

Appendix A

**Background on VAWA 2005, VAWA 2013,
and Forensic Compliance**

APPENDICES
Sexual Assault Advocate/Counselor Training



Background on VAWA 2005, VAWA 2013 and Forensic Compliance

What is VAWA 2005?

In 2005, the Violence Against Women Act (VAWA) was reauthorized with several landmark changes particularly affecting the response of law enforcement agencies and health care facilities to victims of sexual assault. This act, often referred to as "VAWA 2005," specifies that states and territories may not "require a victim of sexual assault to participate in the criminal justice system or cooperate with law enforcement in order to be provided with a forensic medical exam, reimbursed for charges incurred on account of such an exam, or both." In other words, VAWA 2005 was designed to ensure that victims of sexual assault have access to a forensic medical exam free of charge or with full reimbursement regardless of whether they report the crime to police or otherwise cooperate with the criminal justice system.

All states and territories must now certify (as of January 5, 2009) that they are in compliance with these requirements in order to remain eligible for STOP Grant funds from the Office on Violence Against Women (OVW). Yet communities face considerable challenges in designing a protocol for the initial response to a sexual assault disclosure, as well as addressing questions regarding payment for the medical forensic examination, mandatory reporting to law enforcement, storage and transportation of evidence, case tracking and retrieval, processing of evidence, and the potential for evidence-based prosecution (i.e., without the victim's cooperation). For many states and territories, the changes that are required in public policy and daily practice have been described as "monumental." Some of these questions are addressed in the "Frequently Asked Questions" document published by OVW found here.

What is VAWA 2013?

VAWA 2013 is the most recent authorization of the Violence Against Women Act. This act, often referred to as "VAWA 2013," retains all of the forensic compliance provisions from 2005 with two important changes. First, **VAWA 2013 clarified that victims cannot be required to pay any out-of-pocket costs to obtain a medical forensic exam.** Under VAWA 2005, jurisdictions were allowed to bill victims for the cost of the exam as long as they were fully reimbursed. However, this option was eliminated in VAWA 2013. Also, in a critical advance, VAWA 2013 states that a governmental entity (such as a U.S. state, territory, or tribal government) will only be eligible for STOP grant funding if it coordinates with regional health care providers to **notify victims of sexual assault of the availability of rape exams at no cost to the victims.** This new provision has the potential to create a sea change in public awareness.

What is Forensic Compliance?

Forensic compliance refers to two specific provisions that first appeared in the 2005 reauthorization (and remain in place under the most recent reauthorization of VAWA 2013) regarding medical forensic exams for victims of sexual assault. These provisions read as follows:

Nothing in this section shall be construed to permit a State, Indian tribal government, or territorial government to require a victim of sexual assault to participate in the criminal justice system or cooperate with law enforcement in order to be provided with a medical forensic exam, reimbursement for charges incurred on account of such an exam or both (42 U.S.C.A §3796gg-4(d)(1)(2005)).

Thus there are two dictates associated with forensic compliance. VAWA legislation states that victims of sexual assault must be provided with access to a medical forensic examination:

1. Free of charge, and
2. Without requiring them to cooperate with law enforcement or participate in the criminal justice system.

All states, territories and Indian tribal governments were required to certify compliance with VAWA 2005 by January 5, 2009 in order to continue receiving STOP funding. They must remain in compliance to retain their ongoing eligibility for STOP funds.

EVAWI's Forensic Compliance Project

In May of 2009, EVAWI was awarded a grant from the **Office on Violence Against Women (OVW)** U.S.

Department of Justice, to provide technical assistance for professionals implementing a community response system that is compliant with the forensic medical examination requirements of the **Violence Against Women Act of 2005, 42 U.S.C. § 3796gg-4(d)**. The grant has been renewed several times, and we are currently funded to continue this project through 2016.

As part of this project, we develop and disseminate a number of resources for professionals to adapt for use in their own communities. These resources include a community self-assessment tool and sample policies, protocols, forms, and other documents to help implement VAWA forensic compliance. We also offer detailed answers to Frequently Asked Questions. To submit a technical assistance request, please use the online portal on our home page.



All states and territories must now certify (as of January 5, 2009) that they are in compliance with these requirements in order to remain eligible for STOP Grant funds from the Office on Violence Against Women (OVW).

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<http://www.evawintl.org/PAGEID2/Forensic-Compliance/Background>

Appendix B

**HIPAA Privacy Guidelines and
Sexual Assault Crisis Centers**

HIPAA PRIVACY GUIDELINES AND SEXUAL ASSAULT CRISIS CENTERS

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For more information concerning HIPAA, please refer to www.oag.state.tx.us or www.taasa.org.

HIPAA Fact Sheet #1

HIPAA PRIVACY GUIDELINES AND THEIR IMPACT ON SEXUAL ASSAULT PROGRAMS

Recently, questions have arisen regarding the application of the Health Insurance Portability and Accountability Act (“HIPAA”) to sexual assault programs. Specifically, some programs are concerned that the Privacy Rule may limit their ability to provide advocacy services to survivors of sexual assault. This fact sheet is designed to help sexual assault programs determine whether they are required to comply with the Privacy Rule.

Similarly, some hospital personnel may have concerns about whether they can continue to notify local sexual assault programs when a survivor is in the emergency room and about whether, once an advocate is in the emergency room, the hospital personnel can disclose private health information about the survivor to the advocate. Two separate facts sheets—HIPAA Privacy Guidelines and Notifying Crisis Centers and HIPAA Privacy Guidelines and Victim Advocates in the Emergency Room—deal with those issues.

Q: Who is Required to Comply with HIPAA?

COVERED ENTITIES. The Privacy Rule sets out practices that certain entities must implement to comply with HIPAA. Those entities are referred to in the Privacy Rule as “covered entities.” There are three types of covered entities: (1) health plans; (2) health care clearinghouses; and (3) health care providers. A health plan provides or pays the cost of medical care. Health plans include, for purposes of HIPAA, insurance companies and health maintenance organizations. The second type of covered entity—a health care clearinghouse—processes or aids the processing of health information received from another entity. Included in this category are billing services and repricing companies. The final type of covered entity is a health care provider. A health care provider is “a provider of services, a provider of medical or health services, and any other person or organization who furnishes, bills, or is paid for health care in the normal course of business,” and -

who transmits health information in electronic form in connection with certain transactions. Hospitals and physicians are health care providers for purposes of the Privacy Rule.

Q: Is a Sexual Assault Program a Covered Entity?

MAYBE. Sexual assault programs are neither “health plans” nor “health care clearinghouses.” However, a program may be considered a “health care provider,” and thus a covered entity. To be considered a health care provider, a program must do all of the following: (1) furnish, bill, or receive payment for health care or health care services in the normal course of business; (2) conduct covered transactions; and (3) transmit those transactions in electronic form.

(1) **Furnish, Bill, or Receive Payment for Health Care or Health Care Services in the Normal Course of Business:**

To be eligible for Office of the Attorney General funding, a sexual assault program must provide the following basic services: a 24-hour hotline; crisis intervention; advocacy and accompaniment to medical facilities, law enforcement offices and prosecutor’s offices; community and professional education; and volunteer training. Some of these services may be considered counseling, which is a health care service. Thus, sexual assault programs may “furnish . . . health care services in the normal course of business” to survivors of sexual assault as contemplated in the Privacy Rule.

(2) **Conduct Covered Transactions:**

The provision of health care services is not enough to bring sexual assault programs within the definition of “health care provider,” and thus within scope of the Privacy Rule’s regulation of covered entities; advocates, as providers, also must conduct covered transactions. Covered transactions are as follows:

1. health care claims transaction;
2. eligibility for a health plan transaction;
3. referral certification and authorization transaction;
4. health care claim status transaction;

5. enrollment and disenrollment in health care plan transaction;
6. health care payment and remittance advice transaction;
7. health care premium payment transaction;
8. coordination of benefits transaction.

(3) Transmit those Transactions in Electronic Form:

Finally, to be considered a covered entity health care provider, a sexual assault program must electronically transmit any information in connection with these transactions. Programs that bill insurance companies and Medicaid or Medicare for their services are the most likely of all sexual assault programs to fall into the health care provider category.

The following link to the U.S. Department of Health and Human Services, Civil Rights Office website includes interactive tools that may help a sexual assault program identify whether it is a covered entity.

<http://www.cms.hhs.gov/hipaa/hipaa2/support/tools/decisionsupport/default.asp>

If a program determines it is a covered entity, it must comply with the Privacy Rule. The regulations containing the Privacy Rule can be found at Volume 45, Code of Federal Regulations, sections 160 and 164.

Q: What is a Business Associate?

The Privacy Rule also contemplates the transmission of protected health information from covered entities to their business associates. Before a covered entity may share protected health information with its business associates, the covered entity must enter into a written agreement with its business associate assuring that the business associate will appropriately safeguard the information. To be considered a “business associate” of a covered entity under HIPAA, an entity must do one of two things:

- (1) provide specific services to a covered entity; or
- (2) act on the covered entity’s behalf.

Q: Is a Sexual Assault Program a Business Associate of a Covered Entity?

NO. Sexual assault programs do not provide any of the services specifically enumerated under HIPAA to covered entities. Furthermore, programs do not act on a covered entity’s behalf. Instead, they act on the behalf of survivors. Because sexual assault programs are not considered “business associates” of health care providers, covered entities are not bound to enter into business associate agreements with sexual assault programs. Nevertheless, a program may determine that entering into an agreement to protect information with providers is in the program’s and a survivor’s best interests. The U.S. Department of Health and Human Services, Office for Civil Rights has provided a sample business associate agreement on its website. You can access that sample at the following web address:

<http://www.hhs.gov/ocr/hipaa/contractprov.html>

HIPAA Fact Sheet #2

HIPAA PRIVACY GUIDELINES AND NOTIFYING CRISIS CENTERS

There has been a great deal of publicity recently about the new privacy rules governing patient health information under the federal Health Insurance Portability and Accountability Act (“HIPAA”). The HIPAA privacy rules went into effect April 14, 2003, and many hospitals are still struggling to understand the new law. In particular, some hospital emergency rooms (“ER”) may have concerns about whether they can still notify the local crisis center when a sexual assault survivor is in the ER, and what information they can reveal, if any, about the survivor.

Some hospital personnel may have concerns about how HIPAA affects the whole concept of victim advocates in the emergency rooms. That issue is dealt with in a separate fact sheet, HIPAA Privacy Guidelines and Victim Advocates in the ER.

Q: Can a hospital notify a sexual assault program that a survivor is in transport to, or is currently present in, an emergency room?

YES. A hospital may notify the program of a survivor’s presence in the ER. The hospital may do so as long as it provides only “de-identified information” to the program. At a minimum, the hospital can tell the crisis center the following information about the survivor:

1. Gender;
2. Ethnic or racial background;
3. Age, if the survivor is 89 or less (if the survivor is older than 89, use the term “elderly”); and
4. Primary language

We encourage you to make arrangements to receive such information from your local hospital as soon as possible. An agreement between the hospital and your program will not only facilitate the exchange of such information between the hospital and your

program, but will also ensure that the survivor receives the best possible service and care.

Q: What type of information is a hospital prohibited from sharing without patient authorization?

HIPAA was drafted by Congress to protect patient privacy while still allowing a hospital to do what is necessary to give the patient the proper care. Despite the initial cautiousness of some hospitals, HIPAA allows hospitals to release a patient’s protected health information after it has been made anonymous or, in other words, de-identified. Once the following identifiers have been removed, a hospital may share freely a patient’s health information:

1. Names;
2. Address, including city, county, and zip code;
3. All dates that could be used to identify the patient, like a birthday or admission/discharge dates, and ages for patients over 89;
4. Phone numbers;
5. Fax numbers;
6. E-mail addresses;
7. Social security numbers;
8. Health record numbers;
9. Account numbers;
10. Certificate/license numbers;
11. License plate numbers, vehicle identifiers, and serial numbers;
12. Device identifiers and serial numbers;
13. URL address;
14. Internet Protocol address numbers;
15. Biometric identifiers, including finger and voice prints;
16. Full face photographs; and
17. Any other unique identifying number, except one created by the hospital or health care provider to re-identify the patient’s information.

Q: Our local hospital is still insisting that HIPAA prevents them from calling us when they get sexual assault survivors in the ER. What can I do?

You can set up a meeting with the hospital employee responsible for HIPAA compliance. (HIPAA requires the hospital to have someone in charge of privacy policies and procedures.) TAASA and OAG staff can help you get ready for this meeting. You may provide copies of these fact sheets to the hospital employee at your meeting.

Q: Does HIPAA affect how our crisis center works with law enforcement?

NO. HIPAA only applies to information held by hospitals and other health care providers. Law enforcement is free to work with the crisis center, especially in an active criminal investigation. If your local hospital is being uncooperative, ask local law enforcement to call the crisis center before the survivor arrives at the hospital.

Q: What can the advocate expect upon arrival at the ER?

The hospital may require the survivor to fill out a form to authorize disclosure of personal health information to the advocate. The HIPAA authorization form included in this packet has been prepared to allow you to handle this situation. For further details, please consult the fact sheet on HIPAA Privacy Guidelines and Victim Advocates in the ER.

HIPAA Fact Sheet #3

HIPAA PRIVACY GUIDELINES AND VICTIM ADVOCATES IN THE EMERGENCY ROOM

There has been a great deal of publicity recently about the new privacy rules governing patient health information under the federal Health Insurance Portability and Accountability Act (“HIPAA”), which went into effect April 14, 2003. Some hospitals have interpreted HIPAA to conflict with Texas law guaranteeing a survivor’s right to have an advocate in the emergency room (“ER”). In response to these concerns, TAASA and the Office of the Attorney General have created an authorization form designed to educate survivors about their rights while addressing the legal concerns of hospital personnel.

Some hospital personnel may also have concerns about whether they can still notify the local crisis center when a sexual assault survivor is in the ER. That issue is addressed in a separate fact sheet, HIPAA Privacy Guidelines and Notifying Crisis Centers.

Q: At what point will I need this form: when I first get to the ER, when I first meet the survivor, etc.?

It depends on the hospital, and possibly on the person you encounter in the ER. The authorization

form contains a check list at the top, which gives survivors a choice among three options:

1. meet the advocate immediately;
2. share contact information for future services;
or
3. have no contact with the crisis center.

In general, once you have arrived at the ER and the survivor has asked for you to come in, you should not have problems getting access to the survivor. If the hospital staff is reluctant, you can provide to them the authorization form, and the survivor can use the form to communicate her wishes. However, it is more often the case that hospital personnel are concerned about sharing the survivor’s contact information with the advocate. When appropriate, an advocate can just ask the survivor for the

information. In other circumstances it may be more appropriate to get the survivor’s contact information from hospital personnel, and in that case the hospital may well require the authorization form.

Q: Is it a good idea to meet with our local hospitals ahead of time to discuss this?

YES, absolutely. You can meet with hospital staff on these HIPAA issues and agree on a set policy, so that ER personnel will have a clearer understanding of how to handle these situations. We have also provided a legal memorandum on HIPAA disclosures that will assist you with your local hospitals.

Q: Can we take the authorization form and customize it for our center?

YES, to some extent. The privacy rule requires the authorization form to contain specific information; the provided form meets the Privacy Rule’s requirements. Deleting or changing anything on the form may render it unenforceable. You may, however, personalize the form with your center’s name and address, put the form on your center’s letterhead, or add the name and address of your local hospital.

Q: What if the hospital has its own authorization form, and wants us to use that instead?

As long as the hospital’s form does not put any additional burdens on the survivor, the sexual assault program, or create other problems, you may use that form. The authorization form we have provided contains ALL the information required by state and federal law, and is designed specifically to educate survivors about their right to have an advocate with them in the ER. If you use another form, you will also have to specify what information you need from the survivor, e.g., contact information for follow-up visits with the survivor, etc.

Authorization Form

USING THE HIPAA AUTHORIZATION FORM

The Health Insurance Portability and Accountability Act (“HIPAA”) Authorization Form we have provided is designed to help you gain access to survivors and their health information with ease. We encourage you to arrange to meet with your local hospital’s HIPAA compliance officer to discuss your mutual expectations regarding the exchange of survivors’ health information. At this meeting, we recommend that you present the HIPAA compliance officer with a copy of the HIPAA Authorization Form. Explain to the privacy officer that the authorization frees the hospital to disclose health information about the survivor to an advocate without violating the Privacy Rule. Ask the privacy officer to make arrangements with emergency room (“ER”) personnel to present the authorization to all survivors once they arrive in the ER. Assuming the survivor authorizes the disclosure of her health information to an advocate, the hospital can immediately contact a sexual assault advocate and explain the survivor’s circumstances.

The HIPAA compliance officer may propose that you use the hospital’s authorization form rather than the one we have provided. The authorization form we have provided meets the standards imposed by the HIPAA Privacy Rule. As long as the hospital’s form does not impose additional burdens on the survivor or the advocate, you may agree to use that form.

If your local hospital refuses to present survivors of sexual assault with the authorization form upon their arrival in the ER, you may make arrangements similar to those suggested above with local law enforcement. Or, the advocate may carry the authorization form with her, and present it in person to the survivor. It is important for the advocate to ensure she has a completed authorization form before the survivor leaves the hospital. The survivor herself can fill out the form, or the advocate may fill it out for her, and the survivor or a minor survivor’s parent, guardian, or authorized representative must sign the form for it to be valid and enforceable.

If you have any questions about how to use the form, or would like clarification on its meaning, please do not hesitate to call one of the contacts we have provided you.

Appendix C

The Neurobiology of Trauma Responses

These responses are provided to help you answer a victim's frequently asked questions from a neurobiological perspective. In order to effectively use these answers, please take the victim's individual needs and circumstances into consideration PRIOR to using these responses.

Why didn't I fight back?

You can respond with:

During an assault, the emotional part of your brain takes over. Reflexes are automatic and normal.

Followed by:

There are a few common reflex responses that the brain can fall back on during an assault situation. For example, you may "freeze," space out, become paralyzed and unable to move, collapse, and even faint. Some people also panic and try to resist, but perpetrators expect this and often can easily counter the resistance. Whatever reaction you have is a normal reaction to an abnormal event.

Why can't I just get over it?

You can respond with:

There could be many reasons for that, and all of them are completely normal. It's based on how human brains respond to sexual assault, especially in situations where there are many other stressful things going on.

Followed by:

Traumatic memories are usually quite different from normal memories. They tend to be strongly "encoded" or recorded into the brain—even if you only remember pieces of what you felt and saw. Many people continue to struggle with the memories, as well as things like anxiety, depression, trust, fears of intimacy, and shame, especially if they have not had the support they need and deserve.

Why do I sometimes feel like it's happening all over again?

You can respond with:

Traumatic memories are usually different from normal memories. They are strongly recorded in the brain because of the stress chemicals that are released during the trauma. Even if your memory is incomplete and you only remember pieces of what you felt and went through, it can feel like scenes of a movie playing in your head.

Followed by:

These "movie scenes," which can contain really traumatic sensations and emotions, can get triggered by things and situations that we don't expect or we can't control. So sometimes, no matter how much you try to avoid the traumatic memories, they can come up without warning, and they can feel almost or just as intense as when the assault was actually happening.

Why do I sometimes feel like it's happening all over again? (alternate response)

You can also state:

You may feel like it's happening all over again because your body will react to the triggers the same way it reacted to the assault as it was happening. For many people, working with a trained professional who specializes in trauma can help reduce and stop these feelings.

Why am I so easily startled? (i.e., Why am I so jumpy?)

You can respond with:

Sexual assaults and other trauma affect the part of the brain that controls the "startle response." This part of the brain is linked to anxiety and the effects can be lasting. But the "startle response" can be reversed too.

Followed by:

Anything you can do to develop a sense of safety in your body and an awareness of your emotions may help to reduce how jumpy you feel. You can try to achieve this by using exercise, yoga, and meditation, but be careful with "mindfulness" meditation because it can bring up memories and feelings that are difficult to manage without other skills. Also, many people choose to seek help from a trained professional to help them reduce and eliminate this "startle response."

I've tried counseling before but it didn't help. So what do I do now?

First, try to obtain more information about their previous experience(s) with counseling. Use questions such as:

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Can you tell me a little more about your past experience with a counselor?

Would you mind telling me a little more about your past counseling experience so that I can provide you with other resources that may be helpful to you?

Then, based on the victim's answers, you may state:

There are a variety of treatments that can help sexual assault survivors heal. That may be individual or group therapy. Also, some therapists are more effective than others for your needs. Some clinicians are simply a better match for some clients than others.

Followed by:

I encourage you to not to give up on finding the help you deserve. There are professionals who can help you.

Ask about their experiences with and attitudes toward exercise, yoga, and meditation. Then provide them with suggestions such as:

Many sexual assault survivors have found exercise/yoga/meditation very helpful, especially when they are trying to develop a sense of safety and comfort with their bodies. These techniques can affect a specific brain region that allows you to be more aware of your bodily experiences. That awareness can be used to support your healing process.

Why am I drinking or using drugs? (i.e., addiction issues)

First, it's important to ask why they think they are drinking and using drugs as it may or may not be related to their sexual assault trauma.

Then, you can build on their experience to respond appropriately. Here are some sample responses, worded from a neurobiological perspective:

Whenever the brain is having unwanted and unpleasant experiences, it can't help but seek relief and escape from those experiences. There is actually a "seeking circuitry" of the brain. This circuitry seeks things that are healthy and fulfilling, but it also can seek "quick fixes" that are unhealthy and potentially addictive.

When people are really hurting, and they don't have or can't make use of support and help from others, their seeking circuitry can get caught up in using substances to get relief.

Alcohol and different drugs have specific effects on the brain. Some of those effects offset symptoms such as depression and anxiety. So, it is very common for traumatized sexual assault survivors to "self-medicate" with alcohol and drugs so they can find relief, even if it's only temporary and leads to other problems.

Help them to discuss some healthy options to the drugs or alcohol.

Why am I self-harming?

You can respond with:

Research has found that self-harming behaviors can function in two basic ways:

Relieving emotional pain by releasing soothing chemicals in the brain.

Producing a feeling of being alive and real when someone has been emotionally numb and disconnected from others and the world.

Followed by:

Self-harming behaviors can also be a way for people to punish themselves or a way to express feelings of self-hate. These feelings are common in people who have experienced a great deal of trauma.

Why did I feel like I couldn't move?

You can respond with:

There is actually a term that describes what you experienced—"tonic immobility." It basically means that you couldn't move—even though you weren't technically paralyzed.

This reflexive response can happen when someone is unable, or they believe they are unable, to escape an assault. It's a response that appeared millions of years ago in evolution, and all mammals can have that type of response.

Followed by:

The fact that you couldn't move does not mean that _____ (insert whatever is most applicable to the survivor's experience such as: that you did anything wrong; that you wanted to have sex; that you are weak; that you deserved what happened because you didn't fight back). It's just that your brain went into extreme survival mode. This mode is designed to prevent the perpetrator from becoming even more violent.

Why do I feel numb and disconnected from other people?

You can respond with:

Feeling connected to other people, including those we love, requires being able to feel emotions. It requires us to feel positive emotions of happiness, love, and caring. Feeling connected also requires us to feel motivated to connect with others. A traumatic experience can change the brain areas that enable you to feel these types of emotions.

Followed by:

So, in other words, traumatic experiences can affect your ability to connect with others or to have positive and loving feelings. These "numbing" symptoms are common for trauma survivors.

How do I explain what I have been through and how it has affected me to my family, friends, and loved ones who have not experienced trauma?

Please note: There are no easy answers to this question, given all the variables that may be present, including the beliefs, attitudes, and emotional capacities of the people the survivor wants to disclose their information to.

In terms of brain-based explanations, you can state:

Research has shown that what you experienced during the sexual assault, and how you responded at the time, is all based in normal brain processes that occur during traumatic situations.

Research has shown that traumatic experiences can have lasting effects on many brain regions. These regions are connected to emotions, mood, anxiety, and how you relate to others. Yet, research also shows that therapy, supportive relationships, and a variety of other things can help people heal from trauma.

Are there any differences between the effects of trauma on a woman's brain versus a man's brain?

You can respond with:

There is some preliminary research suggesting differences, but nothing well established yet.

Followed by:

Everything we think, feel, and do involves activity in the brain regions that allow us to have those experiences and do those things.

However, in most cases, there are no significant differences in brain function. Instead, there are differences in how certain brain functions are used. For example, women are more likely to suffer from depression and men are more likely to suffer from addictions. Also, women tend to be more aware of their emotions than men.

How do I reconnect with who I am as a healthy and happy person—with playfulness, productiveness, and love? (i.e., who the survivor wants to be)

You can respond with:

Losing connection with these positive potentials is a normal effect of trauma on human brains. Trauma can greatly affect the brain's circuitry for seeking positive experiences and the "satisfaction circuitry" that allows us to experience enjoyment and satisfaction in life.

Followed by:

When people don't expect to enjoy things they used to before experiencing trauma, they think to themselves, "When I feel better, then I'll get back into the things I used to enjoy." But then they don't feel better and remain stuck. Research has shown that if people go ahead and do enjoyable and fun things, even if they don't enjoy them at first, eventually the brain's circuitries of seeking and satisfaction—as well as connecting with others—will become more active and get back on track again.

Therapy and other activities may be necessary.

Why am I eating and/or sleeping too much or too little?

You can respond with:

Sexual assault and other traumas affect brain circuitries directly involved in the regulation of sleep and eating behaviors. Trauma also affects circuitries involved in depression and anxiety and both of these affect sleep and eating.

Followed by:

When depressed, it is common to have little appetite and to sleep too much or too little. Severe anxiety can make it very difficult to sleep, and sometimes the brain turns to food and eating, which can be very soothing and calming, as a brief escape from the anxiety.

The brain also has a remarkable ability to change and heal itself, especially with the right support and help from others. There are a variety of effective methods for bringing one's sleeping and eating back into normal and healthy ranges, and a qualified professional can help you learn and maintain healthy sleeping and eating habits.

Many traumatized people find that successful efforts to get their sleeping and eating back on a healthy track have huge positive effects on their symptoms of depression and anxiety.

Why has this assault affected me so much?

You can respond with:

Sexual assault, like any kind of major traumatic experience, can have huge effects on a variety of brain systems, especially those involved in fear, anxiety, depression, and addiction; as well as those required for healthy and normal functioning of memory, emotions, and various thought processes.

Followed by:

If a person has experienced a number of traumatic experiences and ongoing trauma and stress (like multiple deployments), their work and personal lives can be affected.

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Why the assault has affected you so much as an individual, unique human being, is a bigger question than I could ever answer in a call/chat like this. But there are trained and experienced professionals who can help you answer that question for yourself. They can help you heal and recover from the assault and from other traumas in your life, so they will affect you less and less in the future.

Why am I just now remembering what happened?

You can respond with:

It is common for victims of sexual assault to go through a time with little memory of what happened, only to recall later.

A great deal of research has found that the human brain is capable of preventing unwanted memories or parts of unwanted memories from coming into awareness—sometimes for long periods of time; not only months or years, but even decades in some cases.

Followed by:

In the aftermath of a sexual assault or other trauma, it's totally normal to try not to remember or think about it. If, and when, the memories eventually come back into awareness, it's usually because something happens that, for that person, at that time, triggers recall or "recovery" of those memories.

For some, it's having another traumatic experience that brings the same feelings of helplessness, powerlessness, violation, shame, etc. For others, it's when someone important in their life has a similar experience.

I'm not sure why it's happening for you, or why it's happening now, but I do want you to know that there are qualified professionals who can help you find your own answer to this question. They can help you find and develop the resources you need to deal with the memories and experiences that have come back.

Source:

U.S. Department of Defense Sexual Assault Prevention and Response Office. 2012. SafeHelpline training: The neurobiology of trauma. Retrieved from: www.SafeHelpline.org.

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Appendix D

Applying the Neurobiology of Trauma to Your Work: Steps for Working With Victims

Step 1:

- Make sure you have established rapport and trust with the victim.
- This process typically takes place at the beginning of the session where you are validating the victim's experience, learning about the victim's needs, and building mutual trust.

Step 2:

- After rapport is built and the victim has expressed feelings resulting from neurobiological effects, you might say:
 - ♦ **Option 1:** *It's understandable that you feel this way. Many people who have experienced sexual assault have the same feelings. If you would like, I can provide you with some basic information about why our brains and bodies react that way.*
 - ♦ **Option 2:** *It is very common for people to _____ when they are being assaulted. If you would like, and if you are open to it, I can provide you with some more information about this.*
 - ♦ **Option 3:** *It sounds like _____ has been difficult for you. It is very common for people who have been sexually assaulted to feel/think this way. If you are okay with it, I can provide you with some background information about why our bodies and brain react that way.*

Step 3:

- If they **do** consent to discussing the neurobiology of trauma:
 - ♦ You may proceed to use the neurobiology of trauma responses (Appendix C, The Neurobiology of Trauma Responses).
- If they **do not** consent to discussing the neurobiology of trauma:
 - ♦ Please refrain from using the neurobiology of trauma responses.
 - ♦ Instead, provide the victim with emotional support and other resources, as applicable.

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Step 4:

- If the victim wants to read/obtain additional information and/or resources related to the neurobiology of trauma, you can respond with:
 - ♦ Are resources to help with _____ something that you may be interested in? If so, I have a few referrals that I can provide you (Appendix E, Additional Resources).

Step 5:

- If the victim wants additional information that is *beyond* the scope of the information that is included in this training and the provided responses, you may refer them to the additional resources listed in Appendix E, or to state and community resources that work with victims of sexual assault.

Source:

U.S. Department of Defense Sexual Assault Prevention and Response Office. 2012.
SafeHelpline staff training: The neurobiology of trauma. Retrieved from: www.SafeHelpline.org.

Appendix E

Additional Resources

This appendix contains resources that may help a victim to heal brain-based consequences of trauma. Some of these listed resources and services may not be available in the crime victim's region or country. The victim may contact local providers to find out what services and support are available in their area. The victim also may refer to the listed websites and written materials if they are interested in learning more about the neurobiology of trauma.

Behavioral Health Services Locator

This locator provides you with comprehensive information about mental health services and resources and is useful for professionals, consumers, their families, and the public.
<https://findtreatment.samhsa.gov>

Healthcare Center Directory

The U.S. Department of Health and Human Services maintains a Healthcare Center Directory. This directory lists federally funded health centers that provide a variety of services even if the recipient does not have health insurance. Users pay a copayment based on their income. These health centers can provide: preventive care, treatment when you are sick, prenatal care, immunizations and checkups for children, dental care, prescription drugs and mental health, and substance abuse care as well.

- Telephone Number: 1-877-464-4772 or 1-877-897-9910 (TTY)
- Website: http://findahealthcenter.hrsa.gov/Search_HCC.aspx
- Hours of Operation: Monday through Friday, 8:00 a.m.–8:00 p.m., eastern time (except federal holidays)

Websites

- The Sidran Institute

The Sidran Institute is a national organization offering services to help people understand, recover from, and treat traumatic stress (including PTSD), dissociative disorders, and co-occurring issues such as addictions, self-injury, and suicidal behaviors. The Institute also provides resources for loved ones of trauma survivors.
www.sidran.org

- Rape, Assault and Incest National Network (RAINN)

RAINN provides support for sexual assault victims and their loved ones through two hotlines at 800.656.HOPE, and at www.rainn.org. Callers will be directed to a rape crisis center in or near their area. RAINN operates in partnership with more than 1,100 local rape crisis centers across the country and operates the U.S. Department of Defense's Safe Helpline.

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RAINN also carries out programs to prevent sexual violence, help victims, and ensure that rapists are brought to justice.

www.rainn.org

▪ National Sexual Violence Resource Center (NSVRC)

The NSVRC collects and disseminates a wide range of resources on sexual violence including statistics, research, position statements, statutes, training curricula, prevention initiatives, and program information. With these resources, the NSVRC assists coalitions, advocates, and others interested in understanding and eliminating sexual violence. The NSVRC does not provide direct services to sexual assault victims, but rather supports those who do, such as coalitions; rape crisis centers; national, state, and local agencies; and allied programs. The NSVRC refers requests for direct victim services to the appropriate state coalition and/or to a local program conveniently located to the caller.

www.NSVRC.org

Written Materials:

Growing Beyond Survival: A Self-Help Toolkit for Managing Traumatic Stress, by Elizabeth G. Vermilyea (2007)

Trauma and Recovery: The Aftermath of Violence - From Domestic Abuse to Political Terror, by Judith Herman (1997)

The Post-Traumatic Stress Disorder Sourcebook: A Guide to Healing, Recovery, and Growth, by Glenn Schiraldi (2009)

The PTSD Workbook: Simple, Effective Techniques for Overcoming Traumatic Stress Symptoms, by Mary Beth Williams and Soili Poijula (2002)

A Woman's Addiction Workbook: Your Guide to In-Depth Healing, by Lisa M. Najavits (2002)

Beyond Addiction: How Science and Kindness Help People Change, by Jeffrey Foote and colleagues (2014)

Finding Life Beyond Trauma: Using Acceptance and Commitment Therapy to Heal from Post-Traumatic Stress and Trauma-Related Problems, by Victoria M. Follette and Jacqueline Pistorello (2007)

Overcoming Trauma Through Yoga: Reclaiming Your Body, by David Emerson and Elizabeth Hopper (2011)

When Anger Hurts: Quietening the Storm Within, 2nd Edition, by Matthew McKay Ph.D., Peter D. Rogers, and Judith McKay (2003)