW BEFORE YOU GO:** If you are under 18, parents have access to your records. Fees based on sliding fee scale and have community programs to help with fees.
- Hmong American Family Connection**  
**Services**  
**PH:** 651-343-5929  
**WHO:** Culturally appropriate services for Hmong individuals and families  
**WHAT:** Mana Vine offers individual, couple and family therapy in English and in Hmong.  
**FEES:** Accepts self pay, medical assistance and some HMOs. Sliding fee scale is available.  
**PH:** 651-221-0069; www.laofamily.org  
**WHAT:** Employment assistance, legal advice, counseling services and support for women and senior citizens.  
**WHERE:** 320 University Ave W, St Paul

Deaf and Hard of Hearing Community Resources

- Special Offense Services of Ramsey County**  
**PH:** 651-643-3006 (24 hours)  
**WEB:** www.ramsey.mn.us/ph/sos/sos.htm  
**WHO:** Anyone (primary or secondary) that is a victim of sexual violence  
**WHAT:** Crisis supportive counseling for victims, friends and families that are affected by sexual violence; advocacy, referrals, emergency services, medical outreach to Regions Hospital, support groups, 24 hour crisis line; services using a TTY and MN relay service for deaf and hard of hearing victims  
**WHERE:** 1619 Dayton Ave Suite #201, Saint Paul  
**WHEN:** 24 hour crisis line; office open 8:30am – 5pm, 24 hour medical outreach  
**KNOW BEFORE YOU GO:** All services are free and confidential
- Emergency Call Sign Language Interpretation**  
**PH:** 651-224-6548 (24 hours)  
**WHAT:** 24 hour services to deaf and hard of hearing individuals  
**FEES:** Billing information is provided on call after determination of where and for how long an interpreter is needed
- Communication Services for the Deaf (CSID)**  
**PH:** 651-297-6700 (Metro, voice & TTY business line) 877-456-7589 (MN wide, voice, & TTY)  
 651-224-6548 (Metro, voice & TTY, 24 hours)  
**WHO:** Culturally appropriate services for deaf and hard of hearing individuals and refugees.  
**WHAT:** Information, referrals, social services, domestic violence programming and interpreting services. Also have a refuge service, adult education, recreation and other programs. Emergency on-call interpreters for medical, legal and advocacy services.
- Deaf and Hard of Hearing Social Services**  
**PH:** 651-297-1316-Voice  
 1-888-206-6513 TTY  
**WEB:** www.dhs.state.mn.us  
**WHAT:** Information and referrals to deaf and hard of hearing persons.
- National Crisis Line for the Deaf**  
**PH:** 1-800-380-3333 (24 Hours) Toll Free, TTY, Voice  
**WHAT:** A database for the deaf and hearing individuals to find resources and service providers.
- Deafening Awareness Project**  
**PH:** 651-646-0994 Voice/TTY for metro shelter crisis line  
**WHAT:** Provides information to disabled women about domestic violence. Emphasis on access and education for women with hearing loss.
- Family Tree Center**  
**PH:** 651-645-0478 Voice  
 651-379-1458 TTY  
**WEB:** www.familytreeclinic.org  
**WHO:** Teens, men and women  
**WHAT:** Sliding fee based medical and reproductive health services; STI testing; free birth control and family planning; annual exams; UTI and infection treatment; same day appointments. Also provides medical services and educational programs (health/sexuality education, family planning) to the Deaf, Deaf/Blind and Hard of Hearing community. Health education programs are free.  
**WHEN:** Mon/Wed 8:30am – 8:30pm; Tues/Thurs 8:30am – 5pm; Closed Fri  
**LANGUAGE:** ASL and interpreter services  
**WHERE:** 1619 Dayton Ave, Saint Paul
- Asa, Inc. Interpreting Services and Organizing**  
**PH:** 763-478-8963 Voice  
 763-478-3093 TTY/Fax  
**WEB:** www.asa1s.com  
**WHAT:** Information and referrals to deaf and hard of hearing persons.  
**WHERE:** 6517 Hunter Road Corcoran, MN 55340
- Greater St. Paul Westbank Program**  
**PH:** 651-254-4786 Voice/TTY  
 651-254-1888 TTY  
**WEB:** www.regionshospital.com  
**WHO:** Anyone in need of specialized mental health treatment, specifically the deaf/hard of hearing community.  
**WHAT:** Consultation services provided on chemical dependency treatment. Comprehensive mental health services for children and adults Individual, couple, family and groups available. Inpatient (18 yrs and older) and Outpatient services (all ages).  
**KNOW BEFORE YOU GO:** Individuals seeking services for inpatient MUST be 18 yrs or older; outpatient services are for all ages.

**Deaf and Hard of Hearing Community Resources**

**Minnesota Deafblind Dependency Program**

- PH:** 612-273-4402 Voice/TTY
- WEB:** www.mn.deafblind.org
- WHO:** Deaf/blind of hearing individuals in need of chemical dependency treatment.
- WHAT:** Individualized in-patient chemical dependency treatment program designed for individuals who are deaf or hard of hearing.
- WHERE:** 2450 Riverside Avenue South, Minneapolis
- Hours of the Facility Service**
- PH:** 711 (24 hours)
- 1-800-627-3529 TTY (use this number if you have any problems with #711)
- WEB:** www.state.mn.us/portal/mn/jsp/content.do?id=536881376&agency=Commerce
- WHAT:** Provides voice and TTY relay for hearing and hearing impaired people to communicate via telephone. No fee except for long distance relay call.
- Hours of the Facility Service**
- PH:** 763-753-7310 Anoka
- 763-225-4052 Golden Valley (Mental Health)
- WEB:** www.voamn.org
- Ask for Karen Ols, Program Assistant: 1-866-400-8229 (toll-free voice) or 763-225-4064 (voice), email address: kolts@voamn.org
- WHO:** Children, adolescents ages 0-22 who are deaf, blind or hard of hearing who experience significant difficulty due to emotional or behavioral problems, and their families.
- WHAT:** Mental health services, including therapy, case management, residential treatment, family services, group therapy, skill building and parent support groups.
- WHEN:** Call to schedule: Mon-Fri 9am to 6pm
- WHERE:** Anoka Office: 22426 St. Francis Boulevard, Anoka MN 55303  
Golden Valley Office: 5905 Golden Valley Road, Golden Valley, MN 55422
- FEE:** Fees for mental health services are reimbursable by Medical Assistance, third party insurance payers and contractual agreements with counties.

**Lesbian/Gay/Bisexual/Transgender/Queer/Questioning (LGBTQ) Community Resources**

- Out Youth**
- PH:** 612-871-0118
- 612-824-2780 TTY
- WEB:** www.chrysaliswomens.org
- WHO:** 18 yrs and older
- WHAT:** Group and individual counseling and therapy, legal clinic, chemical dependency, couples/coupling, adult survivors, support groups, general information and referrals.
- KNOW BEFORE YOU GO:** Childcare may be available, must call to arrange.
- Outreach**
- PH:** 612-871-5559
- WEB:** www.dist202.org
- WHO:** GLBT youth and under 21 yrs
- WHAT:** Coffee shop, social events, groups, programming for youth and supportive friends
- WHERE:** 1601 Nicollet Ave. S, Minneapolis MN
- Community Resource Health Care Center (COURAGE)**
- PH:** 612-638-40700
- WEB:** www.ahr.uinn.edu/CUHCC/
- WHO:** Anyone in need of medical services
- WHAT:** Primary medical care, mental health and dental and legal services
- LANGUAGE:** Cambodian, English, Hmong, Laotian, Somali, Spanish, and Vietnamese.
- WHERE:** 2001 Bloomington Ave South, Minneapolis
- BUS:** 2, 14 and 24 bus lines and within walking distance of the Franklin Station Stop on the Hiawatha Light Rail and the 19 and 8 bus lines.
- WHEN:** Mon - Fri 8am - 5pm, Walk-ins welcome!
- KNOW BEFORE YOU GO:** If you are under 18, parents have access to your records. Fees based on sliding fee scale and have community programs to help with fees.
- GLBT Kids Line**
- PH:** 1-877-452-8543
- TransWIDE (Family and Children's Services)**
- PH:** 612-728-2062
- 1-888-PRIDE-99 Toll free
- WEB:** www.familychildservicesnonprofitoffice.com
- WHO:** Women ages 13-18
- WHAT:** Counseling, advocacy, referrals to women teams. 24 crisis line that accepts collect calls. Free services, support groups, transportation to those who are at risk for sexual exploitation and/or who have been sexually exploited or victims of prostitution
- WHERE:** Support groups are held at Mon 5pm - 7pm at Project Ofc streets (41 N 12th Street in Minneapolis)
- Tues 5pm - 7pm at the Lake Street Branch (4123 East Lake Street)
- HOW:** Call 24 hour line; drop in
- WHEN:** Lake Street Open: Mon, Tues and Thurs: 8:00am - 8:00pm. Wed and Fri: 8:00am - 4:30pm.
- Family Service**
- PH:** 651-635-0095
- WEB:** www.chsfs.org
- WHO:** Anyone
- WHAT:** Individual, family and group counseling and therapy services.
- FEE:** Sliding fee scale
- Minnesota Campaign for State and Women's**
- PH:** 651-646-6177 (office)
- 651-646-0994 (24 hours in metro)
- 1-800-289-6177 (state wide 24 hrs)
- WEB:** www.mchw.org
- WHAT:** Resources, information and referrals. Advocacy and safe home access for victims of abuse.
- WHERE:** 590 Park Street, Suite 410, Saint Paul
- Out for Equality**
- PH:** 651-603-4942
- WEB:** outforequality.org
- WHAT:** Program of Saint Paul school district, sponsoring Gay-Straight Alliances, support groups and services to students and staff.
- WHERE:** 1495 Rice Street Saint Paul, MN

## Jewish Community Resources

**Jewish Family Services**  
**PH:** 651-698-0767  
**WEB:** www.jfcsmpls.org  
**WHO:** Culturally appropriate services for Jewish clients  
**WHAT:** Counseling, family life education, services and case management for elderly, respite and training services.  
**FEES:** Sliding fee scale  
**Address: Community Relations Council**  
**PH:** 612-338-7816  
**WEB:** www.amindkjcc.org  
**WHAT:** Social justice, advocacy, no direct services, literary services—most services address anti-Semitism.  
**WHERE:** 12 N. 12th Street #480, Minneapolis

## Latino Community Resources

**CLUES**  
**(Comunidad Latina Unida En Servicio)**  
**PH:** Minneapolis Office: 612-746-3500  
 Minneapolis Crisis Line: 612-746-3537  
 St. Paul: 651-379-4200  
 St. Paul Fax: 651-292-0347  
**WEB:** www.clues.org  
**WHO:** Culturally appropriate for the Spanish speaking community.  
**WHAT:** Individual, family and group counseling in Spanish and English.  
**WHERE:** 720 East Lake Street, Minneapolis AND 797 East 7th Street, St. Paul

**Casa de Esperanza (House of Hope)**  
**PH:** 651-772-1611 (24 hours)  
**651-772-1723 (Business)**  
**WEB:** www.casadeesperanza.org  
**WHO:** Culturally appropriate for Latinas, however services available to all women and children.  
**WHAT:** Shelter with Spanish-English bilingual staff. Provides certain legal, housing, employment and domestic violence advocacy exclusively to the Latina community.  
**WHERE:** 1515 East Lake Street, Minneapolis

**Community University Health Care Center (CUHCC)**  
**PH:** 612-638-0700  
**WEB:** www.ahe.umn.edu/CUHCC/  
**WHO:** Anyone in need of medical services  
**WHAT:** Primary medical care, mental health and dental and legal services  
**LANGUAGE:** Cambodian, English, Hmong, Laotian, Somali, Spanish, and Vietnamese.  
**WHERE:** 2001 Bloomington Ave South, Minneapolis  
**BUS:** 2, 14 and 24 bus lines and within walking distance of the Franklin Station Stop on the Hiawatha Light Rail and the 19 and 8 bus lines.  
**WHEN:** Mon – Fri 8am – 5pm; Walk-ins welcome!  
**KNOW BEFORE YOU GO:** If you are under 18, parents have access to your records. Fees based on sliding fee scale and have community programs to help with fees.

**Esperanza Para Siempre**  
**Sexual Assault Services**  
**PH:** 1-800-630-1425  
**WHO:** Any resident of Saint Peter, MN serving Nicollet, Blue Earth, Brown and Sibley counties and who is a sexual assault victim.  
**WHAT:** Crisis intervention, crisis counseling for sexual assaults.

**La Familia Guidance Center Inc**  
**PH:** 651-221-0913  
**WEB:** www.lafamilia.org  
**WHO:** Youth, families and adults  
**WHAT:** mental health counseling; youth intervention; parent and family counseling  
**WHERE:** 155 S. Wabasha Street Suite #120, Saint Paul and 2217 Nicollet Avenue South in Minneapolis  
**LANGUAGE:** Fluent in Spanish and English; has multicultural mental health clinic  
**KNOW BEFORE YOU GO:** Must have insurance; agency works to keep children in the family.

**La Familia, Inc**  
**PH:** 507-244-8361 (Mankato)  
**1-800-519-8988 (Crisis line)**  
**WEB:** lamfamom.org  
**WHO:** Latin American community living in Mankato, Faribault and Owatonna, MN  
**WHAT:** Provides services for abused children, general and sexual assault crimes and provides advocacy, legal aid, reparations, support groups and referrals.  
**WHERE:** 1400 Madison Avenue Suite 218, Mankato MN

**Mujeres Unidas (Women United)**  
**PH:** 218-256-9884 (Moonbeam MN)  
**WEB:** www.mujeresunidaswomenunited.org  
**WHO:** Chicana/Latina women, particularly single mothers  
**WHAT:** Information and referrals, advocacy and support working with law enforcement, legal information.  
**Spanish De Lejos**  
**PH:** 612-822-6269  
**WHO:** Anyone, culturally appropriate for Latina community.  
**WHAT:** Lawyer specializing in domestic violence and immigration related legal work.  
**WHERE:** 547 Cedar Avenue South, Minneapolis

**West Side Community Health Services (La Clínica)**  
**PH:** 651-222-1816  
**WEB:** www.westsidclhs.org  
**WHAT:** STD and HIV testing, pre-natal care and family planning  
**WHERE:** 133 Cesar Chavez Street, Saint Paul

Native Americans Community Resources

AIN DA-YUNG

PH: 651-227-4184

WEB: www.aindaiyung.com

WHO: Youth

WHAT: Emergency shelter for runaway and homeless American Indian youth, accepts all youth from diverse backgrounds. Also offers other youth programming and support.

WHERE: 1089 Portland Ave, Saint Paul

DIAGNOSIS OF INDIAN WORK

PH: 612-722-8722

WEB: www.gncc.org

WHO: Girls in Daughters in Transition Program, 8 to 12 yrs of age. Must have referral to be in program from Child Protective Services

WHAT: No direct services without referrals, with referral from Child Protection Services, probation, etc. they offer counseling and support groups as part of the Family Violence Program. Also offers a food shelf.

WHERE: 1001 East Lake Street, Minneapolis, MN

MINNESOTA NATIVE WOMEN'S

SOCIETY/ALASKAN CULTURAL

300 N. Hudson Wisconsin & Redwood Center

PH: 612-728-2028

WEB: www.mnwcse.org

WHO: Culturally appropriate for Native American/ Alaskan Native women

WHAT: Offers support groups, supportive counseling, legal and medical advocacy, information and referrals.

WHEN: Monday-Friday day hours

WHERE: 1619 Dayton Ave, Saint Paul

WOMEN OF NATIVE AMERICANS NEST

PH: 651-222-5836 (24 hours)

WEB: www.women-of-nations.org

WHO: Culturally appropriate for Native American/Alaskan Native women, but services available to all women and children

WHAT: Provides temporary shelter and legal advocacy for women who have experienced domestic violence, sexual violence and women who have been prostituted.

Warrant: Check Procedure for Sexual Assault Victims Undergoing Forensic Medical Examinations

If a sexual assault victim presenting at a Ramsey County hospital for examination is concerned about reporting the crime to any Ramsey County law enforcement authority because s/he thinks there may be an active warrant for her/his arrest, hospital staff may contact dispatch to inquire whether the person has an outstanding warrant, what it is for and what bail has been set.

The Ramsey County Sexual Assault Protocol Team would recommend that unless there is a warrant for a serious offense (robbery, homicide, etc.), Ramsey County should encourage the making of the sexual assault report to law enforcement by minimizing the warrant and taking appropriate steps to deal with the warrant at a different time. Dispatch will not initiate a law enforcement response to arrest the victim, but will inform the responding agency of the nature of the warrant.

Nothing in the preceding two paragraphs precludes hospital staff from calling law enforcement for assistance when appropriate.

# OFFICE OF THE RAMSEY COUNTY ATTORNEY

John J. Choi, County Attorney



50 West Kellogg Boulevard, Suite 315 • St. Paul, Minnesota 55102-1553

Telephone (651) 266-3222 • Fax (651) 266-3010

## Criminal Division

September 25, 2012

Ms. Amy Brown  
City of St. Paul  
15 West Kellogg Boulevard  
City Hall / Courthouse Building  
Saint Paul, MN 55102

Dear Amy,

Thank you for your assistance in obtaining review of the Memorandum of Understanding for the SAPT. As we discussed on the phone, this team has been meeting since 1998 and has developed an inter-agency protocol for the investigation and prosecution of sexual offenses involving adults or adolescents in Ramsey County.

You requested a list of agencies that participate in the SAPT. They include the following:

- Ramsey County Attorney's Office
- St. Paul Police Department
- Ramsey County Sheriff's Office
- Maplewood Police Department
- North St. Paul Police Department
- White Bear Police Department
- Roseville Police department
- St. Anthony Police Department
- Mounds View Police Department
- New Brighton Police Department
- Bureau of Criminal Apprehension
- Ramsey County Corrections
- Ramsey County Adult Protection
- Regions Hospital Sexual Assault Nurse Examiners
- Mercy/United Hospital Sexual Assault Nurse Examiners
- Midwest Children's Resource Center
- Dakota County Sexual Assault Forensic Examiners
- Ramsey County Sexual Offense Services
- Breaking Free
- Face to Face
- CLUES
- ARC Greater Twin Cities
- Minnesota Coalition Against Sexual Assault (grant technical assistance provider)

Ms. Amy Brown  
Page Two  
September 20, 2012

If I can be of further assistance in the review of this MOU by the City of St. Paul, please let me know.

Respectfully,

Kaarin Long  
Assistant Ramsey County Attorney  
(651) 266-3115

KL:pas