DAY ONE

INTRODUCTIONS & WELCOME

SEXUAL VIOLENCE, PRIVILEGE & OPPRESSION
GROUND RULES

Communicate with Respect.
We prefer you speak from personal experience and use “I” statements to share thoughts and feelings. Each member has an obligation to be clear with each other and respectful if you may disagree. Agree to disagree, but truly listen to each other, and don’t talk over each other.

Attendance is required.
Please attend all sessions, for your benefit as well as ours. Each session provides critical information to your work as an advocate. Be fully present when you are here with us.

Confidentiality.
It is a great gift for people to share their stories. Please respect the confidentiality of those who have shared or provide them anonymity if you honor them by sharing their story with others.

Self-care.
Be in tune with how your body, mind and spirit are doing and take care of yourself. Remember, The Aurora Center staff are here to support you in any way we can.

Challenge Yourself.
Take risks, lean into discomfort. Ask clarifying questions when you don’t understand. Always remember, you don’t have to be perfect and get it right. Do your best, but be open to constructive feedback.

Self-Awareness of own Thoughts and Feelings.
Notice and name group dynamics in the moment. We all have different strengths that help us thrive, but projecting our strengths on others may not help them thrive.

Begin to define your limits.
Can we call you at work? Are you available on an on-call basis if we have a last minute cancellation? Can you help with special projects? When we ask you for such things, we will respect you limits when you say “no.”
THE AURORA CENTER FOR ADVOCACY & EDUCATION’S MISSION STATEMENT
To serve all clients/survivors/concerned people of sexual and relationship violence at the University of Minnesota.

The mission encompasses these goals:
• Deliver free and confidential services to everyone at the University of Minnesota.
• Build partnerships between The Aurora Center and other departments on campus.
• Create awareness around sexual and relationship violence and oppression.
• Provide meaningful volunteer and leadership opportunities.

We envision a campus where:
• Sexual and relationship violence is unacceptable;
• Clients/survivors/concerned people receive the advocacy, compassion, and support they deserve from friends, family, the campus community, as well as from the medical, legal, and criminal justice systems;
• Students, faculty, staff, and other stakeholders help us challenge the institutions, practices and policies, and systems that promote sexism, racism, heterosexism, classism, ageism, religious oppression, and the oppression of people with disabilities which are among the root causes of violence.
HISTORY OF THE AURORA CENTER (TAC)

January 1986: Three University of Minnesota basketball players were arrested for rape in Madison, Wisconsin.

March 1986: University President Ken Keller stated that the University would move "as rapidly as we can" to confront the issue of sexual violence campus wide.

July 1986: First director of the Sexual Violence Program (now The Aurora Center for Advocacy & Education) was hired.

October 1986: First group of volunteer advocates were trained and certified by the State of Minnesota as Sexual Assault Counselors. A telephone crisis line was installed to provide 24-hour crisis advocacy. The Sexual Violence Center of Hennepin County provided both support and backup by allowing TAC to forward the crisis line to their program on evenings, weekends, and holidays.

1999-2009: The Aurora Center applied for and was awarded grants (1.4 million) through the Department of Justice, Violence Against Women Office to: Strengthen campus-based comprehensive services to clients/survivors, educate and increase awareness to faculty and staff regarding service delivery, and improve outreach to deaf or disabled students.

March 2009: The Aurora Center was selected as one of the top 11 campuses across the country designated as a “Best Practices” institution. A site visit with federal dignitaries in attendance was held on March 30, 2010, to commend the work the Center has accomplished for the University of Minnesota.

February 2011: The Aurora Center was awarded its first Student Service Fees to continue the program after meeting all the requirements of the Department of Justice grants.
HISTORY OF THE AURORA CENTER (CONTINUED)

Present Day: The Aurora Center recruits, trains, and supervises volunteer peer advocates to staff a 24-hour helpline and provide peer education training programs with a full-time staff of 6 and up to 60 student/staff volunteers.

- Major collaborative efforts with the University Police, University Hospital and residence hall staff created a trusting and effective response team, which has become a model for campus sexual violence programs across the country. The Sexual Assault Response Protocol was finalized and instituted in Fall 2012.
- A cooperative emergency response policy with University Hospital's Emergency Room established a procedure for medical staff to contact TAC, dispatching volunteer advocates to the hospital when a sexual assault or relationship violence client/survivor comes to the emergency room.

TAC has an agreement with the University of Minnesota Police Department for police transportation of both client/survivors and TAC advocates to the emergency room for the client/survivor's medical treatment and to court for orders for protection.

The University of Minnesota was among the first colleges in the country to establish a Sexual Assault Client/Survivors' Rights Policy, and the University is the first in the nation to develop a Campus Safety Improvement Program, recruiting and training volunteers to conduct safety audits for all campus buildings.

TAC is also charged with providing quality education on the topics of violence prevention and sexual assault/relationship violence awareness. TAC serves the university community by speaking in classes, talking with student groups, making presentations in residence halls and providing education, training and consultation to numerous departments on campus and numerous universities across the country.
SEXUAL VIOLENCE TERMS & DEFINITIONS

According to the University of Minnesota’s Board of Regents:

Consent
Informed, freely and actively given, and mutually understood. If physical force, coercion, intimidation, and/or threats are used, there is no consent. If the victim/survivor is mentally or physically incapacitated or impaired so that the victim/survivor cannot understand the fact, nature or extent of the sexual situation, and the condition was or would be known to a reasonable person, there is no consent. This includes conditions due to alcohol or drug consumption, or being asleep or unconscious. *

Relationship Violence
Causing physical harm or abuse, and threats of physical harm or abuse, arising out of a personal, intimate relationship. Relationship violence often is a criminal act that can be prosecuted under Minnesota state law, as well as under the Student Conduct Code and employee discipline procedures. *

Sexual Assault
Actual, attempted or threatened sexual contact with another person without that person’s consent. Sexual assault often is a criminal act that can be prosecuted under Minnesota state law, as well as under the Student Conduct Code and employee discipline procedures. *

Sexual Harassment. Unwelcome sexual advances, requests for sexual favors, and/or other verbal or physical conduct of a sexual nature. **

Stalking
A course of conduct directed at a specific person that is unwanted, unwelcome, or unreciprocated and that would cause a reasonable person to feel fear. *

** From: http://policy.umn.edu/Policies/Operations/Safety/SEXUALASSAULT.html#100
SEXUAL VIOLENCE: AN INTRODUCTION

AGENDA

- Activity: What do we know?
- "The Rape of Mr. Smith"
- Sexual Violence Continuum
- Power & Control Wheel/Cycle of Abuse
- Impact of Sexual Violence
- Discussion: Non-stranger v. stranger violence
- Prevention

ACTIVITY: WHAT DO WE KNOW?
SEXUAL VIOLENCE, PRIVILEGE & OPPRESSION

POWER & CONTROL WHEEL

CYCLE OF ABUSIVE RELATIONSHIPS

IMPACT OF SEXUAL VIOLENCE

- Physical
- Emotional
- Social
- Financial
DISCUSSION

CounterCu (2010).

PREVENTION

The Spectrum of Prevention
- Influencing Policy & Legislation
- Changing Organizational Practices
- Insuring Institutions & Networks
- Educating Providers
- Promoting Community Education
- Strengthening Individual Knowledge & Skills

QUESTIONS?
SEXUAL VIOLENCE, PRIVILEGE & OPPRESSION

GOT CONSENT?

GUIDELINES
• Be respectful
• Be nonjudgmental
• Monitor language
• Self-care
• Keep it confidential

THE AURORA CENTER
SEXUAL ASSAULT • RELATIONSHIP VIOLENCE • STALKING

TALK IT OUT
SEXUAL VIOLENCE, PRIVILEGE & OPPRESSION

AURORA SERVICES

Get Help
- 24 Hour Help Line
- Crisis Counseling
- Advocacy
- Acupuncture
- Housing
- Medical
- Legal
- Support Groups
- Restraining Orders

Get Educated
- Get Consent?
- Step Up!
- Healthy Relationships
- Violence Prevention
- Health Care Providers
- Faculty & Staff Training

Get Involved
- Special Projects
- Volunteer
- Interns
- Advocates
- Violence Prevention
- Educators
- Paid Internships

NATIONAL STATISTICS

RAPE:
- 1 in 5 women
- 1 in 71 men

INTIMATE PARTNER VIOLENCE – physical:
- 1 in 4 women
- 1 in 7 men

STALKING:
- 1 in 6 women
- 1 in 19 men

NATIONAL STATISTICS

For Women
- Lesbian 43.8%
- Bi 61.1%

For Men
- Gay 26.0%
- Bi 37.3%

Transgender survivors were almost 2 times (1.81) as likely to report experiencing sexual violence than people who were not transgender.
SEXUAL VIOLENCE, PRIVILEGE & OPPRESSION

NATIONAL STATISTICS
- MOST victims know their perpetrator
  - National Institute of Justice, 2010
- Victims of sexual assault are:
  - 3 times more likely to suffer from depression.
  - 6 times more likely to suffer from post-traumatic stress disorder.
  - 13 times more likely to abuse alcohol.
  - 26 times more likely to abuse drugs.
  - 4 times more likely to contemplate suicide.

OUR CAMPUS
- 22% of U of M women experienced sexual assault.
  - 6.6% reported in the survey having been assaulted within last 12 months.
- 5% of U of M men experienced sexual assault.
  - 1.6% reported in the survey having been assaulted in the past 12 months.

THE AURORA CENTER
Sexual Assault * Relationship Violence * Stalking

Policies
SEXUAL VIOLENCE, PRIVILEGE & OPPRESSION

Sexual Assault

- Sexual assault means any sexual contact (including, but not limited to sexual intercourse) when such contact is achieved without consent, or with the use of force, coercion, deception, or threat.
- Rape is sexual intercourse that is achieved without consent or with the use of force.

Relationship Violence

- Causing physical harm or abuse, and threats of physical harm or abuse, arising out of a personal, intimate relationship.

Stalking

- A course of conduct directed at a specific person that is unwanted, unwelcome, or unreciprocated and that would cause a reasonable person to feel fear.
**CONSENT**

- Consent is informed, freely and actively given, and mutually understood.
- If physical force, coercion, intimidation, and/or threats are used, there is no consent.
- There is no consent if victim/survivor is mentally or physically incapacitated or impaired. This includes conditions due to alcohol or drug consumption, being asleep or unconscious.

**SEXUAL CONSENT FORM**

**YOU COULD SAY...**

- I'd really like to kiss/hug/make love to you.
- Is it OK if I take off my shirt, bra, pants...?
- Are you in the mood to...?
- Have you ever...? Would you like to try with me?
- It makes me hot when you touch/kiss/feel...me there. What makes you hot?
- What will make you feel good?
SEXUAL VIOLENCE, PRIVILEGE & OPPRESSION

GAUGING CONSENT

• Consent: Healthy Sex
• Caution: Unhealthy View of Sex (Risk of Committing Assault)
• STOP!!! No Consent: (Sexual Assault)
  "If you’re not prepared to stop, you’re not prepared to start!"

RED FLAGS OF COERCION

• Asking again and again
• Shaming someone
• Threatening to spread rumors or "out" someone
• Physically making it difficult to leave or resist
• Using alcohol

ALCOHOL AND SEXUAL ASSAULT

• Who’s responsible if both people are drunk?
• What about "drunk sex?"

It is unhealthy and harmful to use alcohol as a way to "get sex." It is illegal to have sexual contact with someone who is under the influence of alcohol (or drugs) because they cannot legally consent.

Survivors often blame themselves for drinking even though a decision to drink is not the reason or justification for another person’s illegal choice to engage in sexual activity with them. Survivors are not to blame. They do not share responsibility in the assault.
SEXUAL VIOLENCE, PRIVILEGE & OPPRESSION

**Barriers to Disclosing**
- Shame or blame
- Recognition that an assault occurred
- Retaliation
- Not believed/Confidentiality/Public Disclosure
- Ability to make informed choices in process
- Don’t “tell on” friend, family member, caregiver
- Isolation
- Financial, physical, or emotional dependency
- Losing custody of children
- Heard about someone who told, received no justice
- Religious and/or cultural barriers

**If a Friend Tells You She or He Was a Victim...**
**DO**
- Actively listen
- Believe them!
- Acknowledge that it may have been stressful for the survivor to disclose
- Tell the survivor that you are glad s/he told you
- Thank the survivor for trusting you
- Know that there are resources available—The Aurora Center can help with this!

**You can Prevent Sexual Assault & Relationship Violence**
SEXUAL VIOLENCE, PRIVILEGE & OPPRESSION

WHAT WOULD YOU DO?

QUESTIONS

THANK YOU FOR PARTICIPATING!
DEFINING THE PROBLEM: A SYSTEM OF OPPRESSION

Social Justice is both a process and a goal.

Goal: Full and equal participation of all groups in a society that is mutually shaped to meet their needs. The vision of Society evolves from an ideal:
- Equal distribution of resources
- All are physically and psychologically safe and secure
- Individuals are self determining and independent
- All actions have sense of self and responsibility to society as a whole

Process: should be democratic and participatory, inclusive and affirming of human agency and human capacities for working collaboratively to create change.

Oppression: The systematic, institutionalized, pervasive, and routine mistreatment of individuals on the basis of their membership in various groups which are disadvantaged by the imbalances in social power in society. Oppression must have societal/institutional power and prejudice (power + prejudice = “ism”).

Target Group: A group of people who are socialized and conditioned to become clients of oppression.

Agent Group: A group of people who are socialized and conditioned to perpetrate oppression.

Prejudice is a judgment or opinion, favorable or unfavorable, formed before the facts are known, i.e. without knowledge, thought, or reason.

Power is the ability or capacity to exercise control.

Privilege is a special immunity, right, or benefit enjoyed by an individual or group; economic, social, and psychological validation and reward enjoyed by a person or group conforming to the values of a prejudiced society, e.g., whiteness, maleness, heterosexuality, etc.

Institutional Isms’ are the practices and policies (intentional or unintentional) of major institutes (e.g., education, the military, corporations, the government, churches, etc.) which maintain and reinforce prejudicial beliefs and discrimination.

Internalized Oppression: The “internalizing” or believing, on the part of a target group, the lies and misinformation, which the agent group disseminates. It is expressed in behavior and interactions between individual members of the target group, which repeat the content of the lies/misinformation. Internalized oppression is always an involuntary reaction to the experience of oppression on the part of the target group.

Discrimination is the act, practice, or an instance of discrimination categorically rather than individually.

Ally: Someone from the agent group who will “stand in the way” of oppression when it is aimed at a target person. Someone who will recognize her/his privilege as a member of the agent group and will question and resist the institutionalized oppression as best as she/he can. An ally is most effective when she/he is fighting oppression because she/he realizes that it hurts both the target group members and the agent group members.
ROOTS OF SEXUAL VIOLENCE (CONTINUED)

What is Social Justice?

The Chair
Equality doesn't mean Justice
This is Equality, This is Justice

Definitions
Oppression
The systematic and institutionalized discrimination of one group of people by another group of people, based on racial, ethnic and/or cultural characteristics
People are excluded from resources, benefits and/or opportunities in society

SJ Perspectives

Scales of Social Justice

John’s Window

Groups: Target Group, Privilege Group, Distress Group
Positions: Privilege, Distress, Middle

Status: Internalized, Externalized, Dominant, Oppressed
ROOTS OF SEXUAL VIOLENCE (CONTINUED)

**Working Assumptions**
- Oppression hurts everyone in different ways.
- All prejudice was socialized in us.
- It is not the "fault" of those who have benefited from the system of oppression.
- Those who have benefited can accept responsibility to help acknowledge and dismantle oppression.
- There is no hierarchy of oppression.
- People come from good intentions, however that doesn’t negate pain or emotion.
- We must work to eliminate all forms of oppression.

**Blame the Victim**
- "Pull yourself up by your bootstraps."

**Why You Need to Know This**
- Unlearn myths and learn history told by targeted groups.
- Understand why survivors may not be happy about meeting an advocate.
- Understand why survivors may not want to report to the police, visit medical, or utilize services in general.

**Cultural Sensitivity and Cultural Competency**
- Sensitivity:
  - Awareness, understanding, responsiveness,
  - Respect for the beliefs, values, customs, and institutions of a group of people, particularly those different from one’s own.
- Competency:
  - Incorporating awareness, understanding, responsiveness, and respect into SERVICES.
- Cultural Competency is a life-long learning process, not an end result.
How do we become culturally competent?
- Be aware of our own cultural values, biases and assumptions about human behavior - Do you project these?
- Understand how cultural differences, attitudes and behaviors impact communication
- Consider: Language, Communication Style, Alternative Learning Styles, Values, Roles, Traditions and Beliefs
- Understand how oppression and privilege impacts services and survivors

The word LISTEN contains the same letters as the word SILENT.
SCALES OF JUSTICE

Target Group

Agent Group

NOTES
JOHARI’S WINDOW

“The Johari Window is a communication model that is used to improve understanding between individuals. The word "Johari" is taken from the names of Joseph Luft and Harry Ingham, who developed the model in 1955. There are two key ideas behind the tool, that:

1. you can build trust with others by disclosing information about yourself.
2. with the help of feedback from others, you can learn about yourself and come to terms with personal issues.

**Johari’s Window**

<table>
<thead>
<tr>
<th>Known to Self</th>
<th>Unknown to Self</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public/Open Area</td>
<td>Blind Area</td>
</tr>
<tr>
<td>Hidden Area</td>
<td>Unknown Area</td>
</tr>
</tbody>
</table>

1. **Open Area**
   This quadrant represents the things that you know about yourself, and the things that others know about you. This includes your behavior, knowledge, skills, attitudes, and "public" history.

2. **Blind Area**
   This quadrant represents things about you that you aren't aware of, but that are known by others. This can include simple information that you do not know, or it can involve deep issues (for example, feelings of inadequacy, incompetence, unworthiness, or rejection), which are often difficult for individuals to face directly, and yet can be seen by others.

3. **Hidden Area**
   This quadrant represents things that you know about yourself, but that others don't know.

4. **Unknown Area**
   This last quadrant represents things that are unknown by you, and are unknown by others.”
(1) What are your general reactions to this introduction to sexual violence? (2) The continuum of sexual violence encompasses many behaviors, actions and attitudes. What was surprising to you?
DAY TWO

ADVOCACY, INTERVENTION & SELF-CARE
PARTICIPANT HANDOUT: HOW DO WE LEARN ABOUT SEX?
Please write short answers to the following questions, identifying two or three main ideas in response to each question.

When you were growing up:

- What did you learn about sex from your family?
- What did you learn about sex from your friends?
- What did you learn about sex from your religion?
- What did you learn about sex from your schools and teachers?
- What did you learn about sex from music, movies, newspapers, and other media?
- What did you learn about sex in your professional training or education?
- What else did you learn about sex and where did you learn it from?
HEALTHY SEX COMPARISON CHART

Learning how to distinguish healthy sex from other forms of sex can empower you to bring healthy sex more into your own life. The chart below outlines how healthy sexuality differs from abusive and addictive sex.

<table>
<thead>
<tr>
<th>Healthy Sex</th>
<th>Sexual Abuse and Addiction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex is controllable energy</td>
<td>Sex is uncontrollable energy</td>
</tr>
<tr>
<td>Sex is a choice</td>
<td>Sex is an obligation</td>
</tr>
<tr>
<td>Sex is a natural drive</td>
<td>Sex is addictive</td>
</tr>
<tr>
<td>Sex is nurturing, healing</td>
<td>Sex is hurtful</td>
</tr>
<tr>
<td>Sex is an expression of love</td>
<td>Sex is a condition of love or devoid of love</td>
</tr>
<tr>
<td>Sex is sharing with someone, sex is part of who I am</td>
<td>Sex is “doing to” someone</td>
</tr>
<tr>
<td>Sex requires communication</td>
<td>Sex is void of communication</td>
</tr>
<tr>
<td>Sex is private</td>
<td>Sex is secretive</td>
</tr>
<tr>
<td>Sex is respectful</td>
<td>Sex is exploitative</td>
</tr>
<tr>
<td>Sex is honest</td>
<td>Sex is deceitful</td>
</tr>
<tr>
<td>Sex is mutual</td>
<td>Sex benefits one person</td>
</tr>
<tr>
<td>Sex is intimate</td>
<td>Sex is emotionally distant</td>
</tr>
<tr>
<td>Sex is responsible</td>
<td>Sex is irresponsible</td>
</tr>
<tr>
<td>Sex is safe</td>
<td>Sex is unsafe</td>
</tr>
<tr>
<td>Sex has boundaries</td>
<td>Sex has no limits</td>
</tr>
<tr>
<td>Sex is empowering</td>
<td>Sex is power over someone</td>
</tr>
<tr>
<td>Sex enhances who you really are</td>
<td>Sex requires a double life</td>
</tr>
<tr>
<td>Sex reflects your values</td>
<td>Sex compromises your values</td>
</tr>
<tr>
<td>Sex enhances self esteem</td>
<td>Sex feels shameful</td>
</tr>
</tbody>
</table>

Content from University of Illinois at Urbana-Champaign’s McKinley Health Center “Healthy Sexuality” handout, which cites www.HealthySex.com & www.peelregion.ca/health/sexuality/relations/. The Board of Trustees of the University of Illinois, 2009. HEd. III-046.
WHAT IS HEALTHY SEXUALITY?

- Healthy sexuality involves recognizing that we are all sexual beings, and celebrating the ways that our sexuality benefits us physically, emotionally, and spiritually.
- Healthy sexuality is positive and enriches our lives. Healthy sexuality allows us to enjoy and control our sexual and reproductive behavior without guilt, fear or shame.
- Sexual expression is a form of communication through which we give and receive pleasure and emotion. It has a wide range of possibilities - from sharing fun activities, feelings and thoughts, warm touch or hugs, to physical intimacy. It is expressed both individually and in relationships throughout life.

The healthy sex “CERTS” model

Wendy Maltz developed the CERTS model for healthy sex; this model requires that the following conditions be met for a person to enjoy healthy & satisfying sex: Consent, Equality, Respect, Trust, and Safety.

- **CONSENT** means you can freely and comfortably choose whether or not to engage in sexual activity. You are able to stop the activity at any time during the sexual contact. It also means that you respect when someone else does not want to engage in a particular activity, for any reason.
- **EQUALITY** means your sense of personal power is on an equal level with your partner. Neither of you dominates the other.
- **RESPECT** means you have positive regard for yourself and for your partner. You feel respected by your partner and you respect them. *(continues on next page)*
THE HEALTHY SEX “CERTS” MODEL (CONTINUED):

- **TRUST** means you trust your partner on both a physical and emotional level. You have mutual acceptance of vulnerability and an ability to respond to it with sensitivity.
- **SAFETY** means you feel secure and safe within the sexual setting. You are comfortable with and assertive about where, when and how the sexual activity takes place. You feel safe from the possibility of harm, such as unwanted pregnancy, sexually transmitted infection, and physical injury.

It takes spending time together and engaging in lots of honest, open communication to make sure that the CERTS conditions are operating in your relationship. That’s why it is helpful to allow all aspects of a relationship to grow and develop at a consistent pace with physical intimacy. Meeting the CERTS conditions does not ensure that you’ll have amazing sex, but it can help you feel more secure in your relationship and increase your level of self-esteem.

**Practice good communication**

- Good communication is crucial to healthy sex. You can greatly increase feelings of mutual respect, emotional closeness, and sexual pleasure when you and your partner know how to communicate well with each other. Knowing how to talk openly and comfortably can help you solve sexual problems that come up from time to time in the normal course of an on-going intimate relationship.
- Be patient with yourself and your partner as you work to develop new communication skills. It takes time and a lot of practice to open up emotionally and discuss personal topics in safe and sensitive ways.

**Strengthen trust**

- Trust is an important quality in healthy sex. It helps us feel emotionally safe and secure about choosing to remain in an intimate relationship with our partner. Without trust, we’re likely to feel increased amounts of anxiety, fear, disappointment and betrayal.
- Trust grows when both people in the relationship act responsibly and follow-through with commitments. While no one can guarantee that any relationship will last and remain satisfying for both people, you can strengthen mutual trust by having clear understandings about what you expect from each other in the relationship.
- Spend time with your partner discussing what you need and expect in the relationship for you to feel emotionally safe. Based on your discussion, create a list of understandings you will both agree to honor. You may want to formalize your list into an actual “contract” you will follow.
ADVOCACY 101 BASICS

Law Enforcement
- What do you know about law enforcement?
- What’s their role?
- Are they supposed to be neutral or biased?

Sexual Assault Response Nurses (SARS) Nurses
- What do you know about SARS nurses?
- What’s their role?
- Are they supposed to be neutral or biased?

The University
- What do you know about the University?
- What’s their role?
- Are they supposed to be neutral or biased?

Sexual Assault (SA) Advocates
- What do you know about advocates?
- What’s their role?
- Are they supposed to be neutral or biased?
How Do Survivors Cope?

Impact Wheel: Prior Coping Skills

Each person affected by trauma is unique, bringing with them their own set of values, strengths, weakness and needs.
Question for Pairs:
You have suffered a really big loss… what have you called upon for your strength?
* Rachel Naomi Remen

- How have you coped?
- What helped you?
- Who helped you?
- What wasn’t helpful?

Things to Consider…

- Why victims are calling now-
  - Support
  - Triggered by a specific event/things- looking at support, enhancing things for this immediate moment, but will be fine overall.
  - Overall not coping well- looking at a more intensive strategy and plan for resources and support.
    - Who is their support system
    - What has worked, what hasn’t
    - What do they need from you now
      - (inform vs. resource, both of these important to identify so they feel their needs are met)

Other times that may trigger…

- Pregnancy
- Dentist Office
- Medical Procedures
- Anniversaries
- Large life events- marriage, death etc.
- Season change
- Child turning the same age as they were when they were victimized.

Common Denominators include: loss of control, people inside your personal space, reminders of the incident, being told what to do etc.
When you are talking about coping it is important to take into account a holistic framework...

-Mind
-Body
-Spirit
Practical Techniques...

The "Four Square" method of breathing to reduce anxiety:

1. Breathe in slowly to a count of four.
2. Hold the breath for a count of four.
3. Exhale slowly through pursed lips to a count of four.
4. Rest for a count of four (without taking any breaths).
5. Take two normal breaths.
6. Start over again with number one.
Sometimes survivors cope in ways that are aren’t as healthy or healing, but they are doing the best they can.

Ways Survivors Cope:

<table>
<thead>
<tr>
<th>Become Numb</th>
<th>Don't trust</th>
<th>Don't pay attention to boundaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Injure</td>
<td>Afraid of Intimacy</td>
<td>Develop Eating Disorders</td>
</tr>
<tr>
<td>Become Promiscuous</td>
<td>Become hypersensitive to Touch</td>
<td>Try to Please Everyone</td>
</tr>
<tr>
<td>Aggressively try to control my environment</td>
<td>Become Depressed</td>
<td>Abuse others</td>
</tr>
</tbody>
</table>

Survivors of sexual assault have higher rates of drug and alcohol consumption and related problems:

- Survivors are 5.3 times more likely than non-survivors to use prescription drugs for non-medical purposes
- 3.4 times more likely to use marijuana
- 6.4 times more likely to use cocaine
Ten times more likely to use hard drugs other than cocaine

79% of survivors who drink alcohol became intoxicated for the first time after the assault

89% of survivors who use cocaine used it for the first time after the assault.


In a study of male survivors sexually abused as children:

* over 80% had a history of substance abuse
* 50% had suicidal thoughts
* 23% had attempted suicide
* almost 70% had received psychological treatment

(Link, D., 1994)

Women who have been raped are twice as likely to suffer from bulimia nervosa or binge eating disorder.

**Self-Injury:**

- Self-injury is the act of attempting to alter a mood state by inflicting physical harm severe enough to cause tissue damage to her body. (usually in secret)

- Approximately 1% of the population has at one time or another, used self-inflicted physical injury as a means of coping with an overwhelming situation or feeling.

Deliberate self-harm is not necessarily inflicted with suicidal intent, and engaging in self-harm doesn't necessarily mean someone wants to die.

---

**What it might do:**

- Provide a way to express difficult or hidden feelings
- It is common for victims to feel numb or empty as a result of sexual assault.
- Engaging in self-harm may provide a temporary sense of feeling in control as well as a way to express anger, sadness, grief or emotional pain.
- Provide self-punishment for what they believe they deserve
- Provide a distraction
- Provide proof they are not invisible
- Provide a feeling of control

---

**How to respond appropriately:**

- Do not tell the survivor to stop
- Talk with the survivor about a plan for what to do next time.
- Identify something else that will bring sensation back to the body and release the same endorphins that the cutting would—exercise, for example.
- Other forms of coping that are less harmful—rubber band on the wrist, writing with red pens, journaling, warm bath
How to respond appropriately:

- Identify resources in your community, therapists that are comfortable in dealing with self-injury.

A survivor of sexual assault is nine times more likely to attempt suicide than a person who has not been assaulted.

There are other ways that we cope… that are healthy and healing.
ADVOCACY, INTERVENTION & SELF-CARE

Today, I choose AUTHENTICITY.

I am when it’s hard. Even when I’m swelling with the same and fear of not being enough, especially when the joy is so intense that I’m afraid to let myself feel it.

I will practice courage by being emotionally honest, extending gratitude, and admitting my vulnerability.

Today, I will practice compassion by remembering that we are all made of strength and atrocity, and connected to each other through a healing, excellent human spirit.

Today, I will practice honesty and belonging by letting go of what I think I’m supposed to be and becoming who I am.

Today, I will practice gratitude, grace and joy into my life.

Today, I will live and grow with my WHOLEHEART.

http://www.survivormanual.com/2013/01/empowering-yourself-to-be-a-truly/

10 Things to Say to Yourself
As You Heal

1. No matter what, I MATTER most.
2. I am not selfish if I concentrate my efforts on ME.
3. Nobody will ever be better at healing myself than me.
4. I cannot help those I love and whom I trust.
5. I say NO to people with whom I don’t feel comfortable.
6. I feel my skin and it feels good.
7. I feel my body and it not only feels good but I take great care of it.
8. I’m learning how to do better self-care.
9. Someone taking care of myself means that I have to say no to someone else.
10. Above all, I’m the most important person in my world.

Allison Leigh

http://www.survivormanual.com/2013/01/empowering-yourself-to-be-a-truly/

A Great Resource: Angela Sheldon’s Survivor Manual

www.survivormanual.com

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ADVOCACY, INTERVENTION & SELF-CARE

Encourage a meaningful ritual—what would be nurturing?

Throw Ken over the river—create a visual way to get rid of memories that no longer serve you.

Denial
Journaling/Writing
Exercise/Healthy

Anger Expression
Playing games/Modeling

Calm Video/Delegation
- Discussion Questions:
  - What was new information for you?
  - How can you use this information?
  - What coping tips/techniques would you add?
ADDITIONAL RESOURCES:


REFERENCES:


The Art of Deep Listening

The most basic and powerful way to connect to another person is to listen. Just listen. Perhaps the most important thing we ever give each other is our attention...

A loving silence often has more power to heal and connect than the most well-intentioned words.

—Rachel Naomi Remen

Who are the best listeners?
Why are they the best? Some Common Themes

- Quality of Attention
- A sense of timelessness
- They don’t interrupt
- Believe in you
- Affirm your worth

Different Types and Styles of Listening

- Cultural
- To touch or not to touch
- E’s and I’s
- What is your definition?
What are you listening for?
- Learning
- Clarification
- Understanding
- Empathy

10 Poor Listening Habits
- Calling the subject uninteresting
- Criticizing the speaker &/or delivery
- Getting over-stimulated
- Listening only for facts (bottom line)
- Not taking notes or outlining everything

- Faking attention
- Tolerating or creating distractions
- Tuning out difficult material
- Letting emotional words block the message
- Wasting the time difference between speed of speech and speed of thought

10 Irritating Listening Habits

1. Interrupting the speaker.
2. Not looking at the speaker.
3. Rushing the speaker and making him feel that he’s wasting the listener’s time.
4. Showing interest in something other than the conversation.
5. Getting ahead of the speaker and finishing her thoughts.

6. Not responding to the speaker’s requests.
7. Saying, “Yes, but . . .” as if the listener has made up his mind.
8. Topping the speaker’s story with “That reminds me . . .” or “That’s nothing, let me tell you about . . .”
9. Forgetting what was talked about previously.
10. Asking too many questions about details.

Problems...

- Not enough time in the day.
- They want something I can’t give them.
- They will just talk and talk… or call just to talk.
- I am in a bad mood.
ADVOCACY, INTERVENTION & SELF-CARE

Being listened to spells the difference between feeling accepted and feeling isolated.
Ralph Nichols

In our society, listening is essential to the development and survival of the individual.

Most people will not really listen or pay attention to your point of view until they become convinced you have heard and appreciate theirs.
Ralph Nichols

Listening is noting what, when and how something is being said. Listening is distinguishing what is not being said from what is silence.
Listening is not acting like you're in a hurry, even if you are.
Listening involves suspension of judgment. It is neither analyzing nor racking your brain for labels, diagnoses, or remedies before the person is done relating her symptoms. Listening, like labor assisting, creates a safe space where whatever needs to happen or be said can come.

— Allison Para Bastien

I think I'll learn more from listening. Anything I would say I already know.
Anonymous student explaining why she did not wish to participate in a discussion, quoted in Christian Science Monitor

Creating Circles of Trust

TRUST
"No faking, no saving, no advising, no setting each other straight."

The rule is simple, but shifting by it had been too hard work for people accustomed to straightening each other out as a way of life. Once when I introduced the rule at the start of a long-term circle, someone blurted out: "Then what is heaven's name are we going to do with each other for the next two years? You just excluded the only thing we know how to do."

"So what do we do in a circle of trust? We speak our own truth; we listen receptively to the truth of others; we ask each other honest, open questions instead of giving counsel; and we offer each other the healing and empowering gifts of silence and laughter."

-Parker J. Palmer, A Hidden Wholeness

**Thoughts to Offer for Groups:**

- The last time you were listened to
- What you need
- A decision you are struggling with
- Whatever you would like to share
- To sit in comforting silence together
• How did that feel?
• Did you feel heard? How?
• What was different about the silent listening and more interactive listening?
• How did it feel to sit with silence?

What else do you need to be supported and in turn to support?

Why is it difficult to sit with silence?

How do we create an environment that values deep listening?

How could this make a difference?
Four Basic Needs

- Safety & Security
  - Immediate safety needs
- Ventilation & Validation
  - Be heard and believed
- Prediction & Preparation
  - Know options and possible outcomes
- Information & Education
  - Resources
  - Statistics

Feelings...

- Guilt and Shame
- Fear
- Anxiety
- Helplessness
- Ambivalence
- Anger

Giving Support

- Emotional
- Informational
- Goal Oriented
- Role Modeling
- Problem Solving
Active Listening

Active Listening Skills

- Listen
- Validate
- Reflect
- Summarize

Listen

- Be Present - nonverbals
- Use Silence
- Encourage
ADVOCACY, INTERVENTION & SELF-CARE

**Validate**
- Feelings
- Experiences
- Content

**Reflect**
- Paraphrase
- Clarify
- Perception Check

**Summarize**
- Examine Options
- Layout actions/plans
- Final check-in
Question Techniques to Avoid

Questions to Avoid
- Multiple questions at once
- Questions that are off topic
- Questions that abruptly change the flow
- Questions that cut off discussion of feelings
- “Why” questions
- Imposing your values
- Making the victim/survivor defensive
- Making assumptions

Follow the Language
- Use Terminology Victim/Survivor Uses
- How they define themselves
Share a Story
Pick a happy moment from your childhood.
1. Who was there?
2. What happened? What was said?
3. When did this take place?
4. Where were you?
5. How did it make you feel?
6. Why do you hold on to this memory?

Practice Active Listening

<table>
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<th>Summarize</th>
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<td>Perception Check</td>
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</table>

Share a Story
Think of a time when you were hurt by someone.
1. Who was there?
2. What happened? Said?
3. When did this take place?
4. Where were you?
5. How did it make you feel?
6. What impact did that moment have?
Practice Active Listening

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How to Take a Call

1. Introduce - Name, Title, Dept.
2. Ask - "What can I help you with?" or "I’d like to hear about why you called."
3. Listen...
4. Validate, Reflect...
5. Summarize
   - Do you want to continue?
   - "I believe you."
   - "Tell me more about..."
6. Ask a question regarding solutions...
7. Provide options...
8. Invite to Office to work more with staff - Get contact info.
9. Provide Resources...
10. Ask if there’s anything else you can help with.
11. Summarize... Ask for follow-up, Thank them.
**OPEN-ENDED QUESTIONS**

Open-ended questions are designed to encourage victim/survivors to explore issues, as well as share and process thoughts and feelings. Open-ended questions can assist advocates in facilitating crucial conversations with victims/survivors. Listed below are examples of open-ended questions.

<table>
<thead>
<tr>
<th>Question</th>
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</thead>
<tbody>
<tr>
<td>How does it look to you?</td>
<td>What do you feel we have accomplished today?</td>
</tr>
<tr>
<td>Tell me more about it.</td>
<td>How would you summarize your discussion?</td>
</tr>
<tr>
<td>What do you think you’d like to do about it?</td>
<td>What have you been thinking about since we last talked?</td>
</tr>
<tr>
<td>What seems to be your greatest obstacle?</td>
<td>What do you want to do after you leave school?</td>
</tr>
<tr>
<td>How do you suppose you could find out more about it?</td>
<td>For instance?</td>
</tr>
<tr>
<td>What was your reaction?</td>
<td>What do you think is best?</td>
</tr>
<tr>
<td>How does this affect you?</td>
<td>What would you do in a case like this?</td>
</tr>
<tr>
<td>How would you go about it?</td>
<td>What seems to be the difficulty?</td>
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<tr>
<td>How do you suppose it will work out?</td>
<td>What have you figured out so far?</td>
</tr>
<tr>
<td>What are some other possibilities?</td>
<td>Tell me about yourself.</td>
</tr>
<tr>
<td>What information do you have about that?</td>
<td>Where will this lead?</td>
</tr>
<tr>
<td>How do you plan to do it?</td>
<td>What is your ultimate objective?</td>
</tr>
<tr>
<td>What was it like?</td>
<td>How do you fit into this picture?</td>
</tr>
<tr>
<td>What have you tried so far?</td>
<td>What do you need tonight?</td>
</tr>
<tr>
<td>What are some potential solutions?</td>
<td>What were you hoping to get from calling tonight?</td>
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<tr>
<td>What would you like to talk about today?</td>
<td>Anything else?</td>
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<tr>
<td>What if that doesn’t work?</td>
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<tr>
<td>How have things been going?</td>
<td></td>
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<tr>
<td>How does this fit in with your future plans?</td>
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</table>

Guidelines

- Be respectful
- Be nonjudgmental
- Monitor language
- Self-care
- Keep it confidential

Goals

1) Give you the ability to recognize events where you should STEP UP!
2) Give you the knowledge and skills to effectively intervene!
ADVOCACY, INTERVENTION & SELF-CARE

What would you do?

Reasons for NOT Intervening

- Assumed it wasn’t a problem
- It was none of my business
- Assumed someone else would do something
- Believed others weren’t bothered
- Didn’t know when/how to intervene
- Felt my safety would be at risk

Reasons FOR Intervening

- It was the right thing to do
- We should look out for each other
- I would want someone to help me in that situation
- Someone needed help
- So the situation wouldn’t escalate
- To preserve the reputation of my team/group

INDIVIDUAL LEADERSHIP
SHARED RESPONSIBILITY
What is a bystander?
Person who wants to act and wants to help in a situation, but doesn't for various reasons.

What is the bystander effect?
- Someone is less likely to intervene when others are present vs. when they are alone

What Does it Mean to STEP UP?
- Prosocial Behavior
  - Any act performed with the goal of benefiting another person
- Bystander Intervention
  - Intervening in an emergency
  - Helping in a non-emergency
  - Intervention can be direct or indirect
The 5 Decision Making Steps

Step 1: Notice the Event

- Other people/events create distractions.
- Sometimes we don’t want to notice!

Step 2: Interpret the event as a problem/emergency

- Ambiguity
- Conformity
The 5 Decision Making Steps

Step 3: Assume Personal Responsibility
  - Diffusion of Responsibility

The 5 Decision Making Steps

Step 4: Have the skills to intervene
  - Learn the skills/strategies to STEP UP
  - Be prepared - practice skills when possible

The 5 Decision Making Steps

Step 5: Implement the Help: STEP UP!
  - If it is safe - intervene!
  - Be the first!
  - Create shared and agreed upon standards of behavior within your group
What Would You Do?

Where can you STEP UP?

Disordered Eating
Depression
Alcohol
Hazing
Sexual Assault
Others?

Emergencies

- Calm the person
- Look at options - Resourcefulness
- Provide support - Validate
- Know appropriate referrals - Officials, Police
- Do not escalate the situation
Dealing with Sensitive Issues

Starting the Conversation

* I care...
* I see....
* I feel....
* LISTEN
* I want...
* I will...

Utilize The 3 "D’s"

Direct

Distract

Delegate

Scenario One

You are at a house party with some friends. A coworker walks by and mentions you were talking about a party. The coworker says that everyone is getting bored, that they need to do something fun. The person begins teasing the friend who laughs,人人都看着, and almost falls off their chair. The coworker then took off the house party.

What do you do?

That apply the 3 Ds.
Scenario Two
You are with a group of friends and one of them starts telling about a breakup they had last weekend. You begin to notice some aspects of their story sound familiar. They keep saying that ‘at first it wasn’t a big deal’ until a comment or two and it was. You are asked to remain confidential, but your friends are insistent, showing your support, and pushing for more details.

What do you do?

Scenario Three
Your friends Phoenix and Jasmine have been dating for a while now. You notice that whenever you are all together, Phoenix will call Jasmine names. Sometimes Phoenix will push or punch Jasmine and when someone tries something to Phoenix shows it. Phoenix can’t seem to ‘just let it go’. It’s gotten to the point where you are becoming concerned for Jasmine’s safety and well-being. It does not seem like a healthy relationship.

What do you do?

Story Circles
Tell us about a time that you have intervened (or not) and why.
VICARIOUS TRAUMA & SELF CARE

Counselors and advocates are there to respond to the needs of others. However, it is crucial to remember that counselors have needs of their own as well, particularly in working with client/survivors of sexual assault and sexual abuse. Hearing painful stories can be emotionally draining. Sometimes the stories and the feelings client/survivors express can hook into our own personal issues. When the needs of client/survivors are urgent, it may become harder and harder for us to say 'no' and to set limits. We may forget to develop our own support systems or to take advantage of the ones that are available to us.

There are no simple prescriptions or recipes to avoid or to heal burnout. Just as every client/survivor has their own pattern of recovery and healing, so every counselor has unique possibilities for regaining energy and interest. Some options shared by counselors and advocates:

- **Use your center's resources.** Other counselors and staff are there for you.
- **Speak up about your own needs.** If you've had a call that was especially hard, ask to process it with staff or peers. If you need a leave of absence from counseling, talk to the program coordinator. They will understand; they are concerned about your well being too.
- **Know your limits** and stick to them.
- **Remember that the process belongs to the client/survivor.** You can't "fix them" or guarantee that they get what you want them to get. Have faith that the client/survivor received from you what they needed or were able to receive. Maybe on another occasion they'll go further or take the next step.
- **Keep some balance** in your life. Play. Have fun. Nurture yourself. If you've had a hard session, do something especially nice for YOU that rebuilds your energy that reminds you that life is good and that you are worthwhile.
- **Prioritize your life goals.** Learn and move toward where you want to be.
- **Develop positive addictions:** hugs from people you love; music; walking or jogging; good healthy foods; the amount of sleep you need to feel good; hobbies you enjoy.
- **Laugh.** Laugh as much as you can - at silly jokes, at yourself, at the strange and wonderful potpourri of life.

---

**Self-Care Pyramid:**

Healing for Survivors and Concerned Persons
A lot of what we focus on has to do with the impact of sexual violence on the individual. What do you think the impact of sexual violence is on the community/society-at-large? How do you feel about that? How might what you learn today impact the ways you do outreach (presentations or tabling)?
DAY THREE

ADVOCACY, OUTREACH & PREVENTION
### THIS IS JEOPARDY!

<table>
<thead>
<tr>
<th>TAC Trivia</th>
<th>Definitions</th>
<th>Potpourri</th>
<th>Statistics</th>
<th>Campus Partners</th>
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INSTRUCTIONS/NOTES
Sexual Assault Exams for Advocates

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SARS History:

- In 1977, Dr. Linda Ledrey, RN, PhD, FAAN recognized the need and began organizing a program called Sexual Assault Resource Service (SARS).
- SARS was one of the first programs to provide medical care for sexual assault patients in the country.
- The first trained nurses were at HCMC, called SARS nurses, the services expanded to all the hospitals in Hennepin county and the acronym “SARS Nurse” stuck.

What is a “SANE”?

- Experienced RN
- 40 hour Sexual Assault Examiner Training
- Work with a mentor
- Test and Certification from the International Association of Forensic Nurses
- Additional 40 hour Pediatric Sexual Assault Training
- Additional Certification for Pediatric Forensic exams
How is SANE activated?

1. Victim arrives at hospital
   - ED Triage nurse calls our Answering Service
   - Answering Service pages the SANE “On Call”
   - SANE Advocate is called at the same time
   - SANE returns call and gets brief history
   - 1-hour response time
   - 24/7 coverage, a SANE on-call during peak all times
   - Delay occurs even if the SANE is seeing another patient
   - Operator or SANE may do a “call in” page

Where does SARS go?

- INMC
  - North Memorial Medical Center
  - Maple Grove
  - Maple Grove
  - Abbott Minnesota
  - Kent Health
  - Fairview Northwest
  - Fairview University Hospitals
  - West Bank
  - East Bank University Campus
  - Amplatz
  - Access Midtown
  - Harriet
  - Northfield

What type of Sexual Assault Exams does SARS offer?

- Victim exams approximately 600-700 per year
  - Adult and Adolescent Women
  - Adult and Adolescent Men
  - Transgender Individuals
  - Suspects – 10 years
  - Up to 120 hours post assault
  - kalee Pellicone exam - 12 hours
  - BEMC & Amplatz – 50/year
  - Sex, Incest Pellicone exam - 50
  - Incest Commerman & Amplatz
**Sexual Assault Statistics**

- 44% of victims are under 18
- 80% are under 30
- 54% of sexual assaults are not reported to police
- 97% of rapists will never spend a day in jail
- 80% of assaults are committed by someone known to the victim
- 84% of victims reported the use of physical force only

---

**Components of a Sexual Assault Exam**

- Consent
- Medical history
- Account of the Sexual Assault
- Injury care
- Physical exam
- Evidence collection
- Sexually Transmitted Infections prophylaxis
- Pregnancy prevention
- Crisis intervention

---

**Components of Exam: Consent**

- Informed consent of patient is obtained throughout the exam process.
- There are two essential but separate consent processes:
  - medical evaluation and treatment
  - forensic exam and evidence collection
- The medical forensic examination should NEVER be done against the patient’s will
- Consent can be rescinded at any time
- Confidentiality
Consent Challenges:

- Any minor may consent to medical or mental health services to diagnose either pregnancy or STD’s.
- The minor’s parents need not give consent.
- Unconscious patients.
- Developmentally delayed patients.
- Intoxicated patients.

Why Perform a Medical Exam?

- Peace of mind for the victim that they “are okay”.
- Provides information about the sexual assault.
- Corroborate “account of incident”.
- Diagnose and treat injuries.
- Assess risk for Sexually Transmitted Infections and Pregnancy.

Account of Incident:

- Information that the SANE needs to do the medical/forensic exam.
- When given to a medical provider it is an “excited utterance” and is exempt from hearsay rule in court.
- “Paints a picture” of the victim when we testify in court.
- Assists SANE in discharge planning, safety planning, and assessing suicide risk.
Components of Exam: Documentation

Basic documentation should include:
- Pertinent limited medical history
- Place and time of the assault
- Race and number of assailants
- Weapons used
- Actual and attempted penetration
- Religion, if known and where
- Statements, threats and actions of the assailant
- Patient's emotional response, appearance and cognitive state
- Quote patient's statements

The entire chart is part of the legal record and may be admitted into evidence if the case goes to court.

Components of Exam: Documentation

Why do we ask those strange questions?
- Consensual sex in the 120 hours prior to the assault?
- Do you use tampons?
- Did you eat, shower, douche, go to the bathroom?

MR. NOSEY

The answers guide the exam!

Medical and Physical Exam

- Full body exam – head to toe
- Genital Exam
- Assess for injuries
- Alternative light source
- Evidence collection
- Forensic photography
Components of the Exam: Speculum Exam

Is reality......
- Patient is always in control and can decline any part or all of the exam
- Shouldn’t hurt, can be uncomfortable
- Plastic or metal speculums
- Swabs can be collected from vaginal vault without a speculum
- Need a speculum to view cervix and to collect from the cervix

Evidence Collection: Purpose

- To confirm recent sexual contact
  - DNA can be collected from: Mouth, Fingernails, Skin, Genital/Vaginal, Armpit
  - Trace evidence finding to suspect: Hair, Gloves, Clothing, Tampon
- DNA collected from body or clothing: Hair, Skin cells, Speculum, Saliva, Blood, Sperm
- To confirm that force or coercion was used
  - Injury, torn clothing, graze sites
- To corroborate the victim’s account of the assault
- To help identify the suspect(s)

Evidence Collection:

- Blood and Urine for alcohol and toxicology collected on every patient
- Sent to the Bureau of Criminal Apprehension (BCA)
- More sensitive drug screen than hospital laboratory
- Specimens need to be refrigerated
Evidence collection: Toxicology

- Drugs that are identified in blood samples are reported quantitatively (amount) while drugs that are identified in urine are reported quantitatively (present or not detected).
- Most substances last longer in urine than blood.

Evidence Collection:

- Clothing collected can be excellent source of DNA evidence.
- Each piece of clothing placed in individual paper bags.
- Labeled, sealed and signed by the SANE.
- Clothing to wear home.

Evidence Collection:

Think Outside the Box!

- Patterned injuries
- Cellphone photos, text messages
- Bite marks
- Suction injuries
- Writing on victim
- Objects used in the assault.
Evidence collection: Chain of Custody

- Evidence is placed in a locked refrigerator
- All KCMC staff have locked cupboards for their clothing
- Law Enforcement is responsible for picking up and storing evidence
- Northfield Police Department will store evidence indefinitely

Sexually Transmitted Infection Prevention

- We treat Gonorrhea, Chlamydia and Trichomoniasis at the time of exam
- Risk of transmission in Sexual Assault estimated: 17-40% for some STIs
- Treat versus Test
- Test results become part of medical record, unable to control how test information will be used
- We counsel about Syphilis, HPV (human papilloma virus-genital warts) HSV (Herpes) Hepatitis B and C

STI Prevention: HIV

- HIV risk assessment
  - Anal sex
  - Injection to recuse needles
  - Multiple sex partners
  - High-risk HIV
  - IV drug user
  - Prions
  - Inhaled HIV
- CDC reports the risk is < 0.1
- Post Exposure Prophylaxis
  - Start within 24 hours
  - For 28 days
  - Daily for 28 days
Pregnancy Prevention

- Pregnancy test in the ED
- Plan B at the time of exam
- MN law “sassy”
- Reduces risk of pregnancy by 89%
- Will not harm preexisting pregnancy
- Is available over counter, costs $40-90
- Catholic church supports use of ECP in cases of rape and incest.
- Plan B not as effective with BMI over 30

Components the Exam: Psychosocial Care

- SAR advocate is paged by SAR answering service when the SAR nurse is paged
- Suicide assessment
- Healing process begins by believing the patient
- Offering choices/ giveaway control back to the patient
- Get consent for every step of the process
- Support the emotional recovery of the patient
- Respect the patient and patient’s choices
- Any and every reaction is normal

Advocate Role:

- Can provide BIASED care, SANE must be non-biased
- Can provide emotional support during exam
- Can help with discharge planning
  - Arrange transportation home
  - Help find lodger
- Can provide follow up services
  - Help patient get a OFP
  - Assist patient in court
- Can help patient in making the decision to report or not
Advocate can Help By:
- Leaving the room, when SANE can’t!
  - Getting juice or snack for patient
  - Locate something at team center
  - Get warm blankets
  - Be with family or friends if not in room with patient

Reporting:
Sexual assault is the most underreported, least prosecuted and has the lowest conviction rate for any serious felony
- In most cases, it is the patient’s decision to report or not report the crime to police
  - Age, medical, reporter exceptions
- No one should be forced to report
  - Everyone’s needs following assault are different
- The patient does NOT need to report to have a SANE exam

Barriers to Reporting:
- Not having proof that the incident occurred
- Fear of retaliation by the perpetrator
- Fear of how they will be treated by the LE, hospital staff
- Uncertainty that LE will consider the incident serious
- Not knowing how to report the incident
- Desire to prevent family and others from learning about it
Testifying in Court:
- Subpoena
- Prepare with Prosecutor
- Testify

What SANE want Advocates to know:
- Exam can be done up to 120 hours after the assault
- Exam can be done even if victim has showered
- If victim needs to urinate, save urine in a jar and have the victim bring it to the hospital
- Tell the victim to bring clothes to wear home
- Victim can have a friend or family member with them during the exam
- Medical/Forensic Exam is paid for by the county the assault occurred in
- Under age drinking or drug use not an issue

Suspect Exam
- Suspect - more likely to find evidence of the victim on the suspect
- SANE does full body exam looking for victim inflicted scratches, bite marks, etc.
- Evidence collection:
- Evidence collected per SARS protocol
- Search warrant signed before starting exam
- Exigent circumstances
- Elasticate, saliva, sweat, blood, trace evidence
- Oral, anal, penile, vaginal, finger nails
- Evidence never stored at Hospital
- SANE does not interview suspect, but will record comments and observations.
- Advocates are not paged for suspect exams
When to CALL SARS Nurse – SANE examiner

Victim of Sexual Assault Identified

Less than 5 days since the assault?

- Yes
  - Is the victim 12 years of age or older?
    - No
      - Pediatric victims will be referred to HCMC, Amplatz, Children’s Hospital or MCRC for an acute exam.
    - Yes
      - Arrange Transportation to Northfield Hospital
      - HCMC will page SARS nurse, SANE will arrive within 1 hour 612-873-5832
  - No
    - If beyond hours for evidence collection:
      - MD can prescribe STI prophylaxis
      - Consult with SARS nurse for more resources and directions for care.

Pediatric victims will be referred to HCMC, Amplatz, Children’s Hospital or MCRC for an acute exam.

While the patient is waiting the Emergency Room staff will:
- Assess and treat injury, “ABC’s”
- Preserve evidence
- Secure urine specimen
- Communicate with patient/staff and update if there will be a delay

Questions?

Barb Kern-Pieh
RN, CSH, MSN, SANE-A/P
Sexual Assault Resource Service
701 Park Ave S, 2nd
Minneapolis MN 55403
612-873-5832 (phone)
612-904-4677 (fax)

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Questions?

NOTES/SUMMARY
Things to remember about hospital calls \textit{BEFORE} you go on-call.

1. Know which hospitals we respond to: Fairview Riverside, Fairview University & Amplatz.

2. Know where these hospitals are located. This includes knowing which bus lines will get you there and/or which biking/driving route you’ll want to take.

3. If you are driving, be sure you have gasoline in your vehicle.

4. Make sure your phone is fully charged.

5. Put your fellow volunteers phone number into your phone.

What to expect when you get called out to the hospital.

1. You get called by the TAC answering service. They give you information about which hospital a SARS nurse is responding to, the phone number for the hospital, and the name of the emergency room nurse who called in the request.

2. You call back the hospital number given to you and identify yourself as an advocate calling from The Aurora Center. You then verify that there is a victim at the hospital who is 13 or older.

3. If that is verified, then you call the person who is on-call with you to let them know you two will be going to the hospital. Discuss how each of you is getting to the hospital and where you will meet once you are there. \textbf{If the person you are on-call with does not answer your call, then call the back-up staff member, as this will be the person you will be responding to the hospital with should something happen with your fellow volunteer.}

4. Once you are at the hospital, you’ll check in with security to let them know who you are and where you’ll be going. It’s okay if you don’t have the patient’s name or room number (most of the time you won’t). \textbf{Remember} to put your advocate badge on before checking in with security.

5. When you are shown back to the emergency department, you can check in at the nurse’s station to let them know you are here and ask for the room number of the patient (if you haven’t gotten it yet).

6. Knock on the patient’s door, enter the room, and introduce yourself.
SEXUAL ASSAULT EXAMS FOR ADVOCATES

Example Introductions for Hospital Advocacies

“I’m Becky and I’m an advocate. Your name?...What an advocate means is that I’m automatically paged out here anytime a sexual assault exam is going to be done. I’m not a nurse or a social worker; I work for a separate agency that’s now with the hospital. I’m here for you to answer any of your questions, kind of be your point person, give you options, and any information about the exam. It’s your option to have me here or not. I can stay as long as you want. Or if you just don’t want me here, that’s totally fine and I can leave you some resources or brochures.”

“Hi my name is Tracy. I’m an advocate from The Aurora center. Do you know what an advocate is?...So I’m here to basically offer support to you. Advocates are confidential. The SARS nurse or other hospital staff may not be confidential. I can offer you support and offer you resources or I can just be here with you. It’s your choice if you want me to stay or not. Just let me know. “

“Hi I’m Megan. I’m an advocate with The Aurora Center. So what that means is I’m not with the police or the hospital. We are our own separate entity that come to the hospital to make sure you have some support while you are here. I have information that I’ll give you, can answer any questions that you have, and I am kind of like your cheerleader while you are here. So I’ll help to see that anything you want to have done is done, and anything you don’t want to have done, doesn’t happen. But I can be as involved or as uninvolved as you want me to be. So are you fine with me being here for now? And I’ll keep checking in about that. Do you have any questions right away?”
SEXUAL ASSAULT EXAMS FOR ADVOCATES (CONTINUED)

Before Hospital Advocacy Scenario Practice

Our advocates and the SARS nurses work together as a team to provide the client with the best care that we can give. In the best cases, the SARS nurse and the advocates both have the client’s best interest at heart. The SARS nurse does have a job to do which is collecting evidence and we advocates have a job to do which is to make sure the client is being emotionally supported and informed during a long and unpleasant trip to the hospital. The following scenarios are not reflective of every time an advocate goes to the hospital, however, these are some of the times where you’re training and skills will be fully utilized.

After Scenario Practice...

- What staff member/s are you able to debrief about medical advocacies with?
- Who/Where do you need to call after an advocacy to check in about how things went?
- How frequently do we get called to respond to the hospital?
- Do we go by ourselves?
- More Questions????
Advocates: What is the role of SARS and why is it important to you as an advocate? What do you think a client might be feeling before, during & after an evidentiary exam? What is your role in answering the crisis line?

VPEs: Answer the above as if an audience member is asking you the above questions. How might you talk about what happens during hospital advocacy when presenting about our services?
DAY FOUR

COMMUNITY & UNIVERSITY RESOURCES & RESPONSE
Public Awareness, Media Messaging & Social Change

MINNESOTA COALITION FOR BATTERED WOMEN
REBECCA SMITH

Overview

- What is Public Awareness?
- Conversation on Media Messaging on VAW
- MCBW’s Public Awareness tools and campaigns

Basic Definitions

- Public Awareness Campaign

“A comprehensive effort that includes multiple components (messaging, grassroots outreach, media relations, government affairs, budget, etc.) to help reach a specific goal. A public awareness campaign is not just billboards, television commercials, social media or fundraising.”
Basic Definitions

* Messaging

“A series of words and phrases that are most persuasive to key audiences. Messaging is not simply utilizing words or phrases that sound good or that are specific to our line of work.”

Basic Definitions

* Public Education

“Utilizing messaging to help proactively engage key audiences in your issue and helping them understand what your message is. PE also includes asking them to respond to a specific call to action to help achieve your goal. Public education is not simply talking to people, placing ads, or having a static Facebook page.”

Creating a Public Awareness Campaign

Goal → Audience → Message
Creating a Public Awareness Campaign

- Create your “toolbox”
- Comprehensive Implementation Plan
  a detailed document that describes the goals and tactical activities attached to each component of your public awareness campaign. This document will help you understand and track the success of each tactical activity.

Creating a Public Awareness Campaign

- Materials

  Develop materials specific to the goals and tactics of your campaign. General materials about your organization will not suffice.

  Examples: Talking points, specialty brochures, fact sheets, etc.

Creating a Public Awareness Campaign

- Create a Media Strategy

  Coordinated media strategies with multiple media outlets will help push forward every campaign component. Think outside the box. Specific media strategies should always fit the goals, target audiences, and resources available to your campaign.
Creating a Public Awareness Campaign

- Other tips and things to include in your toolbox:
  - Recognize and connect with champions in your communities to enhance your campaign.
  - Tie into regional, statewide, national, and international campaigns.
  - Look into helpful technology (softwares etc.)

Successful Public Awareness Campaigns

One Billion Rising

________________________
COMMUNITY & UNIVERSITY RESOURCES & RESPONSE

Successful Public Awareness Campaigns

Successful Domestic Violence Campaigns

Successful Media Campaigns

Bell Bajao
“Ring The Bell” calls on men and boys around the world to take a stand and make a promise to act to end violence against women.

“Software Engineer”
http://www.youtube.com/watch?v=1DWF2115LL4
Live Free Without Violence

- Origins:
  - Terre des Femmes – women’s rights NGO in Germany
  - First used to recognize the International Day for the Elimination of Violence Against Women.
- Distributed to more than 800 organizations in approximately 90 countries to increase awareness of violence against women

What is MCBW’s flag campaign?

- MCBW purchased rights to use flag.
  - Increase community awareness
  - Promote community involvement
  - Response to homicides (Femicide Report)
COMMUNITY & UNIVERSITY RESOURCES & RESPONSE

How will this work?

- **Give**
  - Email address
  - Agree to participate by displaying the flag

- **Get**
  - Flag
  - Smaller lawn signs
  - Femicide Reports
  - Talking points on domestic violence homicides
  - Information on the flag campaign
  - Social Media supplements
  - Media Templates, including press releases

When to Display the Flag

**First week of October**
Domestic Violence Awareness Month

Each time there is domestic violence homicide
- Notify there has been a homicide (E-mail)
- Provide dates that flag should be flown
- Provide information about the homicide & talking points

**Femicide Report Release**
Release of the annual document and memorial of intimate partner homicides in Minnesota; late January, one day only

Optional

- Conduct events when you display the flag
  - candlelight vigil
  - news story
  - educational event

- Ask others to participate in flag campaign
  - system allies – law enforcement, prosecutor, CPS
  - churches
  - hospitals/clinics
  - sexual assault programs
  - universities and colleges
  - youth programs/schools
  - interested individuals

1. Purchase flag at cost.
2. Provide email for notification
3. Agree to display
COMMUNITY & UNIVERSITY RESOURCES & RESPONSE

Public Awareness Campaign

Consistent messages across the state (country)

• Build off of work already done
• Longer term messaging

Media Messaging

Domestic Violence Homicide Reporting Trends
Reframing the Conversation

- Being proactive.
- Moving from a portrait view to a landscape view.
- Using multiple outlets for conversation and to share our opinions.
- Using best practices guidelines when engaging media
- Engaging community and systems partners
* Trigger warning *

MY NOTES, QUESTIONS, FEELINGS
COMMUNITY & UNIVERSITY RESOURCES & RESPONSE

UNIVERSITY SYSTEMS PANEL

Office for Student Conduct & Academic Integrity (OSCAI) (211 Appleby Hall; 612-624-6073; www.oscai.umn.edu)

If a student has violated the student conduct code, anyone may report that student. Law enforcement, instructors, other students, even people not affiliated with the University may report a University student to the conduct office. To view the student conduct code, you may visit the OSCAI website and go to the link they list for the student conduct code.

There are 21 disciplinary offense subdivisions to the student conduct code. With sexual assault, relationship violence, or stalking, either all or a mix of the following are charged against the accused student:

- **Subd. 6. Harm to Person.** Harm to person means engaging in conduct that endangers or threatens to endanger the physical and/or mental health, safety, or welfare of another person, including, but not limited to, threatening, stalking harassing, intimidating, or assaulting behavior.

- **Subd. 8. Sexual Assault.** Sexual assault means actual, attempted, or threatened sexual contact with another person without that person’s consent. Sexual assault is a criminal act that can be prosecuted under Minnesota state law, as well as under the Student Conduct Code and employee discipline procedures.

- **Subd 20. Violation of Local, State, or Federal Laws or Ordinances.** Violation of local, state, or federal laws or ordinances means engaging in conduct that violates a local, state, or federal law, or ordinance, including, but not limited to, laws governing alcoholic beverages, drugs, gambling, sex offenses, indecent conduct, or arson.

University of Minnesota Police Department (UMPD)

If you volunteer to be on-call, you may at some point provide support to a victim-survivor by sitting through a police report with them. An advocate’s role is to be silent and supportive throughout the report. There are four places on-call advocates may be called out to where police may be involved:

- The hospital/emergency department.
- At UMPD Station (511 Washington Ave SE, Rm 100; Minneapolis, MN, 55455).
- At a residence hall on UMN campus, not the private room of a victim-survivor.
- Augsburg campus – residence hall or public safety office.

Housing and Residential Life (www.housing.umn.edu)

If you volunteer as a Violence Prevention Educator (VPE), at some point you may end up providing education for residence hall residents or community advisors. If you volunteer as an on-call advocate, you may end up being called out to the residence hall or a Community Advisor (CA) may call the helpline if a report of sexual assault, relationship violence, or stalking is made to housing.

A victim-survivor may move to another room or a residence hall if they choose to and if there is space. This can be done by reporting to housing directly, or by working with The Aurora Center staff in the office. We have a close relationship with housing and typically do not need to go into detail as to why someone has to move.

Accused students/perpetrators may also be moved to a different room or hall. That may need a report to housing, and staff at TAC may assist with that process.
UNIVERSITY PANEL
Questions the Panel Have Been Asked to Address:
   1) Please introduce yourselves and identify your organization and position. How did you get to where you are now?
   2) Can each of you walk through the initial process that an advocate might be involved in as a first responder to a victim/survivor of sexual assault, relationship violence or stalking?
   3) What would you like new volunteers to know about your approach to working with victims/survivors?
   4) How is your role similar to or different from an advocate's role?
JOURNALING

(1) Write about your reaction/response to the survivor story. (2) How are systems set up to help clients & how does this align with what the client may actually experience? (3) After everything you’ve heard today, write about what gives you hope.
DAY FIVE

CONFIDENTIALITY, LEGAL ADVOCACY & SEXUAL VIOLENCE POLICY
(1) Why is confidentiality so important in working with clients and concerned persons? Under what circumstances would we break confidentiality?
# ALCOHOL & CONSENT SCALE

The Aurora Center for Advocacy & Education

Please respond to the following questions using the scale:

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>A person who is drinking heavily can give legal consent to sexual activity.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2.</td>
<td>A person who is sexually assaulted after drinking alcohol should only blame him or herself.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3.</td>
<td>Consensual drunk sex is a normal and harmless part of college life.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4.</td>
<td>Alcohol is the least common date rape drug (or substance).</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5.</td>
<td>When a person is drinking alcohol and kissing someone, he or she is giving consent to engage in sexual activity.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6.</td>
<td>For accused people, intoxication is a strong defense against the charge of rape or sexual assault.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7.</td>
<td>If a person who has been drinking becomes sleepy or unconscious, he/she can give consent to any sexual activity.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8.</td>
<td>When alcohol is involved in a sexual situation, communication signals for consent are easy to interpret.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9.</td>
<td>When a person has slurred speech, walks tipsy, or poor motor skills, those are signs a person can give consent.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10.</td>
<td>Alcohol use makes a person less vulnerable to sexual assault.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

1. Is Frank a “typical rapist”? Why or why not?

2. Did Frank premeditate the rape he described? Why or why not?

3. If Frank’s premeditation and planning had not occurred, but he still had non-consensual sex with the young women at the party, would his actions still be considered rape? Why or why not?
   a. Do you think this is a typical situation? Why or why not?

4. What was Frank’s strategy?

5. Do rapists like Frank rape again?
**RELATIONSHIP VIOLENCE, STALKING, & HARASSMENT**

*WHAT Volunteers NEED TO KNOW*

Roxy Reinstein Field
Legal Advocacy Coordinator
February 5th, 2014

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**WHAT IS RELATIONSHIP VIOLENCE?**

- Causing physical harm or abuse, and threats of physical harm or abuse, arising out of a personal, intimate relationship. Relationship violence often is a criminal act that can be prosecuted under Minnesota state law, as well as under the Student Conduct Code and employee discipline procedures.

---

**POWER & CONTROL WHEEL**
POWER AND CONTROL WHEEL

- Use active listening skills to identify flags and help victims speak about them.
- Minimizing, denying, blaming:
  - “I feel crazy” “my partner always says I am making too big a deal about this” “maybe I just start that fight, I don’t know”
  - “Crazy-making”; “gaslighting”
- Physical Abuse:
  - He grabbed me.
- Core: Threat:
  - “Every time I try to end the relationship, my partner threatens to kill herself.”
- Isolation:
  - “My partner never wants me to go out with my friends. It’s ok, my friends don’t really like my partner anyway.”

CYCLE OF TRAUMA

- Tension Building
  - Major incidents of physical emotional abuse.
- Violent episode:
  - Returns to control situations.
- Violence of abuse escalating, becoming more intense.
- Tension decreases to previolence.
- Violence reaches the point of eruption.
- Intimate partner violence.

Honeymoon Phase

- Abuse goes undetected.

Explosion

- The actual assault.
- Physical and sexual violence.
- “I asked for it.”
- Blaming self.
- Financial:
  - “Who will support me/my child?”

BARRIERS TO LEAVING RELATIONSHIP

- Can take an average person 6-7 times to leave abusive situation.
- Scared no one will believe them.
- Minimization of abuse:
  - By both survivor and abuser.
  - “not everybody is bad”
- Shame: blaming self.
- Financial:
  - Who will support me/my child?
- Cultural reasons:
  - Cannot divorce or leave a relationship or be seen as “damaged goods.”
- Fear of being “outed”:
  - Abusive partner will tell everyone at work or my family that I am gay.
**WHAT CAN YOU SAY**

- Focus on the wants and needs of survivor
  - “what do YOU want?” “what is best for YOU?”
- Frame things in terms of safety
  - Sounds like you are looking out for your safety.
  - Sounds like you are looking out for your child’s safety.
- Talking about actions and behaviors of abuser and how that makes survivor feel.
  - What I hear you saying is that this behavior is hurtful to you and you are not sure how to make it stop.
- Check on support network of survivor.
  - Have you told anyone else in your life about this relationship?

**RESOURCES TO GIVE OUT**

- If affiliated, The Aurora Center is the most appropriate referral.
- If seeking emergency housing/shelter because of relationship violence and/or not affiliated, DAY ONE is best referral:
  - 1-866-223-1111 - they will be able to route to closest shelter with an opening and provide transportation.

**SCENARIO/CASE STUDY**
WHAT IS STALKING?

- Under MN State Statute 609.749:
  - "... to engage in conduct which the actor knows or has reason to know would cause the victim under the circumstances to feel frightened, threatened, oppressed, persecuted, or intimidated..."

TWO IMPORTANT NOTES

- This applies regardless of the relationship between the harasser and the intended target [perpetrator and client]
- No Proof of Specific Intent is Required!

WHAT IS STALKING?

- Stalking is a type of harassment
- Stalking usually includes our client being monitored, followed, pursued, threatened
- Stalking usually includes fear - but not all people are readily identifying with the fear or have lived with it for so long that it no longer registers as fear.
WHAT CAN YOU TELL A CLIENT?
- Ask the client to assess the safety of their situation
  - Is the client safe right now, and for the evening?
- Ask the client if they have made a police report
- If the perpetrator is a student, the client can report to SCOAF
  - An advocate can go with the client if the client is willing to meet an advocate at Aurora first and discuss this option.
- Ask the client if the perpetrator has been told to cease contact in any way, shape or form
  - This should be done preferably via email, letter, or text so the client can have evidence.

WHAT CAN YOU TELL ...? (CONT.)
- Cease contact with the perpetrator!
- Even “bad” attention is still attention
- How does a client tell a perpetrator to cease contact?
  - “Do not contact me anymore, in any way shape or form.”

SAFETY PLANNING
- Different for every person
- Have client think about a situation and then write out what they will say or do:
  - If they approach me on campus, I will only say: “leave me alone or I will call the police” one time and not engage them anymore after that.
  - If they call me, I will pick up the phone and hang it up to record it on my phone records. I will not respond to calls.
  - I will bring my advocate with me to speak to my residence hall director about placing a no trespass order.
  - If I see them anywhere they should not be or receive unwanted/threatening messages, I will contact the police and make a report.
SAFETY PLANNING (CONT.)
- Keep important documents in a safe place
  - Birth certificates
  - Drivers license
  - Passport
- Assess online and cell phone info:
  - One Stop
  - Facebook
  - Email
  - Call phone provider and see if it is possible to block phone numbers

SAFETY PLAN (CONT.)
- If not ready to leave abusive relationship, survivors can still safety plan:
  - If an argument starts, I will try to move us away from the kitchen and into the living room.
  - If an argument gets physical, I have thought about the fastest way to leave the house.
  - I will leave my important documents with a friend or in a secret place so I can easily get them if I have to leave.

SAFETY PLAN (CONT.)
- If going out for the night, plan safe/sober ride home and what to do if need to leave early or want to stay late.
  - Have a few people to call or text with at certain times in the evening.
  - Gopher Chauffeur 612-388-6911 & 612-624-WALK
RESTRaining ORDERS

- In some cases of relationship violence, stalking, or sexual assault, a restraining order might be part of the safety plan.

- As a volunteer advocate, it is not your role to determine if someone qualifies or not.

- However, there are some things that you can do or say if someone asks a question.

RESTRaining ORDERS - THINGS YOU CAN SAY

- Not everyone is eligible for an order.
- Different state to state
  - They are honored in all 50 states.
- Takes about 2 hours at most agencies/courts to put together paperwork.
- Both HRO and OPF are good for 2 years - though it could be more or less.
  - Not a mandatory hearing for most orders in MN, though respondent could request one. Also depends on the county.
- May not be the right step for everyone.

RESTRaining ORDERS, CONT.

- If someone is affiliated with the U of MN or Augsburg and requesting more information about restraining orders:
  - If it is a client on the hotline, get a name and number and a legal advocate will get back to them the following business day.
  - If at a presentation or tabling, you may provide our business line or help line for people to call.
- If not affiliated, there are county resources located in our on-call manuals.
- If not something TAC deals with, they may also use local county resources.
RESTRAINING ORDERS, THINGS YOU CAN SAY (CONT.)

- Document Everything
  - Save emails and texts
  - Save voicemails, transcribe them if possible
  - Save Facebook posts
  - Take photos of injuries or property damage
- Record incidents with date and time and also how the incident made the client feel

EXAMPLE OF INCIDENT LOG

<table>
<thead>
<tr>
<th>Date &amp; Time</th>
<th>Event</th>
<th>What Happened?</th>
<th>How It Made Me Feel, Why?</th>
<th>Notice Affiliates? Officer Name, Case No., etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/1/14, 1pm</td>
<td>was waiting for me outside of my classroom</td>
<td>Scared. They have no reason to be on campus and should not know where my class is at</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1/20/14, 10pm</td>
<td>Received threatening text: &quot;watch out or u will be sorry&quot;; received an additional 10 calls and texts</td>
<td>Frightened, behavior is unpredictable and has sadistic before they hit me in the past.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SCENARIOS

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The Power and Control Wheel

Developed by the Domestic Abuse Intervention Project in Duluth, Minnesota, the Power and Control Wheel illustrates the tactics an abuser uses on their victim. Constantly surrounded by threats and/or actual physical and sexual abuse, the victim is subjected to the various tactics listed in the spokes as the abuser attempts to exert complete power and control. *adapted by an Aurora Center advocate to be gender neutral and with a few other modifications not included in the original*
CONFIDENTIALITY, LEGAL ADVOCACY & POLICY

NONVIOLENCE WHEEL

NONVIOLENCE

EQUALITY

ECONOMIC
Making money decisions together *making sure both partners benefit from financial arrangements.

SHARED RESPONSIBILITY
Mutually agreeing on a fair distribution of work *making family decisions together.

RESPECT
Listening to each other non-judgmentally *being emotionally affirming and understanding

TRUST AND SUPPORT
Supporting each partner’s goals in life *respecting each partner’s right to his or her own feelings,

RESPONSIBLE
Sharing parental responsibilities *being a positive, non-violent role model for the children.

HONESTY AND ACCOUNTABILITY
Accepting responsibility for self *acknowledging past use of violence *admitting being wrong *communicating openly and truthfully.

NEGOTIATION
Seeking mutually satisfying resolutions to conflict *accepting change *being willing to compromise.

NON-THREATENING
Talking and acting so that partners feel safe and comfortable expressing themselves and doing things.

Created by the Domestic Abuse Intervention Project
www.duluth-model.org
*Modified by an Aurora Center Volunteer
**DO NOT CONTACT LETTER**

This is a real do not contact statement, with only slight edits to remove any identifying characteristics. The victim-survivor who wrote the statement agreed for Aurora to use it for training purposes and to use as an example for other victim-survivors.

Do not contact me for any reason, ever again, for the duration of your life.
That includes responding to this letter.
Do not call my phone, ever again.
Do not have anyone else contact me on your behalf, for any reason.
Do not come to my home, school, or place of employment.
Do not pay private investigators to provide you with personal information about me, including where I live and work, and what my phone number is.

I do not want you in my life, to any extent, for any reason, now or ever.
I have told you this repeatedly over the years. I will not tell you again.
Instead, if you contact me again or come near me, I will take legal action against you.

I already have notified my phone service of the four different numbers you have used to call my phone and reported the calls themselves as harassment. All of these numbers have been blocked.
Do not call me again from any other number.

You do not have my permission to access my bank information, credit reports, or any other privileged files that contain information about me, my phone number, my address, or my financial affairs.

I have begun an inquiry into how you obtained my unlisted telephone number. I will be submitting an affidavit from a lawyer attesting to the fact that you contacted him under fraudulent pretenses to obtain personal information about me.

I will be making a report to the professional organizations of which you are a member to notify them of your unethical actions.

You are a depraved individual and your very existence disgusts me, particularly when I think of the abuse that I have suffered at your hands.

Be advised that, regardless of what you say your intentions are, if you come anywhere near me, I will assume I am in danger, because of the threats against my life, physical violence and sexual abuse you subjected me to in the past. I therefore will not hesitate to use any and all means possible to defend myself until the police arrive, as permitted by my state’s laws.

Moreover I am providing my friends, neighbors and the police officers in my community with your picture and name and telling them that you are stalking me, so that they can act on my behalf if you come near me.

You have no legal right to invade my privacy, and I will not tolerate another intrusion.

I have sought help at a local agency that deals with harassment and stalking issues. If you bother me again, after I have expressed my unequivocal order that you do not, I will take legal action against you.

Leave me alone and stay away from me, immediately and forever.
**VICTIM IMPACT STATEMENT – STRANGER STALKING**

*This is a real impact statement, with only slight edits to remove any identifying characteristics. The victim-survivor who wrote the statement agreed for Aurora to use it for training purposes and to use as an example for other victim-survivors.*

During the time that I was being stalked and even at times since formal charges were made, I have felt like a diminished human being. My interpersonal relationships have suffered because I have become very untrusting of other people, and considerably more suspect of my own feelings. Additionally, being stalked triggered certain behaviors in my everyday life, which came to affect its quality quite significantly, including: acting anxious, crying frequently or having a look on my face which indicated to other people that I was struggling, and expressing in words things about myself which demonstrate a great lack of self-esteem. These tangible consequences of being stalked have actually caused me to become more isolated among the people with whom I work. The psychological harm that I have experienced because of being stalked is considerable, and even now I am at a place where my own sense of physical security in the world—and even a feeling that I have a right to be well and happy—is severely skewed.

Early on when I did not know exactly what was happening to me, or why a person that I did not know, but had only seen a few times on the bus, kept contacting me and showing up at the office where I work, I had great difficulty sleeping, and experienced many violent nightmares, including a recurring nightmare about being strangled. I could not sleep at all at night, and for several weeks, I only got sleep for a couple of hours in the early morning, which played a role in making me less productive at work. Although contacting the police and the Aurora Center at the U of M made me feel more at ease and relatively safer in my apartment, there are still times, even as recently as a week ago, when I have been unable to sleep or have woken up in the middle of the night because of a nightmare (in which, on several occasions, the image of my stalker has come to my mind). At such moments, I have felt very unsafe and actually physically ill. Indeed, I can’t begin to explain the extent to which my everyday health has been impacted by this situation. It psychologically pushed me to a place where I often don’t feel like I’m even worth making the effort to take good care of myself. Although for some time I kept up the appearance of normalcy pretty well at my work and elsewhere, it was almost as if I was overcompensating for not wanting to show that I was having a hard time, and as a result, I have come to feel really exhausted. Even now, it feels like a chore to get myself ready for a day of work, and it requires a great deal of energy for me to get through a day.

When the stalker was actually coming to my place of work or showing up outside the classrooms, my work was especially affected, and I felt extremely diminished in front of my students. There were times when I was meeting with students in office hours and my stalker would come by. Although I tried not to be afraid at these times, I certainly lost concentration in the conversation I was having with the particular student. During the times my stalker came by my office shortly before I was about to teach, many students who were waiting in the hall for the class to start saw the police come and take a report from me, and I was interrupted at several points during one class session, which obviously affected the quality of instruction. The classroom, which was once a place of empowerment for me, came to feel like an almost traumatic space. Because being stalked made me question everything about myself—it made me feel like I was a weak person, as if there was something inherently wrong with me—it especially damaged how I felt about myself as someone who was supposed to be capable of standing up in front of other people and teaching them. In fact, the extent to which I became self-critical about my teaching is quite severe, and consequently I have felt very inhibited in the classroom. I actually came to dread the days I had to teach, and did not want to have to be in such a public role.

*Continues on next page*
Other areas of my life became affected, too. For a long time, I was terrified to get on the bus, which is essentially my only form of transportation; because I knew there might be a likelihood of running into my stalker. I also just came to feel scared in a general way about being on the bus, and I was especially startled if anyone else tried to talk with me. During the days I pushed myself enough to leave, I would actually have to throw up before leaving; my anxiety was really extreme.

In sum, during the year or so in which I was being stalked, and even since then, my life has been tinged with a great deal of unease, unpleasantness, and anxiety. I have not known who to trust, I have begun to assume the worst of other people, I have come to think more poorly of myself than ever before, and I have lost a sense of belief that things can get better for me; that I will ever be in a healthy situation where I feel secure. I was never caused harm physically in this situation (although it did have many physical impacts, as I have tried to express), but the unpredictability of it, and the feeling that I was being so focused on by someone I didn’t know made me depressed, and made me feel unsafe as well as totally disgusted with myself. I simply wanted to be left alone, but my life kept being intruded.
Felony Process Flow-Chart

1. Crime
2. Police Investigation
   - No Charges Filed
3. Complaint or Indictment
4. Arraignment
   - Warrant or Summons
5. Pre-trial Motions
   - Dismissal
5.1. Trial
      - Acquittal
      - Guilty Verdict
      - Appeal
5.2. Guilty Plea
   - Sentencing
      - Probation
      - Prison
FELONY PROCESS DEFINITIONS [FROM MNCASA’S SVJI LEGAL RESOURCES]

Crime - A crime is an act which could be punishable by county jail and/or state prison. The state of Minnesota, usually through a county attorney (prosecutor) for each county, brings criminal charges against an individual when the prosecutor can prove he or she committed a crime.

Police investigation - When a crime is reported to police, they will conduct an investigation by interviewing the victim and other people who may have knowledge of the crime, and by gathering physical evidence and photographs. They will normally interview the person suspected of committing the crime, but police do have certain limitations on what they can do to investigate, based on constitutional restrictions about interviews, searching for or taking evidence, and the right to access an attorney.

No Charges Filed - After police complete an investigation, they will normally send the reports to the prosecutor for review. If the police have not identified a suspect, or if it appears that there is insufficient evidence to convict any suspect, the prosecutor may decline to file charges against anyone. This decision may be reached even though the police and prosecutor personally believe that the victim was sexually assaulted by an individual - they may simply believe that they cannot convince a jury of the suspect's guilt beyond a reasonable doubt.

Complaint/Indictment - Once the police complete an investigation and have identified a person they believe committed a crime, they compile police reports about their witness interviews and evidence collected, and send them to the prosecuting attorney for review. The prosecutor will review the police reports and decide whether a crime should be charged. This is normally done when the prosecutor drafts a complaint, listing a summary of the events that took place and naming the criminal offenses the person is said to have committed.

The prosecutor may also at times convene a grand jury, which is a group of residents of the county who hear live witness testimony and see the evidence collected by the police. They then determine whether charges should be brought against the suspect, and decide which charges are appropriate. If they bring charges, it is called an indictment.

Warrant/Summons - Even with a serious offense such as sexual assault, the suspect is not always arrested by the police. More often than not, a summons is issued informing the suspect that he or she has been charged with a crime (by complaint or indictment), and informing him or her that s/he must appear in court on a certain date.

If the suspect fails to show up at court, or if the police wish to make an arrest after their investigation, the court will issue an arrest warrant. This is a document giving permission for any licensed peace officer in the country to arrest the individual. Law enforcement will then investigate to locate the suspect, or encounter the suspect in their work as law enforcement, and the warrant allows the suspect to be arrested.
FELONY PROCESS DEFINITIONS (CONTINUED)

**Arraignment** - Throughout the criminal proceedings, a series of court appearances or hearings are required by a set of rules the court and attorneys must follow. The arraignment is the first appearance by the suspect in court. The suspect is informed of the charges against him or her, and has an opportunity to apply for a court-appointed attorney if desired. If the suspect (now called the defendant, as there are criminal charges pending), is in custody during the arraignment, the issue of bail release orders will be discussed. This should include an order not to contact the victim of the crime if desired by the victim.

**Pre-trial motions** - During the series of court appearances, a criminal defendant may make motions to "suppress" (or exclude from evidence) certain pieces of evidence collected during the police investigation. The defendant might also ask the court to dismiss the charges. These motions are based on either the legal restrictions on what police can do when investigating, or the rules of evidence admissible in court, or other limitations in the law. There may be a hearing, called an omnibus hearing, where the attorneys will present brief witness testimony and argue the legal issues. Victims of sexual assault are rarely asked to testify at these types of hearings, as it is the police investigation and not the statement of the victim which is at issue at this stage.

**Dismissal** - If at some point in the criminal proceedings, it becomes clear that the prosecutor cannot prove the criminal case against the defendant, the charges might be dismissed. Either the court, after a motion by the defendant at the omnibus hearing, or the prosecutor, after re-evaluating the case, may dismiss charges. Whether charges may be brought again in the future depends upon the circumstances, but the criminal proceedings are over unless new charges are brought.

**Guilty plea** - Most criminal defendants plead "guilty" to some crime after being charged by the prosecutor. The defense attorney and prosecutor will have plea negotiations, where they try to reach a fair result for everyone involved, and will usually agree on what crime the defendant will plead guilty to and a set range of sentencing options to argue to the court. A guilty plea has the same result as if the defendant were convicted by trial (see below) and will be a criminal conviction on the defendant's criminal history record.

**Trial** - The defendant may choose to plead "not guilty," and has a right to demand a trial by either jury or judge to determine whether he or she is guilty. At the trial, the prosecutor will call witnesses, including the victim, to testify in person. The prosecutor will also present the other evidence and photographs obtained by the police.

The defendant and his attorney may question the prosecutor's witnesses, and call their own witnesses, including the defendant. They may also present other items of evidence. However, the defendant may also choose not to present any witnesses or evidence. In the trial, the burden of proving that the defendant committed the crime is on the prosecutor. It must be proven to the jury or judge beyond a reasonable doubt.
FELONY PROCESS DEFINITIONS (CONTINUED)

**Acquittal** - If the judge (without a jury) or the jury decide that the case has not been proven beyond a reasonable doubt, the defendant will be acquitted. This means that the defendant has been found "not guilty." Once a defendant is found not guilty, he or she can never be charged with any crime arising from the same incident again, under the doctrine of "double jeopardy."

Importantly, when a judge or jury find a defendant "not guilty," it may not mean that they completely disbelieved that the offense occurred. They may simply feel that, while the offense may have occurred, it wasn't proven with evidence beyond a reasonable doubt sufficient to support a criminal conviction.

**Guilty Verdict** - If the judge (without a jury) or the jury believe that the prosecutor has proven the case beyond a reasonable doubt, the defendant will be convicted. This means that he or she has been found "guilty." A defendant might be found guilty of some crimes charged, but not others, depending upon what the jury believed that the evidence showed.

**Sentencing** - If the defendant is found guilty, or pleads guilty, the judge will decide upon a sentence that the defendant must serve. Usually, a pre-sentence investigation (PSI) is completed before sentencing, where a probation officer will investigate the history of the defendant, the facts of the case at hand, the input from the victim, and other useful information so that the judge is prepared to understand the situation fully before deciding upon a sentence. Once the PSI report is completed, a hearing is held and the judge will decide what sentence to impose on the defendant.

In Minnesota, the court will use a chart called the Sentencing Guidelines, which considers the defendant’s criminal history, and gives a severity number to each criminal offense. Using these two items, the chart is a guideline about whether the sentence should be probation or prison, and if prison, what the term of imprisonment should be.
FELONY PROCESS DEFINITIONS (CONTINUED)

Appeal - A defendant has the right to appeal to a higher court about either the conviction itself, or the sentence that was imposed. The Court of Appeals will review the transcript of the trial or guilty plea and sentencing and will determine whether any mistakes were made which were serious enough to require a new trial or a new sentencing. It is rare for the Court of Appeals to overturn what has already been decided upon by the trial judge.

After the Court of Appeals, the defendant may appeal to the State Supreme Court, which selects certain cases to hear each year. It is also rare for the Supreme Court to select a case to review, but when they do, they review the decision of the Court of Appeals.

Prison - Using the Sentencing Guidelines (see Sentencing above), the judge may sentence the defendant to go to prison. If the defendant goes to prison, he or she will likely serve approximately 2/3 of the sentence in prison, with 1/3 the sentence on parole after release from prison. For some criminal sexual conduct offenses, the defendant may have to serve a longer term of parole than 1/3 of the sentence.

Probation - Using the Sentencing Guidelines (see Sentencing above), the judge may sentence the defendant to go on probation. While on probation, the defendant will have to meet certain requirements, and if he or she fails to meet those requirements, a prison term (for felony offenses) could be imposed. These requirements may include a term in the county jail, electric home monitoring (bracelet), sex offender evaluation and treatment, chemical dependency evaluation and treatment, reporting to the probation officer, no contact with the victim or victim's family, and registration with the state as a predatory offender.
Frequently Asked Questions

How can I get specific information about the case?
Call your local law enforcement agency, prosecutor's office, or victim service provider for information.

What if I need financial assistance?
You could be eligible for reparations from the State of Minnesota if you are a victim of a violent crime and have out-of-pocket costs related to medical care, counseling, a funeral, or lost wages. You could be eligible for restitution from the defendant if he/she is found guilty or enters a guilty plea.

What should I do if I receive a subpoena or am called to testify?
A subpoena is a court order to appear in court. Read it very carefully. It will have instructions on whom to call for court information and location. However, if you have a scheduling conflict, call your attorney for advice. As a witness, you will receive a small fee for your time and mileage.

Do these rights apply when the offender is a juvenile?
Yes.

How will I know when the offender gets out of jail or prison?
Prior to conviction, a county jail or detention facility must notify a victim of a violent crime of the offender's release. All victims regardless of the crime are strongly encouraged to register with the VINE (Victim Information and Notification Everyday) program to request automatic release notification. Following conviction, victims of inmates in a county facility must make a request for notification to that facility and can also register with VINE. Victims of inmates in a Department of Corrections facility must register with the Minnesota CHOICE program for release notification.

Can I attend all the hearings?
Yes. In general, criminal court proceedings involving adult defendants are open to the public. A judge may close a hearing or exclude a party under certain circumstances. Victims in cases involving juvenile offenders may attend the court proceedings.

Resources

When the offender is in custody:
To request to be notified of an inmate's release or to obtain other custody information:

County jails and detention facilities:
Minnesota VINE
Victim Information and Notification Everyday
1.877.MN4.VINE • 1.877.666.8463
www.vinelink.com

Department of Corrections (DOC):
Minnesota CHOICE
www.minnesotachoice.com
DOC Victim Assistance Program 800-657-3830

For information on financial compensation in cases of violent crime, call:
Crime Victims Reparations Board
651.201.7300 • 1.888.622.8799
ojp.dps.mn.gov

If you are a crime victim or witness and you believe your rights have been violated, call:
Crime Victim Justice Unit
651.201.7310 • 1.800.247.0390 ext. 3

Contact Us

Office of Justice Programs
445 Minnesota Street, Suite 2300
St. Paul, MN 55101-1515
E-mail: dps.justiceprograms@state.mn.us
Website: ojp.dps.mn.gov
651-201-7300 Main
888-622-8799 Toll Free
651-205-4827 TTY
651-296-5787 Fax

7-12
As a victim of crime, Minnesota law provides you with specific rights. Know your rights.

**Right to be Notified of**
- Crime victim rights.
- Prosecution process and the right to participate in it.
- Contents of any plea agreement.
- Changes in court proceeding schedule when the victim has been subpoenaed or requested to testify.
- Final disposition of the case.
- Appeals filed by the defendant, the right to attend the oral argument or hearing, and the right to be notified of the final disposition.
- Proposed sentence modifications for the offender, including the date, time, and location of the review and the right to provide input.
- Release or escape of the offender from prison or custodial institution or transfer to a lower security facility.
- Offender’s petition for expungement.
- Right to request restitution.
- Right to apply for reparations.
- Information on the nearest crime victim assistance program or resource.
- Petition to civilly commit an offender, outcome of that petition, and notice of offender’s possible discharge/release from civil commitment.

**Right to Protection from Harm**
- Right to a secure waiting area during court proceedings.
- Right to request that home and employment address, telephone number, and birth date be withheld in open court. Right to request that law enforcement agency withhold identity from the public.
- Protection against employer retaliation for victims and witnesses called to testify and for victims of violent crimes and their family members who take reasonable time off to attend court proceedings.
- Tampering with a witness is a crime and should be reported.

**Right to Apply for Financial Assistance**
- Victims of violent crime may apply for financial assistance (reparations) from the state if they have suffered economic loss as a result of the crime.
- Victims may request the court to order the defendant to pay restitution if the defendant is found guilty or pleads guilty.
- Victims may request that a probation violation hearing be scheduled 60 days prior to the expiration of probation if restitution has not been paid.

**Domestic Violence, Sexual Assault, and Harassment Victims**
- Right to be informed of prosecutor’s decision to decline prosecution or dismiss case along with information about seeking a protective or harassment order at no fee.
- Protection against employer retaliation for victims to take reasonable time off to attend order for protection or harassment restraining order proceedings.
- Domestic abuse victims have ability to terminate lease without penalty or payment.
- Sexual assault victims can make confidential request for HIV testing of offender.
- Sexual assault victims do not have to pay the cost of a sexual assault examination.
- Sexual assault victims may not be required to undergo a polygraph examination in order for an investigation or prosecution to proceed.
CONFIDENTIALITY, LEGAL ADVOCACY & POLICY

Confidentiality & Mandated Reporting
February 5th, 2014
Becky Redetzke Field,
Legal Advocacy Coordinator
The Aurora Center

ACTIVITY
- On a piece of paper, write down a secret about yourself.
- Fold paper into a small square.
- Write your name on the square.

Activity Debrief
- How did it feel to write the secret?
- How did it feel to be asked to put your name on the paper?
- How did it feel to pass the paper?
- How did it feel to be responsible for someone else’s secret?
Why is privacy important?

• Protects survivors while they:
• Find emotional safety;
• Break the silence;
• Deal with the guilt and shame of sexual violence.

Confidentiality v. Privilege

• These are two different but complementary concepts.

Confidentiality

• The legal requirement to protect the data you collect (or know) about a survivor who uses your services.
• Confidentiality rules are controlled by:
  • State law
  • Contracts with funders
  • Ethics
Privilege

- The legal protection under MN statute of the private conversation between an advocate and a victim/survivor. (Similar to attorney/client or doctor/patient privilege.)
- This means that in most cases:
  - An advocate can claim privileged communication to negate a subpoena to testify in court
  - An advocate’s records are protected from subpoena and privilege can be argued

Relevant Laws

Sexual Assault Advocate Privilege
- Minn. Stat. §595.02 subd. (k)
  - Sexual assault counselor cannot disclose any opinion or information about a victim without the victim’s consent
  - Sexual assault counselor to someone who has 40 hours of training, works under the direction of a supervisor at a crisis center whose primary purpose is to give advice, counseling and assistance to victims of sexual assault
  - State and federal laws also apply regarding confidentiality as well as nonprofit organization belows

Domestic Abuse Advocate Privilege
- Minn. Stat. §595.02 subd. (l)
  - Domestic abuse advocate cannot disclose any information or opinion about a victim without the victim’s consent.
  - Applies to employee or supervised volunteer from a community-based shelter eligible to receive certain state funding that provides information, advocacy, crisis intervention, emergency shelter (does not include employees of law enforcement, prosecutor’s office, or other city, county or state employees)
  - State and federal laws also apply regarding confidentiality as well as nonprofit organization belows
Advocate Responsibilities

- Informing survivors of their right to confidentiality
- of the privileged communication status
- of the exceptions to both confidentiality and privileged communications

Questions?

Relevant Laws

- EXCEPTION to confidentiality protections:
  - In Minnesota, sexual assault counselors and domestic abuse advocates are mandated reporters, must follow the state law.
Reporting Maltreatment of Vulnerable Adults

- Minn. Stat. §626.557
  - In Minnesota the statute is silent as to whether sexual assault advocates are mandated reporters of the maltreatment of vulnerable adults.
  - A person working or volunteering as a sexual assault advocate is NOT a mandated reporter with regard to vulnerable adults even if she is a mandated reporter elsewhere.

What must be reported?

- Physical abuse
- Sexual abuse
- Neglect

...when a reporter knows of an incident or has reason to believe a child has been abused or neglected by a caregiver within the preceding three years.

Report must be made immediately (orally within 24 hours, written report within 72 hours) by mandated reporter herself.

Person Responsible for a Child’s Care

- A person functioning within the family unit with responsibilities similar to a parent or guardian;
  ----OR----
- A person outside the family unit with duties of the child’s care such as school employees and other short-term caregivers such as babysitters (paid or unpaid), day care providers, counselors or coaches.
- Caregiver does not have to be an adult.
**Position of Authority**

- Parent or person acting in place of a person charged with any duty or responsibility for the health, welfare or supervision of a child, for no matter how brief of a time.
- Includes psychotherapists

**Significant Relationship**

- An immediate or extended family member
  - Relative by blood, marriage or adoption

**What to report**

- Name of offender if known
- Name of victim
- Nature and extent of maltreatment
- Name and address of mandated reporter
  - Note that name of reporter will be confidential in cross-reporting
  - Name may show up in court file
  - Talking about report with victim
  - It's not your duty to investigate the facts, just report
  - Reporting obligation related to job not 24/7
Mandated Report Flow Chart

After a report is made
- Child protection agency will notify mandated reporter within 10 days either orally or in writing about whether report was screened in and if yes, whether recommended for family assessment or investigation; maltreatment determination, referrals
- A voluntary reporter gets a concise summary unless release of info would compromise best interests of the child

Failure to Report
- Misdemeanor if mandated reporter knows or has reason to know neglect or abuse of a child occurred in preceding 3 years
- Gross misdemeanor if mandated reporter knows or has reason to believe that two or more children not related to the perpetrator have been physically or sexually abused, by same perpetrator within preceding 10 years
- Talk with local county attorney’s office to learn policy about reporting when victim is 18 or over but abuse occurred within these time frames.
**Confidentiality, Legal Advocacy & Policy**

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**Reporter Protection**
- Name is confidential unless disclosed as part of court process.
- Immunity from civil or criminal liability if report made in good faith.
- No employer retaliation against employees required to make a report who do so in good faith.

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**When in Doubt**
- Recognize your obligation to victim confidentiality and when it must be breached according to the law
- Remember, even if the situation presented is a crime it might not require a mandated report!
- Talk with your local child welfare agency about hypothetical situations (without identifying info)
- If you’re not sure incident was already reported, report it – it’s okay to have multiple reports
- Don’t rely on others’ statements that they reported—Report it yourself!

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**Mandated Reporting and Advocacy**
- As a general rule, explain limits to confidentiality early in conversation with victim.
- Review agency policy on reporting, remember it is up to you and not a supervisor to report.
- Still have a victim to provide services to after a report is made – prepare her/him for what will happen next.
- Offer services; coordinate with law enforcement and/or child protection.
Questions?

Scenarios: Do I Report?
- A 16-year-old client tells you she is having sex with her 32-year-old boyfriend.
- Is the situation a reportable offense? (Yes/No/Need more information)
- What details do you need to know before you can make a report?
- What ethics apply?
- Do you have enough information to report?
- What are possible solutions and consequences?

Scenarios: Do I Report?
- A mother talks about how her 4 year old son was hit by her live-in boyfriend.
- Is the situation a reportable offense? (Yes/No/Need more information)
- What details do you need to know before you can make a report?
- What ethics apply?
- Do you have enough information to report?
- What are possible solutions and consequences?
Scenarios: Do I Report?

Questions?

When in Doubt...

Ask for help!
MANDATED REPORTING OF SEXUAL AND PHYSICAL ABUSE OR NEGLECT OF A CHILD

In Minnesota, sexual assault advocates are mandated to report the abuse or neglect of a child by “certain persons” in caregiving roles to the child. Failure to do so when required is a crime. See Minn. Stat. §626.556. For a helpful training resource see “An Interactive Informational Guide on Mandated Reporting” from the Minnesota Department of Human Services available at www.dhs.state.mn.us (look under “child protection”).

Who is a Mandated Reporter

• A professional or professional’s delegate who is engaged in (among other things) the practice of the healing arts, social services, or psychological treatment. Sexual assault advocates should fall into one of these categories, making them mandated reporters.

What Must Be Reported:

• Physical or sexual abuse or neglect of a child by certain persons when that abuse/neglect has occurred within the past 3 years, or 10 years for multiple victims

Sexual Abuse

1. Sexual abuse is: when certain persons subject a child to an act of sexual contact or penetration or threaten the same (also violation of prostitution laws involving a minor and use of a minor in a sexual performance):

Those certain persons are (not necessarily adults):

• A “person responsible for the child’s care” - a person functioning within the family unit with responsibilities similar to a parent or guardian, OR a person outside the family unit with duties of the child’s care such as school employees and other short-term caregivers such as babysitters, counselors, or coaches

• A “significant relationship” - an immediate or extended family member, or an adult residing in the same home

• A “position of authority” - a person acting in the place of a parent, or having the responsibility for the health, welfare, or supervision of a child, even if briefly

The behavior mandating a report is:

• Sexual contact – touching or having someone else touch a child’s intimate parts (genital, groin, inner thigh, buttocks or breast) with sexual or aggressive intent

• Sexual penetration – sexual intercourse, cunnilingus, fellatio, or anal intercourse, or any intrusion however slight into the genital or anal openings of the child by any body part or object of the actor, or having the child commit these acts upon the actor

Note also that a mandated report is required when there is threatened sexual abuse which includes the status of a parent or household member who has committed a violation which requires registration as an offender under Minn. Stat. §243.166 subd. 1b, paragraph (a) or (b), or required registration under the same statute sections. Crimes under this section include criminal sexual conduct but also a broader list of related crimes such as indecent exposure, solicitation of a minor for prostitution, sexual performance and possessing child pornography, as well as other crimes such as murder and kidnapping. Be sure to review the statute for a complete list.
MANDATED REPORTING

Physical Abuse
2. Physical abuse is: mental or threatened injury inflicted by a “person responsible for the child’s care” other than by accident. Physical or mental injury that cannot be reasonably explained by the child’s history of injuries is also included as reportable physical abuse.
   - Physical abuse is not reasonable and moderate physical discipline of a child administered by a parent or legal guardian not resulting in injury, nor the use of reasonable force by a school employee as permitted by law.

Neglect
3. Neglect is:
   - Failure by a “person responsible for the child’s care” to supply a child with necessary food, clothing, shelter, health, medical, or other care required for the child’s physical or mental health
   - Failure to protect a child from conditions or actions that seriously endanger the child’s physical or mental health
   - Failure to provide necessary supervision or child care arrangements considering factors involving the child’s ability to care for herself and failure to ensure the child’s education.

Where do I report?
- Local welfare agency, police, sheriff, or agency responsible for investigating the report.

When and how must I report?
- Immediately report by telephone suspicions of abuse or neglect upon knowing or having reason to believe that it has happened within the preceding 3 years
- Immediately report by telephone suspicions of abuse or neglect upon knowing or having reason to believe that the same perpetrator has abused two or more children not related to the perpetrator within the preceding 10 years
- Follow the telephone call by a written report within 72 hours
- Mandated reporter must make the report herself. Referring the issue to a supervisor is not sufficient
- When in doubt about whether the incident was already reported, report it. There is nothing prohibiting multiple reports of the same incident.

Why must I report?
- Failure to report when mandated is a misdemeanor if it is the 3 year scenario above, it is a gross misdemeanor if it is the 10 year scenario.

Sample Scenarios:
- A 15 year old client tells you she is having sexual intercourse with her 20 year old boyfriend. When you tell her this is illegal, she refuses to report to the authorities.

As it relates to the boyfriend, this is not a mandated reporting situation because he does not fit into the “certain persons” categories described above. You will be violating your duty of confidentiality to the girl if you report the boyfriend against her wishes, and an advocacy agency would not serve the community as well if it earned a reputation for betraying confidences.

- Mandated reporting obligations may not extend beyond workplace obligations.

NOTES
MANDATED REPORTING

The statute is unclear as to whether a mandated reporter has an obligation to report child abuse only while performing her job duties as an advocate. Most likely this scenario is not a mandated report because the information is received when the advocate is not engaged in her work duties. A voluntary report, however, is an option since there is no confidential relationship between you and the child or the parent. You are not required to do so, but if you do make a report you should use your judgment about whether to tell the parent about the report.

- Remember that it is not your role to decide whether the suspected abuse or neglect is valid or “true” before reporting it. You must report when you “know or have reason to believe” that a child was abused or neglected.

You are contacted by a woman who wants information about counseling for her 17 year old niece, as the niece told her mother (the caller’s sister) that a coach at school touched her sexually. The mother does not believe her daughter has refused to report to the authorities, but the aunt has called you for information to get the girl into counseling. She gives you the name and address of the 17 year old.

This is a mandated reporting situation, even though the information comes to you third-hand and is sketchy. You need not be sure that the abuse happened, but only “have reason to believe.” A child who says she was abused or neglected is “reason to believe,” and it is up to law enforcement or social services to investigate whether the complaint is “true.”

What Can I Do?

- Remember that mandated reporting always involves the relationship between the child and the abuser or neglecter. Reporting is only mandated when the abuser has some sort of a caregiver role to the child as specified above.
- Remember that parental or guardian neglect might include allowing the child to remain at risk of physical or sexual abuse by another.
- Remember that you have a duty of confidentiality towards your clients (see related SVII fact sheets). You may not disclose information obtained from and about your clients against their wishes, and may not report sexual assault against their wishes unless it is a mandated reporting situation.
- Inform clients upfront about your obligations as a mandated reporter and decide how you will discuss a report with a client if you are required to make one.
- Remember that it is not the duty of the advocate to investigate or collect factual information about any given situation, but rather only to report when the situation presents itself.
- Each advocacy agency should have a system or policy available to advocates in the event that a report becomes necessary, and it is advisable that supervisory staff for the advocate be made aware when she makes a report.
- When questions about mandated reporting arise, advocates should contact the local child protection office for advice, keeping identities private.

*For additional information on mandated reporting see the Minnesota Department of Human Services Website (www.dhs.state.mn.us) and look under “child protection.”

See last page of this fact sheet for a helpful chart on mandated reporting from the booklet, Consent and Confidentiality, published by Hennepin County Medical Center. MNCASA/SVII FACT SHEET 2012 www.mncasa.org
MANDATED REPORTING

Minor Presents with History of Sexual Assault/Abuse

Alleged Offender

- Is responsible for minor’s care
- Is in a position of authority over minor
- Has a significant relationship to the minor

Sexual Abuse

Is a mandatory report (if abuse or neglect occurred within past 3 years; or past 10 years if two or more unrelated children are involved when there is abuse)

- Is a stranger or acquaintance
- Is not responsible for the minor’s care
- Is not in a position of authority over the minor
- Is not significantly related to the minor

Sexual Assault

Is the result of parental neglect

- Is not the result of parental neglect

Not a mandatory report

MNCASA/SVJI FACT SHEET 2012 [www.mncasa.org](http://www.mncasa.org)
CONFIDENTIALITY, LEGAL ADVOCACY & POLICY

RELEASE OF INFORMATION

UNIVERSITY OF MINNESOTA-TWIN CITIES
THE AURORA CENTER
RELEASE OF INFORMATION

Name: ___________________________  Student ID Number: ____________

I hereby give The Aurora Center for Advocacy & Education staff/advocate permission to release the following:

Type of information: (Please initial)

_____ Name  _____ Student ID number  _____ Client @ Aurora  _____ Client records (Specify)

_____ Other Information (Specify):

To the following persons: (Please initial and specify names if possible)

_____ Professors: ____________________________

_____ CSCAI: ____________________________

_____ Housing: ____________________________

_____ UMPD/MPD: ____________________________

_____ Parents/Guardian: ____________________________

_____ Other (please specify): ____________________________

_________________________________  ___________________
Signature  Date

_________________________________  ___________________
Staff/Advocate Signature  Date

This release is good for one year from date above or otherwise specified by client.
Client may withdraw this release at any time by providing written notification to The Aurora Center.

The Aurora Center for Advocacy & Education
117 Pleasant S SE, Appleby 117 | Minneapolis, MN 55455
Revised 1/2014.
Some offices may have their own Release form to communicate with The Aurora Center.
VICTIM RIGHTS & LIMITS OF CONFIDENTIALITY

SEXUAL ASSAULT • RELATIONSHIP VIOLENCE • STALKING

Reporting: You may file a criminal charge with the University of Minnesota Police Department at (612) 624-2677 or file a complaint with university officials including the Office for Student Conduct & Academic Integrity at (612) 624-6073 or with Equal Opportunity & Affirmative Action at (612) 624-9547. You may report to some, all or none of these offices as you see fit.

Campus Assistance: If you would like assistance in notifying the proper law enforcement and/or campus authorities, you may call The Aurora Center at (612) 624-2929 or their Helpline at (612) 624-9111. The Helpline is available 24 hours a day, 7 days a week. Walk-in appointments are available during business hours. The Aurora Center also provides crisis counseling and options or assistance with other needs you may have. Their website is www.umn.edu/aurora. You may also seek counseling with University Counseling & Consulting Services at (612) 624-3323 or Boynton Mental Health at (612) 624-1444. The Sexual Violence Center is a free and confidential off-campus resource available (612) 871-5111.

Confidentiality: The Aurora Center staff and volunteers are required to keep all information about you confidential unless you give written permission to release information, with the exception of instances where mandated reporting is necessary (i.e. child abuse & neglect). Law enforcement and the University have a legal obligation to keep any identifying information of yours out of public records.

Preserving Evidence: If you think you may want to make a police report, save your clothes, sheets, etc. in a paper bag and do not shower. You have up to 120 hours to get a free medical forensic exam for evidence collection at any Emergency Department. Additionally, if possible, save e-mails, texts, photos, and other types of evidence that may be helpful if you choose to report.

Investigations: Upon receipt of a complaint, the University will investigate and promptly respond to your complaint. You may participate in University disciplinary proceedings concerning your complaint. If you wish, you may have a support person/advisor present, such as an Aurora Advocate or an attorney if you are represented by one.

You have the right to be notified of the outcome of any University disciplinary proceeding concerning your complaint, subject to the limitations of the Minnesota Government Data Practices Act, and to know any appeal procedures.

Reparations: If you file a police report, you have the right to financial compensation for losses incurred as a result of the crime from the State of Minnesota Crime Victims Reparations Board at (651) 201-7300 or 1-888-622-8799 and the Office of the Victims of Crime at 1-800-363-0441.

Accommodation & Employment: At your request, the University will assist you as is reasonable and feasible (in cooperation with law enforcement) in shielding you from your alleged assailant. This may include providing alternative work, academic, or living arrangements if these options are available and feasible.

Information: If you have questions, concerns, or comments regarding any experience around sexual assault, relationship violence, or stalking, please call The Aurora Center for a free and confidential consultation. For complete information on Victim’s Rights in the State of Minnesota, see Statute 611A at www.revisor.mn.gov/statutes


The University of Minnesota is an equal opportunity educator and employer.

Last Revised 5/28/2013
LIMITS TO CLIENT-ADVOCATE CONFIDENTIALITY

Most communication between you and your advocate is confidential, as per MN §595.02 subd. (k).

However, there are some limits to client-advocate confidentiality. Please be aware that certain topics you might discuss with us will necessitate a report to the proper authorities.

Listed below are the topics where your advocate is mandated to report:

If you:

1. State you seriously intend to harm yourself.

2. State you seriously intend to harm an identifiable victim or a group of people. The intended victim as well as the police must be notified.

3. Report or describe and physical abuse, neglect, or sexual abuse of children. This is reported to Child Protections Services or law enforcement.

4. Report the occurrence of physical abuse, neglect, or sexual abuse if you were 17 or younger at the time of the abuse and the abuse occurred sometime within the last 3 years. This is reported to Child Protections Services or law enforcement.

5. Are female and pregnant and report having used a controlled substance (illegal drug) for a non-medical purpose during the pregnancy. This is reported to county social services.

6. Have your counseling/advocate records subpoenaed by a court of law.

7. Report having been sexually exploited by a psychologist, psychiatrist, or clergy member.

All other information can be kept confidential and will not be released to anyone without your informed consent and written permission.

If any of the above circumstances might apply to you, please discuss any concerns you might have with your advocate prior to disclosing.

Client Signature

Date

Advocate/Staff Signature

Date
SCENARIOS: CONFIDENTIALITY & MANDATED REPORTING

1. You arrive at the hospital and meet with a victim. You have introduced yourself, talked with the survivor about your role. The victim/survivor wants you to stay. What do you tell the survivor about confidentiality?

_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

2. You respond to a call on the helpline. Pam is calling asking you information about her daughter who has been experiencing stalking. Pam says she knows that her daughter is working with Aurora – she and her daughter met with Megan at the office on Monday. Pam says she wants her daughter to file a restraining order and to make a police report but her daughter is not returning her calls. Pam asks you to call her daughter to talk to her about why a restraining order and reporting to police are good ideas. What do you tell Pam?

_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

3. You meet a 14 year old client at Amplatz hospital. His parents brought him to get a sexual assault exam because they say that he was raped by his 19 year old girlfriend. The client says that it was consensual and does not want an exam. Is this a mandated report? What would you do or say in this situation?

_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

4. A 16 year old says that she was raped three years ago. She comments how it is strange now having sex with her 17 year old partner. Is this a mandated report?

_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

5. You are at a party and someone who knows you volunteer for The Aurora Center brings up a rape case that was reported in the local paper. They say things like: “Everyone knows she’s a slut”, “No way was that rape”, and “She is always hitting on guys at parties”. The person then asks you what really happened in this case. What is your response?

_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
SCENARIOS: CONFIDENTIALITY & MANDATED REPORTING (CONTINUED)

6. You have a neighbor child who is 8 years old and has come to trust you – though neither he nor his mother is aware you volunteer for The Aurora Center. He reports to you that his mother’s live-in boyfriend “sometimes makes me touch his pee-pee”. Is this a mandated report? What would you say or do in this situation?

_________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________

7. You are contacted by a woman who says her 17 year old nephew needs counseling resources. The nephew told her that a coach at school touched him sexually. The nephew’s mother does not believe him and will not call authorities, but the aunt does and is trying to get help. The aunt gives you the nephew’s name and address. Is this a mandated report? What would you do or say in this situation?

_________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________
**CONFIDENTIALITY**

**ADVOCATES OWE A DUTY OF CONFIDENTIALITY TO THE VICTIMS/SURVIVORS WITH WHOM THEY WORK**

In Minnesota, Sexual Assault Counselors may generally not be compelled to testify about any opinion or information received from or about the victim/survivor with whom they are working. See Minnesota Statute §595.02 subd. (k) and SVII fact sheet on limitations to confidential communications between an advocate and a victim/survivor to learn more about exceptions to this general rule.

<table>
<thead>
<tr>
<th>Do you meet the definition of a sexual assault counselor?</th>
<th>A sexual assault counselor must meet all of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>▪ have undergone at least forty hours of crisis counseling training</td>
</tr>
<tr>
<td></td>
<td>▪ work under the direction of a supervisor in a crisis center,</td>
</tr>
<tr>
<td></td>
<td>▪ the crisis center’s primary purpose must be to render advice, counseling or assistance to victims of sexual assault.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How Privilege is Waived:</th>
<th>If you meet the definition, then communication is deemed privileged unless that privilege is waived. Waiver of the privilege may occur in more than one way:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Victim/Survivor Consent</th>
<th>▪ if the victim/survivor consents to having the advocate testify, the communication that has occurred will no longer be deemed privileged.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>▪ The privilege belongs to the victim/survivors and it is their right to waive that privilege if they choose.</td>
</tr>
<tr>
<td></td>
<td>▪ It is a good idea to discuss with the victim all of the possible ramifications of permitting an advocate to testify – including that all information the advocate possesses will be available for questioning, and that it might affect the reputation of the program within the community to have advocates testify, even with permission.</td>
</tr>
<tr>
<td></td>
<td>▪ If the survivor/victim does in fact wish to have the advocate testify, the waiver will need to be stated on the court record so the advocate is clear that (s)he is granted permission to testify.</td>
</tr>
<tr>
<td></td>
<td>▪ It would be wise for the advocate to communicate with the prosecutor on the case to verify that the waiver has in fact been made before they testify.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child Abuse or Neglect Proceedings</th>
<th>▪ The privilege could be waived if the private information relates to child abuse or neglect or termination of parental rights.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>▪ The court must do a balancing of the public interest and need for the disclosure against the effect on the victim, the relationship between the advocate and the victim, and the services provided if disclosure occurs.</td>
</tr>
</tbody>
</table>

It is also important to note that Minnesota Statutes §626.556 and §626.557 address issues of maltreatment of minors and vulnerable adults and these statutes should be consulted if your situation involves these issues. See the SVII fact sheet on limitations to confidential communications between an advocate and a survivor, as well as the SVII fact sheet on mandatory reporting of child abuse and for vulnerable adults, for further details.

<table>
<thead>
<tr>
<th>Third Party Conversations</th>
<th>Conversations between victim/survivor and advocate are no longer privileged if they occur in the presence of a third party. For example, a meeting between the advocate,</th>
</tr>
</thead>
</table>

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CONFIDENTIALITY, LEGAL ADVOCACY & POLICY

CONFIDENTIALITY

- victim/survivor and law enforcement, or with the victim/survivor’s parent or friend in the room.
- The privilege could also be waived if the conversations between victim/survivor and advocate are subsequently purposefully relayed to a third party, i.e. after victim/survivor meets with an advocate, the victim/survivor then tells someone else about the content of the meeting.
- The communication is not longer confidential because it has been shared with someone outside the confidential relationship.
- Once the information is disclosed to someone else even though it was by choice, the victim/survivor may not later assert privilege when disclosure is sought by another.
- This concept is not unique to the relationship between sexual assault counselors and clients. It also applies to other disciplines including lawyers and their clients.

Other Confidentiality Requirements

Data Practices Statute:
- If your sexual assault services program is funded by the Minnesota Office of Justice Programs, there has been a contract signed regarding the funding.
- In that contract, the program has agreed to fully comply with the provisions of the Minnesota Data Practices Act – Chapter 13 of the Minnesota Statutes.
- This is the statute that makes government information and data private – and it applies to your sexual assault services program, too. Thus, information received by your employees at the program is protected by the Data Practices Act.
- Data gathered about victim/survivors accessing a program’s services should be non-identifying and in an aggregated format (i.e. statistics about general demographic information). This requirement is from the federal Violence Against Women Act (VAWA).

Agency By-laws:
- Check the by-laws of your sexual assault program. It is likely that they require the board and staff to maintain the confidentiality of information received from and about victim/survivors who access services of the program.

Domestic Abuse Advocate Privilege:
- See Minnesota Statute §595.02 subd. (I). Similar to the sexual assault advocate privilege except no requirement for 40-hour training and a domestic abuse advocate is defined as an employee or supervised volunteer from a community-based women’s shelter and domestic abuse program eligible to receive grants under Minnesota Statute § 611A.32. Advocates working in dual programs should be aware of the differing requirements of both privilege statutes.

WHAT CAN I DO:

- If you meet with a victim/survivor who is being interviewed by law enforcement, remember the role of the advocate is to provide support for the survivor. Do not speak or take notes; the officer will likely be recording the conversation. This reinforces the notion that the advocate is a support person and not an investigator and prevents the advocate from having to disclose those notes.

- Discuss with the victim/survivor the ways in which the cloak of confidentiality may be waived so that they have knowledge of this issue from the beginning of the working relationship. This is known as “informed consent.”

- Talk to the local prosecutors in the jurisdiction in which you work. Discuss the potential ramifications within your community if victim/survivors do not have a
CONFIDENTIALITY

Confidential resource to talk to concerning sexual assault.

- Let your local prosecutor know that you would be willing to testify as an expert witness on the issue of sexual assault. This may alleviate some of the issue of having advocates testify concerning case specific information.

- If you are going to meet with the victim/survivor and someone else, ask that an additional person be present as well. That additional person may then be called as a witness. This will not be an absolute bar to you being called to testify, but it provides a strong argument that your testimony would be duplicative and thus unnecessary.

Elements of a Release Form

- Limited to specific person or agency
- Limited to a specific purpose
- Limited duration of time (new release signed once time limit is exceeded).
- Acknowledgement of risks and benefits of releasing confidential information
- Specify how information will be shared (phone, mail, email, etc) and the risks associated with doing so
- Notice of validity upon signature and right of revocation orally or in writing
- Witness signature


Policies

An agency should develop policies for responding to subpoenas, service of process and warrants. MNCASA can provide sample policies.

All policies should be reviewed and approved by the agency’s board of directors. When in doubt, obtain legal counsel to develop and review policies as well as respond to subpoenas and other third-party requests for survivor information.

DO NOT turn over confidential information to anyone without reviewing the reasons why the request is being made and the consequences for both the survivor and the agency. Confer with the survivor and legal counsel for your agency. And finally, be sure to regularly train employees and volunteers about policies and notify them of any changes.

Sexual Violence Justice Institute
Minnesota Coalition Against Sexual Assault
161 St. Anthony Avenue, Suite 1001
St. Paul, MN 55103
651.209.9993 or 800.964.8847
www.mncasa.org

Updated May 2010
CONFIDENTIALITY, LEGAL ADVOCACY & POLICY

ETHICS IN ADVOCACY
Black and White and Shades of Gray

This project was supported by Grant No. 2004-DQ-BX-1006 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

What are Values, Morals, and Ethics?

- **VALUES** are the ideals or beliefs to which an individual or group aspires.
- **MORALS** relate to making decisions between right and wrong.
- **ETHICS** is the articulation of standards of behavior that reflect those values or morals.

Guiding Values in SV Advocacy

- Expert Capacity
- Professional Integrity
- Responsibility to the Highest Standards of the Field
- Genuine Regard for All Victims/Survivors
- A Commitment to Social Change
**Values: Expert Capacity**

- 40 hour training
- Knowledge
  - Root causes of sexual violence
  - Nature of the trauma of sexual violence
  - Complexity of trauma and the healing process
- Capabilities and limitations in one’s own expertise
- Personal wellness and self-care
- Mutual support in relationships with colleagues and staff

**Values: Professional Integrity**

- Victim-centered approach
- Ethical and appropriate boundaries
- Survivors’ self-determination and self agency
- Listening generously and respecting victim/survivors’ decision-making
- Roles of the other disciplines you partner with in your community

**Values: Responsibility to Highest Standards of the Field**

- Current knowledge of
  - Community resources
  - Victims’ rights
  - Other disciplines’ roles and responsibilities
- Challenging harmful practices of other advocates and allied professionals
- Clarifying the role of the advocates
Responsibility (cont.)

- Sensitivity to real and ascribed differences in power between advocates and those seeking services
- Compliance with all laws, standards, rules and regulations that apply
- Victim/survivor privacy and confidentiality

Values: Genuine Regard for All Survivors

- Maintaining practice of nondiscrimination on the basis of race/ethnicity, language, nationality, sex/gender, age, sexual orientation, ability, social class, economic status, education, marital status, religious affiliation, immigration status, or HIV status
- Actively examining one’s history, belief systems, values, needs, and limitations and their effect on providing advocacy
- Always believing victims
- Maintaining respectful boundaries during and after advocacy relationships

Values: Advocates as Social Change Agents

- Maintaining, practicing, and articulating a commitment to social justice
- Working actively towards legislative, policy, and social change
- Working to challenge and change
  - Harmful social norms
  - Harmful system practices
- Engaging in creative and critical thinking to address systemic barriers to justice for survivors of sexual violence
CONFIDENTIALITY, LEGAL ADVOCACY & POLICY

Basic Ethical Principles

- Informed Consent
  - Mandated Reporting of Child Abuse
  - Suicide/Homicide threats
- Confidentiality
- Right to Self-Determination

General Ethical Standards

- Do no harm
- Promote the good of the survivor
- Be fair to all parties involved
- Keep your word
- Maintain confidentiality (unless disclosure is required)

General Ethical Standards

- Foster and respect the survivor’s right to information and to make decisions based on the information (informed consent)
- Avoid conflicts of interest
- Avoid dual roles in relation to the survivor or his/her/his family
- Represent accurately your own abilities, authority, and power
Defining Boundaries
- The line between appropriate sharing for two individuals, and what is invasive or inappropriate
- Physical
- Behavioral/Emotional
- Why are boundaries important in advocacy?

Advocate Role and Power
- Victim Vulnerability
- Credibility and Authority of Advocate
- Empowerment vs Rescuing
- Self-Care of the Advocate
- What do you think are the differences between rescuing and empowerment?

Rescuing
- Influencing the survivor to make certain decisions
- Making assumptions about how to help the survivor
Empowerment

- Helping survivor sort through the consequences of options
- Knowing that the survivor knows what is best for him/her/herself (and encouraging this)
- Providing support even when you don’t agree with a decision

A Word about Sexual Exploitation

- A sexual relationship between a therapist or advocate and client is a form of sexual abuse, in its effects if not always its intent
- There are several parallels to incest—most importantly that the advocate is always responsible for the behavior and for the same reason: a power differential exists

A Word about Sexual Exploitation (cont.)

- Power imbalance: Just as children are vulnerable to adults, victims are vulnerable when they contact an advocate
- Victim may idealize the advocate
- Sex occurs in the context of other role confusion: As primary needs of parents should not be met by children, neither should those of advocates be met by survivors

Rudin, R., 2009
CONFIDENTIALITY, LEGAL ADVOCACY & POLICY

Q: Whose responsibility is it to monitor boundaries?
A: Advocates

Q: Is self-disclosure of victimization ever appropriate?
A: Sometimes, but only when disclosure benefits the survivor

Signs Unresolved Issues May Be Coming Up

- Encouraging a victim to express anger if he/she/xe has not yet begun to feel
- Criticizing the victim’s friends, partner, or family for not being supportive or sensitive enough
- Becoming angry, sad, or frustrated with a victim when he/she/xe does not respond as the advocate expects

(From the Texas Association Against Sexual Assault, 2006)

Self-Evaluation & Supervision

Are you prepared to honestly evaluate an advocacy situation with yourself and supervisor?
Do you continue advocacy with the survivor?

- Following supervision and self-examination, is it in the victim/survivor’s best interest for you to continue as the advocate?
- Remember, a good advocate is one who knows her/his/their limitations.
- Understand you may not be effective with every victim/survivor

Ethical Dilemmas

A Collision of Values and/or Ethics

Ethical Decision Making

- Assess the facts
- What statutes and/or policies apply?
- Identify ethical standards involved
- Brainstorm possible solutions & consequences
- Consult with supervisor
- Decide and act
- Evaluate
References


STICKY SITUATIONS! BOUNDARY CHALLENGES & ADVOCACY

Discuss the potential boundary challenges inherent in each statement. How do specific circumstances change your answer to “Is this a boundary violation?”

You see a survivor with whom you have worked in the grocery store. Do you speak?

You take a survivor with whom you are working to lunch.

You disclose your experience with sexual violence.

You share a story from another survivor that is similar to the story of this survivor.

You offer a survivor a ride home.

You accept a ride home from a support group member.

You use your experience in an unethical workplace as an example in support group.

You accept a gift from a survivor.

You believe spiritual practice is important in healing from sexual violence.

You are invited to a movie with a survivor.

You are invited to attend graduation at the survivor’s university.

You select a gift for the survivor’s birthday/graduation.

Courtesy of MNCASA 12/2010
STICKY SITUATIONS! BOUNDARY CHALLENGES & ADVOCACY (CONTINUED)

Discuss the potential boundary challenges inherent in each statement. How do specific circumstances change your answer to “is this a boundary violation?”

You select a gift for the survivor’s birthday/graduation.

You hug a survivor.

A survivor hugs you.

You tell a SANE nurse that a survivor has previous assaults that make her very fragile.

You tell a survivor about your recent wedding/childbirth/death of a parent.

You sit next to a survivor in the courtroom and keep your arm around her shoulders.

You offer to set the survivor up with your sister/brother/friend.

You give your cell/home phone number to the survivor.

You call the survivor at home every evening to be sure s/he is okay.

You provide advocacy for a close friend who was assaulted.

You regularly arrange to meet a survivor at an off-site meeting space.

You want to become friends with a survivor who you know would be a close friend had you met in other circumstances.

Courtesy of MNCASA 12/2010
Discuss the potential boundary challenges inherent in each statement. How do specific circumstances change your answer to “is this a boundary violation?”

You set up a play date with your children and a survivor’s children.

You share with a survivor information from a previous case about the person who assaulted her/him/xir.

You tell a survivor when you are scheduled to be on the crisis line so she/he can contact you at anytime.

You become the only advocate in the office that the survivor will work with.

You learn that you are neighbors with the survivor you are working with.

Can you think of other boundary challenges that call for critical thinking?

**Courtesy of MNCASA 12/2010**
DAY SIX

VIOLENCE IN
DISTINCT
COMMUNITIES
Crisis Intervention, Depression, and Suicide

by

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A brief episode of intense emotional distress in which the person’s usual coping efforts are insufficient to handle the challenges confronting the individual. Something must change.


Crisis are...

• Crisis are precipitated by specific identifiable events that become too much for the person’s usual problem-solving skills.
• Crisis are normal in the sense that all of us feel overwhelmed at one time or another.
• Crisis are personal. A situation that throws one person off course may merely create an interesting diversion for another.
• Crisis are resolved one way or another within a brief period of time. They are too intense to be long-standing or chronic.
• The resolution can be adaptive as reflected in the development of new problem-solving skills, or it can be maladaptive as demonstrated through defensiveness or disorganization.

 Ibid. p. 4-5
Goals of Crisis Counseling

* Restore sense of safety and control
* Decrease emotional intensity related to the crisis
* Integrate the experience

“One author has said the work is helping clients get to a point where they can say something like, ‘Yes, that happened to me. That’s how I felt about it then and how I behaved when it happened. This is how I understand it now. I won’t forget it happened, but I don’t have to think about it either.”


Personal Reflection and Discussion

Recall a time when you experienced a personal crisis…

* When this crisis occurred, how were you feeling emotionally?
* When you were having the crisis, what did you wish someone would do for you?
* As you worked your way through the crisis, what did you do for yourself that helped you feel better?

Stages of Trauma Recovery

Stage One: Compassion, Hope and Information

* Recognize client's experience is understandable, not pathological
* Explain there is no "correct" response, recovery is a process
* Recovery includes, but is not limited to:
  - Exploring feelings
  - Managing wide-ranging emotions
  - Accentuating strengths
  - Developing coping skills
  - Integrating the trauma into the narrative of life
* Explain the neurochemistry of trauma
* Be patient with the slow, uneven process of recovery
VIOLENCE IN DISTINCT COMMUNITIES

Stages of Trauma Recovery

Stage Two: Strategies to Contain Feelings and Promote Healing

- Explore how client has handled adversity in the past
- Generalize past coping strategies to the current situation
- Set small, achievable goals to promote a sense of mastery
- Promote interaction with supportive family and friends
- Learn skills to contain and soothe upset emotions
- Engage in regular activities the client finds fun and meaningful
- Draw on client’s spiritual and religious beliefs and practices

Stages of Trauma Recovery

Stage Three: Integration

- Discuss existential issues
  - Why bad things happen to good people
  - The reality of malicious intent
  - How unfairness may go unpunished
- Identify the client’s life purpose and meaning
- Shift attention away from painful feelings to positive changes that resulted from the trauma


Goal of Integration

“The attack never became my life, nor does it define who I am. Most of all, I learned that recovery is made possible by shifting focus from the pain of the attack to what gives life meaning.”

Janice Starkman Goldfein
VIOLENCE IN DISTINCT COMMUNITIES

Principles of Crisis Intervention

* Draw upon the inherent problem-solving skills of the client.
* Exert least amount of control necessary.
* Assume role of problem-solving consultant.
* Convey expectation client will do what is necessary to resolve the crisis.
* Express confidence client can cope.


Strategies of Crisis Intervention

* Explore the client’s concerns and feelings.
* Review coping efforts and ideas.
* Plan a course of action to address issues.
  - Negotiated
  - Focused in the present
  - Specific
  - Realistic
* Refer to other relevant services
* Review insights, decisions, and plans.

Ibid., p. 37-38

Functional Assessment of Clients in Crisis

* Changes in eating, sleeping, exercise
* Engagement in usual activities, (e.g., school, job, social activities, etc.)
* Maintaining connections with family and friends
* Mood
* Risk of harm to self/others
* Use of mood-altering chemicals
* How long have these changes been in effect
VIOLENCE IN DISTINCT COMMUNITIES

Symptoms of Depression

If five or more of the following symptoms have been present nearly every day for two consecutive weeks or more, a diagnosis of depression is likely:

- Depressed mood most of the day
- Diminished engagement or pleasure in typical activities
- Change in appetite or weight
- Change in sleeping pattern
- Appetibly more or less physical motor activity or speech
- Loss of energy
- Feelings of worthlessness, or unjustified guilt
- Diminished ability to think, concentrate
- Recurring thoughts of death, suicide or wishing one were dead

Tips for Coping with Depression

- Do something you would enjoy
- Increase aerobic exercise
- Set small, achievable goals and stick to them; reward yourself for achieving them
- Stabilize eating and sleeping
- Spend time with supportive family and friends
- Express your thoughts and feelings in a journal
- Substitute positive, affirming thoughts for self-criticism
- Attend to personal grooming
- Avoid the news or negative people
- Seek professional help if self-care does not improve your mood

Understanding Suicide

- Unendurable psychological pain
- Frustrated psychological needs
- The search for a solution
- An attempt to end consciousness
- Helplessness and hopelessness
- Constriction of options
- Ambivalence
- Communication of intent
- Departure
- Lifelong coping patterns

Assessing Suicide Risk

- Suicide plan
  - Deadliness
  - Availability
  - Concreteness
- Emotions
  - Depression
  - Sudden calmness
  - Hopelessness
- Previous suicide attempts
  - Either self or among friends or family
- SUddenedness
- Object loss


Responding to a Suicidal Client

- Remain calm, focused
- Be willing to discuss suicidal thoughts and plans
- Assess risk of self-harm
- Inquire about reasons for living
- Determine course of action depending upon risk level
VIOLENCE IN DISTINCT COMMUNITIES

Gay, Lesbian, Bisexual, Transgender, Ally (GLBTA) Programs Office

LGBT Inclusion in the Work of Sexual Assault, Relationships, and Identity

Jason Jackson
Staff Wenzel

Office for Equity and Diversity

Agenda

Grounding Assumptions

Sex/Gender/Sexual Orientation
Identity, Desire, Behavior
Get Privilege?
Important to Know: Stats
LGBT Sexual Violence
Tips for working w/LGBT survivors
GSA
Wrap up and Evaluation

Grounding Assumptions

• We need to respect confidentiality in this safer space
• Raise up or Shut down. Consider whose voices are being heard
• Assume good intent: We are here and teachers in this safer space
• Recognize we are all in different places in our ally knowledge and journeys
• If you have questions, please ask
• Speak from your own experiences
Identity, Desire, and Behavior

Sexual identity, desire, and behavior intersect in numerous ways to create our sexual orientation.

- Identity: How we see and understand ourselves in terms of our sexuality.
- Desire: The sexual feeling or attraction that we express or feel for others.
- Behavior: Actions and/or language which communicate our sexuality.

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Straight Privilege

- Having someone else’s privilege
- Believe that my romantic and sexual relationships will be as fulfilling as theirs
- Assume that my desire for love and sex will also be as satisfying as theirs
- Take for granted the care and comfort of my relationships
- Assume that there will be no barriers or obstacles in my romantic or sexual relationships
- Am not limited by expectations of my sexual orientation
- Am not limited by gender roles or gender expression
- Have the freedom to express my sexuality without fear of judgment or rejection
- Can go to a public event and be myself without fear of violence

Cisgender Privilege

- Gender
- Language
- Spaces and Silence
- Support
- Education
- Community
VIOLENCE IN DISTINCT COMMUNITIES

Statistics

- GLBT individuals were often victims of harassment from local law enforcement agencies.
- Almost 1700 students, faculty, administrators, and staff in 14 colleges and universities throughout the country were surveyed for the report.
- More than one-third of gay college students experienced harassment in the past year.
- 41 percent of the respondents stated that their college/university was not addressing issues related to sexual orientation or gender identity.
- 51 percent of the respondents concealed their sexual orientation or gender identity to avoid intimidation, and;
- 71 percent felt that transgender people were likely to suffer harassment, and 51 percent felt that gay men and lesbians were likely to be harassed.

LGBT and Sexual Assault and Violence

Rape and sexual assault can be used as a persecution weapon against lesbians.

Guilt and self-blame is experienced by the majority of rape survivors. Feeling a reason to explain "why me?" is something many of us feel driven to do, and it can lead us to find reasons to blame ourselves for the sexual assault.

Myth: Only gay men sexually assault other men. Reality: Most men who sexually assault other men identify themselves as heterosexual. This fact helps to highlight another reality - sexual assault is about violence, anger, and control over another person, not lust or sexual attraction.

Most studies reveal that approximately 50% of transgender people experience sexual violence at some point in their lifetime. One in ten transgender individuals have been sexually assaulted in at least one health care setting. (Grant, Mottet, and Tanis.)

Ten Tips for Working with Transgender Survivors of Sexual Violence

- Train Staff
- Examine Your Sexism, homophobia/transphobia
- Use Inclusive forms and Write Clear Policies
- Reflect Client Language
- Listen, Believe, and ask Relevant Questions
- Don't Assume Causality
- Separate Disclosure from Truthfulness
- Consider Dysphoria
- Communicate Complexities
- Be Bold and Creative
VIOLENCE IN DISTINCT COMMUNITIES

Agenda

- Introductions
- Definition and Types of Disabilities
- Models of Disability
- Oppression of Disabled Individuals
- Sexual Violence and Disability
- Small Group Discussion: Tips for Assisting Clients with Different Disabilities
- Wrap Up and Evaluation

Definition of Disability

A physical or mental impairment that substantially limits one or more major life activities (including, but not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, and operation of a major bodily function).

ADA 1990; ADAAA 2008
VIOLENCE IN DISTINCT COMMUNITIES

Oppression of Disabled Individuals

- Ableism: A form of discrimination or social prejudice against disabled people. Ideas, practices, institutions, and social relations that presume able-bodiedness construct disabled people as marginalized and largely invisible to others.

- Tokenism: The idea that disabled women are often exempted from fulfilling adult social roles.
VIOLENCE IN DISTINCT COMMUNITIES

Small Group Discussion

- Please split up into 6 different groups. You will be assigned one of the following disabilities and try to come up with as many tips as you can that you think would be helpful when assisting a client with that type of disability.
  1. Mobility
  2. Deaf/Hard of Hearing
  3. Blind/Low Vision
  4. Brain Injury/Speech Impairment
  5. ADHD/Learning Disability
  6. Mental Health Conditions

General Tip for Any Disability

*No matter what the disability condition is, always ask if the client needs assistance and how you can best assist them.

Tips for Mobility Impairment

- Ensure needed assistance is available if going to hospital
- Keep pathways clear.
- Place yourself at eye level of person.
- Respect personal space of assistive devices.
- Take cue from person on how much assistance is needed.
- Caregivers can be perpetrators
Tips for Deaf/Hard of Hearing

- Determine preferred mode of communication (paper/pencil, ASL, FM system, TTY/TTD, relay service)
- Face and talk directly to the individual who is deaf or hard of hearing, not to interpreter.
- Rephrase rather than repeat.
- Speak clearly, in normal tone; reduce background noise.

Tips for Blind/Low Vision

- Provide verbal descriptions keeping in mind someone has no site and what language to use
- Read written information aloud or make available in other formats.
- In groups, have everyone identify themselves when speaking.
- Assist with completion of forms as necessary

Tips for Brain Injury/Speech Impairment

- Be prepared to modify lighting and limit environmental noise.
- Assist with sorting out what happened and offer to write down description.
- Ask how best to interact with any assistive technology.
- Ask questions or paraphrase to clarify for both you and the client.
VIOLENCE IN DISTINCT COMMUNITIES

Tips for ADHD/LD
- Meet in quiet, low-distraction area.
- Use multi-modal forms of communication.
- Attempt to help with focusing on specifics of incident.
- Encourage note-taking or offer to write down things.
- Build in extra time for reading and completing paper work.

Tips for Mental Health Conditions
- Meet in quiet, low-distraction area.
- Use multi-modal forms of communication.
- Recognize assaults could bring back former flashbacks to other trauma.
- Recognize additional stress this incident could cause.
- Recognize perceived lack of credibility by others upon disclosure.

Evaluation
Thank you for your participation!
Please complete the evaluation.
VIOLENCE IN DISTINCT COMMUNITIES

HOW SEXUAL VIOLENCE CAN IMPACT OUR LIVES

sexual assault is a mission to protect, support, and educate victims and their children and survivors of sexual violence and their families.

What Are Some Kinds Of Sexual Violence?
Violence in Distinct Communities

Sexual Violence:
- Acquaintance Rape
- Marital or Spousal Rape
- Stranger Rape
- Multiple Assault or "Gang" Rape
- Drug Facilitated Rape
- Child Sexual Abuse and Assault
- Incest

Prevalence:
- Sexual assault is one of the most under-reported crimes, with 66% still being left unreported.
- Males are the least likely to report a sexual assault, though they make up about 33% of all victims.
- Approximately 1/3 of rapes were committed by someone known to the victim.
- 70% of sexual assaults were perpetrated by a non-stranger.
- 30% of rapists are a friend or acquaintance.
- 20% are ex-boyfriends.
- 7% are a relative.

Sexual assault
- 1/3 of all sex offense victim are minor
- 1 out of 7 sex crimes are below the age of 6
- About 10% of women and 5-10% of men report being sexually abused as children.
- The older the victim the more likely it is to be a female
VIOLENCE IN DISTINCT COMMUNITIES

Victim offender Relationship

- The younger the victim the more likely it is that the offender is a direct family member (up to 50%).
- Only 18% of adult sex crime victims are directly related to their offender.
- Bottom line: Very few sex offenders are strangers, regardless of age. Acquaintance, friends, neighbors, are the most likely perpetrators.

Latinas and Sexual Violence:

- Female farmworkers (or “Campesinas”) are 10 times more vulnerable than others to sexual assault and harassment at work.
- According to a 2009 report, 77 percent of Latinas said that sexual harassment was a major problem in the workplace.
- Latina girls reported that they were more likely to avoid further harassment than to seek help and or report.
- Married Latinas were less likely to immediately define their experiences of forced sex as "rape" and terminate their relationships; some viewed sex as a marital obligation.

Cultural Considerations

- Addressing cultural considerations is necessary for the development of protocols that eliminate access barriers and enhance outreach.
- Generalizations should also be avoided, especially when working with Latinas/os who are third-generation and longer residents of the United States.
Alternative Terms

“Hispanic” and “Latino” are not identical terms.

- Hispanic: Used most often in government publications.
- Latino: Generally used by grassroots organizations and community-based initiatives.

Immigrant References

- The phrases “illegal immigrant” and “illegal alien” both include politically charged words that many victim advocates see as dehumanizing labels.
- The phrase “undocumented immigrant” is often preferred.

Immigrant Assumptions

- It is important that victim advocates do not make assumptions about the immigration status of those they assist.
- Most Latina/o youth are not immigrants; two-thirds were born in the United States.
VIOLENCE IN DISTINCT COMMUNITIES

Rape effects more than the survivor

- Society
- Community
- Relationship
- Individual

Sexual Violence Impacts Us All As:

- Individuals - inability/loss of friendships and romantic relationships, depression, sexual dysfunction, hospitalization, suicide disability, lower level of functioning
- Relationships - Divorce, separation, psychological effects impacting the relationship, loss of income
- Society - health care costs to government, individuals and insurance companies, loss of income, in and outpatient psychiatric costs, lost days of work, jail and court costs, loss of productivity and disability cost.

Emphasis on Virginity

- "Me siento sucia y dañada." (I feel damaged and dirty.)
- "He avergonzado a mi familia." (I have shamed my family.)
- "Ningun hombre quiera casarse conmigo." (No man will ever want to marry me.)
Emphasis on Virginity (cont.)

- The loss of control over a precious rite of passage does not need to define a survivor.
- Being raped as a virgin does not automatically imply the loss of virginity to rape.

Understanding “Culpa” (Blame)

“Per algo me peo.” (This happened to me for a reason.)

Addressing Shame

- Latina/o victims can benefit from shame-releasing exercises that allow them to assign responsibility for sexual violence to the offender(s) (Fontes, 2007).
- For example, a “Testimonios” is a written or oral recounting of the victim’s story that may allow others to bear witness to the trauma suffered by the survivor (Aren, 1992).
VIOLENCE IN DISTINCT COMMUNITIES

Rape Myths

- No really means yes.
- Rape, sexual abuse, or incest is just a way of life for women in some cultures.
- Women have to be swept off their feet and be taken by force.
- She was “asking for it”
- Real men don’t get raped.
- Most rapists are by strangers.
- You can tell who “wants it” by the way they are dressed.
- It’s no big deal, it’s just sex.

What others can you think of?

Quick Facts on Sex Offenders

- Offenders who violate children often have immutable personalities.
- Sex offenders are not isolated from society.
- Sex offenders treatment can be effective for some types of offenses.
- Most sex offenders are not mentally ill.
- Pedophiles are mentally “sick” and often work in jobs to get near kids.

Coercion to survive does NOT equal consent

- Compulsory: Not your choice, but you can have to participate in certain sexual acts.
- Consent: Being able to say you are willing to do it.
- Elicit: To get one to participate in sexual acts.
- Override: Not a choice, but you can’t refuse.

A rapevictim is a rape victim, not a victim of her acts.
VIOLENCE IN DISTINCT COMMUNITIES

**TWO MOST COMMON RESPONSES IMMEDIATELY FOLLOWING RAPE**

**Expressed**
- Demonstrating anger, fear, and anxiety through withdrawal, crying or sobbing, stress responses and other actions such as hand wringing, and vomiting/ingestion/urination/defecation.

**Controlled**
- Hiding or masking feelings. Exteriorly quiet, composed or豁免. Survivors may appear very detached in everyday action. Someone who has had complete control of their body, their mind and their control.

*Rather one of these reactions can confuse those trying to help including family and friends.*

**Symptoms of Survivors (both female and male)**

- Nightmares / sleep disturbance
- Substance Abuse
- Panic Attacks
- Instability/Anger
- Difficulty Concentrating and focusing
- Impaired memory/Memory loss
- Sexual dysfunction
- Eating / Compulsive behaviors
- Hyper vigilance (watching for your safety)
- Exaggerated “startle responses”
- Depression

**Disassociation (zoning out)**

- Anorexia / Bulimia / Overeating (eating disorders)
- “Cutting” / self-mutilation
- Anger: distance = safety
- Difficulty with relationships / triggers
- Flashbacks
- Promiscuity, Risky behavior / poor safety choices
- Distorted thinking patterns to regain control
- Engage in recovery soon after rape
- Don’t want sex; be uncomfortable with sex (even with someone they trust)
VIOLENCE IN DISTINCT COMMUNITIES

- Orgasm during rape - guilt - confusion - sexual identity issues
- Extreme independence/isolation
- Triggers / sights, sounds, smells, feelings: Re-experiencing sensations, feelings from the assault
- Doubt one’s own judgment, feel responsible
- Feeling dirty, humiliated, devalued
- Self-blame and shame
  Based on misconceptions about rape
- Numbing/Apathy (detachment, loss of caring)
- Social Withdrawal
- Restricted affect (inability to express emotions)
- Loss of security, trust in others and the world
- Suicidal ideation

Victims of sexual assault are:
- 3 times more likely to suffer from depression.
- 6 times more likely to suffer from post-traumatic stress disorder.
- 15 times more likely to abuse alcohol.
- 26 times more likely to abuse drugs.
- 4 times more likely to contemplate suicide.

1 out of every 6 American women has been the victim of an attempted or completed rape in her lifetime.

About 3% of American men — 1 in 33 — have experienced an attempted or completed rape in their lifetime.

Is alcohol a date rape drug?

Any drug that can affect judgment and behavior can put a person at risk for unwanted or risky sexual activity.

Alcohol is one such drug. In fact, alcohol is the drug most commonly used to help commit sexual assault. When a person drinks too much alcohol:

- It’s harder to think clearly.
- It’s harder to set limits and make good choices.
- It’s harder to tell when a situation could be dangerous.
- It’s harder to say “no” to sexual advances.
- It’s harder to fight back if a sexual assault occurs.
- It’s possible to blackout and to have memory loss.
These symptoms are the most common ones as reported by researchers, therapists, and victims. Rarely anyone will have all of the symptoms, and some may have very few, but the fact remains, the after effects do not usually go away with time, they worsen until something is done about them.

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Remember....

Date Rape can occur despite all precautions. It is NOT your fault!!!!

The only person responsible for rape is the rapist!!!!

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Establishing Trust To Your Victims:

- Ensure the victim is accompanied by companions or (trustworthy) or victim advocates.
- Avoid referrals to several different advocates during the initial stage.
- Provide emotional support and spiritual support as the help-seeking process continues.
- Police protection without fear.
Always....

- Providing updates and keeping the survivor informed requires ongoing follow-up with the various agency contacts throughout the process.

- Promoting interagency accountability empowers survivors to regain some sense of control and not lose faith. It also helps keep a case alive.

Diversity of the Spanish Language

The United States—

- Has the third largest Spanish-speaking population after Spain and Mexico.

- Is home to residents with Spanish dialects from South America, Central America, the Caribbean, North America, and other Spanish-speaking regions of the world.

Language Considerations

The most frequently reported barrier keeping Latinas from needed services was language—either not being able to speak English or not having an interpreter (Murdaugh et al., 2004).
Professional Interpreters
When working with professional interpreters—
- Verify the interpreter’s experience with, or knowledge of, different Latin American dialects.
- Meet with the interpreter 15 to 30 minutes before the appointment.
- When meeting with the client, pause every three sentences or less.
- Look at and talk directly to the Spanish-speaking client, not the interpreter.

Victim Service Access
English Language Learners require service access to—
- A crisis line at the moment of need.
- Information regarding the rape exam.
- The various levels of supportive services and legal advocacy that an agency may offer.

Challenges
Challenge 1: Lack of bilingual and bicultural direct service staff and volunteers.
VIOLENCE IN DISTINCT COMMUNITIES

We also partner with legal Aid and Immigration law Center:
- We Do Intake with our Victims
- We communicate between the lawyers and the victims
- We help the victims’ with all paperwork
- We help the to apply for the U visa
- We help them with there personal statement
- We do our own personal statement which call (affidavits)
- We help with interpretations
- We fax back and ford paperwork

The people that we interact on a daily basis are:
- The Detective
- Deputies
- Police officers
- Service providers
- Attorney
- Other Advocates
- Agencies

We also have a group of women that work with the community that gives resources about our Clinic and our program of DV and SA. They also referral women to our program and they do presentation and on the basis of SA in church, school, fairs and other agencies.

The program is called “Ropiendo el Silencio” – “Breaking the Silence”

We try to do this training once a year for the victims of SA in the Spanish Community that want to get train for free.
(1) Why might some victims/survivors feel uncomfortable seeking help? What can you as an advocate do to address potential barriers to seeking help? How can you apply what you learned about listening in your role as a VPE? How might gender identity make someone more vulnerable to violence? What barriers might a trans person face when questioning whether or not to call our crisis line, approach a tabling event or participate in a presentation?
DAY SEVEN

SKILLS

IMPLEMENTATION
CLIENT PROGRESS NOTES

*Keep notes limited to objective information – Who, What, When, Where, How.
**Put your full signature at the end of each date’s notes.

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SKILLS IMPLEMENTATION

CLIENT INTAKE

Victim Rights Policy

Sexual Assault • Relationship Violence • Stalking

Reporting: You may file a criminal charge with the University of Minnesota Police Department at (612) 624-2677 or file a complaint with university official including the Office for Student Conduct & Academic Integrity at (612) 624-6073 or with Equal Opportunity & Affirmative Action at (612) 624-9547. You may report to some, all or none of these offices as you see fit.

Campus Assistance: If you would like assistance in notifying the proper law enforcement and/or campus authorities, you may call The Aurora Center at (612) 626-2929 or their Helpline at (612) 626-9111. The Helpline is available 24 hours a day, 7 days a week. Walk-in appointments are available during business hours. The Aurora Center also provides crisis counseling and options or assistance with other needs you may have. Their website is www.umn.edu/aurora. You may also seek counseling with University Counseling & Consulting Services at (612) 624-3323 or Boynton Mental Health at (612) 624-1444. The Sexual Violence Center is a free and confidential off-campus resource available (612) 871-5111.

Confidentiality: The Aurora Center staff and volunteers are required to keep all information about you confidential unless you give written permission to release information, with the exception of instances where mandated reporting is necessary (i.e., child abuse & neglect). Law enforcement and the University have a legal obligation to keep any identifying information of yours out of public records.

Preserving Evidence: If you think you may want to make a police report, save your clothes, sheets, etc. in a paper bag and do not shower. You have up to 120 hours to get a free medical forensic exam for evidence collection at any Emergency Department. Additionally, if possible, save e-mails, texts, photos, and other types of evidence that may be helpful if you choose to report.

Investigations: Upon receipt of a complaint, the University will investigate and promptly respond to your complaint. You may participate in University disciplinary proceedings concerning your complaint. If you wish, you may have a support person/advisor present, such as an Aurora Advocate or an attorney if you are represented by one.

You have the right to be notified of the outcome of any University disciplinary proceeding concerning your complaint, subject to the limitations of the Minnesota Government Data Practices Act, and to know any appeal procedures.

Reparations: If you file a police report, you have the right to financial compensation for losses incurred as a result of the crime from the State of Minnesota Crime Victims Reparations Board at (651) 201-7300 or 1-888-622-8799 and the Office of the Victims of Crime at 1-800-363-0441.

Accommodation & Employment: At your request, the University will assist you as is reasonable and feasible (in cooperation with law enforcement) in shielding you from your alleged assailant. This may include providing alternative work, academic, or living arrangements if these options are available and feasible.

Information: If you have questions, concerns, or comments regarding any experience around sexual assault, relationship violence, or stalking, please call The Aurora Center for a free and confidential consultation. For complete information on Victim’s Rights in the State of Minnesota, see Statute 611A at www.revisor.mn.gov/statutes

The Aurora Center for Advocacy & Education, 117 Appleby Hall, 128 Pleasant Street SE Minneapolis, MN 55455.
The University of Minnesota is an equal opportunity educator and employer.

Last Revised 5/28/2013

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LIMITS TO CLIENT-ADVOCATE CONFIDENTIALITY

Most communication between you and your advocate is confidential, as per MN §595.02 subd. (k).

However, there are some limits to client-advocate confidentiality. Please be aware that certain topics you might discuss with us will necessitate a report to the proper authorities.

Listed below are the topics where your advocate is mandated to report:

If you:

1. State you seriously intend to harm yourself.

2. State you seriously intend to harm an identifiable victim or a group of people. The intended victim as well as the police must be notified.

3. Report or describe and physical abuse, neglect, or sexual abuse of children. This is reported to Child Protections Services or law enforcement.

4. Report the occurrence of physical abuse, neglect, or sexual abuse if you were 17 or younger at the time of the abuse and the abuse occurred sometime within the last 3 years. This is reported to Child Protections Services or law enforcement.

5. Are female and pregnant and report having used a controlled substance (illegal drug) for a non-medical purpose during the pregnancy. This is reported to county social services.

6. Have your counseling/advocate records subpoenaed by a court of law.

7. Report having been sexually exploited by a psychologist, psychiatrist, or clergy member.

All other information can be kept confidential and will not be released to anyone without your informed consent and written permission.

If any of the above circumstances might apply to you, please discuss any concerns you might have with your advocate prior to disclosing.

Client Signature ___________________________ Date __________________

Advocate/Staff Signature ______________________ Date __________________
# Skills Implementation

## Client Intake

### The Aurora Center for Advocacy & Education

#### UM-TC

**Intake Form: Summer 2013**

<table>
<thead>
<tr>
<th>Client Information</th>
<th>Date of Initial Contact</th>
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<tbody>
<tr>
<td>Name:</td>
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<tr>
<td>Address:</td>
<td></td>
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<tr>
<td>Email:</td>
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<td>Phone:</td>
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<tr>
<td>Is it okay to leave a message?</td>
<td>Yes</td>
</tr>
<tr>
<td>Is it okay to email?</td>
<td>Yes</td>
</tr>
<tr>
<td>Evaluation via email OK?</td>
<td>Yes</td>
</tr>
<tr>
<td>Student ID Number:</td>
<td></td>
</tr>
<tr>
<td>UMN College Enrolled in (CLA, Design, etc.):</td>
<td></td>
</tr>
<tr>
<td>Race/Ethnicity: (check all that apply)</td>
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</tr>
<tr>
<td>African (immigrant)</td>
<td>Native Hawaiian/Pacific Islander</td>
</tr>
<tr>
<td>African American/Black</td>
<td>European American/White</td>
</tr>
<tr>
<td>Asian</td>
<td>Other:</td>
</tr>
<tr>
<td>Hispanic/Latino/Chicano</td>
<td>UNKNOWN/Not Reported</td>
</tr>
<tr>
<td>University Affiliation:</td>
<td></td>
</tr>
<tr>
<td>Grad Student @ UMN</td>
<td>UNKNOWN/Not Reported</td>
</tr>
<tr>
<td>Undergrad @ UMN</td>
<td>Staff @ UMN</td>
</tr>
<tr>
<td>Student @ UMN</td>
<td>Augsburg Student</td>
</tr>
<tr>
<td>Alumni</td>
<td>Unaffiliated</td>
</tr>
<tr>
<td>Parent of UMN student</td>
<td>Visitor</td>
</tr>
<tr>
<td>Augsburg Staff/Faculty</td>
<td>Other (specify):</td>
</tr>
<tr>
<td>Faculty @ UMN</td>
<td></td>
</tr>
</tbody>
</table>

| How did client hear about The Aurora Center? (check all that apply) |
| Augsburg | Bathroom/Rec Ctr A |
| Boynton | Housing & Res Life |
| Friend | Hospital |
| Other (specify): | |

### Perpetrator/Abuser Information

| Name: | |
| Race/Ethnicity: (check all that apply) |
| African (immigrant) | Native Hawaiian/Pacific Islander |
| African American/Black | European American/White |
| Asian | Other: |
| Hispanic/Latino/Chicano | UNKNOWN/Not Reported |
| Gender identity: |
| Unknown | Woman |
| Man | Transgender |
| Gender Queer | None |
| Other: | |
| Their University affiliation: |
| Grad Student @ UMN | UNKNOWN/Not Reported |
| Undergrad @ UMN | Staff @ UMN |
| Student @ UMN | Augsburg Student |
| Alumni | Unaffiliated |
| Parent of UMN student | Visitor |
| Augsburg Staff/Faculty | Other (specify): |
| Faculty @ UMN | |

| Relationship to victim/survivor: |
| Acquaintance (non-date) | Family Member |
| Boyfriend | Good Friend |
| Co-worker | Instructor |
| Date | Spouse/Partner |
| Ex-boyfriend | Student |
| Ex-spouse/partner | Stranger |
| UNKNOWN/Not Reported | |

| Member of a UMN Group? |
| Unknown | Athletics: |
| No | Greek: |
| Other Student Group/Club: | |
**SKILLS IMPLEMENTATION**

**CLIENT INTAKE**

**The Aurora Center for Advocacy & Education**

### Incident Information

<table>
<thead>
<tr>
<th>Date of Incident:</th>
<th>Ongoing</th>
<th>N/A VS Incapacitated?</th>
<th>Unknown</th>
<th>No</th>
<th>Yes</th>
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</thead>
<tbody>
<tr>
<td>Location of Incident:</td>
<td></td>
<td>Specific Location:</td>
<td>Location:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Augsburg</td>
<td>Unknown</td>
<td>Not Reported</td>
<td>Residence Hall:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Off UMN Campus</td>
<td>Unknown</td>
<td>Fraternity/Sorority:</td>
<td>Workplace</td>
<td></td>
<td></td>
</tr>
<tr>
<td>On UMN Campus</td>
<td>Unknown</td>
<td>Perp's Residence</td>
<td>Online/Texting</td>
<td></td>
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<tr>
<td>Unknown/Not reported</td>
<td></td>
<td>Other:</td>
<td>Other:</td>
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</tbody>
</table>

| Medical Attention Sought? | Unknown | No | Yes | |
|--------------------------|--------|----|-----|
| SARS Exam? | Yes | No | Unknown | |
| SARS Nurse Name: | | | | |

| Police Report Made? | Unknown | No | Yes: Officer's Name: | |
|---------------------|--------|----|---------------------| |
| Date Report Taken? | Advocates Present for report? Y / N | |
| Case #: | UMPPD | MPP | SPDP | |

### ADVOCATE USE ONLY

**SERVICES PROVIDED**

- Academic Advocacy
- Aurora Support Groups
- Civil Legal Assistance (Attty, USLS, etc.)
- Court Advocacy
- CRISIS Intervention
- Emergency Shelter
- EOAA Advocacy
- Hospital Advocacy
- Housing Advocacy
- Interpreter
- OSCAI Advocacy
- Police Advocacy
- Reparations
- Safety Planning
- Support/Validation
- Transportation
- Other:

### Legal Advocacy:

### Referrals

- Aurora Center Offices/Staff
- Aurora Support Groups
- Boynton Mental Health
- Civil Legal Assistance (lawyer/paralegal)
- EOAA
- Community Agency:
  - DASC (Hennepin or Ramsey)
  - ISSS
  - Police
  - OSCAI
  - Student Conflict Resolution
  - Student Legal Svcs
  - UCSS
  - OTHER:

### ADVOCATE INFO

<table>
<thead>
<tr>
<th>Name:</th>
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Client Information Gathered via:

- Appointment
- PHONE: On-Call
- Walk-in
- E-Mail
- PHONE: Office
- OTHER:
- Hospital
- Presentation
- Police
- Tabling
CLIENT INTAKE

VICTIM RIGHTS POLICY
SEXUAL ASSAULT ● RELATIONSHIP VIOLENCE ● STALKING

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If any of the above circumstances might apply to you, please discuss any concerns you might have with your advocate prior to disclosing.

Client Signature ______________________ Date __________

Advocate/Staff Signature ______________________ Date __________
### TIME SPENT SHEET

**Codes For Services Provided:**
- Individual Advocacy = IA
- Accompany to Hospital (ER) = A/ER
- Accompany to Court = A/C
- Police Report = A/PD
- Wrote OFP or HRO = OFP or HRO
- Research for Client (CLIENT NOT PRESENT) = R

<table>
<thead>
<tr>
<th>Date</th>
<th>Service</th>
<th>Time Spent</th>
<th>Staff/Advocate</th>
<th>Printed Name</th>
<th>Signature</th>
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**Contact Attempt/Left Message = CA/LM**
- Other = O
- Academic Advocacy = ACAD
- Email = EM
ORIENTATION TO GOING ON-CALL

LOGISTICS: SIGNING UP FOR SHIFTS, PICKING UP AND DROPING OFF PACKETS, ANSWERING THE HELPLINE & HOSPITAL CALLS

Signing up for shifts, picking up and dropping off your on-call bag
We will share a Google Document with you that shows a calendar of available and/or filled shifts. Shifts are 4:30pm-8am weekdays; 24 hours (8am – 8am) on Saturdays and Sundays.

There are 3 ways volunteers can sign up for shifts:
- Email the Direct Services Coordinator (DSC)/Megan at close036@umn.edu
- Call in to the office (612-626-2929)
- Come in person to the office (Appleby Hall 117)

Please pick up your on-call bag by 2pm the day of your shift, or tell us if you will be later than 2pm. The office closes at 4:30pm.
- When you check out an on-call bag, have another person in the office check you out so we know you have your bag.

Returning On-call Bags:
- Return on-call bags the following business day as soon as you are able. The office opens at 8am M-F.
- Turn in any filled out client folders to the DSC/Megan or the Legal Advocacy Coordinator (LAC)/Becky and be prepared to take 5 minutes to review the folder with them.
- Let whoever checks you in know if there is something missing from the on-call bag.

Once you have taken 20 on-call shifts, you have the option to not pick up an on-call packet. You will then receive your own copies of the necessary materials, along with an advocate badge for the hospital. You will still be required to return client folders to the office within 2 business days and have a minimum of 3 client folders on hand at all times.
ORIENTATION TO GOING ON-CALL

THE HELPLINE
When you sign-up for an on-call shift, you will be required to check-in with the pro staff member and your fellow volunteer within the first 30 minutes of your shift.

If someone calls our helpline, the Call Center will contact you [from 952-930-4777] and provide you with the following information from the client:
- Name & Phone Number
- Why the client is calling
- If it is ok for us to leave a message on client’s phone

You will then return the call by doing the following:
- Block your number by dialing *67 and then the phone number.
  Example: *67 612-626-2929

If any questions arise while on-call, call the Central Staff Line at 612-626-

If the client picks up, do not immediately identify yourself as an advocate. Instead, ask to speak with the client using their name. Example [May I speak with Taylor? I am returning a call.]
- If the person seems confused, apologize saying you have the wrong number and hang up.
- If the person affirms that they were expecting a call back, you may identify yourself as an advocate from Aurora.
- You can call a client back if you need to find a resource or find an answer to a question. You may also: check in with the other volunteer on-call or contact staff to debrief.

If the client does not pick up, never leave a message if the client did not explicitly say it is ok to do so.

As soon as you are done speaking to a client:
- Leave a detailed message on the Aurora business line: 612-626-2929.
- Fill out a client folder.
ORIENTATION TO GOING ON-CALL

TROUBLESHOOTING – COMMON QUESTIONS

1. “I missed the Call Center when they called my phone. What should I do?”
   - Do NOT call the call center back, for any reason. The call center will call the next advocate on-call, and then the staff line. You should check in with the other advocate who is on-call, then the staff line. We are charged by the minute for the call center and want to keep our cost down.

2. “I tried calling the client back, but there was a message stating they do not accept blocked numbers. What should I do?”
   - Call Central Security at 612-626-3680. Explain you are on a Helpline with the U of MN and need to get through to someone who does not accept blocked numbers. They should be able to transfer your call to the person you are trying to reach.

3. “The Call Center said it was ok to leave a message on the client’s voicemail – what do I say on the message and what should I do after that?”
   - The message should be something like this: “Hello, this is The Aurora Center returning your call. I will try back in 15 minutes to try to get a hold of you. I will be calling from a blocked number again.”
   - Try the number again, and if there is no response, you may indicate in your message that the client can call back if they still need to talk with someone.
   - Leave a message on business line [612-626-2929] – whether you got a hold of client or not.

Remember: Never give out your personal phone number or email to a client.
ORIENTATION TO GOING ON-CALL

HOSPITAL CALLS

We respond to THREE different hospitals: University of Minnesota Medical Center (UMMC) (East Bank); Fairview-Riverside (West Bank) and Amplatz Children’s (West Bank).

We also respond to Boynton Health Services on Saturdays if a client walks into the clinic and requests a sexual assault exam. Advocates would meet the client at Boynton, provide options, and likely walk the client over to the UMMC East Bank Emergency Department.

We ALWAYS go to the hospital. The only times we do not go right away are:
- If the client/patient tells us DIRECTLY they do not want an advocate (not a nurse conveying the information).
- If the client has not arrived at the hospital yet.
- If the call is for Amplatz, we only respond to clients who are 13 years old and older.

Typically, here is what happens:

1. A person from HCMC dispatch AND/OR a nurse from the ER of West or East Bank will call our helpline and our call center will take the message. (This means there might be 2 calls, one from the HCMC SARS dispatch and one from a nurse.)

2. You take down the information when the call center contacts you, usually contact names and numbers.

3. Call those contact names and numbers:
   a. “I am a sexual assault advocate responding to a page of a SARS nurse being dispatched.”
   b. If contacting the nurse at the Emergency Department, find out if the patient/client is already at the hospital or if they are on the way. Also see if they will tell you if there are concerned persons present.
   c. If contacting Amplatz, find out if the patient/client is 13 years old or older; ask if there are concerned persons involved who need support.

4. Coordinate with the other advocate on-call to arrange how you will both get to the hospital and plan what to do if one arrives before the other, etc.

5. If you are confused or unable to figure out which hospital the client is at:
   a. Call SARS HCMC dispatch FIRST: 612-873-6224 to ask which hospital the nurse is being dispatched to: Amplatz, Riverside, or UMMC.
   b. Call Staff Line SECOND: 612-626-8415 and Aurora’s On-Call Pro Staff will assist you in finding out what is going on.
ORIENTATION TO GOING ON-CALL

HOSPITAL CALLS (CONTINUED)

When you arrive at the Emergency Department:

1. Check in with security, you may have to show business cards or picture ID.
   - Identify yourself as a sexual assault advocate from The Aurora Center.

2. Security should allow you back into the next section of the Emergency Department. Go to the main nurse’s desk/station and ask for the contact you were given or simply again say you are the sexual assault advocate and were paged out for a patient.
   a. You should be allowed back into the exam room with the client.
   b. Introduce yourself and explain what an advocate is.
   c. Ask the client if they would like you to stay.

3. If the SARS nurse is already there, introduce yourself to the nurse and the client and check in with the client to see if they need or want advocate(s) present.
   - When you are finished at the hospital, call the business line (612-626-2929) to leave a message about how the experience went and fill out a client folder.

Hospital Emergency Rooms
UMMC-Fairview (East Bank)*
500 Harvard St. SE, Minneapolis, MN, 55455

Fairview-Riverside (West Bank)*
2450 Riverside Ave
Minneapolis, MN, 55454

Amplatz Children’s Hospital (West Bank)*
2450 Riverside Ave
Minneapolis, MN, 55454

*Map & directions on following pages

Bus Routes
Please use www.metrotransit.org to plan your routes for taking the bus. If you have additional questions or concerns, talk to staff.

Taxi Cab Phone Numbers
Rainbow – 612-332-1615
Suburban (Green & White) – 612-522-2222
Red & White – 612-871-1600

Hospitals will also have “go-to” cab services that are used if you ask.
ORIENTATION TO GOING ON-CALL
WEST BANK HOSPITAL CALLS

WEST BANK
Fairview-Riverside
2450 Riverside Ave
Minneapolis, MN, 55454

Amplatz Children’s
2450 Riverside Ave
Minneapolis, MN, 55454

West Bank Hospitals
2450 Riverside Ave
Minneapolis, MN 55454

Riverside Professional Building
606 24th Ave. S
Minneapolis, MN 55454

Riverside Park Plaza Building
701 25th Ave. S
Minneapolis, MN 55454

2512 Building
2512 S. 7th St.
Minneapolis, MN 55454

Phone:
612-672-7272
ORIENTATION TO GOING ON-CALL

WEST BANK HOSPITAL CALLS (CONTINUED)

WEST BANK
Fairview-Riverside
2450 Riverside Ave
Minneapolis, MN, 55454

Amplatz Children’s
2450 Riverside Ave
Minneapolis, MN, 55454

Directions to the West Bank

From the North:
1. Take I-35W south to Highway 280.
   Follow Highway 280 south to I-94W.
2. Take I-94W to the Riverside Avenue exit.
   Turn right and follow Riverside Avenue.
3. For the green or gold ramps, take a right on 25th Avenue South.
   The green ramp will be on your left. The gold ramp will be on your right.
4. For the red ramp, take a right on 23rd Avenue South
   and an immediate right onto 6th Street South.

From the South:
1. Take I-35W north to I-94E.
2. Take I-94E to the 25th Avenue exit.
3. Turn left and proceed one block to Riverside Avenue.
4. For the green and gold ramps, proceed straight on 25th Avenue South.
   The green ramp will be on your left. The gold ramp will be on your right.
5. For the red ramp, take a left onto Riverside Avenue.
   Take a right on 23rd Avenue South and an immediate right onto 6th Street South.

From the East:
1. Take I-94W to the Riverside Avenue exit.
2. Turn right and follow Riverside Avenue.
3. For the green or gold ramps, take a right on 25th Avenue South.
   The green ramp will be on your left. The gold ramp will be on your right.
4. For the red ramp, take a right on 23rd Avenue South
   and an immediate right onto 6th Street South.

From the West:
1. Take I-94E to the 25th Avenue exit.
2. Turn left and proceed one block to Riverside Avenue.
3. For the green and gold ramps, proceed straight on 25th Avenue South.
   The green ramp will be on your left. The gold ramp will be on your right.
4. For the red ramp, take a left onto Riverside Avenue.
   Take a right on 23rd Avenue South and an immediate right onto 6th Street South.

Parking
Please remember to have your ticket validated for a reduced rate.
Valet parking is available. Check our website for parking information and rates.
UMPhysicians ambassadors are stationed at hospital entrances to assist you.

Busing
For information on Metro Transit bus routes and stops, visit
metrotransit.org or call the Transit Information Center at
612-373-3333.
For information on University of Minnesota Campus Connectors
and Circulators bus routes and stops on the West Bank
and East Bank visit www1.umn.edu/pts/busshuttle.html.

Please check our websites for more details on valet parking and other visit information.
uofnmclinicalcenter.org  uofmchildrenshospital.org  umphysicians.org
ORIENTATION TO GOING ON-CALL

EAST BANK HOSPITAL CALLS

EAST BANK
UMMC
500 Harvard St. SE,
Minneapolis, MN, 55455

East Bank Hospital
500 Harvard St.
Minneapolis, MN 55455

Phillips-Wangensteen Building (PWB)
516 Delaware St. SE
Minneapolis, MN 55455

Mayo Building
420 Delaware St. SE
Minneapolis, MN 55455

Masonic Memorial Building
424 Harvard St. SE
Minneapolis, MN 55455

Phone: 612-672-7272
ORIENTATION TO GOING ON-CALL

EAST BANK HOSPITAL CALLS

EAST BANK
UMMC
500 Harvard St. SE,
Minneapolis, MN, 55455

Directions to the East Bank
From the north:
1. Take I-35W south to Highway 280.
   Follow Highway 280 south to I-94W.
2. Take I-94W to Huron Boulevard.
3. Take the Huron Boulevard exit and merge to the far left lane.
4. Turn left on Fulton Street.
5. Turn right on Oak Street.
6. Turn left on Delaware Street.
The Patient/Visitor parking ramp will be on your right.
See the Tunnel Map on our Web site for information on traveling from the ramp to the clinics.

From the south:
1. Take I-35W north to I-94E.
2. Take I-94E to Huron Boulevard.
3. Take the Huron Boulevard exit and merge to the far left lane.
4. Turn left on Fulton Street.
5. Turn right on Oak Street.
6. Turn left on Delaware Street.
The Patient/Visitor parking ramp will be on your right.
See the Tunnel Map on our Web site for information on traveling from the ramp to the clinics.

From the east or west:
1. Take I-94 (east or west) to Huron Boulevard.
2. Take the Huron Boulevard exit and merge to the far left lane.
3. Turn left on Fulton Street.
4. Turn right on Oak Street.
5. Turn left on Delaware Street.
The Patient/Visitor parking ramp will be on your right.
See the Tunnel Map on our Web site for information on traveling from the ramp to the clinics.

Parking
Please remember to have your ticket validated for a reduced rate.
Valet parking is available. Check our website for parking information and rates. University of Minnesota Physicians ambassadors are stationed at hospital entrances to assist you.

Busing
For information on Metro Transit bus routes and stops, visit metrottransit.org or call the Transit Information Center at 612-373-3333.
For information on University of Minnesota Campus Connectors and Circulators bus routes and stops on the West Bank and East Bank visit www1.umn.edu/pts/bus/shuttle.html.

Please check our websites for more details on valet parking and other visit information.
uofmmmedicalcenter.org - umphysicians.org
ORIENTATION TO GOING ON-CALL

TROUBLESHOOTING: COMMON QUESTIONS/SCENARIOS

While these are common questions and answers to some situations, please do not hesitate to contact staff at 612-626-8415.

“When I called the emergency department, the nurse told us that the patient/client did not want an advocate. \Do I still go to the hospital?\n
- Yes; it is our policy that we hear directly from the client that they do not want an advocate present.

“When I called the hospital, the nurse told me the client is asleep or not at the hospital and/or a SARS nurse is not there. What should I do?\n
- If a client is not there yet, ask if there is an estimated time of arrival. Call the hospital back near that time.
- If the client is asleep, ask if the SARS nurse is still coming. If they are, go ahead and respond to the call. If they are going to wait to respond until the client wakes up, make sure they will page the SARS again (which means we will also get paged).

“The other advocate and I have been at the hospital for over an hour in the waiting room. \We have not spoken to the client, and do not know whether the SARS nurse is there. What should we do?\n
- Check in with the nurses who are on staff at the emergency room. \Let them know that you have been waiting for an hour to see the victim/survivor/patient and that you would like to let them know about services offered.
- Let the nurses who are at the emergency department know that you need to check in with the client before you can leave.
- Call the staff line – 612-626-8415 – to brainstorm additional ideas.
FILLING OUT PAPERWORK

- Make a client folder for EVERY helpline call/hospital call, even if the client is unaffiliated or is not calling about something TAC deals with.

- Don't be afraid to ask the demographic questions! This helps us immensely when we have to do reports and request funding from student service fees.
  - Practice how you will ask these questions. [EXAMPLE: “Before I let you go, do you mind if I ask you a few demographic questions? You can skip any that you don’t want to answer.”]

- Make sure that each section of the demographic/intake form has something selected. Remember there is an unknown/not reported option.

- Time spent needs to be rounded up to the nearest 15 minute mark (e.g. you spoke with the client for 19 minutes = 30 minutes documented in the time spent log).

- Client notes are meant to be short and objective. Mostly we want you to document what the client was seeking services for and what you (the adv.) provided. If there is follow-up needed, please note that in this section as well.

- Again, these files get turned in within two business days and you are expected to leave a message on the business line right after you speak with a client.
ORIENTATION TO GOING ON-CALL

GENERAL GUIDELINES, DEFINITIONS, CONFIDENTIALITY AND MANDATED REPORTING

We are free and confidential, other than the following six reasons where, as advocates, we are required to report to authorities. If you ever question whether a report should be made, contact the backup staff on-call.

Please consult with a staff member if you believe there is a situation which requires you to make a mandated report.

After Hours: Call the Central Staff Line: 612-626-8415
Business Hours: 612-626-2929

Listed below are the times when an advocate is mandated to report:

If a client:
- States they seriously intend to harm themselves
- States they seriously intend to harm an identifiable victim or a group of people. The intended victim as well as the police must be notified.
- Report or describe any physical abuse, neglect, or sexual abuse of children. This is report to Child Protection Services or law enforcement.
- Report the occurrence of physical abuse, neglect, or sexual abuse if they were 17 or younger at the time of the abuse and the abuse occurred sometime within the last 3 years. This is reported to Child Protection Services or law enforcement.
- Are female and pregnant and report having used a controlled substance (illegal drug) for a non-medical purpose during the pregnancy. This is reported to county social services.
- Have their counseling/advocate records subpoenaed by a court of law.
UNIVERSITY SYSTEMS: HOUSING, ACADEMIC ADVOCACY, STUDENT CONDUCT REPORTS

Housing
If a client is currently living in a residence hall and needs to move rooms or halls, we can assist during our regular business hours with initiating that process.

If a client is looking to move into a residence hall, they may begin by filling out an application for housing located: http://www.housing.umn.edu/apply
An advocate will contact them the following business day to initiate that process.

Academic Advocacy
An option that may be available to clients is for The Aurora Center to write letters on behalf of the client to instructors. This service requires an appointment with an advocate in the office.

Other academic letters of support that The Aurora Center writes include support of withdrawing from a class or tuition reimbursement.

Office for Student Conduct and Academic Integrity (OSCAI)
Anyone who is the victim of a crime or violation of the student conduct code perpetrated by a student of the U of MN may make a report to the Office for Student Conduct. People who make a report to OSCAI may have an advocate or support person present during the report.

If the crime or violation that occurred falls under The Aurora Center’s purview, an advocate will follow up with the client the following business day.

Otherwise, clients may also contact OSCAI on their own to set up a time to make a report: 612-624-6073. OSCAI is located in 211 Appleby.

NOTE: OSCAI may contact victims directly if a report was taken by UMPD or Housing.
LEGAL ADVOCACY: LAW ENFORCEMENT REPORTING, RESTRAINING ORDERS, COURT ACCOMPANIMENT & OTHER LEGAL SERVICES PROVIDED

Reporting to Law Enforcement – On-Call Advocacy

As an on-call advocate, there are four locations/situations where you would be present with law enforcement:

- The hospital/emergency department. This is by far the most common place you will be interacting with law enforcement. If the client decides to report to police, they can take a report right in the hospital/exam room.
- At UMPD Station (511 Washington Ave SE, rm 100; Minneapolis, MN, 55455). We can meet a client here to take a report, or we might get called by the police to meet here.
- At a residence hall on UMN campus. We might be called to meet with a client as they report to police in the residence halls. We always meet in a neutral space, such as a residence hall director’s office – NOT the client’s room.
- Augsburg campus – we can be present during a police report on Augsburg campus. Again, not the private room of a student, but a more “public” space such as the public safety/security office.

If you speak with a client BEFORE a report:

- Encourage clients to be truthful to the officer.
- Let the client know your role is to be silent and supportive, not to speak for them.
- Let the client know they have a right to ask why a certain question is being asked by the officer or to ask other procedural questions before or during the interview process.
- Let the client know that officers have to ask what may feel like prying questions – they are there to be objective and gather facts/evidence.
- If the client forgets something during the report, don’t jump in to remind them while the officer is there (this is potentially a breach of confidentiality). Remind them after the officer has left.
- Every person who makes a police report should receive a ‘blue card’ in Minnesota. This is a card with the officer’s name, badge number, and case number on it as well as a list of local or statewide resources for victims.

If you speak with a client AFTER a report:

- If they have not heard back from an investigator, they may contact the precinct the report was made in and request to speak with an officer.
- It may take several weeks or months before a case goes to prosecutor’s office and/or if anything will happen to the report. A victim may work with an advocate to see if anything more can be done.
- If a person receives a message from police or a prosecutor’s office that the case will not be pursued, this does not mean the incident did not happen. It means that the police or attorney believe that they cannot prosecute.

It is an advocate’s role to remain off-record during a recorded police report. We are ‘silent supporters’ throughout the interview.
LEGAL ADVOCACY: LAW ENFORCEMENT REPORTING, RESTRAINING ORDERS, COURT ACCOMPANIMENT & OTHER LEGAL SERVICES PROVIDED

Restraining Orders

Victim-survivors of sexual assault, relationship violence or stalking may be eligible for a restraining order in Minnesota. The Aurora Center may assist with the paperwork needed for the restraining order and can explain the process.

We generally do NOT assist people who have been served with a restraining order. There are typically instructions within the paperwork they received on how to get help with their case.

If a client calls seeking information on restraining orders and they are affiliated with the U of MN or Augsburg, please get a name and a number where they can be reached and an advocate will contact them the following business day to set up an appointment.

Things that the client can do to help speed up appointments either at The Aurora Center or any other organization:

- Write out the events that have happened in the past few weeks/months.
- Gather ‘evidence’ such as texts, emails, police reports. It is ok if client does not have ‘evidence’ of any kind.
- Have as much information about the respondent as possible: picture, address of where they are staying, description of person.

If a client is NOT affiliated, they may use the following county-appropriate resources or additional resources in the back of this manual.

Restraining Orders for Hennepin County:
Hennepin County Government Center
(Self-Help for HROs)
300 South 6th Street
Minneapolis, MN 55487-0421

Domestic Abuse Services Center
(OFP)
612-348-5073

Domestic Abuse/Harassment Office
Juvenile Justice & Family Center
25 West 7th Street
St. Paul, MN 55102

Domestic Abuse/Harassment Office
(HRO/OFP)
651-266-5130

Restraining Orders for Ramsey County:
Domestic Abuse/Harassment Office
Juvenile Justice & Family Center
25 West 7th Street
St. Paul, MN 55102

Statewide:
www.mncourts.gov is a useful resource for statewide forms and resources
Lawhelpmn.org is a useful resource for everything legal-related
QUICK TIPS/THINGS TO REMEMBER

Sexual Assault
Things to remember for recent sexual assaults:
- Is the client safe right now?
- SARS exams may be given up to 120 hours (5 days) after the assault.
- SARS exams should not incur a cost for the victim-survivor.
- A police report does NOT have to be made in order to get the exam.
  - However, the kit will not be processed until a report is made.
- Clients have the option to decline all or parts of the exam.
- An exam will not tell a client whether or not they have been raped.
- Clients also have the option to not get an exam if they do not want to. However, if they are considering a police report or think they may want one in the future, it may be worth considering the exam since there is a 5 day window to get the exam.
- Any cloth evidence (clothes, sheets, etc) can be stored in a paper bag (not plastic) in case the person decides to report the crime in the future.
- SARS exams do not include testing for STI/STDs, but they do include medication for STI/STDs.

Relationship Violence
Things to remember:
- Is the client safe right now?
- Do they have a safety plan in place?
- Validation and support for what the client is going through, goes a long ways.
- Do not give advice.
- Remember it can take on average 7 times before someone is able to fully leave their batterer.

Stalking
Things to remember:
- Is the client safe right now?
- Do they have a safety plan in place?
- Do they want to keep or are they keeping a stalking journal of the events/behavior?
- Have they told the stalker to not contact them?
  - How to do so:
    - Text or email, be very direct, don’t give an ‘out’ for stalker.
    - Reporting to police may be an option.
    - Reporting to Office for Student Conduct and Academic Integrity (OSCAI) may be an option.
ORIENTATION TO GOING ON-CALL

QUICK TIPS/THINGS TO REMEMBER (CONTINUED)

Chronic or Obscene Callers

Things to remember:
- Stay respectful but firm in your responses
- It’s okay to end a call if you are uncomfortable with a caller. You can say, “I don’t think I can be of any more help to you tonight, so I’m going to have to hang up now. Feel free to call our office during business hours.”
- Details of a sexual assault are unnecessary for us to be supportive advocates. Feel free to let anyone going into details on the phone know, that you don’t need the details. And a helpful phrase to use in many challenging calls is, “What can I do for you right now?”

Suicidal Caller

Things to remember:
- If any statement is made that sounds potentially like suicidal ideation, check it out. Ask, “Are you feeling suicidal?”
- Assess the risk: Do they have a plan? Have the attempted in the past? Do they have the means to carry out the plan? Do they have a date in mind?
- If it seems like they are a risk inform them that you need to exercise your duty to warn and notify the local authorities. Get as much information as you can from them about their location.
- Reminder: Self-mutilation (i.e. cutting, burning, picking) is not necessarily suicidal behavior.
ORIENTATION TO GOING ON-CALL

QUICK TIPS/THINGS TO REMEMBER (CONTINUED)

Most commonly used numbers/organizations – Metro Area/Statewide

Anyone who is affiliated with the University of MN or Augsburg and has concerns/experienced sexual assault, relationship violence and/or stalking should be referred to The Aurora Center offices:

Business Line: 612-626-2929
Help Line: 612-626-9111
Text Line: Text ‘TALK’ to 612-615-8911 (regular business hours, M-F, 8a-4:30p)
Hours: 8am-4:30pm M-F, except University Holidays
Office: 128 Pleasant St SE, 117 Appleby Hall, Minneapolis, MN 55455
Email: aurora@umn.edu

If someone needs to get into a shelter because of relationship violence or if they are in danger, they can contact Day One (1-866-223-1111).

Other Resources for University and Augsburg-affiliated Clients/Callers

On-Campus

- Disability Services: 612-626-1333
- Office for Student Conduct and Academic Integrity (OSCAI): 612-624-6073
- International Student and Scholar Services (ISSS): 612-626-7100 (M-F, 8a-4p)
- University Counseling and Consulting Services (UCCS): 612-624-3323 M-F, 8a–4:30p)
- Boynton Mental Health: 612-624-1444 (M-F, 8a-5p)
- Augsburg - Center for Counseling and Health Promotion: 612-330-1707 (M-F, 8a-5p)
ORIENTATION TO GOING ON-CALL

QUICK TIPS/THINGS TO REMEMBER (CONTINUED)
For Non-affiliated Individuals &/or Affiliated, Metro Area

Sexual Assault
Sexual Violence Center (SVC) (612): 612-871-5111
Rape and Sexual Abuse Center (RSAC): 612-825-4357
Sexual Offense Services (SOS): 651-266-1000

Relationship Violence:
Tubman: 612-825-0000
Domestic Abuse Project (DAP – hrs/day): 612-874-7063
Domestic Abuse Service Center (DASC; for OFPs; M-F 8a-5p): 612-348-5073
Saint Paul Intervention Project (24 hrs/day): 651-645-2824
Bridges to Safety (OFP; 8am-5pm M-F): 651-226-9901
HRO/OFP Office (8am-4:30pm M-F): 651-266-5130

General Mental Health
Crisis Connection (24hrs/day): 612-379-6363

Stalking
Stalking Resource Center: www.victimsofcrime.org/our-programs/stalking-resource-center

Shelters
Day One: First Call to Safety - 1-866-223-1111

General/Other Crime Victims
Council on Crime and Justice: 612-340-5400
United Way: 211
Dial 311 for Minneapolis (M-F, 7a-8p)

Legal Services:
United Way: 211
Volunteer Lawyers Network (M, Tu, W, F 10a-1p)” 612-752-6677
Websites:
  • Mncourts.gov
  • Lawhelpmn
  • Callforjustice.com
Legal Aid: 612-334-5970
Battered Women’s Legal Advocacy Project: 612-343-9842

Sex Trafficking/Prostitution
Breaking Free: 651-645-6557

Youth Services (Under 23)
Tubman – YaYa Program (Call / text): 612-656-YAYA (9292)
Avenues for Homeless Youth: 612-522-1690
The Link: 612-871-0748
WHAT YOU NEED TO DO AFTER TRAINING...

Congratulations on completing training. You are on your way to becoming an Aurora Center Volunteer. Here are the next steps.

- **Entrance Interviews** happen at The Aurora Center and take about 45 minutes. It is your responsibility to make the appointment with the Volunteer Coordinator, Jerie Smith or Traci Thomas-Card, Prevention Education Coordinator. There are sign-up sheets provided.

- **On-Call Check-In** are for Help-Line Advocates and happens the first time you go on call. At that time, you will schedule a meeting with Becky Redetzke-Field or Megan Close to review how to go on call. Allow an hour for this appointment.

- **Volunteer Meetings** are the way in which we continue training and community building with the people with whom you will be going on call. These meetings are considered mandatory and are necessary to keep your certification updated. You are allowed to miss one meeting during an academic year. At the request of volunteers, meetings are held once a month on Sundays. Your first meeting will be February 23. If you are a VPE you will meet from 12 Noon-3:00 pm. If you are a Helpline Advocate you will meet from 1:00-4:00 pm. Meetings are usually held in The President’s Room in Coffman Union. However, the March meeting will be in a place TBA and held on March 30.

- **TAC Annual Celebration Event** will be held Friday, April 25, in the new Recreation and Wellness Center from 4-6 pm. Recognition is given through awards to volunteers who have excelled in their service, introductions made for new volunteers, acknowledgement of graduations and in general gratitude extended to all in a more formal event. This takes the place of the mandatory Volunteer meeting for the month of April.

- **2014-2015 Volunteer Meeting Dates** - These are mandatory meetings that keep up your certification so get them in your calendars now:
  
  - September 7, 2014
  - October 5, 2014
  - November 9, 2014
  - January 25, 2015
  - February 22, 2015
  - March 29, 2015
  - April 24, 2015

- **Other Important Dates** - October is Domestic Violence Awareness Month (DVAM) and April is Sexual Assault Awareness Month (SAAM), and The Aurora Center hosts or cosponsors related events and activities. Stay tuned for more info!