



## Presenters

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## Training Objectives

- Understanding of how to build and/or strengthen organizational capacity to serve the increasing number of women service-members who have experienced sexual assault
- Understanding of trauma-informed care and other staff training needs to best serve women veterans who are survivors of sexual assault
- Identify concrete steps for collaborating with military entities, veteran servicing agencies and others to establish partnerships, outreach opportunities and referral sources

## Project *H.E.R*

*Heal*: Build capacity to serve women veterans who have been survivors of sexual assault and/or MST

*Engage*: Increase awareness of available sexual assault victim services to the veteran community

*Respond*: Alleviate the trauma and devastating effects of MST and/or any other form of sexual assault

## Barriers for Project *H.E.R*

- Resistance with civilian run agency
- Myths about MST in the community
- Being associated with the Rape Crisis Center
- Program's focus on sexual violence and veterans was ill received on occasion by other veteran-servicing agencies
- Veteran's access to counseling (no drop in center)
- Geographically challenged (there is no local base)
- Funds to support the program

## Issues that Arose

- Getting out name out
- Clients did not come back after first session
  - not ready
  - homelessness
  - different model of operation than other veteran serving agencies
    - client evaluations
- Language (female veteran vs. woman veteran)

## Adapting Program to Veterans Need

- Culturally appropriate material
  - new brochures, outreach card, training evaluations
- Preparing of staff
  - forms
  - screening questions
  - training
- Began making all sessions a one and done session
- Establishing relationships

## Word of Mouth

- Veterans talk and tell others about their experience
- Other agency hear the services were beneficial to veterans
- Collaboration was key



## Community Outreach and Networking

- Tabling
- Stand Downs
- Community Colleges
- OC Collaborative Network
- Trainings: As a presenter and to attend
- media awareness
- program newsletter



## Staff Training Needs

- Speakers came from different lenses in working with clients
- Time for staff and volunteers to train
- Challenging staff with “different” clients
- No SARC=creative to connect and get appropriate information and training
- Open to a variety of evaluation methods

## Involving Veterans in the Program

- Including Veterans as Service Providers
- Robust volunteer veteran peer program
- Mentorship
- Safe and inclusive environment



## Successes of Project H.E.R.

- Successful Client Services
- Developmental Partnerships (Swords Grand and Zonta Club)
- Collaborative Partnerships
- Program has become recognized and respected as an expert in the community on military sexual violence
- Sought after for consultation, training and media/community awareness
- Functional program and now able to include program in operational budget with assistance of a Project Specialist

## Project Goals

- Full-time staff advocate
- Long-term counseling partnership or onsite licensed clinician and support group
- Success with mentorship component of program
- On-going education needed to continue to do this work

## Trauma Informed Care

Trauma-informed care is a **strengths based** framework that is grounded in an understanding of and responsiveness to the **impact of trauma**, that **emphasizes physical, psychological, and emotional safety** for both providers and survivors, and creates opportunities for survivors to **rebuild a sense of control and empowerment**.



*Trauma-Informed  
Care*



## 8 Foundational Principles

- Understanding Trauma and its impact
- Promoting safety
- Ensuring cultural competence
- Supporting consumer control, choice and autonomy
- Sharing power and governance
- Integrating care
- Healing happens in relationship
- Recovery is possible



## Trauma and the Survivor

- Trauma experiences have significant impact on how veterans view themselves, the world and others
- Ongoing exposure to traumatic stress can impact all areas of a veterans life; biological, cognitive, emotional functioning, social interactions/relationships, and identify formations
- Because trauma survivors don't relate to the world in the same way as others who haven't had these experiences, they require services and responses tailored to their needs
- **Hope** plays an important part

## Common Experiences for Counseling Sessions

- “One and done” sessions
- 1-3 sessions are most common
- Clients came in with a history of sexual assault



## Intakes (First Sessions)

- Educate clients of the process
- Set Goals
- Provide clients with normal reactions to stress and trauma
- Psychoeducation
- Build a relationship
- Intake- based on Rape Trauma Syndrome



## Case Study- Crisis Counseling

Client is a 25 year old female who was sexually assaulted during military service. She was self referred, finding out about our services while looking for counseling online. She shared that she was no longer an active duty military member. She reported assault within the military system, with it going to court and ultimately the perpetrator was found not guilty.

There were multiple presenting issues:

- Heavy alcohol consumption to cope with her emotions
- Frequent disassociation and nightmares
- Depressive moods
- Inability to concentrate
- In the prior weeks leading up to her intake session, she had crashed her car
  - One of the crashes were linked to her alcohol consumption and the second, she shared that she had "snapped", became angry, and floor boarded her car into a tree.
- *She was unable to get accepted into the military treatment program for sexual assault since they had a waiting list and according to her, did not see her needs as "urgent"*



Client Self-Assessment

Listed below are common experiences reported by individuals that have been sexually assaulted. Please write the number that best applies to your current experience next to the statement. Your answers will assist us in providing the best possible services. This assessment can be used multiple times throughout your counseling to track areas of improvement or need.

(all the time)	(most of the time)	(sometimes)	(rarely)	(none of the time)
1	2	3	4	5

1. I feel sad and/or empty 2
2. I feel angry and/or irritable 2
3. I cry 3
4. I have flashbacks and/or intrusive thoughts about the assault 2
5. I have feelings of shame and/or guilt 2
6. I need to constantly talk about the assault 4
7. I experience "leaving my body" or feel like I am "outside my body" 3
8. I worry and feel anxious 2
9. I have difficulty concentrating 2
10. When I think about the assault, I re-experience the details of what happened 1
11. I avoid activities, people, and/or places that remind me of the assault 5
12. I have nightmares or bad dreams 5
13. I am easily startled 3
14. I want to be around people 2
15. I want to be by myself 2

16. My sleeping patterns are different than they used to be (sleeping too much or too little) 2 too little
17. My eating habits are different than they used to be (eating too much or not enough) 2 too little, off
18. When I think about the assault, I have reactions in my body (e.g. increased heart beat, nausea, sweating, dizziness, etc) 3 hot flash
19. I feel like harming my body (e.g. cutting, hitting self, banging head, etc) 3
20. I have compulsive behaviors (e.g. gambling, hypersexual, spending sprees, body washing, etc) 2 hyper sexuality, spending
21. I have impulsive behaviors, sometimes dangerous (e.g. driving too fast, jumping off things etc) 3
22. I feel like I have no energy 5
23. I feel numb to my emotions 1
24. I have suicidal and/or homicidal thoughts 5

# Session 1

Listed below are common experiences reported by individuals that have been sexually assaulted. Please write the number that best applies to your current experience next to the statement. Your answers will assist us in providing the best possible services. This assessment can be used multiple times throughout your counseling to track areas of improvement or need.

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11. I avoid activities, people, and/or places that remind me of the assault 1
12. I have nightmares or bad dreams 1
13. I am easily startled 3
14. I want to be around people 4
15. I want to be by myself 1

16. My sleeping patterns are different than they used to be (sleeping too much or too little) 3 too little
17. My eating habits are different than they used to be (eating too much or not enough) 5
18. When I think about the assault, I have reactions in my body (e.g. increased heart beat, nausea, sweating, dizziness, etc) 3
19. I feel like harming my body (e.g. cutting, hitting self, banging head, etc) 5
20. I have compulsive behaviors (e.g. gambling, hypersexual, spending sprees, body washing, etc) 5
21. I have impulsive behaviors, sometimes dangerous (e.g. driving too fast, jumping off things etc) 4 driving too fast (control)
22. I feel like I have no energy 3
23. I feel numb to my emotions 5
24. I have suicidal and/or homicidal thoughts 5

# Session 5

## Interventions

- Grounding techniques
- Positive coping skills/reducing the frequency of negative coping skills
- Discussing support networks outside the military
- Muscle relaxation interventions
- Role played how to discuss getting her needs met at her new job and at the VA.

**Grounding Exercise**

**Name 3 things**

 **you see**

 **you smell**

 **you hear**

 **you feel**

**Breathe in and out slowly 3x**  
Social Work Career Development

## Case Study- Court Process

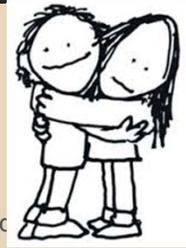
The client is a 23 year old female. She is currently active duty in the Army. The perpetrator on this case started molesting her at the age of 5 on a regular basis. He would touch her vaginal area with his hand and penis. When she was 10-11 years old, defendant begins to digitally penetrate her. When she turns 13 years old he started to have sex with her and during that year he beat her up too. Mom is aware of that and never did anything. He continues to have sex with her after he beats her up. When she turns 14 years old, she finds out she's pregnant by the defendant. Mom accused her of sleeping around and she told her mother it was the defendant. Her mother got upset, told her not to tell anyone and keep the pregnancy a secret. Then, she got sent to a shelter for pregnant teens. She was there until she had baby and put the child up for adoption. She went back home with her mother and stepfather (defendant). She was 15 years old now and defendant continued where he left off. First night home he went into her room and told her now that she had a baby nobody would want her and he was all she would ever have. He then rubs her vagina and digitally penetrates the victim. The defendant would continue to force her to have sex with him until she was 17 years old. This would happen 2-3 times a week when her mother was at work. She no longer stopped him because she was afraid he would beat her again.

*Once she turned 18 years old she joined the Navy to get away from the defendant. She returned from boot camp at 19 years old. The last time the defendant tried to sexually assault her was at 19 years old. She then was deployed to Japan and returned when she was 22 years old. She decided she couldn't keep it a secret any longer and reported to Anaheim Police Department.*



## Services Provided

- Accompaniment during her interview with Detective
- Assist with Victims of Crime Program for herself and siblings
  - long-term counseling services with a licensed therapist
- The case was filed
  - accompaniment during meet and greets with District Attorney and Investigator
- Provided case update as needed by victim.
- Case is set for Jury Trial in August of this year and she is still moving forward with services and cooperating with the case



## Counselor Tips

- Rapport building is the most important part of the process
- Recognize own insecurities or countertransference
- Awareness around the culture
- Action Oriented Practices
- Be flexible
- Time management

**Every now and then, quite unintentionally, someone taught you something about yourself.**  
 - Ian McEwan

## Strengths in the Services

- Separate from the VA
- Confidentiality and not on their records
  - Highly trained staff in working with sexual assault
  - Rapport with other survivors not only who have served



## Areas for Growth in our Services

- Short term counseling can be difficult with this population
- “Have you ever served” - Lack of staff who have served
- Female veteran support group
- EMDR is highly recommended in the community for PTSD and is not something we offer at our agency
- Transportation issues for homeless survivors



# Verity

## *Forgotten Warriors Project:*

- For veterans and enlisted men and women of Sonoma County
- Funding (Sonoma County Adult and Aging-age/traumatic issues related to veterans)
- Confidential Services

## Barriers in Program Development

- Capacity to provide outreach is limited
- Trust in any organization by veterans is difficult
- Insufficient funds to staff the program to its full capacity
- Staff who understand the importance of trauma informed care with this population
- Need for “aggressive staff”

## Successes in Services

- Free
- For men and women
- For veterans and enlisted members
- Licensed clinician available
- support groups for women AND men
- Trained to serve the multicultural community
- advocacy and case management available

## Why It worked for Us, a civilian agency

- Easier to trust civilian agency...no history of trauma with Verity
- Hear good things from other veterans
- Their county let them down once so they feel it will let them down again

## Case Study



## Lessons Learned to Share

- Build program that can work
- Be sure you have the right staff in the program as this can make or break it
- Ensure that the setting for the services is correct and appropriate
- Ensure that you have up to date resources and the capacity to advocate for the veterans as best possible

## Civilian Agency vs. Military Services

- Why it works
- Options are needed
- working with a civilian agency - by experience



## Recommendations for Other Agencies

- What is needed
- How you can help
- What you should and should not do



## Final Thoughts

- Questions
- Thank you!