The RESOURCE

Newsletter of the National Sexual Violence Resource Center Spring/Summer 2005

Living with Dissociative Identity Disorder

By
Olga Trujillo

In my early thirties, I began a life-altering journey that was at first unexpected, but soon became a deeply personal and important road to recovery. Just when my life was at its best, things began to unravel, and then, I was diagnosed Dissociative Identity Disorder or (DID). Since then, the more I learned about this disorder, the more my life experiences made sense to me. I have worked hard to understand DID, how I developed it, the impact it has had on my life and how I still live with it. I share my story to put a human face on this disorder and to help build awareness and understanding; I also hope it will help those working with individuals who have DID, and those struggling with the disorder.

Olga, Age 3

Dissociative Identity Disorder (DID), once referred to as Multiple Personality Disorder (MPD), is not a mysterious mental illness, nor a necessarily devastating disorder. Misinformation and stigma associated with DID or MPD come from a lack of understanding about the disorder and from inaccurate depictions in movies and on television, that typically portray an individual with DID as dangerous and mentally disturbed with fragmented personalities acting in a shocking and uncontrollable manner. Individuals with DID do not generally fit this stereotype.

The disorder is much more common than generally imagined and not a catastrophic affliction that will necessarily destroy you. The fact is that individuals with DID span all socio economic, racial and ethnic groups. They are people you know, co-workers, members of your church, community, and school. They are mothers, fathers, siblings, cousins, friends and acquaintances. In fact, they are ordinary people who have endured overwhelming traumatic events. And, although they don't often see themselves this way, they are "generally highly intelligent, creative, brave, articulate and likeable."* (p 22) "You can have DID and still complete your college education, hold down a responsible job, get married, be a good parent, and have a circle of close friends. And best of all, you can recover."* (p 6)

To understand DID, you first need to understand "dissociation," the underlying mental process, which when occurring excessively may lead to the disorder. Dissociation often works as a defense mechanism and is characterized by a lack of connection in a person's thoughts - separating out an individual's emotions, physical feelings, responses, actions, or sense of identity.** While the person is dissociating, some information - with traumatic events -- is not associated with other information as it normally would be.** It is held in some peripheral awareness. *

Dissociation runs along a continuum, which reflects a wide range of experiences and/or symptoms. On one end of the spectrum is a mild form of amnesia, that most of

(Continued on page 3)

NSVRC

Inside *The Resource*

NSVRC Welcomes Three New Staff

The NSVRC is thrilled to welcome Eboni Braxton to our newly created Sexual Assault Prevention Coordinator position. In this position, she will coordinate the development and implementation of our annual nationwide Sexual Assault Awareness Month (SAAM) campaigns.

In March 2005, Eboni came to the NSVRC from Richmond, Virginia, where she has held positions at local and state health departments, a research university, and in not-for-profit organizations, often concurrently. Eboni has worked with prevention programs on a range of health related topics for a number of years, including teen pregnancy, obesity, youth violence, and HIV/AIDS/STD prevention. She also has a passion for voter registration and education. Eboni received a Bachelor of Science in Biology from Virginia Union University, and a Master of Science in Public Health from Walden University.

The NSVRC is pleased to have Eboni in this new position because she will be able to dedicate more focused attention on SAAM campaigns and on the development of effective materials. Eboni will also assist with the NSVRC's joint venture with the Centers for Disease Control and Prevention to engage healthcare professionals in raising awareness and promoting prevention of sexual violence entitled: *Practicing Prevention: Healthcare and Sexual Violence*. If you have ideas or questions regarding the Sexual Assault Awareness Month campaign or healthcare initiative, please contact Eboni at (877) 739-3895, ext. 119, or via email at ebraxton@nsvrc.org.

Eboni Braxton

The NSVRC is pleased to welcome Jennifer Grove as our Online Resource Specialist. Ms. Grove's primary roles are to strengthen the development of web-based resources and work collaboratively with our national partners providing online resources, networking and training. She will also serve as a liaison to organizations working at local, state, tribal, territory and national levels to identify needs, develop content and further research goals. Jennifer's fondness for travel will likely be reinforced in this position, as she travels around the country to gather and share resources. She can be reached at (877) 739-3895, ext. 121, or via email at jgrove@nsvrc.org.

Jennifer Grove

Jennifer received a Bachelor of Arts degree in Family Studies from Messiah College and has worked in the anti-violence movement for seven years. She began her work as a Child Advocate in a domestic violence shelter and then became a sexual assault/domestic violence counselor for adults and children. Jennifer worked as the Direct Services Supervisor for the YWCA Sexual Assault Prevention & Counseling Center in Lancaster, PA, where she supervised the counseling and advocacy services for the center. In addition, she provided individual and group counseling, community education presentations, and chaired the Sexual Assault Forensic Examiner Committee as well as the Children's Medical Program Committee for Lancaster County, PA. Jennifer has an active history with Pennsylvania Coalition Against Rape, having served on its' Elder Sexual Assault Advisory Committee, Emergency Contraception Workgroup, and Board of Directors.

(Continued on page 15)

The NSVRC invites your comments:

Editor: Susan Lewis, Ph.D.

The Resource / NSVRC
123 North Enola Drive
Enola, PA 17025

Phone: 717-909-0710 Fax: 717-909-0714
Toll Free: 877-739-3895 • TTY: 717-909-0715
EMAIL: resources@nsvrc.org

Executive Director, PCAR: Delilah Rumburg
NSVRC Director: Karen Baker, MSW

Living with Dissociative Identity Disorder

(Continued from page 1)

u s experience. This usually occurs as slight forms of dissociation in our everyday life, such as daydreaming, getting lost in a movie or book, and losing track of time. Further along the continuum there are more moderate degrees of dissociation. Although some of us experience these, it does not necessarily mean we have a dissociative illness. Still further along the continuum is a more developed ability and propensity to dissociate, and actual dissociative disorder. Those of us that experience this have developed dissociation so well that we have created separate parts of consciousness within our mind. On the far end of the spectrum are individuals with dissociative disorder, who have developed separate personality states or identities within their mind that are very separate and defined.

Severe symptoms are found mainly in people who have experienced overwhelmingly traumatic situations from which there was no physical escape, and then resort to 'going away' in their head. This is most commonly used by children as an effective defense against acute physical and emotional pain, or anxious anticipation of that pain. "It is considered a highly creative survival technique because it allows an individual, enduring hopeless circumstances, to preserve some areas of healthy functioning." **

Olga, Age 3

When abuse continues over time, dissociation can become reinforced to the point of becoming a conditioned response. Because it is an effective defense strate g y , dissociation may occur involuntarily whenever the individual is "triggered" by a situation. In other words, the individual may automatically dissociate when a particular environment or event matches a previous event that was traumatic, and the person thereby feels threatened or anxious, even if the situation is not perceived as threatening by anyone else.

My Journey Begins

In 1993, my life changed profoundly. I was 31, married and had just become the youngest career General Counsel at the U.S. Department of Justice, Office for Justice Programs and the only Latina to hold that position. It was an amazing accomplishment for me. I was in the best place I had ever been in my life, and it was the safest I had ever felt.

At this high point in my life I unexpectedly began a journey, one that I could never have imagined. It started with panic attacks and flashbacks, of what I later came to realize was a violently tragic childhood. Soon I was flooded with memories of a young life full of violations and attacks by my family. I began remembering vicious rapes I suffered by my brothers and their friends, and torturous acts, beatings and sexual abuse by my father and other men he brought into our home. As I gathered these memories, I felt my life unravel; my world would never be the same.

I worked intensely with a psychiatrist to recover my memories and integrate them into who I am today. I learned that I survived the horror of my childhood and adolescence by dissociating or "spacing out" and separating aspects of each particular violation.

Surviving Through Dissociation

As I began to recover memories, I learned about how I was able to survive my childhood of ongoing sexual abuse. When an attack was too traumatic for me to experience and live with, I would cognitively leave my body and observe the incident from outside myself. I put the scene of what I had experienced, as if it were a movie clip, into a mental drawer and closed it. At first, I would place whole incidents in one of these imaginary drawers. But as the attacks became more brutal and vicious, I could not observe them -- even from a distance as if they were happening to someone else. I started breaking down the attacks and putting aspects of them into separate imaginary drawers in my head.

Many times when I was growing up my father assaulted me when I was bathing. The first time it happened, I was eight years old. I was taking a shower and my father came into the bathroom and got into the shower with me. My immediate response was to panic. I knew he was there to hurt me. I reacted quickly by separating myself off cognitively and pulling apart all the aspects of this attack. I put the panicked

(Continued on Page 10)

Assessing Organizational Readiness To Provide Online Advocacy & Services

By

Cynthia Fraser, Safety Net: National Safe & Strategic Technology Project of NNEDV
Cat Fribley, National Resource Sharing Project, Iowa Coalition Against Sexual Assault

Survivors of sexual violence have been seeking help online for years and are now doing so in increasing numbers. This article discusses how organizations can prepare to advocate with and support survivors around the use of online services. It discusses safety, confidentiality and capacity issues that organizations should address when considering provision of online technical assistance or counseling.

Anti-sexual violence organizations have many reasons to discuss and analyze the ways online and Internet technologies can impact service provision and advocacy:

- Many survivors of sexual violence use online communication methods to facilitate healing and empowerment for themselves and other survivors. They disclose experiences of date rape in emails to friends, write blogs (online informal journals) about recovering from an assault, and break the silence about childhood sexual abuse using chat rooms and other Internet modes. Some create websites and invite other survivors to upload healing art or to have real-time or bulletin board type discussions online.
- Some anti-sexual assault and rape-crisis programs provide email or other informal online communication methods for survivors. Other organizations have received requests to create online support groups for survivors who are part of isolated or oppressed groups within their hometowns. Websites increasingly advertise counseling services and support. Just type "online counseling" into a search engine like Yahoo and you will see a plethora of psychologists, psychiatrists, and social workers (and scam artists) offering offline or online individual and group counseling, often for a fee.
- New technologies rapidly emerge, potentially increasing our capacity to support survivors in traditionally underserved communities. Assistive technologies like screen readers, video relay services, and Braille PDAs have increased online access to resources and support for people with disabilities, a group that experiences high rates of repeated sexual violence. Adolescents might be more comfortable seeking help online and are another of the groups most often sexually assaulted.
- Telephone, Internet and other technologies are merging, impacting how we need to safety plan with survivors. Some teenagers use web cameras and online chat websites (like AOL's AIM) to simultaneously text message, listen and view others. Emerging technologies like VoIP, a popular method of cheap long distance phone via the Internet, further blurs a user's sense between phone and online communication. All of these technologies are also increasingly used by sexual abusers who harass, deceive, monitor, and stalk survivors using online tools.

These and other reasons illustrate why organizations need effective ways to educate survivors about the risks and benefits of online help-seeking. They underscore why we must address safety, confidentiality/privilege, and capacity issues in policy and practice before providing technical assistance or other online support to survivors.

"...an advocate's commitment to confidentiality is often an essential component of building trust."

Safety Some websites advertise that upon entering a password to their encrypted discussion tool, you will be in a safe and secure discussion space for survivors. In reality, your organization cannot ensure that any online advocacy or support vehicle you provide will be safe, confidential and secure for that survivor. Why? Organizations cannot remotely ensure the security or safety of the survivor's computer or PDA(Personal Digital Assistant). So, if a perpetrator installs SpyWare on the survivor's computer, that perpetrator can then access screenshots of communications done on that computer.

This does not mean organizations should never communicate online with survivors. From decades of working with survivors, we have learned safety discussions must always be fluid and rooted in the survivor's own assessment of risks and needs. For example, email communication is not secure and can be intercepted. Yet some survivors have asked local advocacy organizations to provide support via email. If your organization discusses safety and confidentiality risks with that survivor, and that survivor decides there is not danger from a perpetrator, then that survivor and your organization may mutually decide that email communication is one appropriate way of ongoing support for that individual.

(Continued on next page.)

Assessing Organizational Readiness (continued)

Organizations considering providing online support should consider all options to increase the confidentiality of their communications via encryption, authenticated passwords and other security steps so they can better respond to varied safety risks survivors experience.

Privilege and Confidentiality These issues must be addressed prior to online service provision. Anti-sexual violence organizations should develop a clear understanding of federal and state rules that govern electronic communications between an advocate and survivor, and the ways that these either support or modify the privilege afforded them by their state in traditional service settings. Additionally, an advocate's commitment to confidentiality is often an essential component of building trust. Advocates should learn confidentiality risks inherent to technologies so they can inform survivors about risks, and choose their organization's default or safer modes of communication.

Capacity There are many organizational capacity issues that centers, coalitions and national organizations engaged in anti-sexual assault work must address. At a minimum, organizations should:

1. Assess technological and staff capacity to intentionally and thoughtfully develop new modes of service provision without negatively impacting core services.

2. Articulate and incorporate survivor-centered standards and ethics for online communication and service provision into your organizational practices and policies. Expect that existing organizational policies and practices, such as liability issues*, may not directly translate to online service provision.

3. Consider state-by-state provisions for working with minors and decide how your organization will screen for and address requests from minors for online services.

4. Understand the lack of empirical research about effective models of online service delivery, especially when counseling lacks visual or aural cues.* Be able to assess comfort levels of staff, volunteers, and survivors with online counseling approaches and tools. Provide ongoing training and know that some may not feel comfortable with newer technologies.

5. Provide upfront complete disclosures to service users about safety, confidentiality and capacity issues so they can make realistic and informed choices about use. Provide information about the technology, confidentiality and security limits of online service provision, including disparities in access to technology, varied internet speeds and intermittent internet service disconnections.

We must prepare to respond to the rapid evolution of communication technologies by developing our organizational capacity to support survivors in new and varied ways that still protect their rights to safety and confidentiality.

The National Resource Sharing Project and Safety Net: The National Safe & Strategic Technology Project will be working with the National Sexual Violence Resource Center (NSVRC) and other organizations to provide further discussions, resources, training and technical assistance on issues of technology and online service provision.

* *Domestic Violence Organizations Online: Risks, Ethical Dilemmas, and Liability Issues. (Jerry Finn, 2001) http://www.vaw.umn.edu/documents/commissioned/online_liability/online_liability.html*

Resources

Online Counseling: A Handbook for Mental Health Professionals (edited by Ron Kraus, Jason S. Zack, George Stricker, 2004)

The Practice of Internet Counseling includes section on "Standards For The Ethical Practice of Internet Counseling" (National Board of Certified Counselors, 2001) http://www.nbcc.org/ethics/webethics.htm

Suggested Principles for the Online Provision of Mental Health Services (International Society for Mental Health Online, version 3.11, January 9,2000) http://www.ismho.org/suggestions.html

SART listserv

If you would like to discuss key issues related to Sexual Assault Response Teams, please email dhardy@nsvrc.org to join our newly created national SART listserv.

RAINN Joins with Rape Crisis Centers to Develop Online Hotline

By
Penelope P. Hughes

"I was wondering if you guys offered some kind of online services, because it is extremely hard for me to talk to someone verbally. I don't have the nerve or courage to call when I really need to."

For years, RAINN (Rape Abuse & Incest National Network) and rape crisis centers have received emails like this from survivors of sexual assault unable to call a telephone hotline, but in desperate need of help. That's not surprising, given the surge in the use of the Internet for health information. Remarkably, the Kaiser Foundation found that more online teens use the Internet to find health information (75 percent) than to download music (72 percent).

Today's young people go online not only for information, but to communicate: A Pew (Pew Internet & American Life Project) study found that 74 percent of online teens use instant messaging, while AOL's research shows that a majority now prefer instant messages to the phone.

And it's not just teens. Another Pew study found that 74 percent of all women get health information online. Interestingly, race and ethnicity are no longer barriers: equal percentages of white, black and hispanic women now use the web for health information.

In short, our audience has already moved online. To adequately serve them, we must redefine just what a hotline is, and provide the services they need and expect through the medium they trust and embrace.

Safety and Security First

With backing from the Justice Department's Office of Juvenile Justice and Delinquency Prevention and Office on Violence Against Women, RAINN, in partnership with many rape crisis centers, is developing the National Sexual Assault Online Hotline - the nation's first online crisis hotline offering secure, live support.

In planning, we carefully considered the needs of our target population, consulted with RCCs, state coalitions, victims and technology experts and committed to meeting these key goals:

- Provide the safest, most secure service possible.
- Respect user privacy and confidentiality.
- Ease barriers to services for victims of sexual assault.

The Online Hotline is not meant to replace the telephone hotlines or longer-term help offered by RCCs, but rather a first step to introduce more people to the help RCCs provide.

Partnering with Technology Experts

To meet these goals, we recruited the nation's top online security experts to help. Our key security partners are VeriSign, which has developed the security infrastructure for many leading financial companies, and McAfee, the leading provider of network security and availability technology. Our other key technology partners are AOL, the world's largest internet service, and KnowNow, a cutting-edge integration architecture and software development company.

Collectively, these firms are donating millions of dollars of services and equipment to the Online Hotline. Together, they have committed to helping us ensure that this groundbreaking service is as safe and secure as can be, and is a model for nonprofits in other fields.

But security is just one challenge. This new approach raises novel legal issues around privacy, confidentiality, privilege and mandatory reporting, to name just a few. For that reason, RAINN has partnered with the Samuelson Law, Technology and Public Policy Clinic at Berkeley's Boalt School of Law for research and advice. The firms of Simpson Thacher & Bartlett; and Fenwick & West are also donating their services to untangle the many state laws that were written in a time when an "instant message" traveled by telegraph, not fiber optics.

Collaborating with Allies

RAINN has also brought together allies to help us proactively address both clinical and technology issues. We are working with Safety Net: The National Safe & Strategic Technology Project of the National Network to End Domestic Violence (NNEDV), The National Resource Sharing Project and state coalitions on user safety issues and clinical issues such as protocols for adolescent and suicidal users.

And finally, we have turned to our greatest asset: the network of 1,100 RCCs that partner with us to provide the National Sexual Assault Hotline. From the initial conception of this project, RCCs have contributed ideas, advice and

Online Hotline (continued)

constructive criticism and helped ensure that we build a service that will help them better serve their communities.

How the Online Hotline Works

The concept is very simple. All the security and technology stay in the background; users should be able to use the hotline within seconds.

~One click takes users from rainn.org to the live help page.

~Trained volunteers from partnering RCCs provide live support via a simple instant-message style interface.

- Users will need only a standard web browser.
- Visits will be completely anonymous - no names or personal information required.

Partnering with Local Rape Crisis Centers

The National Sexual Assault Hotline, which RAINN created in 1994, is premised on the idea of supporting, not duplicating, the tremendous experience and expertise that already exists in the nation's hundreds of rape crisis centers. This same premise will undergird the Online Hotline.

Several hundred RCCs will partner to provide online servies. They will recruit volunteers and provide the same training and supervision they already do for hotline workers, while RAINN will provide the technology, additional training, volunteer recruitment help, marketing and hotline supervision.

Once being screened and approved, volunteers will sign up for shifts online. We will provide training on the technology and cultural and clinical issues specific to helping people through this new medium.

One frequent complaint of RCCs is the heavy turnover that comes from requiring volunteers to work 8 to 12 hour phone shifts. To help stem turnover, online volunteers may work shifts as short as one hour. And because shifts can be worked from home, with no travel necessary, the Online Hotline will make it easier for volunteers with disabilities to participate in this work.

National supervisors will be logged in at all times to support and oversee volunteers, answer questions and solve problems. To help with supervision, we have recruited the Rape Crisis Center in San Antonio, TX, as a national lead partner.

Security Precautions

There are a number of key security features:

- No logging of IP addresses.
- No storage of transcripts.
- Encrypted communications.
- Clear explanations of privacy and confidentiality issues.
- Education of users about security issues and how to eliminate spyware on their own computers.

Leading the Way to Help

While the National Sexual Assault Online Hotline will be the nation's first such service, it surely won't be the last. Ten years from now, this kind of technology will likely be used by most organizations that provide direct services to the community, not to mention healthcare providers and others who need an anonymous way to discuss sensitive topics.

More immediately, it will give victims of sexual assault a new means of getting the help they need, while allowing them to retain the anonymity they so deeply require.

At the same time, it provides a new way for RAINN to partner with local rape crisis centers. For ten years, RAINN and our affiliates have provided valuable services to victims of sexual assault through the National Sexual Assault Hotline. Come Spring of 2006, survivors, their friends and family will have a new place to turn to for information and help - a new, safe, secure, anonymous place in cyberspace: The National Sexual Assault Online Hotline.

For more information about the National Sexual Assault Online Hotline, visit the RAINN website at rainn.org or email Penelope Hughes at penelopeh@rainn.org.

Lifeways: A Journey from Survival to Advocacy

By Jessica Bien McSparron Sexual Assault and Policy Coordinator

North Dakota Council on Abused Women's Services/Coalition Against Sexual Assault

North Dakota's heritage and history weaves a story of strength and perseverance under the tyranny of racism, oppression, and violence. The Dakota's, originally the home of a number of Native American nations, including the Hidatsa, Arikara, Mandan, Lakota, Dakota, Nakota, Assiniboin, Cheyenne, and Chippewa, began to see slight European influence in the 1750 to 1770 through French fur traders entering the area by the Hudson Bay, Canada. It was in 1804 that Lewis and Clark came to North Dakota along the Missouri River. As Europeans invaded the Dakotas, first through fur trading and hunting and into the 1800's with homesteading and colonization, oppression, racism, and Christianity were introduced.

With their ethnocentricity and religion, European settlers entered the Dakotas and barraged Native American culture with lifestyles that often conflicted with traditional ways. Enduring waves of homesteading, and the harsh policy of boarding schools, Native Americans were forced to give up their land and children to the invading Europeans. The effects of this violence and invasion on Native American culture still impacts life today.

One area of particular concern is the impact of sexual violence. According to the National Violence Against Women Prevention Research Center, approximately 13.2 percent of adult women in North Dakota are victims of rape in their lifetime (Kilpatrick and Ruggiero, 2003). More disheartening is the fact that 24 percent of Native American women indicated being victims of rape in their lifetime.

This disproportionately high rate of sexual violence among Native American women points to the need for culturally sensitive intervention as well as prevention and education. One area of success has been with various attempts to re-institute traditional ways and beliefs to combat violence against women.

The North Dakota Council on Abused Women's Services/Coalition Against Sexual Assault in North Dakota has worked to develop programming and education alongside Native American nations in North Dakota to end violence against women. Two examples are the *Native American Mentoring Program* and the *Photo Essay Project, Lifeways: A Journey from Survivor to Advocacy*.

Lifeways: A Journey from Survival to Advocacy is a photographic essay by award winning photo journalist Nobuko Oyabu, honoring Native American survivors of domestic violence and sexual assault in North Dakota and South Dakota who have since embraced their roles as activists. Stunning photographs of these amazing people are coupled with their stories. The photo and narrative combine for a powerful glimpse of the astounding advocacy work of these inspirational people.

The *Native American Mentoring Project* is available for Native American women receiving services either as residents in shelters or transitional housing programs. The *Mentoring Project* enables Native American women to gain support, guidance, and encouragement from other Native American women in the community who are knowledgeable about domestic violence/sexual assault and the issues prevalent in Native communities.

More information on *Lifeways: A Journey from Survival to Advocacy* and the *Native American Mentoring Project* can be obtained through the North Dakota Council on Abused Women's Services /Coalition Against Sexual Assault at 888-255-6240 or ndcaws@ndcaws.org.

Carol Maicki, 67

Former Senator/Consultant for Sacred Circle
Rapid City, South Dakota

As a teenager, Carol was gang-raped by three men who recently returned from the Korean War. Her father reported the sexual assault; however, police refused to prosecute the rapists for fear of ruining their reputations as war veterans. A former South Dakota Senator, Carol is currently a consultant for Sacred Circle, a national resource center for Native American women.

Photograph by Nobuko Oyabu

Spotlight

Coalition Launches First Statewide Social Norms Research Project

By Kathy England Walsh,
Executive Director

Tennessee Coalition Against
Domestic and Sexual Violence

The Tennessee Coalition Against Domestic and Sexual Violence has been awarded a $250,000 grant from the Tennessee Department of Health to assess social norms as related to sexual assault and sexual beliefs and myths among middle school, high school, and college students. The social norms theory assumes that much of our behavior is influenced by how other members of our social groups behave, and that our beliefs about what others do are often incorrect.

The project, under the Coalition's direction, will assess and address myths that make sexual assault common in educational settings and help prevent sexual assault among middle and high school students and in colleges.

According to the Bureau of Justice's 2000 National Crime Victimization Survey, girls and women ages 12-34 are at the highest risk of being a victim of sexual assault. Risk peaks in the late teens: girls 16-19 are four times more likely than the general population to be victims of rape, attempted rape or sexual assault.

This statewide survey is the first of its kind in Tennessee. In order to prevent sexual violence among teens and young adults, we must understand what they believe about sex and violence. This research is the first step in creating a sexual assault prevention campaign that truly reaches this population.

The Coalition will partner with Vanderbilt University to develop a specially designed survey tool to measure social norms. Vanderbilt will analyze the data for the project.

In addition to partnering with Vanderbilt University, the Coalition will partner with sexual assault centers across the state. The centers will hold a total of four focus groups about different elements in the project and distribute the surveys to middle and high school students. Additionally, they will participate in a "Train the Trainer" workshop, created specifically for this project, and train 1500 adults across the state that have influence with youth such as teachers, after school counselors, and coaches. The centers have each held two focus groups to date, reaching almost 200 youth.

The project will assess and address myths that make sexual assault common in educational settings...

Findings include the fact that students would like to have more education on the following topics:

- Rape
- Emotional side of sex
- Pre-marital sex issues
- Sexually Transmitted Diseases
- Birth Control
- Forms of Protection
- Rape homicide
- Child molestation
- Bi-sexual/gay/ lesbian issues
- Feelings (how do you know you love someone)

The grant will also work with women's centers on college campuses. According to the Department of Justice, sexual assault is the second most common violent crime committed on college campuses.

The Coalition will partner with Vanderbilt University to develop a specially designed survey tool to measure social norms.

The Coalition has identified eight such centers in the state and is excited about working with these often overlooked but integral components of college campuses.

The project is headed by the Coalition's Program Specialist, Elizabeth Edmondson and Project Coordinator, Janelle Jones. If you have questions or would like any information regarding the Tennessee Social Norms Project, please contact the Coalition at tcadsv@tcadsv.org.

Living with Dissociative Identity Disorder

(Continued from page 3)

feeling into a mental drawer and the look on my father's face in another drawer. I put the look of his naked body in still another drawer, and the tub with running water, and the showerhead with streaming water, each in other drawers. I put the pain I felt as he raped me in another, and the pain I felt as he sodomized in another. I put the look of my fingers getting all shriveled up from being in the water too long in a drawer. I put the feeling of shivering in still another. By the time the attack was over, I had created some 20 drawers to hold all the pieces of the attack I had just endured - the shame, the vulnerability, the rage, the despair.

Each drawer would be shut, not to be opened, until a similar attack, pain, look, feeling or place occurred that matched what was already in a drawer. Then the drawer would open to allow me to put more in and to respond in the manner I did when the drawer was originally created. Because the response was successful enough to help me survive, I would repeat the response whenever something "triggered" me. That is when something - a feeling, a smell, a room, or an incident -- matched something that was already in a drawer. I also learned to dissociate earlier and earlier when an attack became routine. I was attacked so many times while I was in the bathroom, that eventually I would begin to dissociate, or leave my body, as soon as I entered the bathroom or even before then, when I realized I would need to enter the bathroom.

From Dissociation to Dissociative Identity Disorder

My young life was so full of violence and terror that I perfected the skill of creating drawers and filing them with all aspects of these traumatic attacks. The drawers soon held so much information that they became "aspects" of me. In other words, some of the drawers held so much information that they became (or better said, I created) separate parts of myself. Other drawers were much less developed and did not become as separate, distinct or defined. I considered these less defined drawers "pieces" of me within my mind. With all this, I became a person made up of many parts and pieces of myself. Many in the trauma field would call these parts 'alters' and others might call them 'personality states'. My life had become a management of these distinct, defined parts and the less defined pieces, all of which comprised the drawers in my mind.

I struggled with the opening and closing of these drawers when I needed to access the different parts and pieces of myself to respond to a particular situation. I compartmentalized everything from the attacks - the pain, the look on the rapist's face, the specifics of the attack and most importantly, I stored the effective response to that attack. I would not allow myself to access any of it, unless I was triggered by a similar event needing a similar response. Once triggered, the part of my mind that was in the drawer became more present and would take care of the situation.

My life had become a management of these distinct, defined parts and the less defined pieces, all of which comprised the drawers in my mind.

When a drawer opened, I often only had access to what I did to survive and not to any aspects of the traumatic event tucked inside. For example, I learned early in my life that fighting against a rape only left me brutally beaten and could have been fatal for me. So the response I created was to accommodate the rape - by not fighting and making it easier for the attacker. As an adolescent and young adult, I was raped many times. At the point these attacks felt similar to the rapes I experienced as a child, I would respond by 'accommodating.' Generally, the triggering event was when the rapist(s) overpowered me. Then a drawer would open - or in other words a part of me that knew how to handle this attack would become more present. I would dissociate and accommodate the rape. I would say and do whatever I believed the rapist(s) wanted in order to get it over with as quickly as possible. I wouldn't remember all the similar attacks that came before. Afterwards, I would place all the specifics of that new attack in these drawers and I

(Continued on page 12)

Washington State's Assessment on Violence Against Women Prevention Activities

By
Debbie Ruggles, Violence Prevention Specialist

In 2001, Washington State Department of Health received a grant from the Centers for Disease Control and Prevention - Division of Violence Prevention at the National Center for Injury Prevention and Control to conduct a needs assessment related to violence against women. The focus of the assessment was to examine the level of response and awareness among health care providers to victims of domestic violence and sexual assault.

Health care providers identified key roles that they could play in the prevention and early intervention of violence against women. These included:

- Providing physical space that allows for private, confidential conversations;
- Screening patients for violence;
- Providing careful documentation;
- Making appropriate referrals; and
- Becoming a community advocate.

Using this model as a guide, surveys and focus groups were conducted with a broad array of health providers including 75 community and migrant health centers, 21 family planning clinic directors, and 24 public health nursing directors. Key informant interviews were conducted with representatives from 16 different health care provider groups. Additionally, 30 dental hygienists provided information during their March 2002 state board meeting.

Findings showed that overall, clinic respondents were more informed and better prepared to address victims of domestic violence than victims of sexual assault. Respondents to this assessment consistently screened more frequently for domestic violence than sexual assault, had screening protocols for domestic violence but not for sexual violence, displayed materials related to domestic violence more frequently than for sexual assault, and had attended training related to domestic violence but not for sexual assault. Generally, health care providers were comfortable talking with patients about both sexual assault and domestic violence but many requested more training and information about both areas of violence.

Based on the overall results from the needs assessment, the Department of Health worked with an external group to help identify and prioritize what areas the Department should focus its efforts to help address the issues and needs in the health care community. Out of five priorities, the group identified two that the Department should focus on first: (1) Expand and implement the training model used by the Perinatal Partnership Against Domestic Violence to include training for all health care providers, training related to all types of violence against women (including sexual assault and stalking) and focus on all women, not just those who are pregnant; and (2) Develop a public awareness campaign for health care providers as well as the general public.

Additional funding was secured from CDC in the form of grants to revise the training curriculum and to develop mailing inserts for healthcare providers upon re-certification or re-licensure with the state Department of Health. The curriculum has been completed and tested with the intended audience and the mailing inserts are in the final stages of graphic design. Community and state partners have been critical allies in this effort and continue to support these activities and priorities. Relationships have been enhanced in many ways due to the focused nature of our efforts.

Our main goals are to raise awareness of the issue with healthcare providers in Washington State and to provide information and tools on early identification, support and referral for those who are victims and survivors of sexual and domestic violence. We will be evaluating our efforts over the course of time to see if we are meeting these goals.

For a copy of the *Assessment of Violence Against Women Activities in Health Care Settings in Washington State*, you can e-mail Debbie at debbie.ruggles@doh.wa.gov or call (360) 236-3675. The full report is also available on our web site at www.doh.wa.gov/cfh/injury/pubs/Publications.htm.

Living with Dissociative Identity Disorder

(Continued from page 10)

would shut them.

The Recovery Process

I worked for years with a psychiatrist to open each drawer and gather the experiences placed inside. The work was excruciating, long and devastating. Through this intense work, I recovered my memories and gained access to the parts and pieces of my shattered life. As I spoke about each attack that so traumatized me and experienced the emotions and felt the physical pain, the need for the separateness (or the drawers) disappeared, and the reality of what happened became a part of me. As I went through the memories of each incident, I was able to integrate the parts and pieces of me into who I am today, making me more whole.

Through this process I learned to pay attention to what was happening inside me: to the memories, the physical pain, the emotional reactions. With this I was better able to recognize when a part of me was present. I learned to make room for these parts of me as they came forward and to respect them. I learned to trust that I could get through the memories that I had sectioned off in the drawers in my head. I have come to recognize that these aspects were created to protect me from the unimaginable cruelties inflicted on me. I learned to not fight the memories and to not minimize the power of these parts of me. Through this work, I gained more confidence than I ever had, or even imagined I could have.

Olga in 2005.

Today, I don't believe I have remembered all the horror of my past. However, I have recovered much of my youth. I also believe I will continue to remember new incidents of abuse and torture that I will have to confront. It seems likely that I will always find new parts of myself.

When I first realized that parts of me would appear whenever I was triggered, I was terrified. But over the years, I have come to realize that had I not had the creativity to separate the horrors of my past from the rest of me, I would not be alive today. I would not have been able to get up every morning, go to school, come home and go to sleep every night. If I had known of how horrible my life was as a child, I know I would not have survived, and I most certainly would not be sane now. I've come to appreciate these parts of me. I have learned to seek them out, and be open to what they bring to me as an integral role in my growing and healing from the past.

After I started the work of recovering the memories and experiences I suffered growing up, I realized that things I felt and never talked about weren't things that everyone experienced. They were part of the DID. For example, I remember often looking into a mirror and being surprised at who I saw. I often felt that who I looked like and who I felt like didn't match up. At times, I felt like a child but I looked like an adult. Sometimes I would look at my hands and think they don't belong to me. Other times it was as if there was a delayed reaction between what I was doing and when I felt it. For example, when I would hold someone's hand. I could see I was holding their hand, but I couldn't really feel it. And then, I would feel it a few seconds later - almost as if I were viewing it from a filter.

I often had very conflicting thoughts that didn't make sense. Also, I noticed that I felt and acted differently depending on who I was with. Clearly these were clues to me that there was something wrong, but I just didn't know that others didn't experience the same thing. When I was in therapy and I explained these feelings to my psychiatrist, it helped him to confirm my DID.

Living with DID

Living with DID isn't easy; I have had to learn about the types of situations that can be a "trigger" for me. I try to anticipate these situations and handle them as best I can. For example, sometimes the feeling of a crowd can trigger the feelings I had when I was gang raped. When I'm going into a situation that will be crowded I try to make sure there are a few people there on whom I can rely to stay with me; this helps me to stay present and feel safe. Some crowds I'll avoid altogether, rather than risk the panic attack that may ensue. Going to the grocery store can be very hard. The combination of crowds and looking at all the various goods to buy can easily overwhelm me from time-to-time. To deal with

(Continued on next page)

Living with Dissociative Identity Disorder

(Continued from previous page)

this, I plan ahead. I know that when I am fatigued I am more easily triggered. During those times, I don't go to the grocery store. It also helps to shop during off hours. Going with someone really helps. Shopping is much easier if someone I know and trust accompanies me. I try to do that whenever I can.

So many daily situations can be a trigger for me. I try to anticipate them and maneuver through them. But, it never ceases to amaze me, and at times frustrate me, how something completely unexpected comes up.

I have learned how to manage the "parts" of me when they arise. To get through particular situations, I often have to negotiate with these parts when I realize their presence. For example, sitting through a meeting on sexual assault, domestic violence and child abuse issues can be very hard and sometimes very triggering. To get through it I may have to bargain with myself. I'll attend this meeting but beforehand, I'll go for a run with a friend, or afterwards, I'll get an ice cream sundae as a reward for getting through it. It's all very natural now. I understand it. I am more whole now than I have ever been in my life and I feel safer than I ever thought I could.

Relationships and DID

Having healthy, significant relationships is a challenge for anyone, but for someone with DID there are added complexities. I am grateful to have had several significant relationships through my 20's, 30's and now in my 40's. When I was married, I tried to discuss what I was learning about the parts of me with my husband. It was easier for him to understand why I might be behaving in a way that didn't make sense to him; it was also easier for him to support me and have patience. In my relationship now, I have found that the more I learn about what is happening inside me and share with my partner, the more we can anticipate difficult situations and strategize on how best to handle them.

The most important fact I came to realize through my therapy was how very difficult it is for me to truly trust. In retrospect this is not surprising, given that nearly everyone who was supposed to take care of me when I was a child, betrayed me. Yet, I had always thought of myself as a trusting person.

As I explored my feelings more deeply, I realized that I never truly believed people were being honest with me. I also never really trusted that people would like me, much less love me. I realized that in relationships and friendships I was always waiting for the real person in them to come out and for them to leave or disappoint me. I would cautiously build relationships with people, but hide myself from them. I would let them in a little at a time, and then watch to catch any inconsistency between what they were saying and their actions. For me, that was everything - that is how I determined whether to let them in more.

Now I have learned to let those with whom I am having significant relationships know about my trust issues. I learned to stay in touch with myself and not become someone else in order to accommodate the relationship. And I learned to talk to my partner and my closest friends about my struggles with trust and with being who I am. It is a process but one that has brought me wonderful relationships and helped me to create a family of my choosing. The support and joy I get from these relationships has helped me get through some very difficult times.

After 12 years of excruciatingly painful work to recover childhood memories, I am a remarkably different person. I am a more whole person with a more complete sense of myself and how I got here. Over the last dozen years, I have pieced together a young life filled with abuse - physical, emotional, sexual and ritual. I came to realize that the blank spaces of my childhood, which I could not see before, were full of torture, rape, incest, forced-prostitution, animal abuse, murder attempts and more cruelty than I could bear. Now, I have accepted that darkness and revel in the brightness of my life. I am grateful for the creativity I had that enabled me to dissociate. I am thankful that I had the strength to survive the attacks, and the courage to face them again as an adult. The work is very hard, but the reward of taking my life back - the darkness and the joy - has been well worth the journey.

Notes

* *Steinberg, M. M.D., Schnall, M., The Stranger in the Mirror, Dissociation - The Hidden Epidemic, Cliff Street Books, 2001.*

** *Dissociative Disorders" brochure by the Sidran Foundation, See www.sidranfoundation.org.*

NSVRC Honors 20 with Awards

Each year, the NSVRC recognizes individuals from across the nation, who have made a positive impact or shown exceptional dedication in their work toward ending sexual violence. This year the **Award for Outstanding Advocacy and Community Work in Ending Sexual Violence** was presented to 17 deserving individuals. Each state, tribal and territory coalition was given the opportunity to submit a name of one person to receive this award. Participation by coalitions was on a voluntary basis. This award honored the following individuals.

2005 Award for Outstanding Advocacy and Community Work in Ending Sexual Violence

Virginia F (Ginger) Baim	Alaska Network on Domestic Violence and Sexual Assault
George Buchanan	California Coalition Against Sexual Assault
Babette "Babs" De Lay	Utah Coalition Against Sexual Assault
Barbara Engel	Illinois Coalition Against Sexual Assault
Barbara Hafer	Pennsylvania Coalition Against Rape
The Honorable William Hughes	Indiana Coalition Against Sexual Assault
Linda Hunter	Texas Association Against Sexual Assault
Kalimah Johnson	Michigan Coalition Against Domestic and Sexual Violence
Melinda Maiden	Tennessee Coalition Against Domestic and Sexual Violence
Marty McIntyre	Maine Coalition Against Sexual Assault
Linda Pinholster	Georgia Network to End Sexual Assault
Jennifer Pruden	New Jersey Coalition Against Sexual Assault
Tracy Reindl	South Dakota Network Against Family & Domestic Violence
Jennifer Luettel Schweer	Nebraska Domestic Violence Sexual Assault Coalition
Captain Ted A. Smith	West Virginia Foundation for Rape Information and Services, Inc.
Susan Turell	Wisconsin Coalition Against Sexual Assault
Marianne Winters	Massachusetts Coalition Against Sexual Assault & Domestic Violence-Jane Doe Inc.

2005 Award for Outstanding Effectiveness in Promoting Prevention and Awareness of Sexual Violence

The NSVRC presents a few additional awards each year to individuals whose work has had national scope and impact on sexual violence awareness and prevention. This year the NSVRC honored three individuals with this special award.

Florence Holway - For her work to improve the adjudication of rape cases, and for her courage in publicly sharing her story through documentary film. The compelling documentary portrays her 12-year crusade for tougher rape laws. Nationally televised in 2005, the documentary is entitled *A Rape in a Small Town: The Florence Holway Story*.

Tillie Black Bear - For her lifetime commitment and leadership in helping Native American victims of domestic and sexual violence. As a founder of the first women's shelter in Indian Country, decades ago, her tireless work and dedication has inspired many and has done much in raising awareness of the violence against native women.

Dr. Linda E. Saltzman (posthumously) - For her abiding commitment and accomplishments in promoting the prevention of sexual violence. As a senior scientist at the Centers for Disease Control and Prevention, her research served to advance our understanding of sexual violence and provided important insight about various connections between research, policy and advocacy.

New NSVRC Staff

(Continued from page 2)

With a grant from the Office on Violence Against Women, the NSVRC is enhancing our technical assistance services for US territories by dedicating a full-time staff person to this effort. It is with great excitement that we introduce the newest addition to the NSVRC team, Tatiana Diaz.

Born and raised in Bogotá, Colombia, Tatiana graduated from Penn State University (PSU) with a Bachelor of Arts degree in Political Science and Minor in Women Studies. She volunteered with displaced communities in the outskirts of Bogotá, interned at the Feminist Majority Foundation in Washington D.C, and while at PSU was an active member of women's groups on campus. Before joining the NSVRC, Tatiana worked as the bilingual Court Advocate & Latino Outreach Coordinator for the D.C. Coalition Against Domestic Violence.

Tatiana Diaz

As part of the NSVRC's Technical Assistance team she will be collaborating with our partners in the US Virgin Islands and Guam to provide customized information, technical assistance and support to programs and community members in the US territories. Tatiana is responsible for the development and coordination of territory specific projects, including an e-newsletter, resource mailings, and an audioconference series. If you have questions or would like to be added to our list of victim service professionals in the US territories, please contact Tatiana at (877) 739-3895, ext. 122, or via email at tdiaz@nsvrc.org.

From the Book Shelf

Voices of Courage: Inspirations from Survivors of Sexual Assault

Edited by Michael Domitrz

The underlying message in this collection of stories from twelve sexual assault survivors is one of optimism, courage and inspiration. Although their stories include the emotion, tragedy and overwhelming fear that often traumatize sexual assault victims, they also share the wisdom they have gained, and strength they have found out of their devastating experience. Despite diversity of experiences these voices offer some striking parallels about shared emotional challenges. *Voices of Courage* will heighten awareness and aid sexual assault survivors. This resource is also available in a four CD set that features each survivor reading their chapter in the volume. The book is published by Awareness Publications; www.awarenesspulications.com. U.S. Price: Book $ 16.95; CD set $27.95.

A Survivor's Story (video)

By Olga Trujillo

This 47 minute video, narrated by Olga Trujillo, tells the story of how she, as an adult survivor of severe sexual and physical child abuse, was able to survive a horribly abusive childhood and how she spent many years working through a painful recovery process. She explains the effects of witnessing the abuse of her mother, of being sexually abused by her father, and later gang raped by her brothers and their friends, among many other incidents of sexual abuse. She also explains how the coping mechanisms of dissociation and accommodation helped her to survive. This moving first-hand account powerfully and poignantly relates a most remarkable recovery story. Copies are available from ORT Solutions, www.ortsolutions.org. Price: $199.

The NSVRC maintains a list of "From the Bookshelf" entries on its website: **www.nsvrc.org**. From the home page, click on *Library*, then under the *Lists* menu select *Special Titles*, and then click on *The Resource - From the Bookshelf*.

National Sexual Assault Conference: A National Conference on Sexual Violence Prevention and Intervention

(formerly the Mid-Atlantic Sexual Assault Conference)

Jointly sponsored by
National Sexual Violence Resource Center • Pennsylvania Coalition Against Rape

September 26 – 30, 2005

Sheraton Station Square • Pittsburgh, Pennsylvania

Institute for People of Color Working to End Sexual Violence

September 26-27, 2005

For more information visit: www.nsvrc.org

This publication was supported by Grant/ Cooperative Agreement No. H28/CCH324095-01 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the NSVRC.

This newsletter is available in large print, text only format on our website: www.nsvrc.org

NSVRC
NATIONAL SEXUAL VIOLENCE RESOURCE CENTER
A Project of the Pennsylvania Coalition Against Rape

123 North Enola Drive
Enola, PA 17025

RETURN SERVICE REQUESTED

Non-Profit Org.
U.S. Postage
PAID
Permit No. 8
Enola, PA