

Rape Crisis Response: Before and After

Contributed by Brianna Bernath-Gorneau, BSW

I started out at the Atlantic County Women's Center as a BSW student intern from The Richard Stockton College of New Jersey. The ACWC seeks to empower women through counseling and education. The Violence Intervention Program, the program where I work, helps victims of domestic violence, sexual assault, and incest. One responsibility of an employee of VIP is to be on call and respond to incidents of sexual assault at one of the five local hospitals. When responding to a sexual assault call, I serve as the victim's advocate. Being a sexual assault advocate is not for everyone, as you are put in a crisis situation. As you will see, you need a great deal of education before going on calls, but more importantly, you need a great deal of support after going on a call.

The first call I responded to was for a 38-year-old woman who had suspected someone put drugs into her drink and raped her. She was spending the night at one of the casinos in Atlantic City and was enjoying herself on the casino floor, or so she thought. The woman blacked out for several hours and woke up in hysterics. That is when she called for an ambulance. I was ready for this call. I had been trained for hours and talked extensively with other counselors about their experiences responding to sexual assault calls. I knew what to do and what my role was going to be.

"Terri";

When I arrived at the hospital, I introduced myself to "Terri" and told her why I was there. At this point, I was already extremely nervous. I did not know what to expect, and all of a sudden, I forgot what to do. Terri looked frightened and was dressed in a hospital gown. We made our way to the grieving room where we had some time to talk before the exam was to be conducted.

I explained confidentiality and the agency's support services. Terri kept trying to explain what had happened the night before. She was frantic, running through the details of what she remembered. What bothered Terri most was that there was about a 5-hour period in which she did not remember anything. When talking about this, Terri began to cry. I reminded her to keep breathing. I almost wanted to cry, and I had to concentrate hard not to. Terri wondered if her reaction was normal and if I had seen a lot of this. I told her however she felt was normal and that this was the first call I had responded to. She didn't seem to care that I had not done this before—she was just glad someone could be there with her. Despite frequent calls to her ex-husband and her mother, no one came to the hospital to support Terri. This made her more grateful for my presence, because she was scared.

The Exam

I explained to Terri how the nurse was going to perform the exam and that she was in control of what happened. If she at any time felt uncomfortable, she could make the exam stop. I told her that swabs would be taken from her mouth and her vagina, and if anal penetration was suspected, also from there, as well. Her hair would be combed out for evidence, the inside of her nails would be swabbed, and pictures would be taken. Also, I told Terri she would have to put her feet in stirrups, like at the OB/GYN, so the nurse could check the inside of her vagina for any abrasions or bruises. Terri was more concerned with finding out about STDs and HIV. When she heard herself say those words, she became nauseous but did not throw up. She kept looking at me in such a way that literally broke my heart. Her eyes said to me, "Please just hold me and tell me everything is going to be okay." I resisted the urge to do so, as I knew not to touch the clients.

The nurse finally came in the room and took information from Terri for 50 minutes about the entire night, what she could remember. This situation was more difficult because Terri did not remember an assault, only suspected one, and she had no information on penetration areas or the number of perpetrators involved. It was finally time for the exam, and I asked Terri if she would like me to come in the room with her. She said she would like to have me there with her. We headed down the hall toward the exam room, and many thoughts were running through my head. I was nervous for Terri and hoped I was doing all that I could to support her. I was nervous, because I had never seen a rape exam being performed before. I was nervous for both of us for what we might find out.

As soon as we got into the room, Terri sat on the table and started looking around her own body. She had not showered yet, so the nurse would be able to collect more evidence. All of a sudden, Terri started yelling, "Oh my God!" and jumped up from the table crying hysterically. Neither the nurse nor I knew what she had seen, so I attempted to calm her down and asked her to take deep breaths. Internally, I was trying to calm myself down, as well, because I did not expect a reaction like that. Once again, I almost lost control of my own emotions. She had found a bruise on her upper, inner thigh. The nurse told Terri that the bruise could be from anything, and to not jump to any conclusions. I knew she already had, though. I would have, too. The nurse performed the exam. I looked at the floor, the ceiling, and anywhere else besides at the nurse performing the exam.

Going Home

When the exam was over, I got Terri some new clothes from the hospital closet. I gave her some sweatpants, a sweatshirt, and hospital-type slippers. She was glad to be out of the gown. We headed back to the grieving room, when Terri said all of her belongings were still at the hotel room. She was adamant about not going back there. She was also in no frame of mind to drive back home 45 minutes away. An Atlantic City Police Department detective had now joined us in the grieving room. I explained to Terri her possible options, and she decided she would spend the night in the Atlantic County Women's Center shelter. The detective would pick her up in the morning, get her things from the hotel, and drive her to her car. Terri called the hotline and completed an intake for shelter, and she was approved. I was

relieved Terri had made the decision not to drive home, because she was going through many different emotions. Terri looked forward to taking a shower and getting a good night's sleep. The detective took Terri in his car and they followed me to the shelter. Terri was greeted by the supervisor, given a tour, and shown her room. Now my part in Terri's life was over. I wanted to stay longer with her, but she needed her rest. Besides, I think I wanted to stay for me, not for her.

I went home shortly after getting back to the shelter. I couldn't stop thinking about Terri. I felt sad for her, because she had no friends or family come to the hospital. She was scared to death of what might have happened, and even though I was there, she was still all alone. When she went home the next day, who would be there for her? I wouldn't know. I would know nothing else of Terri's case. Was she the victim of a drug-facilitated rape? Did she have too much to drink and pass out? Did she get an STD? Would the police catch her perpetrator? I would never know.

I had a hard time concentrating on anything on the television, so I tried to go to sleep. That didn't work, either. I decided to call work and talk to a co-worker who offered her ears after I went on the call. I processed the day with her and felt better enough to fall asleep. Now I understood why the people I worked with were so close--because they were always there to support each other.

Even though I had been on my first call, I knew I would always be nervous anytime I had to respond to one. Each call is so different and affects me in different ways. All the training about sexual assault calls prepares you as an advocate and how to support a victim. No amount of training can prepare you for the emotions you feel as a person.

I went home that night with the understanding that I am one step away from being Terri.

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