April is Sexual Violence Awareness month and in this issue of the Network News we explore the impact of trauma on sexual violence survivors and the value of trauma-informed responses. Sexual violence continues to be a pervasive problem in our communities, and sexual violence survivors find few opportunities for justice within our systems.

Over the past two decades, there has been a raft of research that shows us the truth about sexual violence:

- 85% of rape survivors report that they knew their attacker.¹
- Only 30% of sexual assaults are reported to law enforcement.²
- Of those reports, between 2% and 8% are determined to be “false reports.”³
- Of rapes reported to the police only 16% result in prison sentences. Therefore, approximately 5% of the time, a person who rapes ends up in prison, 95% of the time they do not.⁴

We also know that there is a high degree of mythology existing about sexual violence, as is demonstrated by research that shows that 48% of men in Vermont believe that reports of rape are false or sometimes false.⁵ This discrepancy between the fact that fewer than 10% of reported rapes are falsely reported and the fact that nearly half of men believe reports of rapes to be false speaks to the overwhelming need to change the dialogue and generally-held beliefs about sexual violence.

Sexual violence is complex, it is true, but do we really want to live in a world where rapists act with impunity? Knowledge is the key to changing how we react to sexual violence: knowledge about the impact of sexual violence on survivors; knowledge about the physiological changes experienced by sexual violence survivors and the ways in which trauma can

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Connection, Choice and Changing the World
Supporting Survivors of Trauma Through Advocacy

By Chani Waterhouse, Associate Director of Member Program Support

In the last decade, we have seen a flurry of research and public attention to the issue of trauma. The more we learn about what helps people to recover from trauma and to manage the impacts, the stronger the arguments become for ensuring that survivors of trauma related to domestic and sexual violence have access to a range of options which include confidential, community-based advocates working from an empowerment model. Many of the time-honored core practices at Vermont’s sexual and domestic violence advocacy programs exemplify trauma-informed practice.

“Survivors are the experts in their own lives”

These words serve as a daily mantra for many advocates. Advocates who strive to embody this statement bring a healthy curiosity to interactions with survivors, balanced with humility and respect. An early mentor of mine regularly reminded us that “The women and children teach us.” Advocates working from this orientation engage very naturally in “reflective practice”, which can support healing from trauma. Everyday advocacy interactions include creating space for survivors to reflect on their experiences and their needs, and plan for increasing physical and emotional safety in day to day situations.

- How to manage in a college class, with the rapist sitting across the room?
- How to navigate a day at work to minimize contact with the co-worker who has been sending sexually-explicit texts?
- How to deal with intrusive memories of sexual violence by a former intimate partner, in order to be more emotionally present in a sexual relationship with a new partner?
- How to prepare to be emotionally present during the birth of a first child, given a tendency to disassociate as a result of child sexual abuse?
- How to make bedtime less scary for a young child who has trouble being away from a parent?

An advocate who believes that survivors are the experts creates space for strategizing around whatever safety issues feel most important at any given moment. These advocates...

Providing Services for Sexual Violence Survivors Through a Trauma-Informed Lens
continued from page 1

impact the ability of sexual violence survivors to participate as crime witnesses; knowledge about the supports in place for survivors of sexual violence – through community-based advocacy organizations, forensic medical examinations, when sexual assault survivors are incarcerated – and knowledge for parents who want to help their teens make good choices around sexting. Knowledge can change the dialogue, and so we devote this issue to improving knowledge.

By Chani Waterhouse, Associate Director of Member Program Support


3 Lonsway, Archambault & Lisak, “False Reports: Moving Beyond the Issue to Successfully Investigate and Prosecute Non-Stranger Sexual Assault” 2009.


5 Clark, Richard L. and Casey, Rebecca, Male Attitudes Regarding Domestic and Sexual Violence. Castleton Polling Institute, 2012
Advocates nurture people’s confidence in their own knowledge of what will work best for them, and in the ownership of their lives. This orientation also promotes learning around issues of cultural competence, and helps organizations engage in ongoing change to enhance the cultural relevance of their practices.

“Meet people where they are”
This concept anchors advocacy practice, particularly during difficult times. It can help advocates put aside personal biases and reactions and respond to a survivor’s specific strengths, challenges, and needs.
This orientation allows people’s choices to be understood in context. For example, using food, drugs, alcohol or disassociation to manage trauma impacts, staying silent about sexual violence or abuse, or engaging in survival sex or prostitution, are all strategies that may have literally helped a person to survive. One advocate told me, “My job is to be open to who the person is and respond to what she needs right now.”

“What happened to you?”
Experts in trauma suggest that providers move away from a model that seeks to understand “what is wrong” with people. Instead, they encourage a focus on understanding the experiences that have most impacted a person, including experiences of violence, abuse and other trauma. This orientation has always defined much of advocacy practice. “At the most basic level,” one advocate told me, “our work is about bearing witness to people’s experiences.” “I don’t need to know a person’s diagnosis in order to understand that lifelong abuse and trauma have had a big impact on who she is and how she experiences the world,” explained another advocate.

Individual empowerment & collective liberation
Empowerment-based peer advocacy often involves a collaborative approach to working with survivors, to maximize opportunities for self-determination. The advocate’s role is to offer information and help people identify their options, supporting individuals in making their own choices. Many domestic and sexual violence advocacy programs have worked to eliminate practices that limit survivors’ choices as they access program services, including minimizing rules in shelter. All of these practices have been shown to mitigate trauma impacts.
One advocate reported “I am regularly bowled over by the incredible tenacity of the people I work with.” For many advocates, empowerment-based practice starts with an acute sensitivity to survivors’ strengths in the face of substantial adversity. As they shine a light on those strengths, they help people take in positive messages about themselves and ruminate on positive experiences, strengthening resiliency.
At the same time, empowerment-based advocacy accounts for the cultural context in which sexual and domestic violence occur. It is based in a recognition that cultural norms largely take this violence for granted and portray survivors as partially (or completely) responsible for any harms they suffer as result of it. By contrast, advocates commonly reassure survivors that they are not to blame for perpetrators’ actions, and that they are far from alone in their experiences. Research supports advocates’ learned understanding that when people experience less isolation, self-blame or shame, their mental health outcomes get better.
In short, many time-honored advocacy approaches look very much like “trauma-informed practices” currently being promoted for professionals working with survivors of trauma.

Core Principles of a Trauma-Informed Culture

<table>
<thead>
<tr>
<th>Safety</th>
<th>Ensuring physical and emotional safety; “do no harm”</th>
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<tr>
<td>Trust</td>
<td>Maximizing trustworthiness, making tasks clear, maintaining appropriate boundaries</td>
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<tr>
<td>Choice</td>
<td>Prioritizing survivor choice and decision-making; supporting survivors’ control over their own healing journey</td>
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<tr>
<td>Collaboration</td>
<td>Maximizing collaboration and sharing power with survivors</td>
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<tr>
<td>Empowerment</td>
<td>Identifying strengths, prioritizing building skills that promote survivor healing and growth</td>
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<tr>
<td>Cultural Competence</td>
<td>Ensuring cultural applicability of services and options; sensitivity to the role of culture in lived experience and decision-making</td>
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This material was reprinted, with permission, from The National Sexual Assault Coalition Resource Sharing Project and the National Sexual Violence Resource Center’s publication entitled Building Cultures of Care: A Guide for Sexual Assault Services Programs. This guide is available by visiting www.nsvrc.org. Adapted from Proffitt, 2010
What makes people who are victims of sexual assault react the way they do? Each individual will react differently, but often people who have just experienced the trauma of sexual assault have a hard time telling others what happened in a linear way. Sometimes they have a flat affect, are slow to remember the details, or have difficulty recalling events in chronological sequence. Advocates have been saying for decades that this is due to the trauma of sexual assault and does not indicate a victim is lying. The idea that survivors of trauma are lying because they have a hard time recalling events or are acting in ways that might otherwise indicate that someone is lying is not unique to sexual assault victims.

In the 1940s and 50s many police officers were losing their jobs after being interviewed about officer involved shootings in which they had been involved. It was discovered that if they were interviewed after two sleep cycles had elapsed between the time of the shooting and the interview, many fewer officer were perceived to be lying. Thus, now the International Association of Chiefs of Police (IACP) recommends that it is best to wait two sleep cycles before this type of interview. The IACP might not initially have known exactly why this policy worked, but now the science of neurobiology can tell us why.

The recent research helps us understand the science behind trauma and confirms what advocates have been saying and the experience of the police investigators for officer involved shootings. This recent neurobiology research focuses on four areas of the brain: two areas that have to do with hormones and emotions during an assault and two areas that are related to the process of encoding memories.

The hypothalamus and the pituitary gland are the areas that focus on hormones and emotions. The hypothalamus is also known as the “grand central station” of the brain because it communicates to the other parts of the brain what needs to happen. The pituitary gland is the master gland that communicates with the other glands in the body, for example when it gets the message from the hypothalamus that a trauma is happening to the body it will signal to the adrenal glands, which are just above our kidneys. The adrenal glands will then release four chemicals into the body: (1) Catecholamine which helps kick in our “fight or flight” response, (2) Cortisol which gives us the energy to respond, (3) Opiates (natural morphine) which help the body deal with pain and (4) Oxytocin that increases positive feelings. Thus, powerful pain killers and hormones are released when people experience trauma. These are biological mammalian responses that help us survive.

The two areas of the brain that help process memories are the amygdala and the hippocampus. The hippocampus processes the information the brain receives from the senses into memories. In the process called encoding, it organizes and groups sensory information that becomes our memories. The hippocampus works together with the amygdala which specializes in processing highly emotional and fear laden memories. Together they make a good team but they are sensitive to hormones in the body. Can you guess which hormones make it harder to process the sensory information they receive into memories? Yes, the same hormones that are released from the adrenal glands when the body is experiencing trauma. Oxytocin, Opiates, cortisol and catecholamine make it harder for the hippocampus and the amygdala to process information into memories. It is one of the ways that the body seems to work at cross purposes but it is just prioritizing the body’s survival over all else. Overall, most of us would probably agree that this is exactly what we want our bodies to do.

In short, stress from a sexual assault can cause the release of hormones which can impair the brain’s ability to process memories.
reality causes no small amount of difficulty for people who are victims of sexual assault and want to report the crime to law enforcement.

The chemicals that our body releases when we experience trauma also do other things that often make it difficult for those experiencing sexual assault. First, the catecholamine that is released into our bodies impedes rational thought process or our “if this then that” reasoning. This makes it hard on people looking back at the assault because they may say to themselves “I could have done this or should have done that…” But the body wasn’t allowing the person to process information as they normally would. This also makes it easy for others to judge that person’s actions or even doubt the assault happened because they don’t see the victim’s reaction as believable.

Second, the opiates released in order to block pain also tend to give us a flat affect so it may seem that the person who has just been sexually assaulted is having no emotional reaction. Third, in some people, from 12-50% of those experiencing sexual assault, their bodies release corticosteroids in response to trauma, causing a freeze response instead of a “fight or flight” response. This is called “tonic immobility” and has also been referred to as “rape induced paralysis.” Tonic immobility is characterized by closed eyes, increased breathing and muscular paralysis and can leave a person unable to move even their fingers. Victims sometimes judge themselves harshly since they can’t understand why they couldn’t fight back or run away, and they are also judged by others.

Unfortunately, the two sleep cycles policy used for officer involved shootings has not been implemented for those reporting sexual assaults. In fact, when victims have a hard time recalling facts, can’t tell their story in a linear fashion, take a long time to remember, show a flat affect or can’t explain why they didn’t fight back or run away, police often interpret that they are lying. Some victims are even charged with false reporting and many perpetrators are not held accountable for their crimes.

In all fairness the research on the neurobiology of trauma is recent and most officers have not been trained on it. The Network is working with our partners throughout Vermont to ensure greater understanding of these issues. Enhancing practices to ensure sexual assault investigations are as effective as possible will make our communities safer.

This article draws on data from Rebecca Campbell Ph.D, Webinar: Research for the Real World: The Neurobiology of Sexual Assault 2013; Fuse et al., 2007; Galiano et al., 1993; Heidt et al., 2005.

New Legal Project Coordinator

I am Kelli Prescott, and I am so honored to work alongside some of the most brilliant and thoughtful folks I know! I began this work 10 years ago at the Clarina Howard Nichols Center. I remember the very moment I walked into the shelter to the smell of cooking and the sound of laughter; my whole world changed and my life work began. First I ran a support group, then became the Legal Coordinator and did a brief stint as the Direct Service Coordinator before solidifying my decision and pursuing my passion to work within the legal system. I was co-located out of the State’s Attorney’s Office in Lamoille where I functioned as the advocate for all domestic, sexual, and stalking violence cases. I also served as the Co-chair of the Lamoille County Coordinated Community Response Team. I am beyond thrilled to be here at the VT Network as the Legal Projects Coordinator. I hope to bring to our work the fire from all the survivors throughout the years and to continue the heartfelt work of those who preceded me.

Kelli Prescott
The Economic Impacts of Sexual Violence

Kiona Heath, Advocacy Services Coordinator at HOPE Works

One of the most critical elements to providing trauma-informed services is the process of allowing the person seeking support to define not only the problem she/he is dealing with, but the impacts of that problem at every step of the way. As advocates and administrators we hope to offer support in ways that brings about meaningful change: change for healing and change for justice. Being trauma-informed in this work often means listening closely to how survivors define the impact of their experiences with violence, and what specific needs they have that must be addressed in order for them to move toward the change they want to see.

Not every survivor of sexual violence is affected in the same ways; however economic and resource security is one of the areas we often hear as being extremely impacted. The connection between sexual violence and economic instability can be seen on an individual level as one witnesses the person struggle to heal and become safe while dealing with financial burdens, and globally, in the fact that poverty is a risk factor for sexual victimization (Jewkes, Sen, & Garcia-Moreno, 2002).

Prior to their experience of sexual assault or abuse, many survivors are already more vulnerable because of their existing socioeconomic barriers. Following their experience, there are often additional financial costs: getting medical and mental health care, navigating the criminal justice system, and dealing with changes in housing, child care, transportation, and employment. This increased vulnerability highlights how some of the most burdensome outcomes of sexual victimization can be financial in nature.

Following the trauma associated with sexual violence, a person’s ability to maintain her/his economic stability wavers. For example, it may not be safe, or possible to ask an employer to accommodate one’s needs after a crisis. Doing so might mean loss of pay, or worse, loss of employment. Moreover, the stress of any economic impact can make taking care of oneself extremely difficult. For example, attending a support group might be a helpful way to develop coping skills, but if you have lost your ability to make car payments or pay for public transportation, then the support group may not be an option.

Not long ago, HOPE Works worked with a survivor who had to move from full to part-time work in order to cope with the aftermath of a sexual assault. She had medical needs that required weekly treatment and she wanted to see a counselor regularly for emotional support. Since she was living with her perpetrator at the time of the assault she also needed to find new housing. She wound up sleeping on friends’ couches for months before eventually finding an affordable apartment. The stress of unstable housing, not sleeping well, and dealing with the side effects of the medical treatment made increasing her work hours unadvisable. Prior to the assault, she had high hopes for her career, but the trauma had left her feeling she was in a downward spiral.

Providing this survivor with trauma-informed services meant prioritizing the work of interrupting that downward spiral. It meant focusing on ways to help her develop financial resources as a means of regaining control over her life.

It meant honoring the fact that at the time, the worst part of this experience for her was living in an apartment with peeling paint and no furniture. The economic impacts of sexual violence had created barriers to self-defined success, as well as well-being and healing.

The more ways we can work to counteract the economic insecurity that survivors often face, the more we will discover effective prevention strategies that help promote healthy and safe communities, and meaningful intervention strategies that help survivors rebuild their lives.
Practicing Trauma-Informed Care With Incarcerated Women

DIVAS (Discussing Intimate Violence and Accessing Support) is a program of the Vermont Network which provides education, advocacy, and support to women at the Chittenden Regional Correctional Facility in South Burlington, and at the Tapestry Program by the Women’s Freedom Center in Brattleboro.

By Rebecca Gurney, DIVAS Administrative Coordinator and BJ Farman, DIVAS Advocacy Coordinator

Closing metal doors. Fluorescent lights and few windows. Unregulated room temperatures that seem to run hot or cold no matter the season. Jangling keys. Living in close quarters with strangers. Concrete rooms with few personal effects. Ever-present security practices like head counts, room searches, pat downs and sometimes strip searches. No personal privacy, even in the shower or on a phone call to a family member.

This is the environment in which women at the Chittenden Regional Correctional Facility (CRCF) live their lives. Many are survivors of multiple traumas, reaching back to childhood. Incarcerated women are seven times more likely to report sexual violence than incarcerated men, and 50% more likely to report a history of trauma than women in the community who have not been incarcerated. As we consider how to provide trauma-informed care to survivors of sexual violence, it is important to remember that some environments may be more conducive to healing than others.

At its most basic definition, “trauma-informed services” make an effort to take survivors’ experiences into account. Trauma-informed practices prepare not only certain clinicians, but every staff member and volunteer in a program or facility to avoid triggering reactions, emphasize safety, and build trust. In a correctional setting, where security is the primary imperative, establishing these practices can seem to be at odds.

Yet the research on practicing trauma-informed care in correctional settings is compelling. Studies show that when prisons use trauma-informed practices, potential harm to inmates and staff is reduced, as are mental health treatment costs within the facility. Two studies evaluated the effectiveness of gender-responsive, trauma-informed treatment groups for incarcerated women and found that these groups mitigated depression, substance abuse and other negative mental health outcomes.

Through DIVAS at CRCF, helping women identify and manage triggers, and gain coping skills is a constant need. Much like community-based advocacy, the work begins with the premise that every survivor deserves dignity, and to be believed—no matter her crime or sentence. More than 500 women re-enter the community from CRCF every year, where many will return to relationships, jobs, and families. For many, their time in jail will provide the most access to mental health care and trauma support they ever receive. With the end goals of safer communities and lower incarceration rates, intentionally addressing trauma and its interconnection with criminal risk goes beyond simple compassion for individual survivors. It creates a pathway for women who are disconnected from the community to re-engage, heal, and hopefully not recidivate—producing community benefits far and wide. 😊

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Rape Is Not Part of the Penalty

By Kelli Prescott, Legal Projects Coordinator

I spent a couple of days this spring training inmates about sexual violence and their rights within the prison at Vermont’s Northwest Correctional Facility. This experience helped me gain insight into how difficult it could be to come forward as a survivor in the prison setting. The trauma of sexual violence can be extremely difficult for prisoners and detainees who already feel alone and without power and choices. It also can have a devastating impact long after a prisoner’s release. These folks have a great need for a trauma-informed response when sexual violence happens to them. So what is going on out there to help prevent and respond to prison sexual violence?

Sexual violence within the detention system has been largely overlooked and unaddressed across the globe. It is estimated that every year 200,000 adults and children in U.S. detention are sexually abused. Abusive staff and inmates target people they see as most vulnerable, including lesbian, gay, bisexual and transgender folks, those new to the prison system, older people, and those who were convicted of certain crimes (prostitution, child sexual abuse, and sexual assault). The problem of sexual assault in prisons, the underreporting, and lack of appropriate responses to victims prompted change.

In 2003 the Prison Rape Elimination Act (PREA) became the first federal law passed to address sexual violence in prisons and jails. PREA addresses abuse perpetrated on inmates by both staff and other inmates. In 2012 the U.S. Department of Justice released the national PREA standards. This requires that corrections facilities take steps to protect inmates from sexual violence and recognize the importance of coordinating with outside agencies in achieving these goals.

Sexual violence within the prison impacts incarcerated Vermonters and their families. The Vermont Department of Corrections has seen regular increases in the number of reports of sexual abuse in their facilities. According to data provided by the DOC PREA Director, there were 38 reports of sexual abuse occurring during calendar year 2011; another 98 reports were made in 2012, 192 in 2013, and thus far in 2014 we have seen 44 reports. The Vermont Network Against Domestic and Sexual Violence and Vermont Department of Corrections have been working together to implement PREA standards within the prison system. Our work, thus far, includes a draft MOU, guide for advocates, DOC staff education, inmate education, and preparation for training and support of Network Advocates.

It is critical that we continue to provide a strong trauma-informed response to meet the complex needs of these survivors. Everyone has the right to live a life free from sexual assault — including those who have been incarcerated. As Just Detention International put it, “rape is not part of the penalty.”

OMG Sexting!

By Bethany Pombar, Prevention Specialist

The world is changing; there is no doubt about it. The first photos were sent via a phone in 1997; by 2006 over half of the cell phones sold in the world had picture capabilities. By the time the first iphone was released in 2007, we were primed for easy photo sharing. Today’s youth expect everything to be photographed and shared. It is their way of exploring the world and connecting with each other. An entire marketplace of “apps” has grown to support picture sharing: Snapchat, Instagram, Twitter, Wink, Flickr, Rando, and the list grows every day.

Along with this ease of access has come a growing concern over sexting (underage people sharing provocative pictures of themselves or others). This has created a new frontier for adults trying to educate and protect youth from embarrassment or exploitation. For many adults, addressing all the technology feels like too much to keep up with. Take heart though! We don’t need to know all the latest technology. What we need is to open up ongoing conversations with youth about these issues, help them to practice thinking critically about their actions, provide guidance around safety concerns and non-judgmental support when needed.

There are many reasons a teen might take or share a sext,
What is SANE?

The Sexual Assault Nurse Examiner (SANE) is a registered nurse (R.N.) who has advanced education and clinical preparation in the forensic examination of sexual assault victims. SANEs make certain that sexual assault victims consistently receive prompt, compassionate and trauma-informed emergency care. In addition, the SANEs can provide referrals to VT Network Member Programs and for follow-up medical care. For additional information, please visit our website at: http://www.vtnetwork.org/about/sane/

Vermont’s Pediatric Sexual Assault Nurse Examiner Program: A Specialized Approach for Children

By Amy Torchia, Children’s Advocacy Coordinator

Sexual abuse of children is a problem of epidemic proportions in the United States. Nearly 63,000 children were victims of sexual abuse in 2012. Before their 18th birthday, 1 in 4 girls and 1 in 6 boys will experience some form of sexual abuse. In Vermont, 323 children were substantiated as victims of sexual abuse by the Department for Children and Families in 2012. 97% of the sexual abuse was committed by people that the children knew.

Children who experience sexual abuse often have unique and immediate medical needs. Vermont’s SANE program has worked to expand access to specially-trained forensic nurses who can perform pediatric sexual assault exams for children under the age of 15 who present at hospitals across the state. There are now 10 Pediatric SANEs working in four hospitals in Vermont, and six additional nurses currently completing training.

SANE practice is founded on the principle of ‘do no harm,’ and is by nature trauma-informed and holistic. Pediatric SANEs are trained to provide care in ways that minimize additional trauma for child victims or families. As much as possible, SANEs limit the information that is sought directly from the child victim. They clearly explain to children what will happen during an exam, including when something might hurt, using developmentally appropriate and

What do we say?

Too often, conversations about sexting have focused largely on telling girls not to do it and using scary examples of the harm they may come to. PSAs depict a girl being tricked by an older person, usually male, pretending to be someone they aren’t via a social network connection. The stranger builds trust and then pressures her for a picture, which they then use to exploit the victim. Sometimes this is what happens and people should be aware of it. Yet, the more common reality is that sexting is happening among teens who know each other, and we cannot put the responsibility for not sexting only onto girls. Let’s open conversations with ALL of our youth. Talk to youth about:

- Their perceptions of sexting in their school. Is it happening? What does it look like?
- The pressure they may feel to send, receive or share pictures. Talk to them about things they can say or do to resist this pressure and the consequences of sharing sexts.*
- To think before hitting send—would they want you to see that photo? If not, it probably isn’t okay to send it.
- Their responsibility around NOT sharing pictures they receive with anyone else. It’s never okay to forward or show someone a sext you received from another person.
- Where they can go for help.

* In Vermont, it is illegal to possess, send or share sexually explicit images OF someone under the age of 18 (including yourself) OR TO someone under 18.

For more information, check out our new brochure, “Talking to your teen about sexting”, available for free download on our website www.vtnetwork.org.
thoughtful language. SANEs may use ‘medical play’ to help prepare children for particular procedure, such as allowing a child to take a teddy bear’s blood pressure or play with an empty syringe. Finally, SANE programs work to create environments that are friendly and accessible to sexual violence survivors of all ages.

Vermont is fortunate to have a Pediatric SANE program that is gaining strength and capacity across the state. This approach will continue to ensure that children who experience sexual abuse receive expert sensitive medical care that considers their experiences of trauma and offers responses tailored to their unique needs.

Vermont’s Adult/Adolescent Sexual Assault Nurse Examiner Program: An Interview with Jill Noble, RN, SANE-A

By Ana Cimino, Training & Technical Assistance Coordinator

Please tell me a bit about your motivations in deciding to become a Sexual Assault Nurse Examiner.

I began working in the emergency room in 1991; after doing several exams as an ER nurse assisting the physician, I really felt like I needed to know more in order to do a better job [in providing forensic evaluations to victims of sexual assault]. When a SANE class came to the area I decided to take it.

Which Vermont hospital are you currently employed at and explain what your job as a SANE entails (A day in the life of…)

I work full time in the Emergency department at Rutland Regional Medical Center (RRMC). Our SANE program sees an average of 30 +/- adult cases of sexual assault per year. We try to have a SANE nurse on every shift… All patients are seen by a physician but the SANE nurse does the entire exam and presents her findings to the doctor on duty. We really are valued by our doctors and supported by them. In addition, we have recently started providing pediatric exams.

What is the most satisfying part of being a SANE?

I find one of the most satisfying things about being a SANE is being able to take our time with our patients, being able to give answers to questions and not feeling rushed with their care. Most are scared and feel vulnerable, so I really value being able to answer their questions and provide really good, compassionate care.

What training and support do SANEs receive?

Joan Carson, RN, SANE-A, P has been awesome as our State SANE Coordinator and in developing our program by providing necessary, skills-based training and professional support. As far as the training is concerned we have the week-long SANE certification seminar (40+ hours) which covers topics from anatomy, to impacts of sexual violence to forensic and evidence based collection. Following the week long seminar SANEs must complete a day-long training on pelvic examinations (pelvic preceptor day) and SANEs are offered two education days during the year with workshops focused on a variety of expressed priority areas; e.g. supporting male survivors, caring for incarcerated sexual assault patients, case review, etc. We are able to receive CEU’s for our time (very important for our national certification and renewal when it is due).

If a nurse is interested in becoming a SANE what steps does she/he need to take in order to become certified?

At our hospital our SANEs all work in the Emergency Department. If they are interested in becoming a SANE, I would refer them to Joan Carson, or the NH state coordinator to see when the next SANE class is offered.

What would you want a survivor of sexual violence to know about SANE exams?

I always talk to my patients and tell them what choices they have — they can choose to have the exam and collect evidence and report to the police, or collect evidence and submit the case confidentially. The kit will be stored at our crime lab and then if the patient decides to report they may contact us or the police and have the process move forward. Some patients only want to be examined for injuries and be treated for possible STDs and have HIV risk screening done. I explain all their choices and support them however I can. We also offer support for the patient by having an advocate from our local women’s shelter, Rutland County Women’s Network & Shelter, be with them, if they wish.

How can a victim/survivor of sexual violence access a SANE? Are the services free for a victim/survivor? Are the services confidential (for an adult)?

All patients would present to the emergency department and ask for a SANE exam. Again, all services are free and the patient has the right to have the evidence collected confidentially, if they choose.

How have you changed your practice to respond to the specific needs of survivors of sexual violence?

I find each patient presents differently, my practice is to explain all the procedures involved and allow the patient time to make decisions, and to ask questions.
Honoring the Passing of a Former Network Director

By Marty Levin

Those of us who were fortunate enough to know and work with Judith Joseph during her time as Director of the Vermont Network in the late 1990s, are saddened by her recent death. Judith was dedicated and passionate about the elimination of violence against women, and brought that passion and dedication to all the work she pursued, as a skilled attorney, as a leader and activist for peace, and as a leader in Vermont’s movement against domestic and sexual violence. Always a gentle woman personally, she was strong and eloquent in that cause. We remember Judith with love and gratitude always.

VT SANE Program Clinical Coordinator Recognized For Her Work

Congratulations to Joan Carson, RN, who received two well-deserved awards this April. Since 2011, Joan has been the Clinical Coordinator of the Vermont SANE (Sexual Assault Nurse Examiner) Program, housed at the Vermont Network. Joan has worked as a nurse in Fletcher Allen’s Emergency Department for 30 years, coordinating FAHC’s SANE Program since 2006.

The Vermont Center for Crime Victim Services recognized Joan for her outstanding work as a Community Based Advocate. This award was presented at the Center’s annual Crime Victim Rights Week ceremony on April 11th.

The KidSafe Collaborative of Chittenden County presented Joan with a Lifetime Achievement Award at their Annual Awards Luncheon on April 17th.

Publications Available on Our Website

www.vtnetwork.org

The following resources were created through a trauma-informed lens:

Sexual Violence
Custody in the Context of Domestic and Sexual Violence: A Legal Guide for Advocates
Legal Options for Victims of Sexual Violence in Vermont
Sexual Violence Wallet Card

Prevention
WholeSome Bodies Facilitator Guidebook & Participant Manual
Relationship Status Booklet
Vermont Consent Campaign Guidebook
Consent (handout)
Talk About It: Tips for Adults Talking to Youth About Consent (handout)

Children and Teens
Talking to your Teen About Sexting (Brochure)
Teen Abuse Protection Orders in Vermont (Brochure)
Unwanted Sex (Brochure)

Men
Male Attitudes Regarding Domestic and Sexual Violence Survey: Executive Summary
What Men Can Do to Help End Domestic and Sexual Violence

Books Available from your Public Library or Network Library (library@vtnetwork.org)

Trauma and Recovery, by Judith Herman MD

Victims No Longer: Men Recovering from Child Sexual Abuse, by Mike Lew
The Sexual Healing Journey, by Wendy Maltz
The Macho Paradox, by Jackson Katz
When Survivors Give Birth by Penny Simkin PT and Phyllis Klaus CSW, MFT
Trauma Recovery and Empowerment by Maxine Harris PhD
In an Unspoken Voice by Peter Levine
Men’s Work: How To Stop Violence That Tears Our Lives Apart by Paul Kivel
Trauma Stewardship by Laura van Dernoot Lipsky and Connie Burk
Writing as a Way of Healing by Louise DeSalvo
Healing the Trauma of Abuse by Mary Ellen Copeland MA, MS
Roots of Empathy by Mary Gordeon
Overcoming Trauma Through Yoga by David Emerson and Elizabeth Hopper PhD
Children and Trauma by Cynthia Monahan
Vermont Network
Against Domestic and Sexual Violence

P.O. Box 405
Montpelier, VT 05601

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VERMONT NETWORK MEMBER PROGRAMS

Addison County & town of Rochester
WomenSafe
P.O. Box 67, Middlebury, VT 05753
Hotline: (802) 388.4205 or 1.800.388.4205

Bennington County
PAVE*
P.O. Box 227, Bennington, VT 05201
Hotline: (802) 442.2111

Caledonia, Orleans & Essex Counties
The Advocacy Program at Umbrella*
1222 Main St. #301, St. Johnsbury, VT 05819
Hotline: (802) 748.8645

Newport Office
93 E. Main Street #1, Newport, VT 05855
Hotline: (802) 334.0148

Caledonia, Washington, & Orleans Counties (of Hardwick area)
AWARE, Inc.
P.O. Box 307, Hardwick, VT 05843
Hotline: (802) 472.6463

Chittenden County
H.O.P.E. Works
P.O. Box 92, Burlington, VT 05402
Hotline: (802) 863.1236

Women Helping Battered Women*
P.O. Box 1535, Burlington, VT 05402
Hotline: (802) 658.1996

Franklin & Grand Isle Counties
Voices Against Violence*
P.O. Box 72, St. Albans, VT 05478
Hotline: (802) 524.6575

Lamoille County
Clarina Howard Nichols Center*
P.O. Box 517, Morrisville, VT 05661
Hotline: (802) 888.5256

Orange County &
Northern Windsor County
Safeline
P.O. Box 368, Chelsea, VT 05038
Hotline: 1.800.639.7233

Rutland County
Rutland County Women’s Network &
Shelter*
P.O. Box 313, Rutland, VT 05701
Hotline: (802) 775.3232

Washington County
Circle*
P.O. Box 652, Barre, VT 05641
Hotline: 1.877.543.9498

Sexual Assault Crisis Team*
4 Cottage Street, Barre, VT 05641
Hotline: (802) 479.5577

Windham County &
Southern Windsor County
Women’s Freedom Center*
P.O. Box 933, Brattleboro, VT 05302
Hotline: (802) 254.6954 or 1.800.773.0689

Windsor County (central) &
towns of Thetford & Fairlee
WISE*
38 Bank Street, Lebanon, NH 03766
24-Hour Crisis Line: 603/448.5525 or toll-free 1.866.348.WISE

* Indicates Shelter

This publication is available in alternate format.