



Gila River
HEALTH CARE



SURVIVOR HANDBOOK

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Recent Sexual Assault

I Was Recently Sexually Assaulted / Raped. What Do I Do?

- First, get to a safe place. Call the police at 911, a friend or family member, Crime Victim Services 520-562-4106 or the SANE Clinic 520-562-5151 to support you through the process of dealing with the sexual assault.
- If at all possible, do not change your clothes, shower, bathe or wash, eat, drink, floss or use mouthwash.
- For immediate medical care, if possible, go to Hu Hu Kam Emergency Department in Sacaton or the nearest Emergency Room.
- If you have serious or life-threatening injuries, go to your nearest Emergency Department.

The hospital may contact law enforcement, but you are not required to talk to an officer or deputy if you do not wish to speak with law enforcement. (The exception to this is if the victim is less than 18 years of age. This is a mandatory report.)

I Feel I May Have Been Drugged (Including Alcohol) and Sexually Assaulted. What Do I Do?

- If you have experienced a loss of consciousness, a loss of time or are concerned that something happened to you without your consent, you are encouraged to act as soon as possible.
- The types of drugs used by perpetrators to facilitate a sexual assault are metabolized quickly and may not be detected after a few hours.
- These drugs have a sedative and hypnotic effect on unsuspecting victims and are used to facilitate numerous crimes, including rape.
- These drugs make it difficult, if not impossible, to resist an assault or have memory of the incident.
- Not only are survivors uninhibited and likely to engage in uncommon behavior, but they may not even remember such conduct or behavior.
- Urine, not blood, is the most important sample in most cases and timing is of the essence. **The best sample of urine is from the first time you go to the bathroom after waking.** It is important to know that most hospital labs are not able to detect the presence of these drugs during a standard urine analysis.

Do I Need Medical Care?

Medical care is strongly recommended immediately after a sexual assault and in the following months. It is important for you to know what you can do to reduce your risk of infections and other health concerns, as well as other options available.

What to Expect if You Go to a Hospital:

If you decide to go to a Hospital Emergency Department, it may be hard to explain your medical needs to the person checking you in. Crime Victim Services can send an advocate to be with you at the hospital to provide emotional support, crisis intervention, information, referrals, and help you understand your rights and options.

Emergency Departments are often busy, so it may be some time before you are treated. The hospital should provide a quiet area for you to wait. You may want to notify a friend or relative for support. If you plan on reporting the assault to law enforcement, you may want to ask a friend or family member to bring you a full change of clothes (Law enforcement may want to take the clothes you are wearing to be examined for forensic samples).

You Will Be Asked These Questions:

- Why are you here?
- Where and when did the assault happen?
- What is your name, address and age?

*You are not alone. We believe you.
It's not your fault.*

The Medical Forensic Exam And Forensic Sample Collection

What Is A Medical Forensic Exam?

A Medical Forensic Exam can be performed for victims of sexual assault, strangulation, domestic violence, child abuse/neglect, elder abuse/neglect, and sex trafficking.

Although you have the right to receive medical care at any Emergency Department of your choosing, if you decide to receive a Medical Forensic Exam within Gila River Indian Community (GRIC), you may do so. If you are medically unstable or are unable to present here, a forensic examiner may be able to come to you for a Medical Forensic Exam. (You will most likely have to request to have a SANE from GRHC to come do your exam.)

The Medical Forensic Exam is a comprehensive medical exam. The examiner assesses and documents injuries associated with the assault and collects forensic samples. Due to the violent nature of the crime, it is important that samples be collected as soon as possible. The Medical Forensic Exam with the collection of samples may be completed up to five days (120 hours) after the assault in most cases. You have the right to decline any or all parts of the exam. The examiner may collect the clothing you had on at the time of the assault. The samples collected may be used in investigating and prosecuting the crime and if you wish to speak with law enforcement. Even if has been years since the assault, you can still have a medical forensic exam to ensure you are okay.

Can Any Healthcare Provider Perform the Medical Forensic Exam?

NO. A Medical Forensic Exam is a comprehensive medical exam performed by a Sexual Assault Forensic Examiner who is a specially trained Registered Nurse, Nurse Practitioner, Physician's Assistant or Physician with advanced educational and clinical preparation.

Why Would I Need a Medical Forensic Exam?

You may wish to have a Medical Forensic Exam to (a) be treated by a trained forensic examiner who can make sure that you are medically okay, (b) complete a head to toe assessment, (c) document any injuries and/or (d) have forensic samples collected immediately following an assault.

If law enforcement determines that a Medical Forensic Exam might benefit their investigation, they might request that you have one – although, the decision is up to you. The Medical Forensic Exam can still be completed at the request of the survivor, regardless of Law Enforcement's recommendation. Even if it has been years since the assault, you can still have a Medical Forensic Exam to ensure you are okay.

A Medical Forensic Exam will not tell you whether or not you were raped. Many times, a sexual assault will leave no injuries. Injuries discovered through a Medical Forensic Exam can also result from consensual sexual activity as well as past physical trauma. This does not mean that an assault did not occur.

How Do I Request A Medical Forensic Exam?

- Report the assault to hospital Emergency Department staff, call the police, call Crime Victim Services 520-562-4106, or call the SANE Clinic 520-562-5151.

Questions About The Medical Forensic Exam

How Much Will the Exam Cost Me?

The Medical Forensic Exam you receive from the Sexual Assault Nurse Examiner (SANE) is provided to you at **no cost**.

However, there may be costs related to the medical care provided by the Emergency Department staff. These costs may include: labs, X-rays, tests and medications to prevent pregnancy and sexually transmitted infections (STIs), including HIV. If medications are provided by the SANE Team, there is no cost for those medications.

The Arizona Victim's Compensation program provided through the Pima and Maricopa County Attorney's Office may help reimburse you for medical expenses. An advocate can explain the program and help you apply for victim's compensation.

Can I Get an Exam After 120 Hours (5 Days)?

YES. For medical purposes, an exam is always an option!

What You Need to Know About Forensic Evidence:

- Over time, forensic evidence is lost, begins to degrade, or becomes contaminated and is difficult or impossible to process. After a certain point, typically around 120 hours (5 days after an assault), most experts believe that little or no useful samples will be collected during a Medical Forensic Exam.
- Sometimes, even when a Medical Forensic Exam is performed immediately after a sexual assault, there aren't samples that can be collected.
- Eating, drinking, smoking, bathing, combing your hair, or changing clothes are all activities which may compromise the ability to collect forensic samples.

How Long Does the Exam Take?

The length of the exam varies from person to person and is based on injuries and participation. The exam itself usually takes one to two hours.

What is involved in the Exam?

The SANE (sexual assault nurse examiner) may perform the following during the Medical Forensic Exam:

- Obtain a detailed history of the assault or abuse.
- Provide a detailed comprehensive medical examination.
- Perform a detailed genital/anal examination, which may include an examination with a speculum.
- Collect biological or trace samples from your body, including blood and/or urine.

Remember, you have the right to decline any or all parts of the Medical Forensic Exam.

What If I Don't Want a Medical Forensic Exam?

- You can call Crime Victim Services "for advocacy support" @ 520-562-4106 Monday through Friday from 8:00am – 5:00pm.
- Call your primary care doctor, an OBGYN, urgent care or other local medical clinic to receive medical care.
- We recommend that you receive immediate medical care and treatment from a provider of your choice if you choose not to have a Medical Forensic Exam. You may still have needs that need to be addressed by a Medical Provider.

Possible Medical Issues And Concerns

Pregnancy Prevention

What You Need to Know about Emergency Contraception (aka Morning after Pill, Plan B, Next Choice, Ella, or an IUD).

- Emergency contraception, sometimes referred to as the “morning after pill,” is used to prevent pregnancy.
- GRHC SANE team administers a medication called “Ella” for emergency contraception.
- Most emergency contraception pills are 79%-95% effective if taken correctly in the first 72-120 hours (3-5 days) after the assault.
- The morning after pill (Plan B / Next Choice) is available to purchase over-the-counter by law at any drug store. Check with the pharmacy if unable to locate.
- If you were given emergency contraception or any other medication, make sure you understand and follow the doctor's directions for taking it.
- If you have any questions, contact the prescribing doctor or ask your local pharmacist.
- If you choose to get an IUD, a doctor or other health care provider would insert the T-shaped device into the uterus. The procedure only takes a few minutes. The doctor or health care provider should go over additional information about follow up care. This is typically inserted in the Women's Health Clinic.

Can I Still Get Pregnant If I Take Emergency Contraception Medication?

YES. Emergency contraception is not 100% effective. If concerned about the possibility of pregnancy, you are encouraged to discuss this further with your doctor.

Will Emergency Contraception Terminate A Pregnancy?

NO. Emergency contraception prevents a pregnancy from occurring by stopping a fertilized egg from implanting itself in the uterus. It does not terminate an existing pregnancy. If you think you may be pregnant and are concerned, talk with your doctor about available options.



Sexual Assault Follow-Up Care

Follow-Up Care:

- Wash your hands to reduce the risk of infection.
- Keep the wound clean and free of infection by cleaning it with water and mild soap several times a day.
- If there is a dressing or band-aid covering it, keep it clean and dry. If bleeding starts, apply gentle pressure directly over the wound with a clean cloth or gauze.
- To reduce the risk of infection you may apply antibiotic ointment.
- If your wound was closed with steri-strips, leave these in place for at least a week.



Call your doctor if you experience:

- Increased warmth to the area.
- Redness or swelling to the area that gets worse instead of better.
- A red streak coming from the wound.
- Pain in the area that increases instead of decreases over time.
- Pus or bad-smelling drainage from the wound. (Pus is a fluid that may drain from a wound that is infected. Pus is milky - not clear- and may be white, yellow, green, or brown.)

Genital/Anal Injuries

A genital injury is an injury to the genitals or perineum (the area between the anus and vulva in females and the anus and scrotum in males). Genital injuries may be in the form of bruises, scrapes, and/or tears. These injuries can be very painful, and can bleed for a day or two. These injuries usually do not need any treatment and will heal quickly by themselves usually in two to three days. An anal injury can be trauma in the form of a bruise, tear, and/or scar around the opening of the anus. Call your primary care doctor, an OBGYN, urgent care or other local medical clinic to receive medical care.

Care of genital and anal injuries:

- Keep the area clean and dry.
- Apply cold packs for twenty minutes, four times a day for the first two to three days after the injury occurred.
- Anti-inflammatory medicine like Ibuprofen may help.

Sexually Transmitted Infections/Diseases

As a result of the assault, you may be at risk of getting infections that are transferred through bodily secretions. Not all sexually transmitted infections (STIs) or diseases can be prevented. It is strongly recommended that you abstain from sexual intercourse or use a condom until your follow-up exam.

Bacterial Infections

A discussion between you and the Forensic Examiner and/or the Emergency Department provider will include your risk for STIs. You may be prescribed medication to prevent infections such as Gonorrhea, chlamydia, bacterial vaginosis and trichomoniasis. Preventing an infection is usually easier than treating one. Make sure you finish taking all medications as directed by the provider.

HIV

The forensic examiner can speak with you and assess the risk of contracting HIV from the sexual assault. The CDC estimates the likelihood of contracting HIV from a known positive person through consensual vaginal intercourse at 0.1%–0.2% and through consensual receptive rectal intercourse at 0.5%–3% (CDC, 2006h) Effective HIV testing requires a series of blood tests over a period of time. Currently, the CDC recommends that all persons seeking care following non-occupational exposure to HIV be tested at baseline, four to six weeks, three months, and six months (CDC, 2005).

For information about testing, you may contact your primary care doctor or the SANE Team.

Medical Follow-up:

Follow-up examinations are recommended to provide an opportunity to:

- Detect new infections acquired during or after the assault.
- Complete Hepatitis B immunization, if indicated.
- Complete counseling and treatment for other STIs.
- Monitor side effects and adherence to post exposure prophylactic medication, if prescribed.
- Examination for STIs should be repeated within three to four weeks of the assault.

CHECKLIST FOR FOLLOW-UP MEDICAL CARE

Care of lacerations, cuts and abrasions:

It is recommended that you receive the medical care listed below. Consult with your physician to make sure these are the appropriate recommendations for your situation. *Intended for treatment of patients following sexual assault.

AS SOON AS POSSIBLE (WITHIN ONE WEEK):

These are your “baseline” tests if you choose to have them done. The results of these tests show your body’s condition at the time of the assault:

- HIV test
- Pregnancy test
- Evaluation for infection
- Evaluation for resolution of injury
- HPV Vaccine (if not previously immunized and you meet age criteria)
- Hepatitis viral panel
- Liver and kidney function testing (if receiving HIV prevention medications)
- Hepatitis B immune globulin and vaccine (if never before immunized for Hepatitis B or if the Hepatitis series was never fully completed.)
- Evaluation for infection and pregnancy

IN 4-6 WEEKS:

- Pregnancy test
- Hepatitis B Vaccine booster if applicable.
- HPV Vaccine booster if applicable
- Evaluation for infection
- Gonorrhea and Chlamydia testing
- HIV test
- Syphilis test

IN 3 MONTHS:

- HIV testing

IN 6 MONTHS:

- Hepatitis B Vaccine booster if applicable.
- HPV Vaccine booster if applicable
- HIV testing
- Syphilis test
- Hepatitis viral panel

CDC RECOMMENDED REGIMENS:

Reference: <https://www.cdc.gov/hiv/pdf/programresources/cdc-hiv-npep-guidelines.pdf>; Pg. 28, accessed September 2020

Child Sexual Abuse

Sexual Conduct with a Minor:

Intentionally or knowingly engaging in sexual intercourse or oral sexual contact with any person who is under eighteen years of age.

Child Molestation:

Intentionally or knowingly engaging in or causing a person to engage in sexual contact, except sexual contact with the female breast, with a child who is under fifteen years of age.

Facts about the people who abuse children:

- There is no such thing as a “typical” child molester. Many abusers appear normal. They may be men or women who hold responsible positions within the community.
- Incest (abuse by a family member) is the most common type of child sexual abuse.
- Abusers will often use bribes, threats, affection, and/or manipulation instead of physical force. These are common strategies used by people who sexually abuse children in order to stop them from reporting the abuse.
- Individuals who sexually abuse children make a choice to do so. The blame for the abuse belongs only with the abuser, NEVER with the child.
- Most abusers are repeat offenders. Reporting an incident of child sexual abuse may help prevent other children from being victimized. If you know of or suspect the sexual abuse of a child, take immediate steps to stop the abuse and protect the child.

Exhibitionism (Indecent Exposure):

An individual exposes his or her genitals or anus or she exposes the areola or nipple of her breast or breasts and another person is present, and the defendant is reckless about whether the other person, as a reasonable person, would be offended or alarmed by the act. Exhibitionism is against the law - even though the abuser may not have actually touched a child (for example: A child is forced to look at the abuser’s genitals or vice versa, or if the abuser forces the child to watch pornography).

WHAT TO DO IF A CHILD REPORTS SEXUAL ASSAULT:

Believe the child. Even if some or all of the details of the child’s report are not true, it is critical that you listen supportively. When a child reports sexual abuse, it is likely that the child has experienced some type of abuse. Do not get angry at the child. The child may be changing some of the details in order to test your reaction and see if it is safe to tell you everything.

Report child abuse to the Police by calling 911. Reports can also be made to Tribal Social Services.

- Respond to the child as calmly as possible.
- Do not pressure the child for details.
- Remove the child from contact with the suspected abuser.
- Request a SANE Medical Forensic Exam

- Contact the police and/or TSS to report the abuse - this is your legal obligation. Persons reporting suspected child abuse (sexual, physical, and neglect) in good faith are protected from civil actions.
- Obtain therapy for the child as soon as possible, and for yourself and other family members. The emotional trauma resulting from sexual abuse is often too intense for a child to handle without professional support.

LET THE CHILD KNOW:

- She/he is not responsible for the abuse.
- You are not angry with her/him.
- She/he will not be punished (even if the child broke some rules!).

HOW YOU CAN HELP!

Teach children about the private parts of their bodies. Explain that other adults should never show these parts of their bodies to children. Teach children who they can tell if someone touches them inappropriately. Teach children to tell a parent if someone is touching or trying to touch them in any way that makes them feel uncomfortable.

Teach children things they can say if people touch or try to touch them. (For example: “Don’t touch me!” “I don’t like that,” or “No, I won’t touch you.”).

When teaching children about safety issues (crossing the street, playground safety), include “touching safety.” Explain which ways of being touched are not safe.

Many people think that talking about sexual abuse with children will scare or upset them. Concrete information carefully explained can help rid children of nameless fears and empower them. If sexual abuse is presented as a safety issue, it is no more frightening than discussing playground safety.

Talk with your child every day about her/his activities, needs, and concerns.

Be careful when choosing a childcare provider and/or babysitter. Interview several people/agencies; be sure to request and verify references. Make sure you have the right to “drop in” and visit your child’s day care program at any time. Be sure you know all the people who have contact with your child.

Indicators Of Abuse

A sudden change in a child’s behavior or personality is often a sign that something is wrong. Listed below are some of the more common signs of sexual abuse that may occur within a certain age range. The behaviors in these lists DO NOT mean that sexual abuse is occurring or has occurred. Keep in mind that changes in a child’s surroundings or significant events can also affect their behavior

INFANTS AND TODDLERS:

- Unusually quiet; lacks curiosity.
- Redness/soreness in genital area.
- Uneasy during diapering or bathing.
- ‘Acts out’ intercourse or oral sex.

ELEMENTARY AGE:

- Regressive behavior (bed-wetting, thumb sucking, ‘baby talk’).
- Aggression toward other children or small animals.
- Has chronic, yet minor, physical complaints.
- Has a sexually transmitted disease or infection.
- Avoids the suspected abuser.
- Uses sexually explicit language or behavior inappropriate for the child’s age, culture, or living situation

TEENAGERS:

- Extreme isolation; withdrawal from friends and family.
- Has a sexually transmitted disease or infection.
- Decrease in personal hygiene and/or appearance.
- Depressed; has suicidal thoughts/behavior.
- Becomes sexually promiscuous.
- Eating disorders.
- Substance abuse.
- Loss of interest in school.
- Extreme moodiness.
- Outbursts of anger/rage.

The healing process can take time. You need to listen to your mind and body to see what will be best to help you take care of you!

Take the Time to Care for Yourself:

- Stay with supportive family or friends for a few days.
- Take time off from your work or school.
- Take care of yourself physically and emotionally.
- Try some different things to do that help you relax.
- Express your feelings in a safe way:
 1. Writing (letters, poems, journal)
 2. Drawing
 3. Exercise
 4. Punching pillows
 5. Talking to a counselor, therapist, or friend
 6. And most importantly: Be patient with yourself.

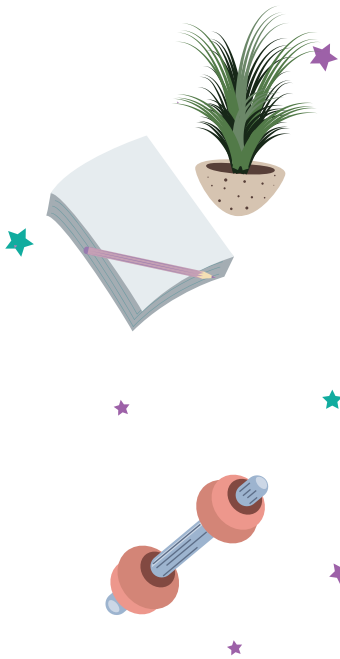


Here Are Some Ways To Relax:

(Remember, it can be different for everyone. Do what works best for you.)

- Take a bubble bath (maybe even burn some candles & listen to soothing music while you soak!).
- Watch happy movies.
- Read a good book.
- Hang out with friends.
- Pamper your body (massage therapy, essential oils, aromatherapy).
- Take walks with a friend.
- Keep a journal.

Your friends and family may not know what to say or how to react to help you. Be direct. Tell them what you need or don't need from them. Refer them to the "Helpful Information for Friends and Family" section that talks about how your friends and family can help. Remember: you know what is best for you.



Facts Victims of Strangulation (Choking) Need to Know!

Strangulation has only recently been identified as one of the most lethal forms of domestic violence:

Unconsciousness may occur within seconds and death within minutes. When domestic violence perpetrators choke (strangle) their victims, not only is this a felony assault, but it may be an attempted homicide. Strangulation is an ultimate form of power and control, where the batterer can demonstrate control of the victim's next breath; having devastating psychological effects and/or a potentially fatal outcome.

Sober and conscious victims of strangulation will first feel terror and severe pain. If strangulation persists, unconsciousness will follow. Before lapsing into unconsciousness, a strangulation victim will usually resist violently, often producing injuries of their own neck in an effort to claw off the assailant, and frequently also producing injuries on the face or hands of their assailant. These defensive injuries may not be present if the victim is physically or chemically restrained before the assault. Victims may lose consciousness by any one or all of the following methods: blocking of the carotid arteries in the neck (depriving the brain of oxygen), blocking of the jugular veins (preventing deoxygenated blood from exiting the brain), and closing off the airway, making breathing impossible.

Very little pressure on both the carotid arteries and/or veins for less than ten seconds is necessary to cause unconsciousness. However, if the pressure is immediately released, consciousness will be regained within ten seconds. To completely close off the trachea (windpipe), three times as much pressure (33 lbs.) is required. Brain death will occur in 4 to 5 minutes, if strangulation persists.

Be aware that strangulation may cause the following symptoms and/or consequences: difficulty breathing, raspy, hoarse or loss of voice, coughing, difficulty swallowing, drooling, nausea, vomiting, changes in behavior, hallucinations, headaches, light headedness, dizziness, urination or defecation, miscarriage, swollen tongue or lips. These symptoms may be an early indication of an internal injury such as swelling, bleeding, fractured larynx ("voice box") or hyoid bone, seizures, pulmonary edema (lungs filled with fluid) or death within 36 hours due to progressive internal injuries and/or complications. It is possible to survive the assault, regain consciousness, refuse medical treatment, and then die later from undiagnosed or unsuspected fatal injury.

Victims should look for injuries on their face, eyes, ears, nose, mouth, chin, neck, head, scalp, chest and shoulders, including: redness, scratches or abrasions, fingernail impressions in the skin, deep fingernail claw marks, ligature marks ("rope burns"), thumbprint-shaped bruises, blood-red eyes, pinpoint red spots called "petechiae" or blue fingernails. All of these injuries change in appearance over time after the assault. Some injuries, like redness, may persist for only a few minutes. Others, like petechiae, persist for days. Observation of the changes in these signs over time can greatly facilitate determination of the nature and scope of internal damage produced during the assault, and lend credibility to witness accounts of the force and duration of the assault. Documentation by photographs sequentially for a period of days after the assault is very helpful in establishing a journal of physical evidence. "It is important to know that over 50% of strangulation victims have NO external signs of injury." This is important to know, as there may be internal injury that we cannot see.

Victims should also seek medical attention if they experience difficulty breathing, speaking, swallowing or experience nausea, vomiting, light headedness, headache, involuntary urination and/or defecation.

Although most victims may suffer no visible injuries whatsoever and many fully recover from being strangled, all victims, especially pregnant victims, are strongly encouraged to seek immediate medical attention. A medical evaluation may be crucial in detecting internal injuries and saving a life.

Your SANE Program within Gila River Indian Community does exams not only for sexual assault, but also for strangulation, child abuse, elder abuse, suspect exams, and screens for trafficking. It is so very important to be medically checked by someone who knows what to look for in all of these situations. The signs and symptoms of strangulation can be subtle and can be missed by those not trained in what to look for.

Monitor and Log Your Signs and/or Symptoms

Date & Time:	Journal your signs: <i>red spots, scratch marks, bruising, swelling to face, neck, ears, mouth, chin, scalp, chest or shoulders</i>	Journal your symptoms: <i>voice changes, swallowing changes, behavioral changes, dizziness, headaches, fainting, urination or defecation (unintentionally)</i>	Journal any other sensations:

Safety Planning

The safety and well-being of a survivor is always a primary concern. We want to provide information to survivors so that they can make informed choices about services they wish to obtain and other options and resources available. Survivor-centered approaches focus on empowerment and choice. We want to remind you that a sexual or physical assault is never the fault of the survivor and there was nothing that could have been done to stop the assault from occurring.

The following safety planning strategies are presented to empower you, the survivor or secondary survivor, to be able to make the decision as to what is best for your life and situation. These are just suggestions and only you know what will work best for you and your individual situation.

Safety Planning at Home:

- Is home a safe place to be?
- Do locks/windows/doors need to be changed or replaced?
- If you are a renter, you may request in writing that your landlord repair or install locks. Your landlord is also responsible for keeping areas on her/his property well lit (including the front/back of the building, hallways, and courtyards).
- What else do you need to feel safe in your home?

Medical Safety Planning:

- Are there physical injuries (cuts, broken bones, stitches) that need continuous care and treatment until they heal?
- Are there concerns for STIs and/or pregnancy? Is there testing that you would like to have done?
- After the assault and treatment (if you went to the Emergency Department), are you still experiencing issues (pain, discharge, swelling)?

Mental Health and Emotional Safety:

- Are you experiencing thoughts and feelings that you did not have before the assault?
- Are you experiencing flashbacks?
- What are your coping skills to help reduce stress that have worked before in the past?
- Are you thinking about suicide or hurting yourself or others? If you are suicidal, please call 911 or go to the nearest emergency department.



My Personal Safety Plan

1. If I decide to leave, I will _____
(Practice how to get out safely. What doors, windows, or fire escapes would you use?)
2. I can keep my wallet/purse and car keys ready and put them (place) _____
3. I can tell _____ (friend, family member, or neighbor) about the violence and ask them to call the police if they hear anything out of the ordinary coming from my house or if they can't locate me. I can also tell _____ about the violence and request they call the police if they hear suspicious noises coming from my house or if they can't locate me.
4. I can teach my children how to use the telephone to contact the police and fire department. I will use _____ as my code with my children or my friends so they can call for help.
5. If I have to leave my home, I will go _____. If I cannot go to the location above, then I can go to _____
6. I can also teach some of these plans or ideas to some/all of my children.
7. When my partner is becoming upset, when I feel unsafe or expect we are going to have an argument, I will try to move to a space that is safer for me, such as _____ (Try to avoid arguments in the bathroom, garage, and kitchen, near weapons or in rooms without access to an outside door.)
8. I will use my judgement and intuition. I have to protect myself until I / we are out of danger.
9. If I am being forced to have sex, I may need to fight back. I can help protect myself - I yell; I say "No" or "don't"; choose not to fight; ask him to use a condom.
10. If I have been sexually assaulted I should do the following if I want to report the assault to the police. If I choose not to call police, I should still go to the hospital or doctor for a medical check. I can take _____ with me for support.
 - **Do not take a shower or bath**
 - **Keep all of the clothing that I was wearing at the time that I was assaulted**
 - **Do not clean up the house or apartment.**
 - **Call the police - if I want to.**
 - **Call the SANE Program if you do not want to report; you can still have an exam done, and STI testing and treatment, as well as resources 520-562-5151**
 - **Go to the hospital if you need medical care**



Safety When Preparing To Leave

1. I will leave money and an extra set of house or car keys _____ so I can leave quickly.
2. I will keep copies of important papers (see List of Items to Take)
3. I will open a bank account at a bank that my partner does not use by _____ (date) to increase my independence.
4. Other things I can do to help myself:
 - **Look for a job**
 - **Think about moving to another town**
 - **Talk to a lawyer about my rights**
 - **Hide money**
 - **Keep change**
 - **Purchase/keep a cell phone with me at all times to make private emergency phone calls, use a pay phone, or use a friend's telephone. I will check with the phone service to make sure that the last number I have called cannot be accessed by my partner.**
5. Telephone numbers I need to know
 - Parents** _____
 - Friend** _____
 - Lawyer** _____
 - Supervisor** _____
 - Minister** _____
 - Other** _____
 - SANE Program for GRIC: 520-562-5151**
6. I will check with _____ and _____ to ask who would be able to let me stay with them or lend me some money.
7. I can leave extra clothes with _____
8. I will sit down and review my safety plan every _____ (days/weeks/months) in order to plan the safest way to leave the home. (Crime Victim Services/Shelter worker or friend) has agreed to help me review this plan.
9. I will practice my escape plan and, if necessary, practice it with my children.



Surviving The Emotional Impact Of Sexual Violence

Common Reactions:

Everyone experiences the impact of sexual violence in their own way. There is no right or wrong way to react to the trauma. This list includes common experiences of survivors. You may not experience them at any specific time, in any specific order, or at all. With time and support from family, friends and/or therapy, it may help in the healing process.

- You may feel very emotional at times, feel detached or numb.
- You may feel sad, depressed or angry.
- It may be difficult to keep up with your everyday activities.
- You may feel like no one believes you.
- You might feel like everyone knows about what happened.
- You may find it harder to be intimate with people.
- You may have difficulty interacting with others.
- You may be afraid of being alone.
- You may experience physical reactions: body aches, headaches, muscle cramps, and/or tension.
- You may have nightmares and feel like you are reliving the assault.
- You may experience changes in eating or sleeping.
- You may blame yourself for what happened.

No matter how it may feel, the assault / abuse was not your fault!

Helpful Information For Friends & Family

When someone you love has been sexually assaulted or abused:

- *What do I say?*
- *What do I do?*
- *How can I help?*

Surviving sexual assault can be difficult for everyone. Every survivor reacts differently. It is important to be patient with your loved one and understand that they have gone through a very difficult, traumatic event. It is just as important to take care of yourself.

You may not know what to say, how to say it or are afraid you may say the wrong thing. It's ok! Ask your loved one directly how best you can help them. Sometimes the most important thing to a survivor is the support that you give them during their healing process and being present.

Things You May Observe:

- *You may see some changes in behavior, such as an increase/decrease in sleeping or eating.*
- *Your loved one may become very emotional and have drastic mood swings.*
- *Your loved one may become emotionally detached or numb.*
- *Your loved one may experience not feeling safe around those they once did.*
- *Your loved one may want to talk a lot about what happened or may not want to talk at all.*
- *Your loved one may seem to go on with their lives unaffected.*
- *Your loved one may become suicidal or talk about feeling helpless or hopeless.*
- *Let them know that help is available.*
- *Call 911 if the person is in immediate danger.*
- *Contact the 24-Hour Suicide Hope Line at 800 - Suicide (784-2433).*
- *Take the person to the nearest emergency room and tell them that "S/he is suicidal."*

If the survivor is your spouse or partner:

- Your partner may need days, weeks, or months before being intimate. Being intimate may include touching, hugging, kissing, or having sex.
- Do not take it personally if your partner pulls away. Your partner is responding to the memory of the assault, not to you.
- Always listen to your partner. There may be times when your partner might decide that they feel ready to be intimate with you, but may suddenly change their mind. This is normal.
- It is extremely important that you listen to your partner and stop what you are doing immediately if they ask you to stop or pull away.
- Your partner needs to know that they have complete control over what happens to their body.
- Tell your partner that you love and care for them. Don't ever physically force affection on your partner, even if it's just a hug to show you care.

If the survivor is your friend:

- Your friend may not want to talk about what happened. It may not be that they don't trust you; it may just be that they don't know how to put words to how they are feeling.
- You may not be doing your normal 'routine' on Friday nights for a while. The survivor may not want to go out, drink alcohol or be around a lot of people.
- Encourage the survivor to not isolate him/herself, but don't force your presence on them.
- Most importantly, just let your friend know that you are there to support them, listen to them when they are ready and just be there for them.

If the survivor is a family member (son, daughter, mom, dad, sister, brother, etc.):

- Remember, the trauma your loved one experienced involved a loss of control and power in their life. Let your family member decide what they want to do and support the decision they make.
- It's ok for their decision to be different than what you would like to have done or what you would do.
- Let your loved one know that you are there for them, to support them, listen to them and love them.

Do's And Don'ts For Providing Support

You can become an important part in your loved one's healing process. There are several things you can do to help:

- **DO** let your loved one know they are not to blame for what happened and there is nothing that justifies sexual assault. Continue telling your loved one, "It was not your fault."
- **DO** let your loved one lead you and tell you what they need.
- **DO** let your loved one decide whether or not to report to the police and participate in an investigation.
- **DO** help your loved one regain a sense of control over their life that was lost during the sexual assault. One way to do this is to let your loved one make decisions and choices without being judged.
- **DO** let your loved one know you care and that it is okay to talk about the assault whenever they are ready.
- **DO** watch for warning signs. Encourage talking with someone at a mental health agency for help if your loved one might be a danger to himself, herself or to other people. In extreme cases you might have to make the contact yourself.

There are also some things that can be harmful to a survivor:

- **DON'T** place blame on your loved one. Sexual assault/abuse is never the victim's fault!
- **DON'T** ask "why" questions. For example, "Why were you out so late?" "Why" questions suggest blame.
- **DON'T** assume you already know what will help.
- **DON'T** second guess your loved one's decision. Your loved one needs to put control back into their life.
- **DON'T** take away choices or options (for example, "I'll take care of everything because I know what's best for you").
- **DON'T** make decisions for your loved one unless you are asked to. Even then, keep them informed of what decisions are made and what is going on.
- **DON'T** assume you know what your loved one is feeling.
- **DON'T** pressure your loved one to talk. Opening up takes time and feeling safe.

About Sexual Violence/Assault

Sexual Harassment

Sexual harassment is any unwelcome sexual advances, requests for sexual favors, and other physical, verbal, or nonverbal conduct of a sexual nature that creates a strained or hostile living, work or educational environment. Like every other type of sexual violence, sexual harassment can happen to anyone regardless of gender, race, age, creed, or sexual orientation.

Sexual harassment is a civil, not criminal, violation. This means that the person guilty of sexual harassment may lose his/her job, be expelled from school, or have other non-legal consequences. Unless there are other criminal violations, this person will not go to jail.

Sexual Abuse:

Unwanted sexual activity with perpetrators using force, making threats or taking advantage of victims not able to give consent. Most victims and perpetrators know each other.

Sexual Assault: Intentionally or knowingly engaging in sexual intercourse or oral sexual contact with any person without consent of such person.

Sexual Assault Includes:

- Penetration (however slight) of the vulva, penis, or anus using any object or body part
- Touching/fondling the penis, vagina, or breasts without consent
- Being shown any of these body parts without consent
- Oral sexual contact (with the vulva, penis, or anus) without consent

Sexual Assault of a Spouse: Engaging in sexual intercourse or oral sexual contact with a spouse without consent of the spouse with use of immediate or threatened force against the spouse or another.

Being sexually assaulted by your partner is a form of domestic violence ("partner" refers to your significant other, regardless of gender or sexual orientation). Domestic violence also happens in same-sex relationships. Under Arizona law, spousal sexual assault occurs if there is the use of or direct threat of force. This is different from other sexual assault laws. If you decide to stay or leave your partner, you should try to call a domestic violence hotline.

Stalking:

Intentionally or knowingly engaging in a course of conduct that is directed toward another person and if that conduct either:

1. Would cause a reasonable person to fear for the person's safety or the safety of that person's immediate family member and that person in fact fears for their safety or the safety of that person's immediate family member.
2. Would cause a reasonable person to fear death of that person or that person's immediate family member and that person in fact fears death of that person or that person's immediate family member.

Stalking behaviors can vary widely. Some examples include:

- Unwanted phone calls after you've asked someone to stop calling you
- Following or spying.
- Sending unwanted letters or emails.
- Waiting at places for the victim.
- Leaving unwanted items, presents or flowers.
- Posting information or spreading rumors about the victim on the internet, in a public space or by word of mouth.
- Making explicit or implied threats

About Sexual Violence/Assault

Cyberstalking and Cyberbullying

Stalking may include the use of technology like cell phones and social media as a way to exert control over and/or monitor the survivor.

Cyberstalking may include:

- Using caller ID to block numbers or lookup numbers to access the survivor.
- Cell phones/Text messages.
- Social Media outlets such as Facebook, Instagram, Flickr, Tumblr, Twitter.
- Global Positioning Systems (GPS).
- Wired or hidden cameras.
- Sending the survivor computer viruses.
- Hacking into survivor's personal email or other online accounts.
- Computer monitoring software.
- Email, instant messages, and other electronic communication.
- Online databases and information brokers.

Cyberstalking does not require physical access to the survivor, but the deliberate and persistent intent of the perpetrator to terrify a survivor are consistent with any other form of stalking. Document and report to law enforcement any instances of stalking in person or online.

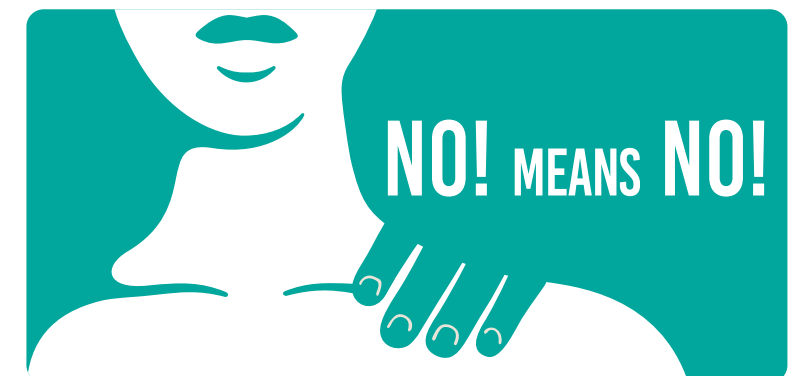
Documentation: It is important to document any and all interactions with the individual you believe to be stalking you. Examples may include:

- Document phone calls including the date, time, where the call was received (home, cellular, work, etc.), the name and number listed on the caller ID and a description of the call or any other relevant notations by writing it down.
- Save phone messages and text messages and phone bills.
- Do not answer or delete emails; instead, save and print the emails.
- Save any documentation that can be used as proof of cyber-stalking. This can include:
 1. Instant messages, emails, photographs.
 2. Receipts from the computer store when your computer was inspected. Please ask the store to provide an itemized list of any viruses and/or spyware that are removed.
 3. Any other documentation of accounts accessed without your consent- this may include entries, documentation from financial institutions, and police reports.
- Take photographs of all vandalism or unwanted gifts.
- Always keep accurate records.
- Notify the police and file a report as soon as possible.

FACTS ABOUT SEXUAL VIOLENCE

Statistics obtained by RAINN.org except where noted

- Most people are raped by someone they know and trust. 2/3 of rapes are committed by someone known to the victim. Rapists are usually people who look and act the same as everybody else.
- "Acquaintance rape" by a friend, new acquaintance, or coworker is frequent, particularly among young, single women. Statistics show that 50% of sexual assaults occur within a mile of their home or at their home; 33% happen between the hours of 6am-6pm.
- All people are potential victims. Males and females of any age, race, class, religion, occupation, sexual orientation, education, or physical description can be sexually assaulted. Every 2 minutes, a sexual assault is committed in the United States.
- Both men and women can be sexually assaulted or raped, and the perpetrator can be male or female with any sexual orientation.
- Sexual assault has nothing to do with who you are or what you look like. Sexual assault is about power and control.
- Men and women of all races, ethnicities, ages, sexual orientations, economic and social classes are represented among perpetrators.
- Unwanted sexual activity in any relationship qualifies as sexual assault.
- Any person has the right to agree to any degree of sexual intimacy they feel comfortable with at that moment, and to not go any further if they do not wish. A person may feel comfortable with one kind of sexual activity but not with another- or decide s/he is not ready for further intimacy.
- No one wants to be raped. It is never the victim's fault that s/he was raped. Rape is a violent crime.
- Most sexual assaults are planned. Research shows that attackers are looking for available, vulnerable targets. Attackers are not looking for people who dress in a certain way. No one asks to be hurt, degraded, or attacked.
- Men do not physically need sex after becoming aroused. In fact, rape is not about the need to have sex. Sex is only the weapon. Rape is about the need to hurt, control, and humiliate other people.
- It is indeed possible to rape a non-consenting adult. Shock, fear of death, threat of violence, or physical brutality can immobilize anyone.
- You have been raped when you are forced to have sex against your will. Lack of struggle does not constitute consent. Rape is a terrifying crime and often your life and/or your loved ones are in danger. Everyone responds differently to rape in order to survive.
- Nearly all rapes are truthfully reported, and, in fact, rapes are vastly under-reported. 60% of rape is not reported and only 2-8% of accusations are false (www.ndaa.org).
- Sexual assault affects the survivor's family, friends, and neighbors. The fear of sexual assault affects all women. The economic costs of sexual assault affect us all. Sexual assault is a societal problem.



Acquaintance assault: Involves coercive sexual activities that occur against a person's will by means of force, violence, duress, or fear of bodily injury. These sexual activities are imposed upon them by someone they know (a friend, date, acquaintance, etc.).

Advocate: A person who supports and defends someone else.

Arraignment: Court proceeding where a defendant is notified of the charge against him/her and enters a plea.

Case number: The number given to your case/report when you file a report with the police. It is important to keep this number and to have it available if you call the police for information about your case.

Child sexual abuse: Fondling; Obscene phone calls; Exhibitionism; Masturbation; Intercourse; Oral or anal sex; Prostitution; Pornography; Any other sexual conduct that is harmful to a child's mental, emotional, or physical welfare.

Choke: to interrupt respiration by obstruction or compression. (Usually internal, food obstructing the airway.)

Continuum of Violence: Push -----> Slap -----> Punch -----> Kicks -----> Throws Objects -----> Threats, Weapons, Strangles -----> HOMICIDE

Conviction: A judge or jury's finding that the defendant is guilty.

Consent: An agreement between two parties to engage in sexual activity. Consent cannot be obtained with use of coercion, threat, or intimidation or if a person is incapable of providing consent by reason of mental disorder, mental defect, drugs, alcohol, sleep or any other similar impairment of cognition.

Defendant: A person who is formally charged with a crime. Before they are charged they are called a 'suspect.'

Felony: A serious crime, such as rape, for which a person may be sentenced to prison for more than a year.

Medical Forensic Exam: A comprehensive medical exam performed by a Sexual Assault Forensic Examiner. The medical exam includes collection of biological samples from the person's body which may be used in a court proceeding.

Forensic Examiner: Medical professionals who are specially trained to provide a comprehensive head to toe medical assessment and the identification and documentation of injuries and collection of biological samples.

Incest: Sexual contact between persons who are closely related (e.g., parents and children, uncles/aunts and nieces/nephews, grandparents, etc.).

Juvenile: A person who is under the age of 18.

Misdemeanor: A lesser crime which is not as serious as a felony and has a lesser punishment.

Partner rape: Defined as sexual acts committed without a person's consent and/or against a person's will when the perpetrator is the individual's current partner (married or not), previous partner, or co-habitator.

Rape: Penetration, no matter how slight, of the vulva or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim.

Sentence: Action taken by the court which will hold the offender responsible for the crime

Sexual assault: Penetration, no matter how slight, of the vulva or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim.

Strangulation: The act of suffocating a person by constricting blood supply to the brain, or constricting the trachea or upper airways.

Subpoena: An order issued by the court requiring a person to appear in court.

Victim Impact Statement: A written statement where the victim describes how the crime affected her/him. This statement may be read during sentencing.

Waive: To choose to give up a right.

COMMUNITY RESOURCES

ALL EMERGENCIES CALL 911

GRIC Police Department	520-562-4511
Crime Victim Services	520-562-4106
Tribal Social Services	520-562-3396
GRIC Crisis Line	800-259-3449
GRIC Domestic Violence Crisis Line	855-203-5849
National Suicide Hope Line	800-Suicide (784-2433)
On Eagles Wings – Women's Shelter	520-562-2740
GRHC Behavioral Health Services	602-528-7100
SANE Clinic	520-562-5151





Gila River
HEALTH CARE



**For more information, please contact:
SANE Clinic at 520-562-5151
or email sane@grhc.org**