# An Annual Publication of Washington Coalition of Sexual Assault Programs

Volume XXII SPRING 2018

Beyond the Forensic Interview

## Supporting Survivors through Medical Advocacy



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hen I think back to my years of direct service advocacy and CSAP work, it felt like a common understanding and organizational cultural norm that medical advocacy simply meant accompaniment to a forensic exam. I took this definition into my work, first as an advocate and then as the supervisor of the sexual assault program. Experiencing vicarious trauma and compassion fatique impacted my ability to think creatively about the services I was providing and crisis work kept me running from one thing to another without taking the time to pause, listen, and think critically: How can I, as an advocate, support a survivor's medical needs? This was a question that I often felt challenged by and it drove me to further explore this topic.

We know that most survivors do not find comfort or justice in law enforcement response or forensic evidence collection. While it's critical that we continue to offer the invaluable service of supporting survivors during forensic exams, we have to think of medical advocacy as so much more. As we aim to meet survivors where they truly are at, that might mean where we meet them might just be at the dentist's office and it might be 17 years after their experience of sexual abuse.

The articles and interviews in this issue of Connections aim to round out the discussion on

medical advocacy to focus on practical ideas and programming for advocacy services, specifically outside of forensic exam accompaniment.

First, I wanted to get to the source of our funding, the Office on Crime Victims Advocacy, and explore the Service Standard and how our funders interpret medical advocacy and what kinds of services might be supported by OCVA funds. I also wanted to highlight the great work of those within our member programs who have engaged in more comprehensive and creative medical advocacy. Finally, it was important to me to bring in the voice of a survivor, author Naomi Ardea, on what she looks for in medical care and her advice to other survivors seeking trauma-informed care.

My hope is that you find new ideas within these articles for your program in how medical advocacy services are delivered.

I want express my gratitude to Sara Kern and Simon Conrad, particularly, for their contributions to this issue. I know from personal experience what it takes to make time in your busy schedules to sit down and write. You are appreciated not only for your great work as advocates, but for your willingness to share it with the field and to help us all to be more innovative in our work with survivors.



Washington Coalition of Sexual Assault Programs

4317 6th Ave SE, Suite 102 Olympia, WA 98503 (360) 754-7583 (360) 709-0305 TTY (360) 786-8707 FAX



Beyond the Forensic Interview: Supporting Survivors through **Medical Advocacy** 

The mission of the Washington **Coalition of Sexual Assault** Programs is to unite agencies engaged in the elimination of sexual violence through education, advocacy, victim services, and social change.

**Connections Magazine** is published annually and mailed to subscribing members of WCSAP. For membership information and to view articles online visit: www.wcsap.org

Editor:

Michelle Dixon-Wall

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# CREATE A HEALTH CARE SAFETY PLAN

### **Approaches**

### to Medical Advocacy Outside the Forensic Exam

WCSAP staff

ne way that we can continue work with survivors throughout the lifespan is to offer information, resources, and support that centers on all the ways survivorship can complicate tending to a survivor's health or moving through the healthcare system. Annual exams, dentist appointments, abortions, sexually transmitted infection (STI) testing, and childbirth can be triggering and a supportive advocate can make a huge difference. Advocates can work with survivors to create healthcare safety plans, normalize the survivor's fear of, or desire to, avoid medical appointments, challenge stigma surrounding sexually transmitted infections and offer accurate information, attend births and abortions, as well as develop a list of trauma-informed practitioners in their community.

Plan

3 Accompany

Research

One of an advocate's greatest resources is building a sense of safety.

#### **Advocacy Approaches**



#### **Normalize**

Advocates play a huge role in validating and normalizing the experiences of sexual assault survivors to help fight isolation and lead to more self-knowledge and empowerment-based decision making. Let survivors know that it is common to avoid doctor's appointments or feel a lot of fear/stress during exams, procedures, interacting with medical staff, or even just making an appointment.



One of an advocate's greatest resources is building a sense of safety, including helping a survivor plan, emotionally and physically, for any healthcare experience that is on the horizon. For this to be effective, we need to offer medical advocacy options to the survivors we support. It is not essential that advocates have extensive knowledge of medical practices and procedures to be helpful. We can let them know that we can help them create a personalized emotional safety plan so that they have a structure in place to support them in the medical setting. This could include practicing how to explain to the doctor about their triggers or assisting the survivor in crafting an email to their dentist.

#### V

#### Accompany

We can also attend the medical exam with them, in the appointment or in the waiting room. Even if in-person accompaniment is not needed or available, many survivors find it helpful to bookend a triggering experience with a call to their local advocacy organization.



#### Research

We can help survivors look into their options for the individualized medical care they need. Sitting with a survivor and searching the internet for physician philosophy statements or consumer reviews is just one way advocates can be helpful.

It is not essential that advocates have extensive knowledge of medical practices and procedures to be helpful. When working with survivors we can be myth busters by being knowledgeable about the prevalence data.

#### Specific Medical Advocacy Opportunities



#### Destigmatization and Accurate Information About Sexually Transmitted Infections

As advocates, how we talk about STIs is very important. If we use non-judgmental language, challenge beliefs and fears about STIs, and share accurate and up-to-date information then we can create an open and supportive environment to have conversations about STIs.

- Use terms like "did not test positive" as opposed to "clean"
- Do not use terms like "suffering from an STI"
- Do not assume the STI status of the survivor you are working with

Learn where to find up-to-date and accurate information about:

- STIs and risk factors for transmission
- Testing windows for STIs
- Prevalence data

Because of the stigma surrounding STIs many people who test positive for STIs think that very few people have them. When working with survivors we can be myth busters by being knowledgeable about the prevalence data. For instance, more than half of Americans have oral herpes and 15% have genital herpes. According to the CDC, HPV is so common that almost every person who is sexually-active will get HPV at some time in their life if they don't get the HPV vaccine. Sharing this type of information or looking it up together with a survivor can help reduce isolation and create more pathways to information and care for STIs.



#### Helping to Create a Birth Plan, Attending Births, and Post-Partum Support

The same medical advocacy skills we provide to survivors during forensic exams can be used when advocating for survivors during a birth. Advocates can create a healthcare safety plan with the survivor, can remind a survivor of their rights, can provide emotional support during the birth, and can remind the survivor of helpful skills should they get triggered. Regardless of how long it's been since the assault, many survivors find birth triggering for a number of reasons—the amount of people involved, the loss of control, fear for what their child might endure in the world, fear of how their own trauma might impact their baby, etc.— and might benefit from the support of a trusted advocate to validate and normalize those feelings.

...being with a survivor can provide support in stressful situations and unfamiliar environments.



#### Support During Medical Appointments (Dental, Gynecological, Abortion)

As we know from our accompaniment to forensic exams, being with a survivor can provide support in stressful situations and unfamiliar environments. We can help a survivor remember their questions and plans for the appointment, and ask questions of the provider to help a survivor understand what might happen next in a procedure. Sometimes, an advocate can be helpful just providing a distraction, like having a conversation about pets, and just keeping someone company when they feel alone and vulnerable. One aspect of medical advocacy that can be helpful in so many kinds of medical appointments, is the advocate and survivor discussing what might be helpful prior to appointments.



#### Making Recommendations for Survivor-friendly and Trauma-informed Medical Practitioners

Collecting recommendations for gynecologists, massage therapists, herbalists, midwives, dentists, and general practice nurses and doctors that are trauma-informed can be incredibly helpful for survivors. This can be done by reaching out to local practitioners and asking questions about how they provide care. If they say they offer trauma-informed care, ask additional questions about what that looks like in practice.

#### Consider seeking out practitioners that offer care which is:

- Low-cost
- Trauma-informed
- Language accessible
- Sex-positive and knowledgeable about polyamory
- Culturally appropriate
- LGBTQ friendly and knowledgeable
- Body positive (practitioners that have pledged with Health at Every Size, haes.org)



#### Creating a Healthcare Safety Plan

Safety planning is such a big part of our work and is useful in almost any situation a survivor might be entering in to. Because healthcare settings can induce anxiety, even for those who have not experienced sexual violence, planning for the appointment as well as setting some expectations can be immensely useful.

Safety planning is such a big part of our work and is useful in almost any situation a survivor might be entering in to.





#### QUESTIONS THE ADVOCATE CAN ASK

- 1. What kinds of tools or strategies work for you in stressful / triggering situations?
- 2. What kinds of support are helpful to you in other stressful / triggering situations?
- 3. Could you utilize those forms of support during your appointment?

For example, if the survivor has certain people that help them feel safe, how can they ask for support from those people during the appointment?

- 4. Would it be helpful to bookend an appointment with calls to the hotline before and after the appointment?
- 5. Would it be helpful to have an advocate present during the appointment for support and to ensure your rights are respected?
- 6. Would you like to learn some grounding or stress relief techniques for your appointment?
- 7. Would you feel safer breaking the appointment into two appointments so that you can meet the doctor first?
- 8. Does it help to eat and drink water before stressful / triggering situations?
- 9. Are there objects, essential oils, pictures, etc. that you think would be helpful during an exam or appointment? Some people like to dab essential oils under their nose to help with anxiety and to cover up antiseptic scents common in exam rooms.



#### OTHER CONSIDERATIONS





Survivors can ask the receptionist when would be the least busy time to make an appointment or if it is possible to book two time slots for one appointment.



Survivors can talk with their doctor about a prescription for medication if they think that would be helpful.



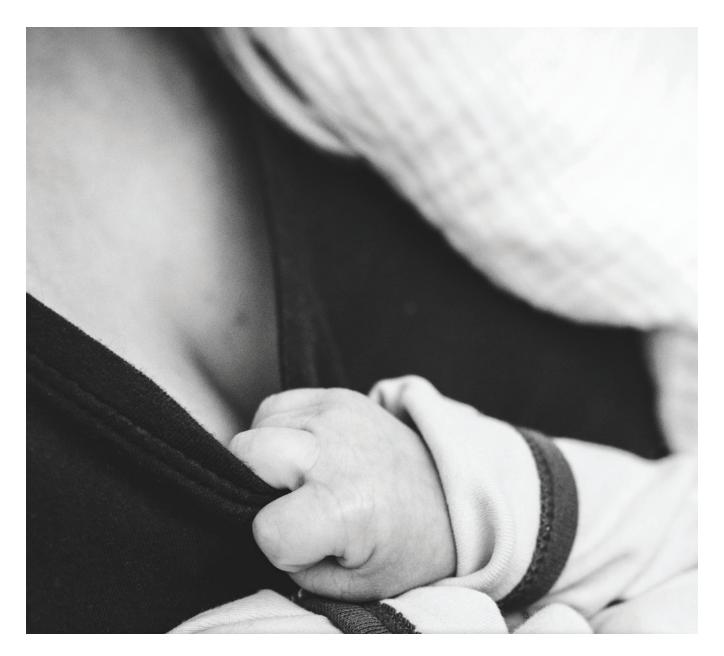
These cards (provided at pandys.org/quickinfocards.html) might be something a survivor would find useful if just bringing up their assault is challenging. Advocates can share these resources or work with a survivor to create a personalized one that address their specific concerns.

#### I am a survivor of sexual assault

Often times I find my experience difficult to talk about, and some medical procedures are very triggering. I would be more comfortable with a female in the room.

#### Could you please...

- Explain what you are doing before you do it?
- Explain what you are doing while you're doing it?
- Be patient with me?
- Schedule a longer appointment in case I need it?



### Safe Passage for Survivors Giving Birth

Simon Conrad Sexual Assault Program Manager SafePlace



#### Societal Assumptions About Pregnancy

#### Pregnancy is a Happy Time

Many people have a hard time really seeing pregnant people as survivors. There are socialized notions of pregnancy being one of the happiest times of someone's life. However, the reality is that not everyone is excited about their pregnancy – survivors and non-survivors alike.

Even when the pregnancy is overall a happy event, the survivor may still be struggling through the experience and need support from their advocate. For some survivors who are pregnant as the result of, or connected to, a sexual assault there are additional layers of complicated feelings about their pregnancy.

As advocates we can help normalize complicated or unhappy feelings about the pregnancy that the survivor is experiencing. And instead of waiting for the survivor to bring it up, we can set the tone for supporting them through a wide range of reactions. Many survivors keep triggering moments of pregnancy and/or parenting to themselves due to societal pressure to enjoy this time. It may be easier to be honest with an advocate than other support people in the survivor's life.

#### Pregnancy & Parenting the *RIGHT* Way

There are so many ideas of what the ideal birthing and parenting process is and that may limit survivors from participating fully in their pregnancy and their on-going healing. Advocates can provide simple reminders to pregnant/parenting survivors that they don't have to always do what is written in the books or assumed to be best. It's impossible to always follow those rules.

One really common aspect of parenting that comes along with serious stigma is breast feeding. Parents may perceive or experience pressure to breast feed rather than give formula to babies. Yet the process of breast feeding can be triggering to a survivor. If the parenting survivor is trying to force themselves to engage in this activity, they may struggle bonding with their baby and the baby may struggle with nursing; therefore, not consuming enough to grow healthy. In this case, it can be dangerous to avoid formula when they baby isn't eating due to the stigma of replacing breast feeding with the bottle. Sometimes the choices may feel like they are less risky, such as related to how the baby is carried or where they sleep. However, if these things are triggering then parenting survivors do not need to do them.

Advocates can reinforce that the best option is the one that is good for both parent and baby. Additionally, reminding pregnant/parenting survivors that when they take care of themselves, it is also an act of caring for that baby.



### Common Challenges for Pregnant and Parenting Survivors

#### **Autonomy**

Even though as advocates it's our job to reinforce for survivors that their own needs, feelings, and experiences are a priority, there are still many ways that pregnant survivors lose their sense of autonomy. For example: smells you once enjoyed or never noticed now bother you; your body, hair, and skin change; you crave foods you may not even have liked before; you may have increased gas; and may experience change in sleep habits. While this loss of control is likely challenging for many pregnant people, it may be especially jolting for survivors who have worked to regain a sense of control and independence in their lives.

As advocates, we can help survivors connect to (or develop new) practices in which their autonomy is not compromised by their pregnancy.

...reminding pregnant/parenting survivors that when they take care of themselves, it is also an act of caring for that baby.

We don't have to tell pregnant survivors that their coping mechanisms are okay, but we can say it's okay for survivors to take care of themselves.

#### **Coping Mechanisms**

In society, we often prioritize the safety of an unborn child over the parent. But pregnant survivors are allowed to prioritize their own safety and take their own needs into consideration, too. Pregnant people are usually expected to cut many things out of their lives and routines such as drinking and smoking, for the safety of the baby. Yet the safety of survivors is also at risk when losing important coping mechanisms.

It can be powerful to talk about these challenges with coping mechanisms and hopefully can help reduce internalized feelings of guilt or shame. Advocates can help pregnant survivors navigate the process of assessing coping mechanisms during a pregnancy. We don't have to tell pregnant survivors that their coping mechanisms are okay, but we can say it's okay for survivors to take care of themselves. Then have more in-depth and nuanced conversations about finding replacement coping mechanism that are safe for the parent and child.

This is the "crown jewel" of working with pregnant survivors: keeping coping mechanisms in place while also being as healthy as possible.

#### **Health Care Triggers**

Vaginal birth and vaginal exams may be an expected part of pregnancy, but can be really triggering for survivors. The birthing process is very painful, and those sensations of vaginal pain may be additionally triggering. Additionally, medical professionals do not always thoroughly explain the procedures or prepare the person for the pain that accompanies birthing. In some cases, decisions may be made without the person's knowledge; which is extra challenging for survivors.

Advocates can help the pregnant survivor by connecting them to healthcare providers who have trauma-informed practices and ensuring their healthcare team has a clear plan of what the survivor wants to happen during the birth. An advocate may also help direct friends and family members of what their role is in the survivor's plan. It's likely they will be excited and distracted so the advocate can be the calm presence that is on top of the plans.

Also, when available, working with a doula may be especially helpful to pregnant survivors since doulas are birth advocates. Sometimes medical professionals may rush through explaining processes, not ask before touching a pregnant survivor, or override a pregnant person's disagreement with their medical decisions. Doulas can provide detailed explanations, advocate on behalf of the pregnant person, and stay firm on what the pregnant person wants.



### ADVOCATES' ROLE IN SUPPORTING PREGNANT AND/OR PARENTING SURVIVORS

First and foremost, it's important for advocates to remember that the survivor is the focus. Often pregnant people are seen or treated as a vessel carrying a baby and the needs of the baby are the priority over that of the parents. Pregnant survivors need to move through this process as a whole human being. Advocates can help validate that the survivor's needs are important, either in addition to, or sometimes over, those of the baby inside them.

Leading up to giving birth, advocates can support the survivor in a variety of ways, including:

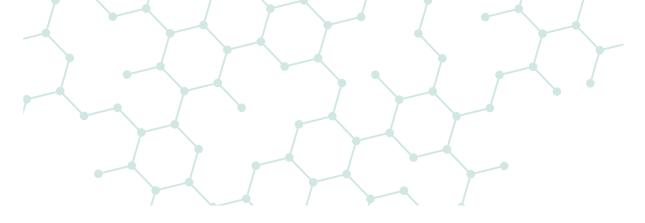
- Giving general information to the survivor about what they may experience during prenatal appointments and even during delivery day.
- 2. Explain and connect survivors with alternative options than just hospitals like birthing centers, doula's & midwives. These services can be expensive and access may depend on what insurance allows, of course.
- 3. Accompanying the survivor to prenatal or related visits.
- 4. Assist in making a communications and/ or logistical plan for delivery day and afterwards.
- 5. If the advocate is asked to be on-site on delivery day, they can help direct people in the survivor's life and remind them of the survivor's birth plan.

It's important for the advocate to remember that the survivor is the focus.

#### Bio

Simon Conrad has been a passionate advocate in many roles – as a sexual assault advocate and as a birth attendant/ prison doula. For eight years Simon worked with a small group of doulas, which formed around 2002, who supported pregnant and parenting prisoners at the Washington Correction Center for Women. They went into the prison every Friday to give a reproductive health class to all prisoners, offered a support group for pregnant and parenting people, and met clients at the hospital during birth.

While this program wasn't specifically for survivors of domestic and/ or sexual violence, almost every pregnant/parenting inmate they worked with was also a survivor.



### **Exploring**

### the Medical Advocacy Service Standard

Interview with Trisha Smith Sexual Assault Services Section Manager Office of Crime Victims Advocacy

#### **OCVA Medical Advocacy Service Standard**

**Definition:** Acting on behalf of and in support of victims of sexual abuse/ assault on a 24-hour basis to ensure their interests are represented and their rights upheld.

**Goal:** To assist the victim to regain personal power and control as s/he makes decisions regarding medical care and to promote an appropriate response from individual service providers.

**Duration:** May vary significantly depending upon client's medical needs as related to the sexual assault.

**Activities:** All activities and services are client-focused and case specific. For general information regarding medical advocacy, see Information & Referral.

- Assistance in making informed decisions about medical care and the preparations needed, including referral for possible forensic exam
- Information about medical care/concerns, including assistance with needed follow-up
- Support at medical exams and appointments
- Information and/or assistance with Crime Victim Compensation applications

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#### WCSAP:

What are some practical examples of medical advocacy services that could meet this standard?

#### Trisha:



Talking to a survivor about their (ongoing) medical needs.

Sometimes just asking the question can be enough to start a really helpful dialogue or plant a seed for future conversations. There is a lot of interesting information available about how trauma can impact our bodies, and survivors may be interested in learning more about this. Also, people may be experiencing barriers to accessing care that advocates can help work through. Getting in the practice of asking questions about medical needs on a regular basis can help bring these issues to light.



#### Addressing the barriers to accessing care.

Barriers can include a lot of different things. Addressing these is a natural fit for advocates who are so great at knowing what is available in the community. Some specific examples that come to mind are working with survivors who may have safety or privacy concerns when accessing insurance, helping address transportation needs, helping to find childcare so someone can attend appointments, providing assistance with Crime Victims Compensation, and providing information on available holistic or alternative care for people who would prefer that type of support. There are some restrictions regarding use of OCVA grant funds to pay directly for medical services. If this comes up, please reach out to your grant manager to discuss further.



#### Providing support with routine healthcare appointments.

This could include helping people develop tools to stay on top of their appointments, talking through possible triggers in the healthcare setting, practicing how to address concerns with a medical provider, or even providing in-person support for an appointment.



#### Advocating with a provider.

With an appropriate Release of Information (ROI), advocates could contact a medical provider and address any specific issues or concerns. Medical settings can be a difficult place to feel empowered to make your own decisions or even make specific requests, having an advocate on your side can be helpful in addressing this dynamic.

### Medical settings can be a difficult place to feel empowered...

#### WCSAP:

Do you find that people often misinterpret the medical advocacy standard to just be related to services provided at the forensic exam?

#### Trisha:

My gut instinct is to say yes. When we ask programs about their medical advocacy work, this is often the service that they will describe.

And to be transparent, I am not sure if it is a misinterpretation of the standard, or something else. Advocacy at the sexual assault medical forensic exam is an incredibly important service that CSAPs provide, it is understandable why it can be at the forefront of our service model. I wonder if perhaps programs do not feel that they have the capacity to take on more types of medical advocacy or perhaps they are doing different types of medical advocacy but not calling it that, I just do not know for sure.

When I asked OCVA staff about this, they also shared that it seems like the other types of medical advocacy may not be as easily identifiable, and may be harder to naturally incorporate into a discussion with a survivor. Advocates may not specifically ask someone if they need medical advocacy assistance, and survivors may not think to ask advocates for assistance with medical needs. I think we have a lot to learn here, and I am excited to see what conversations this publication generates.

#### WCSAP:

Do you have any tips or advice for programs looking to expand medical advocacy services?

#### Trisha:

This may go without saying, but I would say step one is to assess where current services are at. As I mentioned above, it can be helpful to make sure everyone has the same definition of what medical advocacy means. It is possible staff are doing some expanded medical advocacy services but are maybe not calling it that, in which case your InfoNet data will be limited in the story that it tells.

Take time to talk through what type of expansion the program would like to see and why. This conversation will help make sure everyone is on the same path. I would suggest also talking with advocates about their capacity to do this work and their comfort level discussing various medical issues with survivors. This will help programs identify the support or technical assistance needed to be successful. And, as always, give OCVA a call if you have any questions about what costs are eligible to bill to your grant before you start.

One important step in an expansion of medical advocacy services can be building relationships with all medical providers in your community, not just hospitals. For example, Primary Care physicians can be a great resource and referral source, and a relationship with the provider will assist in providing advocacy to the victim.

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#### WCSAP:

Is there anything else you'd like to clarify for programs about the medical advocacy core service standard?

#### Trisha:

I would offer that, as you know, the OCVA Medical Advocacy service standard is specific to CSAPs. There are also sexual assault service providers at by and for organizations that are providing support and assistance with medical care (under the Community Responding service standard) that is outside of the sexual assault medical forensic exam. Connecting with these organizations could be a great place to learn more about how this could look.

Advocates may not specifically ask someone if they need medical advocacy assistance, and survivors may not think to ask advocates for assistance with medical needs.



#### PROGRAM HIGHLIGHT



### **Quality Behavioral Health**

Sara Kern Community Sexual Assault and Housing Program Manager

uality Behavioral Health (QBH) is an umbrella agency serving Asotin and Garfield Counties in the most southeast corner of Washington State. QBH provides mental health treatment, crisis services, housing assistance, substance use disorder treatment, and of course the services through the Community Sexual Assault Program. In our CSAP program we have 3 full time staff, as well as members of other programs who provide back up as needed. All of our advocates are trained to provide all CORE services and we also have therapists who provide specialized therapy as well as advocacy services. Together Asotin and Garfield Counties have an approximate population of 24,553 people over 1,359 square miles, making us very rural.

#### **MEDICAL ADVOCACY**

#### What We Do

Our advocates are trained from the very beginning that medical advocacy can expand far beyond the forensic exam and the emergency room. As you know, when a person is sexually assaulted their boundaries, trust, and other feelings can be affected. We recognize that going to the doctor, getting a teeth cleaning, or attending a mental health appointment can trigger panic, anxiety, and fear. We find it helpful when giving our informational 'elevator speech' about our services to explain that medical advocacy can reach beyond the emergency room. An example of this may be:

"We know that experiencing assault can affect all areas of a person's life and while we do attend forensic exams, this is not the only medical advocacy we provide. If you have any dental or medical appointments that increase your stress and anxiety, we can come and support you at those as well."

Due to us being an umbrella agency we work very closely with the mental health providers in our county. When a survivor tells either their advocate or specialized therapist that they are experiencing mental health symptoms that are not specifically related to their trauma we offer to attend their initial therapy assessment.

We recognize that going to the doctor, getting a teeth cleaning, or attending a mental health appointment can trigger panic, anxiety, and fear.

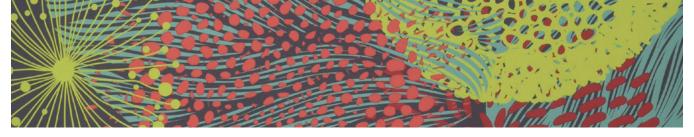
#### **MEDICAL ADVOCACY**

#### **Examples of Our Practice**

We worked with an adult survivor of sexual assault who experienced high levels of anxiety and anger when talking to providers. She knew that her medications were not working to the best of their ability, but was worried about her ability to express her needs to her primary care provider (PCP). Her advocate helped her in reviewing and organizing her thoughts related to her symptoms and her medical needs. Her advocate then attended the appointment with the PCP to be a stable support to encourage and empower the client to use her voice to express her needs.

We work very closely with the community mental health and substance use disorder treatment providers in our communities. We frequently receive referrals and requests for more information from these partners. Our advocates have scheduled and attended intake assessments, and provided support during individual and group appointments. In fact, we had one survivor who requested his advocate attend his first two months of therapy sessions until he felt safe being alone in an office with the therapist.

We also worked with a woman who became pregnant as a result of sexual exploitation. She had no natural supports in the area. After discussing her plans for her pregnancy she requested that her advocate be her birth partner. Our advocate attended pre-natal appointments as her due date came closer and then went to the hospital with her and was her support through the entire birth process. This allowed the survivor to have a support person she could trust without relying on the person who offended against her. As this survivor continued through her healing process, her advocate attended her medication management appointments as well. We are happy to know this woman and her child are now living independently and succeeding more than she ever thought possible.



### **Getting Help from Others**

Excerpt from The Art of Healing from Sexual Trauma: Tending Body and Soul
Through Creativity, Nature, and Intuition by Naomi Ardea (reprinted with permission)

#### What I Look for in a Helping Professional

Especially in the early years of healing, I needed much help from professionals, from psychologists and doctors to yoga instructors and herbalists. I eventually came to understand that the most helpful professionals show three general characteristics within their practices: they have extensive knowledge of trauma, they communicate clearly about therapies and techniques, and they are adept at integrating my internal, in-the-moment experiences into the consultation or therapy.

#### **Trauma-Informed Practices**

Professionals who understand the impacts of trauma provide emotionally safer care for victims of sexual violence. For me, it's a red flag if a professional has very little to say or responds uncomfortably to my disclosure that I am healing from sexual abuse. Victims of abuse need professionals who understand the courage it can take to trust a professional. We need them to be knowledgeable about the potential needs of a survivor, including how to respond sensitively if we become triggered and start to dissociate. For example, I need practitioners who understand and honor my request that, whenever possible, I want to avoid the trigger of lying flat on my back. Rape culture influences professionals, too, and it's vital that anyone working with survivors is very careful to monitor their comments for any victim-doubting or victim-blaming connotations. A sadly significant portion of my journals is home to my pain from the secondary trauma from several ignorant, dismissive, blaming "helping" professionals. Many professions now have trainings to teach trauma-informed practices. Given the prevalence of all types of abuse and trauma, I think they should be mandatory.

#### **Ongoing Informed Consent**

At the core of sexual violence, a victim's human rights are shredded. When seeking help to heal, a victim deserves to be educated about the therapy or treatment and to be given choices whenever possible. I look for a professional who communicates before, during, and after consultations or sessions. Informed consent doesn't end once you've signed the intake forms and waiver. A practitioner must verbally check in, seek feedback, and be willing to pause or change the treatment if possible. I realize this often adds time to therapies and doesn't fit well with tightly scheduled professions, but it's necessary to provide respectful care to victims without traumatizing them further.

#### **Weaves Client's Inner Awareness into Sessions**

Some practitioners have fairly rigid protocols for their therapeutic techniques. In my healing, these stringent systems felt unhelpful or invasive. Building upon the practice of maintaining ongoing informed consent, a practitioner can use a client's inner experience of emotions, body sensations, and thoughts to choose or guide techniques. Traumatic experiences left me feeling like I'm not in charge of my life. Therapeutic interventions that empower me through listening and responding sensitively to what is happening within me work most effectively for me.

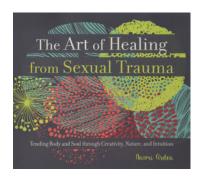


#### **CHOOSING HELP WISELY**

You are the customer.

This is your time, money, and health.
You get to use your discernment to find a good fit.

- Familiarize yourself with signs of good therapy as well as red flag lists from GoodTherapy.org and Resurrection After Rape by Matt Atkinson. Apply these in sessions not only with psychologists and counselors but with all conventional and alternative health practitioners who are helping you address trauma symptoms.
- Consider asking for details of the practitioner's trainings in working with trauma victims. Ask what books/websites they'd recommend for survivors. Ask what accommodations they've made in the past in consultations with victims. They should be able to list some.
- 3. Especially for doctors, dentists, and others who won't directly be treating you for trauma healing, consider giving the practitioner a brochure describing victims' needs, as a way to broach the topic of any specific needs you have receiving care. One option is <a href="mailto:Trauma\_Survivors">Trauma\_Survivors</a> in Medical and Dental Settings by The Western Massachusetts Training Consortium.
- 4. Monitor a practitioner's responses to your questions for the level of comfort they display. If a question makes them uneasy, then they may not navigate a real-life triggered moment well.
- 5. Look up the practitioner on licensing board websites for information on prior complaints or sanctions. While many have benefitted greatly from therapies that fall in the category of alternative medicine, some modalities do not have the consumer protection of extensive training requirements, state licensure, and ethics review boards. In these cases—and really, in any treatment situation—it's crucial that you use discernment and monitor the sessions for red flags that may derail therapeutic progress and could cause more damage.



#### Bio

Naomi Ardea is an artist and massage therapist based in North Carolina. She believes in the healing power of connection – that we can move toward health and peace by connecting to our bodies, our creativity, our community of support, and our Earth. In her massage and bodywork practice, Naomi adapts bodyoriented therapies to be more accessible, comfortable, and effective for trauma survivors. She offers workshops in nurturing creativity and inner awareness for holistic self-care as well as in ethics and methods for trauma-sensitive healing arts practices. Learn more at www. NaomiArdea.com.

#### **Question Oppression**



Exploring the Connections Between Sexual Violence & Oppression

Use these questions to explore the connections between sexual violence and oppression with staff, volunteers, or board members.

Try discussing one or more at a staff meeting, in-service, volunteer training, or board retreat.

Oppression is experienced through feelings of powerlessness. What ways can medical staff and doctors work to increase power for patients who experience oppression? What ideas do you have as an advocate to help a survivor patient feel more empowered?

How might it make it difficult for someone who speaks limited English or is Undocumented go to the doctor or be in the hospital? How does one's cultural norms or experiences of medical care in their country of origin affect how they access healthcare?

Explore what the term "Pro-Choice" means in the context of our advocacy work. How can we ensure truly choice-centered medical and reproductive choices for the survivors?

#### Resources



- Engaging Your Rural Healthcare Provider
   http://c.ymcdn.com/sites/www.safeta.org/
   resource/resmgr/TA\_Bulletin/Talking\_points\_
   for\_ED\_care\_o.pdf
   A bulletin from SAFEta that includes
   suggestions for meeting with rural medical
   providers to foster collaboration.
- Pandora's Project

http://www.pandys.org/articles/index.html
This page includes a number of articles for
sexual assault survivors, a number of which are
about navigating healthcare and seeking help
including surgery, pregnancy, self-harm, and
eating disorders.

- Sexual Violence and HIV: A Technical Assistance Guide for Victim Service Providers https://www.nsvrc.org/publications/nsvrc-publications/sexual-violence-and-hiv-technical-assistance-guide-victim-service-pr
  - This guide provides information on the prevalence of sexual violence and HIV, types of available HIV testing and treatment, benefits and risks of such testing and treatment, victims' possible fears surrounding HIV, sexual offender testing, and steps victim service professionals can take to meet the needs of sexual violence victims.
- Special Issues for Trauma Survivors in Medical and Dental Settings
   https://www.integration.samhsa.gov/clinical-practice/Trauma\_Survivors\_in\_Medical\_and\_Dental\_settings.pdf
  - As mention in Naomi's article, this pamphlet was created for healthcare professionals to the special issues trauma survivors may have in medical and dental settings. It includes concrete suggestions that help avoid common problems and promote emotional well-being.





#### Washington Coalition of Sexual Assault **Programs**

**WCSAP** 4317 6th Ave SE, Suite 102 Olympia, WA 98503 (360) 754-7583 (360) 709-0305 TTY (360) 786-8707 FAX

#### Connections is YOUR magazine.

We invite guest authors to submit pieces on a variety of topics, and welcome your submissions on advocacy approaches, media reviews, and creative work like original art or poetry.

We would also like to feature highlights of your agency and the advocacy work you are doing.

Direct submissions to

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www.wcsap.org

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