



THE CCASA CONNECTION

NEWSLETTER OF THE COLORADO COALITION AGAINST SEXUAL ASSAULT

Winter 2003

www.ccasa.org

Definitions

- Trauma
- Vicarious Trauma
- Secondary Trauma
- Parallel Process

Trauma: The experience of an inescapable event or series of events, so harmful, powerful or severe, that extraordinary coping efforts are required.

Vicarious Trauma: The transformation of inner experience based on vicarious exposure to the traumatic material of the sexual assaults with which we work and our emotional engagement with the victims or perpetrators of these crimes (Pearlman and Saakvitne, 1995). This transformation is created through the cumulative experience of our emotional responses to sexual assaults and the trauma they inflict and our conscious and unconscious defenses against this traumatic material and these emotions. These experiences can affect our psychological development, our interpersonal relationships and our ability to adapt.

Secondary Trauma: The impact of trauma on those working with either trauma victims or offenders, including trauma specific symptoms. These symptoms may include impact to the sensory systems: Images,

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The Art of Transformation: Overcoming Vicarious Trauma

by Jean G. McAllister, MSW

Domestic Abuse Assistance Program, CDHS

Those of us who work with sexual assault are constantly exposed to traumatic material. We witness or are exposed to some of the most cruel and horrific things that human beings can do. Essentially, we walk into hell every day to face the horror of sexual assault, either with those who are victimized or with those who cause the harm. It is vital that we understand this constant exposure to human cruelty, and the pain it engenders, will impact us, in our work and in our lives: It will profoundly change us. That change can damage or transform us. The challenge we face is acknowledging the pain, so that we can respond with self care and seek the assistance we need to make this work a transformative and life-enriching experience, rather than a damaging and limiting one.

Impact on the Provider

Certainly each of us will experience the impact of the trauma with which we work in individual ways. Sometimes we will be successful with integrating the trauma and other times we may need assistance or support. In assessing whether secondary or vicarious trauma reactions are present, it is helpful to look for patterns or themes in responses and changes in normal functioning that can be associated with material related to traumatic exposure. Many experienced providers can become skilled in recognizing early signs and seek assistance to prevent further problems. Many of us can benefit from assistance in assessing trauma reactions from supportive and non-blaming colleagues or supervisors. The following is a list of possible impacts to individual providers.

- Shattering of Basic Assumptions or cognitive schemata: Beliefs about self, others, safety and meaning

- Extreme sense of loss
- Self blame
- Inability to feel safe and secure for self or others
- Disruptions in relatedness to others
- Disruption or intrusion in usual sexual or intimate behavior
- "Extreme" interpretations of offender or victim behavior (too positive or too negative)
- Changes in perception of personal power, capacity or agency
- Changes in typical ego resources: ability to set limits, use of judgment, introspection, perspective, empathy and humor
- Changes in usual coping style
- Misuse or overuse of potentially negative coping skills
- Depression, anxiety or sleep disturbance
- Sensory system symptoms: Images, sensations, feelings, behaviors
- Trauma symptoms (intrusion, avoidance or hyper-arousal)

These are all normal responses to repeated exposure to traumatic material. It is the nature of the trauma that causes them, not some weakness or failure in the provider or the organization. In fact, those providers who fail to acknowledge the impact of trauma can end up developing more serious trauma reactions, resulting in a much greater negative influence on their work and personal lives. Additionally, the following factors may contribute to a

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Dear Friends of CCASA,

In this edition of the CCASA Connection we have chosen to focus on a number of issues related to secondary or vicarious trauma, trauma reactions, and most importantly, options for healing. For those of us that work in this field, regardless of the role that we play, we are not immune from the impact of trauma. The stories we hear, the projects we work on, our own survivor experiences, and the vigilance we develop regarding issues of sexual assault, often create a feeling of being surrounded or overwhelmed by the issue.

While we know that feelings of overwhelm can most certainly catch up to us, not surprisingly we are sometimes the last to address our own trauma. For any number of reasons, whether its avoidance, denial, or just being too busy, as service providers we don't always give ourselves or each other the room to be impacted by our work.

In order to avoid "preaching to the choir" (because I trust we know it is in our best interest to address our own reactions to this work), I will leave you with this quote on health.....

"You have to stay in shape. My grandmother, she started walking five miles a day when she was 60. She's 97 today and we don't know where the hell she is." -- *Ellen Degeneres*

In this very serious work that we do, please remember to take care of yourself. Do the things you like to do best and do them often. For me....I like humor.

In Peace,

Jill McFadden

CCASA Executive Director

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Member Spotlight

by Emily Davis and Cynthia Stone

CCASA



In 1972 the Boulder community formed Moving to End Sexual Assault (MESA) as a response to the abduction, rape, and shooting of two children. Originally named "H.A.R.M.," Humans Against Rape and Molestation, the Team intended to provide victim support and to address social conditions that promoted violence.

The Team later renamed itself the Boulder County Rape Crisis Team until 2001, when it became MESA. The latest name change reflects the Team's commitment to dealing with sexual violence and its prevention.

MESA provides prevention and education programs, and sexual assault assistance including its volunteer-based 24-hour hotline. In the year 2000 MESA's 25 to 40 hotliners handled 1,242 calls ranging from sexual assault to suicide.

In an effort to minimize vicarious trauma and burn out, MESA designed a unique peer support program named Supervision Groups or "Super Groups" as volunteers call them. The Groups are intimate and are without staff supervision to foster bonding and peer leadership. This allows counselors to debrief cases in a supportive setting, to prevent burn out by "checking-in" and to further enhance their counseling skills. Counselors choose the Super Group they want to join at the end of their MESA training.

Super Groups meet monthly at a member's home where confidentiality is maintained and a comfortable social setting is available so that volunteers can share the

challenges of hotline calls. Super Groups frequently make plans beyond MESA related work to participate in activities like pottery making and bowling.

Each Super Group consists of eight to twelve counselors and two supervision leaders. MESA requires supervision counselors or "Super Group" leaders to serve the hotline for a one-year minimum, to demonstrate exceptional hotline experience and follow up skills, and to possess dedicated support for clients and counselors. Super Group leaders forgo hotline shifts so they can concentrate on supporting volunteers the supervision pager. The supervision pager allows hotline counselors to call Super Group leaders with questions or to debrief particularly difficult cases. Each Super Group leader takes the pager for one week every eight weeks to cover the evening and weekend hours that MESA staff are not available.

Super Group leaders attend a monthly meeting with staff to discuss particular cases and concerns and to suggest appropriate changes for the counseling team. MESA also organizes a monthly team activity where all volunteers can spend time together snowshoeing, ice-skating, or hiking. "It's good that the volunteers have other things that bond them together beyond trauma and tragedy," says Julie Washnock who is MESA's volunteer coordinator.

Washnock credits the Super Group program with increasing MESA's ability to recruit and maintain committed and experienced counselors.



Workshops designed for:

- Criminal Justice Professionals
- Attorneys (applying for CLEs)
- Victims' Advocates
- Medical Professionals including SANE nurses
- Prevention Specialists
- Educators
- And Others

STATEWIDE CONFERENCE ON SEXUAL VIOLENCE

presented by
COLORADO COALITION AGAINST SEXUAL ASSAULT
Making Connections:

Human Rights, Social Justice, Prevention & Advocacy
May 28-30, 2003

Beaver Run Resort, Breckenridge, Colorado

CCASA ANNUAL AWARDS BANQUET and

OPENING KEYNOTE ADDRESS:
"Sexual Violence as a Human Rights Issue"
presented by LORETTA ROSS
Wednesday evening, May 28th

PLENARY
PRESENTERS:

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Pre-Conference
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ON
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Registration materials available April 2003. For more information, contact CCASA at:
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Assessing Vicarious Trauma

by Marti Hopper, Ph.D.

MESA (Moving to End Sexual Assault), Boulder

Vicarious trauma can take many forms, some of them quite visible and others more obscure. Even the person experiencing vicarious trauma may not recognize the symptoms or identify them as something resulting from their work.

How do we know when our staff members, our volunteers, or we personally are experiencing vicarious trauma? One approach is to stop and formally assess where we are. The outcome of such an assessment can then be used to create plans for ameliorating vicarious trauma with the group as a whole, or with specific individuals. This article outlines an exercise for assessing vicarious trauma.

Individual Assessment Questions

Reprinted here are questions from an individual assessment instrument that we at MESA have used in our work on vicarious trauma. The questions may be used as is or adapted for your group. Typically, we create a worksheet with enough space between each question for individuals to write their answers. The worksheets can be completed within a group meeting in about 20 minutes, as long as individuals have a private space to work. People can also complete the worksheets prior to coming to the group meeting.

Self-Care

1. Have I noticed any changes in my health?
2. Have I made any changes – either positive or negative -- in how I take care of myself physically (eating, exercise, use of alcohol or drugs, smoking, sleeping habits, getting medical check-ups, etc.)? If so, what changes have I made?
3. Have I noticed any other changes in my daily routines?
4. Have there been any changes in how I spend my leisure time or my ability to have fun?
5. How is my body showing stress or responding differently?

Self-Capacities

6. Have I noticed any changes in my sense of identity or beliefs about myself? Do I feel worthwhile, deserving, and lovable? Am I proud of who I am?
7. Have I noticed changes in my experience of self, such as numbing, depersonalization, or hypersensitivity?
8. How am I managing strong feelings?
9. Am I using my resources to know myself better (introspection) and to keep growing (insight, striving for personal growth)?
10. Am I making good life decisions and choices?
11. Do I believe I can trust my own judgment?
12. Has my spirituality (sense of connectedness, meaning, and/or faith) changed?

My Work

13. Are my reasons for doing this work different than when I started it?
14. Has my work motivation changed from when I started?

15. Are certain tasks or responsibilities particularly stressful for me? Which ones?
16. How do I feel when I arrive at work? When I leave?
17. Do I dream about work?

Relationships with Others

18. Have I noticed any changes in my behavior toward others, or any patterns of tension, emotionality, withdrawal, or reactivity?
19. Have my family and loved ones maintained a focus in my life? Do they know I care about them? Do I know they care about me?
20. Have I noticed any changes in relationships with friends or co-workers?
21. Do I believe others deserve respect?
22. Do I believe I can be close to others?

Changes in Sensory Experiences

23. Do I have intrusive thoughts or images related to my work?
24. Do I experience (more) nightmares?
25. Am I reactive to triggers connected to my clients' experiences?
26. Has my contentment with or response to my sexuality changed? Do I experience intrusive thoughts during sex?

World View

27. Have my views or beliefs about the world changed?
28. Do I believe I can trust or depend on others?
29. Do I feel reasonably safe? Do I believe my loved ones are safe?
30. Do I believe I have control over my life? Do I believe I can influence others' behavior?

Large Group Exercise

This process can be used with a group to identify and discuss vicarious trauma. It is not recommended for groups larger than about 15 people. At least two hours should be allowed.

1. Invite someone with expertise in vicarious trauma to give a brief presentation on the subject to the entire staff. The presenter can be another staff member or an outside expert. This sets the context for your discussion and planning.
2. If group members have not completed the individual assessment worksheet (outline above) prior to coming to the meeting, they should be allowed 15 to 20 minutes to work individually at this time.
3. Once everyone has finished the worksheet, ask each member of the group to create a poster using two to three items from their assessment sheet that they are comfortable sharing with the rest of the group. The poster can be a written list, or it can be more creative using drawings, symbols, etc. You will need a large piece of paper for each person, colored markers, and masking tape.
4. Ask the group members to tape their posters around the room. Be sure each person has written his or her name somewhere on the poster.
5. People should now move around the room and read each other's posters. This is a silent exercise.
6. Once everyone has had a chance to move around the room,

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Nurturing Weary Souls

by Margaret Arms

The Shalom Center, Colorado Springs

I'll never forget that Christmas season as long as I live. I was a social work graduate student intern in a domestic violence shelter. A woman came in late at night, badly beaten following a rape by her boyfriend. As I listened to her story in the emergency room, I found myself recoiling from the horror of her experience. That was the night I lost forever any residual innocence I may have had. As the peaceful message of the season clashed with the brutal and graphic evidence of human violence before me, I remember thinking, "My soul is weary."

Undoubtedly, my experience is familiar to many of us who work to support, advocate, and care for victims of violence and sexual assault. On that night, I knew that if I was to continue in the work I had chosen, I had to find a way to replenish my soul, because my soul had always been the wellspring of my mental, psychological, and physical being. I had to find a spiritual path that accepted the full reality of the violence I saw but that did not lead to cynicism, indifference, or despair.

Like trauma survivors, we care providers too can become numb, and distant from any sense or experience of a holy, creative, mysterious, loving life force. We are fatigued and angered by the horrors our clients bring us. We can lose our connection to that playful, mysterious, holy center where spiritual journeys begin. We can experience an existential weariness and despair that saps our energy and leads (if it hasn't already!) to burnout. Our questions mirror those of trauma victims: "How can I fit this with any notion of a loving Holy One? If there is a God, God can't be good! What am I supposed to learn from all this?" The questions are fragile, tentative. Frequently we are embarrassed, almost afraid, to acknowledge them. So, we isolate physically, emotionally, and spiritually and we become more disconnected from whatever we have held sacred at our spiritual core. We feel dispirited, helpless and powerless.

As I have talked with other colleagues over the years, I have heard them express a hunger for spiritual renewal and a frustration that it is difficult to find people with whom to do that work. This led us to open The Shalom Center in Colorado Springs in May 2002. One of our commitments is to offer opportunities for advocates, medical staff, clinicians, and others who work with primary victims to attend to their own weary souls. As an interfaith center, we honor and respect all traditions and we work with persons from all faiths within their own perspectives.

At The Shalom Center, we listen to the questions, honor and affirm them. We work to infuse energy, light, hope, and an appreciation of playful mystery. We approach our work in a variety of ways. Often, however, we begin by encouraging the practice of attentive mindfulness – not only to the horrors, but also to the small delightful surprises of the present. The goal of this work is to regain a sense of the present in all its particularities, not just trauma, and to begin to reconnect with that playful mystery, which is part of a spiritual journey. Reexamining belief systems about what is holy, cherishing friendships, remembering to play, and adopting a spiritual discipline are also part of the work to healing our spiritual angst and reclaiming our soul energy and power.

Those of us who work with victims have seen or heard some of the worst that human beings do to other human beings. We have lost the luxury of innocence. As one therapist said to me, "It has been a very long time since the world was a safe place for me." Like those of our clients, our spiritual questions are about evil, about the nature of humanity, about the nature of what is holy, about whether the universe is benign, or about existential angst and despair. Our questions emerge from the concrete realities of the stories we hear or see in the course of our daily work. We need to integrate our questions into a belief and value system that honors the context from which the questions emerge yet still allows for delight. We cannot return to innocence; but perhaps *because* we know the worst, we can appreciate even more the delightful, playful surprises that await us as we nurture our weary souls.



Thank you for sponsoring the May 2003 Sexual Assault Statewide Conference...



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provider's development of secondary or vicarious trauma reactions:

- We function outside the range of "normal" in our work
- Exposure to the reality of personal cruelty and graphic material
- Constant awareness of the sometimes horrific impact of crimes on victims and families
- Ongoing awareness of the possibility of crime and victimization, for ourselves and those we love
- We are sometimes the direct targets of manipulation, abuse and threats
- Isolation due to our work and what we know
- Feelings of responsibility for community safety
- "Success" is often not dependent on the reality of the harm done, merits of the case or of our work
- Exposure to the anger and distrust of others
- Exposure to victim blaming attitudes
- Exposure to failures in the justice system
- Being associated with the crimes or the offenders by others
- Number, type and severity of the sexual assaults or the client populations we address
- Exposure to child victimization
- Inadequate provider support, supervision or training
- Lack of strong and viable personal support outside the work environment
- Lack of understanding of or commitment to sexual assault intervention work
- Dramatic changes in current personal circumstances such as recent loss or physical health issues
- Presence of sexist or misogynistic attitudes or beliefs in the work environment

Impact on the Organization

Organizations can mistakenly label organizational trauma or parallel process as individual employee or administrator problems. Many times addressing the possibility of trauma reactions for individual providers and parallel process for agencies can make a substantial positive impact on organizational functioning. Possible organizational impacts are listed below.

- Reenactments of client issues: Betrayal, secrecy, boundary violations, etc
- Loss of trust
- Worker turnover
- Ongoing organizational conflict
- Poor productivity
- Inter-organizational conflicts

What Can We Do To Help?

The good news is that we can learn to do a great deal to address how we are exposed to and impacted by the trauma in our work. We can learn to identify our own risk factors and trauma indicators to ensure that we receive timely intervention and support. We can practice regular

self-care and structure preventive support into our programs. Often, we can predict and control some aspects of our exposure to traumatic material. And finally, we can develop a conscious understanding of what we need to fully integrate and transform the trauma we experience into the strength and wisdom that will make us stronger people and better providers.

Prevention and Intervention Strategies

- Accept that vicarious trauma, secondary trauma and parallel process are normal reactions to extended exposure to the trauma of working with sexual assault
- Learn to recognize secondary trauma when it occurs, for yourself and your colleagues: Name it and either get or offer support and assistance
- Proactively plan for intervention, with yourself, your co-workers and your staff
- Structure ongoing opportunities for collegial support: Remember, if you work in a geographically isolated setting, the internet, the telephone and scheduling support at meetings when you have to travel can have a substantial impact
- Limit exposure, especially when -impacted: Even small limits can help, like taking brief breaks or limiting multiple difficult case assignments in the same time period
- Debrief after exposure to troubling material or serious client incidents
- Name reenactments with clients and co-workers
- Set clear and reasonable limits with your clients, your workplace and your personal support systems
- Remember the big picture: Notice the larger impact of our sexual assault work – it can help inoculate you from the day to day pain of working with victims or offenders
- Attend to empathy for self and others
- Maintain professional connections: Join CCASA, get involved in committee work or join your local sexual assault interagency council
- Be sure that you and your staff have access to ongoing education and training
- Support: Learn to accept it, get it, give it
- Give positive feedback to someone who needs it
- Learn and use self-protection skills: internal, verbal, physical
- Get and provide regular supervision and consultation
- Limit overtime
- Laugh and play regularly
- Get a life - outside of work – use your support system -find a passion – develop a hobby
- Move, stretch, breathe, exercise, be in your body
- Connect with others who don't do this work
- Surprise someone you work with or someone you love
- Treat yourself: To a massage, a fishing trip, a gourmet dinner, a favorite book or a fun "B" movie or whatever you consider a decadent treat
- Practice spiritual renewal
- Identify something that reminds you of the successes you have had, the things you value about the work or your own capacity to transform trauma into strength and wisdom

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- keep a symbol of that reminder close to you in your work
- Seek personal treatment if symptoms persist in spite of self care and support or if coping behaviors are dangerous

Most importantly, take time to acknowledge the importance of the work that you and your colleagues do. Honor that you are, one step at a time, changing the world. Each time we refuse to let the horror and pain of sexual assault define our lives, each time we can refuse to let it destroy another person, each time we transform the pain into greater knowledge, strength, compassion and wisdom we are one step closer to creating the world we want: A world free from sexual violence.



***The world breaks everyone, and after, some
are strong at the broken places.
-Hemingway***

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sensations, feelings or behaviors related to traumatic exposure. They may also include symptoms consistent with Post Traumatic Stress Disorder (DSM IV, 1994): Intrusive symptoms (distressing recollections of events or client material, nightmares, flashbacks or intense distress or physiological reactivity to reminders of the traumatic material), avoidant symptoms (avoidance of thoughts, feelings, people or places related to the traumatic exposure, inability to recall significant aspects of an event, diminished interest in normal activities, feelings of detachment or estrangement, or a restricted ability to feel), or increased arousal (sleep disruption, irritability or excessive anger, difficulty with concentration, hyper-vigilance or an exaggerated startle response).

Parallel Process: The usually unconscious recapitulation of traumatic dynamics or themes (not actual violence) by workers, teams or organizations. The themes often reflected in this sort of response to sexual assault include abuses of power or powerlessness, rage, secrecy and boundary confusion.

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Body & Soul: Supporting Our Bodies to Support Our Lives

by Jennifer Reinbrecht, MS, CMT

Certified Massage Therapist, Denver

It's 3 o'clock. A full day already; I'm on board 'til nine. My energy level is zero, and I'm listening to an all too familiar story that makes my heart ache. - Literally. The ache starts deep in my chest, and then spreads out into the base of my throat. I feel nauseous. Barely breathing, I lean forward and in, collapsing my shoulders and chest around my heart. I focus on listening, trying to ignore the ache. - Programmed for survival, my body perceives a threat and protects my heart. Every abuse story, no matter how familiar, hurts my heart this way, recreating the same pattern: tightness in my chest, a deep ache, shallow breathing, chest collapse, and acid reflux.

To survive an immediate "threat" (to put this in survival terms), our bodies reduce blood flow and reduced blood flow means less oxygen and nutrients to muscles, tissues and organs. Survival mode, fight or flight demands that our bodies stay contracted, ready to flee, protecting our vulnerable organs. Continuous contraction pulls on the bones. Muscles and skeleton change shape to meet the demands of survival mode. Muscle becomes like bone, tough, fibrous, rigid, calcified.

This is how our bodies protect us. Our nervous system takes over so we can survive daily emotional and physical "assaults." Eventually, the body will take on that shape with all the associated problems (*tight contracted chest muscles, collapsed shoulders, chest rotated inward, aching neck and upper back, rotator cuff problems, headaches and poor posture*). Over months or years, the physical adaptations can ultimately lead to pain, deterioration and dysfunction. If the body never gets a chance to rest, it can permanently work in survival mode.

Healing begins with awareness. Our agencies bring awareness to abuse victims that they have choices. They don't have to live this way. We don't have to live this way, either. We need to teach our bodies as we teach our clients to release the old patterns, and create new, supportive ones.

What are your triggers? *A certain story of abuse that mirrors a personal experience? A smell? A setting?*

What is your physiological response? *Heart pain? Nausea? Stomach upset? Intestinal discomfort? Headaches? An overwhelming desire for sugar or carbohydrates? Heart racing as your body desperately wants to run even while you remain calmly seated in your chair?*

As providers experience vicarious trauma, we need to cognitively recognize our triggers, and get to know our (unconscious) physiological response. This is where change begins.

Massage therapy and bodywork help reestablish the mind body connection, making it easier to identify the triggers as they happen, and change the physiological responses that are no longer supporting you. Massage can restore muscle tissue affected by these unconscious structural adaptations, by improving circulation and blood flow, breaking up adhesions, increasing your awareness and releasing the skeleton.

Think about how you walk a client through the healing process. Bodywork walks you through a similar process. First, we create a safe place, a safe relationship, a safe home. Second, we bring conscious awareness to the places in the body locked in the struggle. Third, we ease the contraction out of the muscles and help your mind and your body remember what "normal" feels like. Fourth, you go home with strategies to recreate what you've experienced in the massage.

Will it hurt? Sometimes bodywork, like counseling, can be very uncomfortable. And like counseling, we decide together how far to push, when it's safe to go there. The tension is not just physical. Down to your very cells, your body feels the emotions behind the muscle tension. So a physical release of muscle cells can bring a flood of emotions, just as an emotional release can soften your entire body.

As in counseling, effective bodywork takes place in partnership. We facilitate a process; you make the change. Your body has survival techniques that are critical for short-term, infrequent crises; they are not meant to be long-term strategies. You can release the tension and find other ways to "survive."

It is a life long journey.

Jennifer Reinbrecht is a certified massage therapist in SE Denver, changing her own embedded physical and emotional patterns along with those of her clients.

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hold a discussion of what people noticed on the various posters, and what their responses were. The group members may want to ask questions of each other (e.g., "What did you mean by...?"), make observations based on what they saw, or comment on their own poster. It is best if every group member has a chance to speak, although people are allowed to "pass" if they are not ready to address their own items at this time.

7. Discuss ideas, solutions, and other strategies for coping with any vicarious trauma that has been identified through this process. One discussion should focus specifically on what can be implemented at a group or staff level. A second discussion can focus on what individuals can do regarding their own self-care.
8. Depending on the size of the group, you can end the meeting by asking each person to name one to two things they are going to do differently as a result of the exercise.

Ideas that agencies have implemented for dealing with vicarious trauma include:

- Schedule weekly or monthly process meetings (possibly with an outside facilitator) to discuss how the work is impacting group members.
- Do self-care check-in's at staff or volunteer meetings.
- Hold a staff retreat away from the office once or twice a year.
- Have a scheduled "day of fun" away from the office.
- Provide recognition and/or fun activities throughout the year for staff and/or volunteers (e.g., picnics, potlucks, hikes, holiday parties).
- Recognize successes on a daily, weekly or monthly basis with a note, a candy bar, or a symbolic "trophy" or other item that is passed on to the next person.
- Create a "Fun Committee" or social planning group to plan fun events.

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WINGS Foundation, Inc.
Lakewood

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Longmont

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Lakewood

Erin Stark
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Denver

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Colorado Bar Association
Denver

HONORARY MEMBERS

Carole Jenny, M.D.
Dr. L. S. Lewan

CCASA's membership fee scale and benefits package...

Toll-free: 1-877-37-CCASA
Local Denver: 303-861-7033
FAX: 303-832-7067

Membership Level	Benefits
CCASA Supporter, \$25/yr <i>(Students, activists, out-of-state, legislators...)</i>	Receive the CCASA Connection newsletter, Network News monthly email and invitations to special events.
Individual Member, \$50/yr. <i>(SANE nurses, teachers, prosecutors, self-defense instructors, survivors...)</i>	Same benefits as a CCASA Supporter, plus free or discounted copies of CCASA publications, contact info in Member Guide and on website (optional), one Coalition vote and eligible for Committee and Board membership.
Program Member, \$150/yr. <i>(Rape crisis centers, DV/SA centers, LE offices, DA's offices, prevention programs...)</i>	Same benefits as Individual Members, plus multiple copies of newsletter and Network News may be sent to agency staff, discounts at CCASA events and trainings, eligible for travel reimbursement for CCASA membership meetings and sponsored trainings and a total of three Coalition votes. Limited scholarship money for dues available.
Allied Member, \$100/yr. <i>(Alcohol and drug treatment centers, other human rights and advocacy groups...)</i>	Same benefits as Program Members but not eligible for travel reimbursement or scholarship money for dues.

THE CCASA CONNECTION

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Theme, article and contributor ideas for this newsletter are generated through our Education Committee, chaired by Anpeytu Raben. Send your feedback and article ideas to Nancy Koester on nkoester@ccasa.org.

Next Issue—"Sexual Violence as a Public Health Issue"

THE CCASA CONNECTION

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