

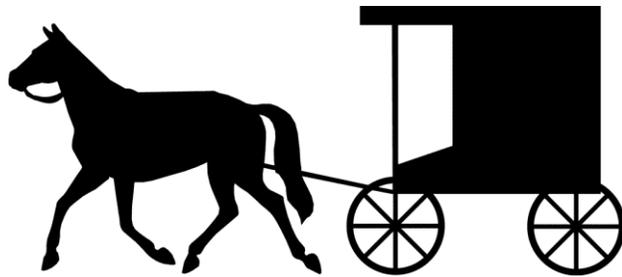
Cultural Awareness Training: Amish and Old Order Mennonites
**Working Together for Child Safety and the
Prevention of Sexual Abuse and Sexual Violence**

Part 2 of 2

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Training Goal: Equip participants with the knowledge and skills to work effectively with the Amish and Old Order Mennonites to keep children safe.



Part 2 (today):

- Family life
- Gender roles
- Sexuality
- Mental health
- Domestic violence and sexual assault
- Child abuse and neglect
- Child safety
- Micro, meso, and macro strategies for working with the Amish and Old Order Mennonites

Family Life

Families are the primary social unit in Amish society. Children are expected and cherished. Babies may be born at home or at a birth center or hospital. Amish homes are not child-centered. Parents typically see children as capable sooner than we do. Families do not clearly delineate between work and play for children; children are expected to work and contribute to household work, including care for younger siblings. Parents place a high value on discipline, including the use of corporal punishment. Most Plain community children attend their own one- and two-room schools, start at age 6, and go through only 8th grade. School children are called “scholars” and learn English, spelling, and math through memorization and drill.

After 8th grade, youth participate in informal apprenticeships or help at home. They begin to assume adult roles but without adult responsibilities. *Rumspringa* begins around 16 years old and ends when they get married. During *rumspringa*, or “running around,” young people (*Die Youngies*) are free to socialize with their friends without direct parental supervision. Dating begins around age 16–18 years, and courtship happens within fellowshipping communities. Amish youth receive little to no sex education. Amish typically get married around 21 years old.

Gender Roles

Plain communities use the Bible to show how the wife should submit to the husband. However, while family and community structures seem patriarchal, they are more nuanced than that. The husband is responsible for the spiritual and material welfare of the family, while the wife’s primary responsibility is to care for home and children.

Parents share in parenting responsibilities depending on whether the father works on the family farm or away from home. The father’s employment has a significant impact on the woman’s role in the family. When the father works away from home, he will likely have more access to English people and language and may not be as involved with the children. Women participate in decision-making, attend business meetings, nominate men for positions, and vote. Marriage is more about respect than it is romance. Affection is displayed only in private. Divorce is forbidden.

Sexuality

Except through observing animals, Amish youth typically receive no sex education. People in Plain communities strongly oppose extramarital and premarital sex and homosexuality. Some courting and married couples use natural or artificial birth control. Consequences of pregnancy before marriage vary.

Physical Health

People in Plain communities will utilize medical care for trauma and complex, long-term illnesses, such as diabetes and cancer. They are not likely to utilize preventive care. They prefer herbs, tonics, and chiropractic over medications. Many of them engage in “medical tourism.”

Mental Health

The Amish and Old Order Mennonites are reluctant to view mental health as a medical issue. Due to stigma, they may be more likely to turn to a primary care physician for mental health care than to a counselor. They are also more likely to take medications than engage in counseling.

They do not purchase insurance. Due to having no insurance and language barriers, they fear having to navigate a maze of professional services and will want to know all costs up front.

They respond to death with stoicism and acceptance, even if it's the death of a young person. Their collective nature brings them together in times of loss.

Domestic Violence and Sexual Assault

The prevalence of domestic violence and sexual assault in Plain communities is unknown. While reports are very, very low, their vulnerability is high. They likely handle domestic violence and sexual assault “discreetly” within extended families and communities.

Child Abuse and Neglect

Amish children are at risk for neglectful supervision, physical abuse, and sexual abuse. There are many barriers to abuse reporting for Amish and Old Order Mennonite children. They respect that the government plays a role in communities, and they will cooperate, when doing so does not violate their beliefs. However, religious authority takes priority over government authority. In addition, a large barrier to abuse reporting is Amish children's lack of exposure to mandated reporters. Also, some abusive behaviors, such as physical punishment, are normative. Other barriers are their lack of sex education, their emphasis on forgiveness, and their underlying belief that the victim shares responsibility.

Child Safety

Plain community children may experience accidents through being run over, drowned, burned, or kicked by large animals. That said, they do not often experience ATV or snowmobile accidents, and they are not often obese due to being sedentary.

Effective Strategies

Level	Definition
Micro	Interpersonal interactions with parents and children.
Meso	Connecting families to needed services.
Macro	Making changes in the policies and practices of organizations and other large systems.

Micro Strategies

**“If you offend one Amish person, you’ve offended them all.” Word spreads quickly!
Building relationships is absolutely key!**

Provide services directly to Plain community members.

As much as possible, dress conservatively when meeting with them. It's important that women minimize the amount of exposed skin by wearing high necklines, long pants or skirts, and short or long sleeves.

Whenever possible, it's best if male workers relate to the men and female workers relate to the women. Most importantly, **a male worker should not go into a house without an adult male family member present.**

Suspend your professional persona a bit by sharing a little about yourself: weather, gardening, cooking, family members. Show interest in them, their home, their lives; let this part of the conversation continue for 30 minutes or longer in order to build a bit of trust and rapport. They prioritize knowing the practitioner as a person over the person's credentials.

Conduct interviews/meetings in their home as much as possible. Remember that **English is not their first language**, and young children may not know English at all. Ask lots of questions. They're often quite eager to talk about their community. Ask open-ended, nonjudgmental questions. Be respectful! Focus on common values of safety for children. They will understand your need to follow policies and procedures and to do your job.

When interviewing children, allow a church leader to observe. Instruct the church leader ahead of time to ensure he understands the purpose of the interview and does not obstruct the interview.

Be very concrete when talking about parenting and safety and child development. Give specific examples of what may happen in certain situations that put children at risk. Teach safe and unsafe practices. Remind parents that they are the ones who are ultimately responsible for their children, including when children are under the care of an older sibling. If you can pull it off authentically, talk about how it may be God's will that they put up a fence around a pond, for example, and how they would cover a well to keep a horse from falling in, so they should do the same for their children. Engage community leaders and elders in teaching their community about safety.

Allow time and room for the family and community to process decisions. Respect their hierarchical culture that defers decisions to the community, church leaders, elders, and men. Invite the community to take the lead in developing and monitoring a safety plan. Avoid taking a hard line on anything unless absolutely necessary. If they trust you, they may be quite open to educational workshops on topics related to physical and mental health, and safety. Avoid media exposure.

They are suspicious of talk therapy because of their difficulty articulating themselves in English, their avoidance of cross-gender conversation, and their concern that the counselor will not discuss spiritual matters. They are especially suspicious if counselors encourage them to leave the community. Person-centered therapies and equine therapy may work well, as may simple cognitive reframing.

Meso Strategies

People in Plain communities will be very unlikely to accept your services. Rather, consider these meso and macro options.

Invite the community to take the lead in developing a **safety plan**.

Offer educational seminars on mental health or safety topics, similar to People Helpers in Lancaster County, PA.

Gain the trust of Plain community leaders and then provide them with information they can adapt and share with their communities.

Make referrals to Plain community systems and services.

An increasing number of communities have **Conservative Crisis Intervention (CCI) teams**. CCI teams are made up of 2–3 Plain community men who respond to crises, provide care to victims and their families, and connect

them to needed services. CCI teams typically have a working relationship with child protection and law enforcement, and they make needed reports.

Refer Plain community individuals to **mentoring programs** within the Plain communities in which lay counselors provide outpatient and residential services, connect participants to psychiatrists, and assist with medication compliance. Mentoring programs work with social services, law enforcement, and psychiatrists to comply with mandatory reporting and other legal requirements, provide and participate in safety planning, and provide access to psychotropic medication. Typically mentors help residents to (1) set goals, (2) understand psychological problems and underlying issues, (3) explore the roles of love and forgiveness in finding psychological health, and (4) seek spiritual answers through prayer and spiritual growth. We don't know if mentoring programs are effective, but neither do we know if traditional treatment programs work for this population.

Ray of Hope is a mentoring program in Penn Yan, New York (1478 Baker Road, Penn Yan, NY; phone 315-531-8083). Ray of Hope provides residential and outpatient mental health services for women and outpatient services for men.

Many communities provide formal and informal **support committees** for individuals and families in need. Support committees can meet regularly and provide a safe place for individuals to talk. The Plain communities also have quite a few youth camps.

Especially consider making referrals to **hybrid models**, which provide Plain community clinics and residences run under the umbrella of large mental health organizations. These hybrid models provide multiple levels of behavioral health services, residential and outpatient, that are sensitive to the values of Plain communities.

Make referrals to culturally responsive services.

Programs and Services by and for Plain Communities (outside of New York)

Organization/ Program	Location	Phone#	Types of Services
PENNSYLVANIA			
Birth Care/Birth Center and Women’s Health	Christiana, PA	717-786-4010	Midwives assist births at the center or at Ephrata Hospital. Service mostly conservative community families.
Clinic for Special Children	Strasburg, PA	717-687-9407	Services to prevent genetic illness and improve the health of children with genetic disorders. They work with many Plain community families.
WellSpan Family Health - Georgetown	Christiana, PA	717-466-2462	Dr. Keith Wright. Clinic built and services designed specifically for conservative communities.
Parochial Medical Center	New Holland, PA	717-556-0702	Dr. Nguyen. Medical and behavioral health center for conservative communities.
*Plain Communities Outpatient Clinic (formerly called Green Pastures), affiliated with Philhaven Hospital	Lebanon, PA	717-279-2798 717-989-8661	Behavioral healthcare provider that provides inpatient and outpatient mental health services, including psychological testing, talk therapy, and medication services to Plain communities. Charles Bauman is liaison to Plain communities.
WellSpan Ephrata Hospital	Ephrata, PA	717-733-0311	Have health navigators for Plain communities, including someone from the community. MaryAnn Robins, Lydia Nolt.
INDIANA			
*Oaklawn Hospital / Horizons of Hope	Goshen, IN	574-533-1234	Residential and outpatient mental health services for men and women; short- and long-term.
OHIO			
*SpringHaven	Dundee, OH	330-359-6100	(Similar/associated with Plain Communities Outpatient Clinic.)

*Hybrid models of mental health care

Macro Strategies

Many communities have **Amish Safety Committees** that host Amish Health & Safety Days to promote home, farm, highway, and business safety. Similarly, many Plain communities will be very interested in **trainings or educational workshops** related to safety and physical and mental health conditions. Assist them with topics and curriculum, and connect them to pertinent community professionals in planning these meetings or events.

Work closely with Plain community leaders to come to **formal or informal agreement** on common desires, understanding of legal definitions, staff roles and responsibilities, procedures for conducting assessments and investigations, and service delivery.

Adjust your policies and practices to be culturally responsive to Plain communities.

Establish **liaisons or navigators** who can assist Plain community members in accessing services, including navigating referrals and payments. Liaisons can also advocate for Plain community members and assist professionals in understanding Plain community values and culture. Ideally, a liaison speaks Pennsylvania Dutch and can provide language in addition to cultural translation.

Adjust your organization's policies and practices to be culturally responsive to Plain communities. Allow staff room for creativity and risk-taking (experimenting) in working with conservative communities. Give staff time to get to know conservative communities through participation in their events and meeting with them. Allow changes in words and questions in assessment and interview protocol to ease communication barriers and respect cultures.

In summary, the table below shows micro, meso, and macro strategies to consider when seeking to serve people in Plain communities.

Gain the trust of Plain community leaders and come to agreement on how you can coordinate services.

Strategies for Helping People in Plain Communities

Options	Level	Example
1. Provide services directly to Plain community members.	Micro	(Adapt current practices in culturally responsive ways)
2. Gain the trust of Plain community leaders and then provide them with information they can adapt and share with their communities.	Meso	Safety plans, People Helpers
3. Make referrals to formal and informal Plain community systems and services.	Meso	Conservative Crisis Intervention (CCI) teams, mentoring approach, support committee approach
4. Make referrals to culturally responsive services.	Meso	Hybrid model
5. Gain the trust of Plain community leaders and come to agreement on how you can coordinate services.	Macro	Safety fairs and educational workshops, formal or informal agreements
6. Adjust your organization's policies and practices to be culturally responsive to Plain communities.	Macro	Liaisons/navigators, give staff time and flexibility to adjust practices

See recommended reading in handout from Part 1 of this webinar. Readings during this webinar came from *For the Sake of a Child: Love, Safety, and Abuse in our Plain Communities*, by Allen Hoover and Jeanette Harder, Ph.D. (intended audience: Amish and Old Order Mennonites).

Dove's Nest provides additional resources relating to keeping children and youth safe in their homes, churches, and communities.

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