ACCESS TO JUSTICE: BUILDING A SUSTAINABLE AND INCLUSIVE PRACTICE

Steven L. Hill

Hill Law Office

Chanpone P. Sinlapasai

Marandas Sinlapasai Garcia LLC

Emery Wang

Vames & Wang

Shari R. Pearlman, moderator

Oregon Attorney Assistance Program

Attorney Counselor

Suggested blog posts and articles from the Professional Liability Fund, Oregon Attorney Assistance Program, and ABA at the links below:

Communication with Clients: Adjust as Necessary

September 18, 2020 by <u>Rachel Edwards</u>, PLF Practice Management Attorney

Regardless of the practice area, many attorneys are now facing the dilemma of losing track of their clients. The pandemic, and most recently wildfires on the West Coast, has upended many people's lives. Clients may have moved or changed their phone number, or even become homeless with limited or no access to phone or internet, making it difficult if not impossible to track them down. https://www.osbplf.org/inpractice/communication-with-clients--adjust-as-necessary/

You May Be Needed Elsewhere: How a Market Analysis Can Help

November 15, 2019 by <u>Hong Dao</u>, PLF Practice Management Attorney

For lawyers who want to open their own law practice, here is something to consider: examine the market you want to practice in. Doing a market analysis is an essential first step to opening any business. https://www.osbplf.org/inpractice/you-may-be-needed-elsewhere--how-a-market-analysis-can-help-/

Five Tips for Keeping Clients Happier with Communication

May 17, 2019

by Sheila Blackford, PLF Practice Management Attorney

Unhappy clients are not the clients you want to have. They complain to you, to your staff, to their neighbors, to their friends, and they complain to the Oregon State Bar. One thing that makes clients unhappy is being ignored. Their emails go unanswered. There is no callback. If a receptionist is answering the phone, the receptionist becomes less sympathetic to the complaining client out of embarrassment or frustration.

https://www.osbplf.org/inpractice/five-tips-for-keeping-clients-happier-with-communication/

Vicarious Trauma in the Time of COVID-19

July 24, 2020

by Kyra Hazilla, OAAP Attorney Counselor

How does the vicarious trauma caused by exposure to our clients' suffering intersect with the stress and anxiety many are experiencing right now due to a global pandemic? If you have ever attended one of my CLE presentations, or met me in person, it is very likely you have heard me talk about vicarious trauma. I hope these discussions and others like them have helped us recognize a <u>familiar experience for many of us in the legal community</u>. https://oaap.org/thriving-today/vicarious-trauma-in-the-time-of-covid-19/

THRIVING...Despite Challenge: A Brief Roadmap for Lawyers

March 26, 2020

by Douglas S. Querin, OAAP Attorney Counselor

It is no surprise that each of us responds differently to life's changes and challenges: the birth of a child, the death of a parent, a good job obtained, a good job lost, a financial success, a financial setback. No two of us react in exactly the same way. That's natural and to be expected. Given that, we each have our own unique life experiences, how we deal with changes, challenges, and difficulties when they occur is often a reflection of our past experiences, habits, and behaviors, and our particular view of the world. Thus, how we *thrive* – how we individually manage to successfully function in good times and in difficult times will be different for different people. Despite how we may individually navigate this process, however, thriving is ultimately the goal that most of us seek to achieve.

https://oaap.org/thriving-today/thrivingdespite-challenge-a-brief-roadmap-for-lawyers/

Self-Care for Women Lawyers of Color

June 27, 2019

by Karen A. Neri, OAAP Attorney Counselor

The National Task Force on Lawyer Well-Being ("Task Force") in its report "The Path to Lawyer Well-Being: Practical Recommendations for Positive Change," took note that an important aspect of well-being among lawyers is diversity and inclusion. In recognizing that organizational belongingness (defined as presence of acceptance, inclusion, respect, and support by others) is associated with well-being, it recommended that all stakeholders prioritize diversity and inclusion, as well as create meaningful mentoring and sponsorship programs. Unfortunately, the lack of diversity and inclusion in our legal profession remains a concern. Specifically, for women lawyers of color, this lack of diversity and inclusivity adds a layer of complexity and stress that makes well-being difficult to achieve.

https://oaap.org/insight/self-care-for-women-lawyers-of-color/

Establishing a Trauma-Informed Lawyer-Client Relationship

October 2014 ABA Child Law Practice
Talia Kreamer and Eliza Patten

As a lawyer for youth, you know many of your clients have experienced trauma, particularly those involved in the child welfare or juvenile justice systems. Trauma can affect the most fundamental aspects of the attorney-client relationship.

https://www.lsc-sf.org/wp-content/uploads/2015/10/Article_Establishing-a-Trauma-Informed-Lawyer-Client-Relationship.pdf



(in alphabetical order)

Challenge / Barrier		Solutions (general)
Abused = Trans / Trans = Abused?	Perpetrators, victims, and others sometimes "blame" the attack on the person's gender identity. Some people say abuse causes people to be transgender.	 Always reiterate that victims are never responsible for the actions of their perpetator(s). Stress in literature and outreach that you provide services to all without discrimination.
Access to Basic Resources	Maslow's hierarchy. Trans people may have basic needs that are not being met.	 Determine that the client has A place to live Food Access to safe school/work What services need to be offered for core needs before SA-specific care?
"Atypical" Perpetrator/s	Many people believe that only men can be perpetrators.	 All staff should be trained that approximately ¼ of sexual assault perpetrators are female, using case studies and discussion to ensure myths are debunked. All public education materials and events must note some perpetrators are female.
Charting (medical)	Body and charting options don't align.	 Gender neutral body maps are available on the FORGE website. An alternative: adapt what you have. If you must use a gendered body map, know and tell the victim why. Reflect client's language and notate for clarity.
Complex Relationship with Providers	WPATH Standards of Care create barriers.	 Ask local transgender groups for referrals to trans-sensitive providers. Work with providers who use an informed consent (rather than SOC) model. Help survivor prioritize their needs.
Cost	Widespread employment discrimination, lack of health insurance and/or low income make care unaffordable.	 If your services are free, make sure your website, your advertising, and your public events all emphasize that fact. Create and maintain a list of providers who accept sliding scale fees. Work with transgender groups or trans-friendly professionals to create lower-cost group services.
Denial of Care	1 in 5 transgender individuals has been <u>refused</u> medical care.	 Persistence in advocacy (keep going)! Additional emotional support. Local trans groups may be good sources for referrals. Educate providers in hopes of systemic change.
Discrimination	28% of trans people have postponed needed medical care due to fear of	Accompaniment to appointments.Additional emotional support



20 Common Barriers to Serving Transgender Sexual Assault Victims

Challenge / Barrier		Solutions (general)
	discrimination.	 Local trans groups may be good sources for non-discriminating referrals. Educate providers in hopes of systemic change.
Documentation	"Mis-matching" identification. (Client may have identification in a name or gender other than their gender identity or expression.)	 Ask! Name / pronoun. Use! Name / pronoun. Discuss confidentiality, billing, paperwork. Respectfully chart "mis-match" so client doesn't need to repeatedly disclose. Use correct/preferred name and pronouns to convey respect
General Respect	All clients deserve basic respect.	 Remember your job Treat all clients equally Take your curiosity elsewhere!
Hopelessness	The belief that healing is not possible is pervasive.	 Develop and use case studies or stories that are explicit about how survivors have been helped to feel and/or function better. Educate the transgender community about the long-term consequences of sexual abuse, so survivors can identify what characteristics may be abuse-related.
Housing / Shelter	Women-only shelters or homeless shelters (where there is a high rate of abuse against trans people).	 Consider alternative "safe havens" such as consensual hospitalization. Locate ad hoc or more formal "safe houses" within the transgender community. Recruit a live-in companion to provide more safety at home. Be creative! Advocate for shelter non-discrimination policies.
Internalized Transphobia	Shame and low self-esteem. Internalized belief that trans people ARE NOT WORTHY OF care or services.	 Redouble your efforts to treat the transgender survivor with great respect and care; your actions will speak loudly. When and where possible, disagree with self-disparaging remarks: "Well, some people might believe that, but I don't!" Ask if the survivor is active in the local trans community; if not, give them referrals to local support groups or organizations.
Lack of Training	Not enough information about the unique needs and concerns of trans survivors.	 Get trained! Train others! All staff need to be trained and empowered; much damage is done by receptionists and other front-line personnel. Stay up-to-date; one training is not enough. Arrange to have an advocate accompany a transgender person when accessing service providers who may be untrained.



20 Common Barriers to Serving Transgender Sexual Assault Victims

Challenge / Barrier		Solutions (general)
Nonconsensual Outing	Medical services requiring disrobing. Intake forms and documentation. Inappropriate behavior.	 Rigorously follow HIPAA and other privacy rules; inform clients of their rights and your agency's policies. Give clients options (not disrobing, whether information gets shared or not). Discuss pros and cons of various choices.
Non-traditional Employment	Sex work, other increased risks. (11% of trans people have engaged in sex work vs. 1% of the non-trans population.)	 Reiterate that victims are not responsible for perpetrators' behavior. Check whether victim's survival needs are met. Advocate around police involvement (victim may fear reporting / arrest). Connect survivor to free follow-up care/services. Reinforce confidentiality protections.
Police	Fear of police. (46% uncomfortable seeking police help)	 Acknowledge fear. Be aware the perpetrator/s may be police officers. Help victim weigh pros and cons of involving police. If the victim chooses to involve police, help the victim identify advocates to accompany them and/or develop other safety measures. Advocate for police training and oversight.
Privacy / Confidentiality	HIPAA and other privacy regulations. Trans clients have more concerns about privacy and confidentiality.	 Give assurances regarding privacy and confidentiality. Don't presume because a victim has told you they are transgender that they are "out" to everyone. The maxim that sexual assault survivors should be given maximum control over what happens to them applies to who is told a victim is transgender. Be mindful about charting and who may see those records.
Sex-segregated Services	Many survivor resources are only available to women.	 Creativity and partnering closely with the client are both musts in finding solutions that serve the transgender client. See FORGE article, "Services outside the box: Helping transgender clients navigate sex-segregated services."
Smallness of Community	Everyone knows everyone.	 Maintain confidentiality and privacy. Help client develop new support structures. Link client to FORGE services for survivors: Peer support listserv Online Writing to Heal course.

Changes that to the supply status of the supply sta Ctiminal Justice.

abduction/kidnapping; Intimate homicide, femicide, honour killings; Withholding adequate food, clothing, daily necessities, Stalking, HIV; Denying mothers access to, custody of children, international cyber-stalking. by community; Forced into unpro-tected sex, infected with STD's, STI's, employers, other employees, fathers, brothers-in-laws, clergy, therapists, doctors; Victim-blaming, rejection YOUNG ADULT Date violence, drug-facilitated rape; Rape, including wartime rape; Denied choice of marriage partner and/or sexual orientation; Dowryhold labour; Sexual harassment by activity; Extreme exploitation of houseduring pregnancy; Coerced into criminal ruined credit, gambling; isolation, permanent or temporary abandonment; Battery related deaths; Intimate partner violence; Sexual harassment at pornographic acts, extreme sexual neglect or coldness: Economic abuse includes work, college family members; Sexual abuse includes marital rape, forced to watch and imitate Same-sex domestic violence, violence by fathers-, mothers-, sisters-, brothers-in-law and natal Incest; Molestation; Sexual abuse; Abandonment: Abusive Neglect: "teasing" by sibling: Virgin Physical abuse; Little or no school-ing; Child labour; Child prostitution; cleansing. ADULT Domestic Violence, Sex-selected abortion; Infanticide; Mal/underwithholding nutritious food; Medical care CHIED nourishment by Female foeticide; withheld. INFANT mercy killings. Coerced suicide pacts or coaches, peers Demeaning widowhood; ment by extended family, teachers, Withholding health care, medications, daily necessities; Coerced sexual initiation, rape; Forced choice, much older man, teen's rapist: Ignorance marriage to parent's TEENAGER hold labour, child care; ness; Sexual harassabuse; Exploitation of house-ELDER Physical abuse by adult children, caretakers; Spousal ment, public lewd-Date violence; Harassor unknown predators; prostitution; Cyber-stalking by boyfriend about sex, anatomy, sexual health; Control Trafficked; Forced into over sexuality and sexual orientation;

The Lifetime Spiral is designed by Asian & Pacific Islander Institute on Domestic Violence (2007)