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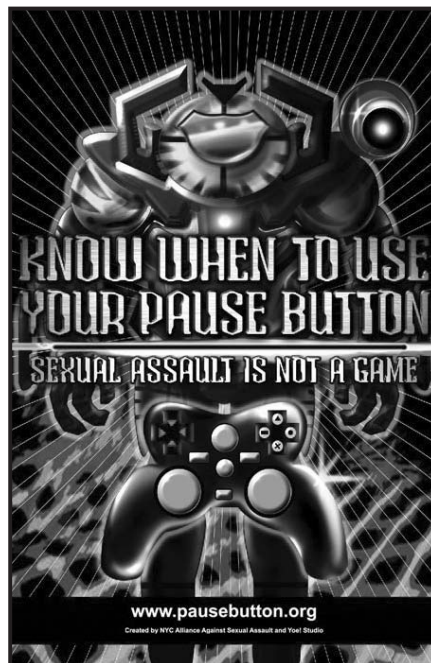
## Boys will be Men: The Pause Button Campaign

The Alliance created the Pause Button campaign to assist in preventing sexual violence by reducing perpetration. Its goal is to change attitudes among boys 11 to 13 years old that could contribute to sexual assault perpetration as boys mature. The campaign aims to reinforce boys' positive masculinity, respect boys' own moral compasses, and show boys how to not cross the line and sexually assault a peer.

When talking to boys about sexual assault, it is best to provide a positive message about masculinity, one that reinforces the boys' own morality and puts them in control of their actions. While boys generally believe that violence toward girls is unacceptable - even reprehensible - behavior, they do not necessarily make a clear connection between violence and sexual assault. We have to make that message clear: sexual assault is an act of violence against women.

At the same time, punitive messages about the future consequences of their behavior are not as effective for boys. This is largely because adolescents view their "future" and adulthood in a very distanced, abstract way. While they are aware that their current behaviors might affect their lives down the road (high school, college and beyond), their acute sense of the future usually does not extend beyond anticipation for tomorrow's game or the party on Saturday night.

After a long, careful development process working with experts in teen and "tween" research and marketing, the *Pause Button*



*Campaign* is the best poster we've seen for this audience. The final poster was designed by Craig Yoe and Yoe! Studio. Craig is the former Creative Director and VP/General Manager of the Muppets, and has worked on everything from TV shows to theme parks. The team at Yoe! are experts in crafting effective messages that young people notice and identify with.

Focus-testing found that boys clearly recognized that this poster was intended for them, and that if they came across an ad like this, no matter the location, they would stop and check it out. All boys immediately and readily understood the message. As a 9th grade

boy participating in a focus group said: "It's not a game. You get points in playing games, but you don't get points for rape."

The Alliance determined that a toolkit for program staff was needed in order to encourage buy-in for the campaign, assist with proper implementation, and help safeguard against any negative effects. The toolkit also guides and encourages youth workers, generates additional activities, and points to outside materials. It offers advice on what to do if a survivor or an abuser comes forward, and how to talk to a group of young people about sexual violence. A crucial part of the toolkit is a "Myths and Facts" section that can be used in a classroom discussion, and also serves to educate staff.

To inform our future work, the Pause Button campaign distribution is integrated with an evaluative research study to ascertain its efficacy, in 25 after-school and beacon programs. This will help the Alliance evaluate the poster campaign's effect on adolescents' social norms around sexual violence; their preparedness to deal with the issue; and their response to the poster.

The evaluation is being conducted by The Michael Cohen Group (MCG), the Alliance's research partner throughout the development of this campaign. MCG is a research-based consulting firm with a strong specialization in research with youth and children, and a particular focus in researching educational and media products and programs for children.

The campaign is part of the Alliance's ongoing effort to reach out to youth and provide information and access. We are pursuing resources to grow the project, including developing educational and curricular supplements.

## FHP Report

### SAFE In the City Forum

Since its inception nearly 10 years ago, the Forensic Healthcare Program (originally the Rape Treatment Consortium) has worked to create best practice standards for care of sexual assault victims, and to tailor these practice standards to fit the realities of New York City. A growing handful of our hospitals provide Sexual Assault Forensic Examiner (SAFE) services, scattered throughout the five boroughs in no systematic fashion. To date, there has been no initiative to ensure that every victim receives this care, despite overall acceptance that SAFE services are beneficial for victims, and help busy city emergency departments to provide quality care.

The current reality is that we can and should move forward to ensure that SAFE services are made available to *all* sexual assault victims in the city, not just those survivors lucky enough to get themselves to the right emergency rooms. To this end, the Alliance invited stakeholders from every borough to participate in a forum on the logistics of a creating a citywide system of SAFE programs. The participants agreed that it was an important goal to increase access to the best practice model and indicated a willingness to participate in workgroups to follow-up. We look forward to working with everyone on this important initiative.

### CJCP Conference

The goal of the Criminal Justice Collaboration Project (CJCP) is to create a forum where criminal justice, law enforcement, emergency service, medical professionals and rape crisis counselors can come together to discuss common issues and concerns, identify areas of existing need, and problem solve. The CJCP Committee meets bimonthly, and each year its work culminates in an annual conference.

This year's conference focused on the collab-

orative nature of caring for sexual assault victims, and on the diversity of sexual assault cases pursued by NYC District Attorneys in the past year. The conference featured an eloquent and moving keynote address delivered by a young woman from the Mount Sinai SAVI Survivor Speakers group. She spoke of her own interaction with the many city systems involved in caring for sexual assault victims.

Following this keynote presentation, Larry Busching, Chief of the Family Court Division of the New York City Law Department, moderated four panel presentations. Each panel presented a single sexual assault case, and the panels themselves consisted of the "team" of professionals that worked on that case - for instance, the prosecutor, the detectives, the medical examiner, the SAFE, the rape advocate. A team from the Bronx and Queens presented a serial rape case, the Staten Island team presented an acquaintance rape case involving a teenager, the Brooklyn team presented a stranger rape case, and the Manhattan team presented a date rape case. The conference successfully demonstrated the necessity of collaboration between disciplines.

## Alliance News

**Alliance Board member Larry Busching joins the New York City Law Department** as Chief of the Family Law Division. The Alliance staff wishes him the best in his new position.

### Charity Begins at Home awards a grant to the Alliance.

The funds will support the publication of the Torch newsletter, and other education efforts at the Alliance.

### The Alliance is a 2005 Google AdWords grantee.

The Google Grants program supports community service organizations in areas such as science and technology, education, global public health, the environment, youth advocacy, and the arts. The Alliance was given free advertising space with GoogleAds.

### Survivor Survey

The Alliance is conducting an anonymous survey of adult survivors of sexual assault who received services in New York City. The survey

will help us advocate for improved services for survivors in the future. The survey is available online at [www.nycagainstrape.org/survey](http://www.nycagainstrape.org/survey). Posters and postcards advertising the survey are available. If your program would like to participate in this project through paper surveys distributed to your clients, **contact Deborah Fry, Research Coordinator at 212.229.0345 X305 or [dfry@nycagainstrape.org](mailto:dfry@nycagainstrape.org).**

### Hospital Rape Care Survey

The Alliance, in conjunction with researchers from the John Jay College of Criminal Justice, will be conducting a hospital rape care survey in Summer of 2005 of all emergency departments in NYC. Hospitals will not be identified by name and all the answers will be measured based on a continuum of care. Our goal is that all 911 receiving hospitals will participate in this survey project. For further information, **contact Deborah Fry, Research Coordinator at 212.229.0345 X305**

## Other Activities

In March, the Tamara Pollak, the Alliance's Forensic Healthcare Program (FHP) Director, made a presentation to lawyers and counseling staff of Sanctuary for Families along with Carla Brekke, Director of Rape Crisis Services at Bellevue Medical Center. Sanctuary for Families is a leading provider of integrated services to domestic violence survivors and a recognized authority on the dynamics of domestic violence in the NYC area, helping women and children rebuild their lives. Sanctuary approached the Alliance to speak on several issues. They share our concern about the prevalence of sexual violence amongst victims of domestic violence, and the importance of identifying this population for treatment. Issues included in the presentation were how legal counsel and program advocates can refer clients with sexual violence histories to appropriate acute and non-acute medical and rape crisis care, and what family court lawyers should know about the medical, forensic and legal aspects of Sexual Assault Forensic Examiner (SAFE) programs.

This training came on the heels of the ninth annual Lawyers Committee Against Domestic Violence (LCADV) Conference entitled, "Domestic Violence and Sexual Assault: Integrating Insights and Practice." The Alliance was recruited by the LCADV to be a part of the planning committee in order to create a bridge between domestic and sexual violence programs. We salute the LCADV and their pioneering efforts to work with rape crisis programs and look forward to many more positive collaborations.

At the end of the funding year, the FHP is happy to announce that we trained 90 sexual assault examiners to provide emergent medical care, and collect forensic evidence, for victims in crisis in hospitals across the city. The Alliance is the first and now one of only two NY State Department of Health certified sexual assault examiner training programs in the state.

## Quarterly Leadership Meeting Review

The June quarterly meeting began with reports from individuals, borough task forces and citywide committees, highlighting current issues. One issue participants were particularly concerned about was maintaining a focus on the continuum of care for the sexual assault survivor. Current funding streams focus on acute care, and limit the intermediate and long-term services included in the comprehensive treatment model. Most advocates support a holistic model which responds to the survivor's long- and short-term, psychological, emotional and medical treatment needs.

For example, it was noted that there is a scarcity of ongoing, walk-in support groups. When survivors seek help and are turned away because a group has begun, they are not likely to come back at the beginning of the next cycle. It may be a long time before they find the strength to seek help again, if they ever do.

A related problem is the cap on rape crisis program funding that only covers counseling for 12-week sessions. This is particularly insufficient for survivors with chronic histories of abuse. Currently, the Hospital Committee is working with two psychotherapy training institutes-ICP (Institute for Contemporary Psychotherapy) and NIP-National Institute for the Psychotherapies to develop an integrated treatment program that blends trauma theory with longer-term analytic theories. The psychoanalysts they are working with have been very receptive. A lack of funds to cover the cost of private

treatment, especially for uninsured survivors, remains a problem. The committee has also identified interest in working with substance abuse agencies to address the schism between substance abuse and trauma treatments.

The second half of the meeting was spent discussing innovative prevention efforts in public schools. We began with presentations from three groups.

### Beth Israel Rape Crisis & Domestic Violence Intervention Program

has created a wonderful new film, *Morning Story*. The story begins the morning after, when a young woman has come to the hospital for a pregnancy test, and a young man is playing basketball with his friends. Aptly titled, the film is current, and tells a powerful story of a young woman who is raped by a young man in his cousin's apartment after a night of dancing. The film was created in response to reactions of students towards similar films. While there are many wonderful films

available, their effectiveness with young people can be hampered by their decades-old style. Victims' Services Coordinator Carol Sher and social worker Alicia Reinhardt were at our meeting to screen the film and discuss experiences in the classroom setting.

Students have found the film provocative and challenging. Boys' first response is often to feel persecuted, and that all the responsibility lies on them. They talk a lot about Kobe Bryant and false reporting. But despite these initial reactions, many are able to engage the film on a less defensive level, especially in mixed gender groups. *Copies of the film are available for a small donation. Contact Carole Sher at 212.420.4516.*

**Between  
one-third  
and two-thirds  
of all  
sexual assault  
victims are  
age 15 and  
younger**

**Population Reports: Ending Violence  
Against Women, 2000**

**New York Reads Together** (NYRT), a project of the NY Women's Agenda, has worked with the Department of Education and SPARK Programs to launch this year's book: *Speak*, a young adult coming of age novel about a high school girl who is sexually assaulted by a fellow student. Barbara Gerard, Co Chair of NYRT, was at our meeting to discuss the project. The book was chosen for the importance of its subject matter and its literary merit. Now in its third year in New York City, NYRT is also happy to showcase its first female author, Laurie Andersen. An accompanying curriculum, developed by Donna Gaffney through a grant with Seton Hall University, will be available for teachers. The book will be read in 9th grade English classes in the fall, with discussions led by in-school counselors. Along with the book, students will receive a book-mark, designed by the Alliance, with information for teens on counseling, medical and prevention resources.

The number of participating schools has yet to be determined, and is dependant upon the funds available to purchase books. NY Reads Together is targeting schools that are open and interested in their program. If you know of a school that may be interested in participating, please **contact the New York Women's Agenda at [nywa@nyc.ir.com](mailto:nywa@nyc.ir.com)**.

#### **Kingsbridge Heights Community Program**

Child Sexual Abuse Treatment and Prevention Program recently started a Peer Sexual Harassment Council at JFK High School in the Bronx. Christine Marr, Director, reported that students identified sexual harassment as part of everyday life. With funding from the City Council, the Peer Council will provide a response through youth leadership and peer education. The students are active in their school communities with projects to raise awareness about sexual harassment and make efforts to intervene when they see sexual harassment occur. They meet regularly to discuss successful interventions and barriers. The program also integrates the NYPD Community Liaison, school principal, and other community

leaders in eliminating tolerance for sexual harassment.

The Alliance and all participants were excited to hear about these innovative efforts. One common thread is that each project requires staff preparation and participation. The Alliance and programs have long held the belief that any school-based program should include staff training. The culture of a school, and its staff's preparedness to respond appropriately to sexual violence, is vital to any prevention campaign. At our meeting, the director of Safe Horizon's hotline reported that school counselors are one of the largest "secondary populations" calling the hotline, next to parents of survivors. These experienced professionals are often in need of assistance to apply their own knowledge and skills in a new way. At the meeting, we were happy to highlight three programs that are doing just that.

## **Singapore Visit by St. Vincent's Social Worker**

BY CHRISTINE FOWLEY, LCSW  
Rape Crisis Program Manager, SVCMC St. Vincent's  
Manhattan, Department of Community Medicine

In early 2005, I was able to take advantage of an exciting opportunity to spend two weeks providing consultation and training on rape and childhood sexual abuse to social work, medical, and criminal justice staff in Singapore. The Singapore Health Ministry funds "Visiting Experts" to provide medical training in Singapore. This was the first time that a medical social worker was funded by this program.

The background and training of social work and other staff in Singapore is different than in the US. Anyone with an undergraduate degree in social work or psychology is called a social worker or psychologist. Some hospital social workers had graduate degrees, but most did not. As far as I could tell, post-graduate institutes or advanced training in

psychotherapy does not exist. Family centers provide counseling and psychotherapy, with most providers receiving their professional training on-the-job.

Child protective services are also organized differently than in the States. Hospital social workers who suspect child abuse must conduct the investigation themselves. It is only when this social worker determines abuse has occurred that the child protective authorities are called. Social workers complained that, particularly in child sexual abuse cases, they too often had referrals turned down. This led to situations in which the child was sent back to the home and sexually abused once again. Then and only then did child protection finally accept the case.

Evidence collection kits, while available, are usually utilized only by request from the police. Without a police report, it costs about \$650 U.S. dollars to open one. The kits are turned over immediately to the crime lab-with no provision for storing them, or for the victim to decide about reporting. I had two very strong suggestions. First, open and do the kit on all cases, since it is what happens in the crime lab (i.e. DNA processing), and not the swabs and slides that are costly. Second, hold the kits while maintaining chain of custody, and allow the victim to decide whether to make a police report. It seemed likely that these changes would be made.

There are other complications in the criminal justice system regarding access to evidence kits for rape victims. Unlike the U.S. where possession, not ingestion, of drugs is the crime, it is a crime to have *ingested* illegal drugs in Singapore. Testing for drugs is a routine part of the evidence collection kit-potentially, reporting could lead to arrest of rape victims who took drugs or were drugged. There are no jury trials in Singapore - judges hear all cases. It appeared that plea-bargaining was not used as option. Victims of crime do not seem to have any particular status in the system. There were

*continued on pg. 6*

## Policy Update

### **State**

#### **Direct Reimbursement for Sexual Assault Exams**

Thanks to a law passed last year, since April 2005 the NY State Crime Victims Board (CVB) has been providing direct reimbursement to hospitals for sexual assault forensic health care exams. This protects personal privacy for victims, while reimbursing providers when the victim does not have access to private health insurance or chooses not to use private health insurance. Direct reimbursement forms are included in new NYS Sexual Offense Evidence Collection kits. To learn more, visit CVB online at [www.cvb.state.ny.us/FRE.htm](http://www.cvb.state.ny.us/FRE.htm) or contact them at 1-800-247-8035 (TTY: 1-888-289-9749), [cvbinfo@cvb.state.ny.us](mailto:cvbinfo@cvb.state.ny.us), or New York State Crime Victims Board, Attn: FRE Processing, 845 Central Avenue - South 3, Albany, NY 12206.

#### **Rape Crisis Program funding cut**

The New York State Department of Health has cut the funding to the twenty-one rape crisis programs in New York City and the Alliance by 14%. This funding supports programs in five boroughs for crisis intervention, counseling, advocacy and education to survivors and the community. While some of the dollars come from the federal government to support prevention initiatives, state dollars support survivor services. As a result, programs will have to cut the level of services they are able to provide. If you are concerned about this, contact the Governor and your state legislators and let them know how valuable rape crisis centers and the Alliance are to New York City.

#### **The Unintended Pregnancy Prevention Act**

By a vote of 34-27-1, the State Senate passed S.3661. This critical legislation allows a woman to go directly to a pharmacist to obtain emergency contraception (EC\*). While the Bush Administration continues to hold up approval of over-the-counter access to EC, the women of New York can now avoid unnecessary delays in getting birth control. This bill will assist those rape victims who do not go to hospital emergency departments for treatment immediately following a sexual assault.

Echoing the support of the State Assembly earlier this year, state senators from both sides of the aisle came together to pass this bill. Thanks to Senator Nicholas Spano (R) and Assemblyperson Amy Paulin (D) for sponsoring the bill, and Senate Majority Leader Joe Bruno (R) and Assembly Speaker Sheldon Silver (D) for their leadership. We await Governor Pataki's action to sign the bill into law.

### **Federal**

#### **End Demand for Sex Trafficking Act of 2005**

[H.R.2012, S.937]

Introduced in the house by Congresswoman Deborah Pryce (R-OH)

with Congresswoman Caroline Maloney (D-NY), and in the Senate by Senators John Cornyn (R-TX) and Arlen Specter (R-PN). The purpose of the bill is to "combat commercial sexual activities by targeting demand, to protect children from being exploited by such activities, to prohibit the operation of sex tours, to assist State and local governments to enforce laws dealing with commercial sexual activities, [and] to reduce trafficking in persons..." Primarily, the bill seeks to reduce the demand for sex trafficking and provide funding to law enforcement agencies to prosecute purchasers, sex traffickers and exploiters. End Child Pornography, Child Prostitution and Trafficking of Children for Sexual Purposes-USA (ECPAT-USA), the Girls Education and Mentoring Services and Equality Now support the bill, and its call for stronger treatment services for domestic victims of sexual exploitation.

#### **Bills Introduced to Prevent Unwanted Pregnancy and STIs for Victims**

*The Compassionate Assistance for Rape Emergencies (CARE) Act* was introduced by Senators Jon S. Corzine (NJ), Hillary Rodham Clinton (NY) and Olympia Snowe (ME), and in the House by Representatives Steve Rothman (NJ) and Rob Simmons (CT). This legislation would ensure that survivors of rape have access to and information about emergency contraception. The CARE Act would also make certain that women receive the necessary medical care to prevent sexually transmitted infections. *The Best Help for Rape Victims Act*, introduced in the House by Congresswoman Caroline Maloney (D-NY), would amend the national protocol for sexual assault examinations to include giving victims at risk for pregnancy information on emergency contraception, and providing the medication on-site if requested.

#### **Violence Against Women Act (VAWA)**

The Violence Against Women Act (VAWA) - landmark legislation that provides life-saving hotlines, shelters, services and laws to protect victims of sexual assault, dating violence, domestic violence and stalking - **will expire September 30 unless Congress acts quickly!**

First passed in 1994, and reauthorized and expanded in 2000, VAWA has marked a turning point in our nation's response to the epidemic of violence against women. While VAWA programs have made a huge difference in our communities, there is still much more to be done. This year's addition of the Sexual Assault Services Act (SASA) specifically strengthens the response to sexual violence and makes VAWA an even better way to address sexual and domestic violence in our communities.

The new VAWA has been introduced by Senators Arlen Specter (R-PA) and Joseph Biden (D-DE) and Representatives James Sensenbrenner (R-WI) and Mark Green (R-WI). Let your elected officials know how valuable the services funded by VAWA are to New York City.

*Singapore Visit continued*

no criminal justice based crime victim programs and no crime victim's compensation. Crime statistics are very low and those convicted of crime are very harshly treated- including capital punishment for drug dealing.

In a related matter, statutory rape cases are treated somewhat differently in Singapore. In the U.S. the age *difference* is considered. In Singapore, if two under-age youth have consensual sex, both can be arrested and prosecuted. Young women sexually assaulted by peers could therefore be at risk for arrest themselves, should they report.

The evidence kit was also used for what could be called "virginity checks." As it in the U.S., virginity is highly valued in some of the cultural groups in Singapore. When a parent brought a teenage girl to the ER to see if the girl's hymen was intact, she could be forced to have the exam. Needless to say, I strongly advocated that no child be forced to have a vaginal exam, since this is a sexual assault. I also suggested that requests for virginity checks routinely be referred to a social worker for an assessment of the situation. There may be a number of reasons why a

**"Rapists,  
not the victims,  
cause rape  
and  
sexual abuse."**

girl's hymen is not intact and virginity checks may lead to physical or psychological danger for the child.

It is worth noting that, while class differences in health care are evident in the US, in Singapore they are more blatant and pronounced. These differences were clearly seen at one of the hospitals I visited. There are both private (full pay) and public hospitals. Individuals who cannot pay their full health care costs can apply for subsidies at the public hospitals. There are separate hospital floors for the full-pay and subsidized patients. On the maternity ward, full-pay new mothers and babies get private, plush,

air-conditioned rooms. Partially subsidized new moms and babies get semi-private, non-air conditioned rooms. Highly subsidized patients are on huge, open wards with no air conditioning- Singapore has a tropical, hot and humid climate all year long. The children's floors also were different according to subsidy or not-but this was not quite as obvious.

In relation to women's rights issues, one Singaporean woman put it this way: "Singapore is usually 10 years behind the U.S. and 5 years behind Australia when it comes to women's services." There is no rape crisis program in Singapore, and, although there is a vocal women's advocacy group, the issue of sexual violence has gotten little attention. Research has consistently indicated that there is a correlation between cultures with very 'traditional' gender specific roles and a higher acceptance of rape myths. This seemed very true in Singapore as rape myths seemed widely accepted. I definitely got the impression that rape is grossly under-reported in Singapore, and that victims who do report are re-victimized by the system. Thankfully, the staff I trained recognized this and attended the training programs because they were committed to making changes in the treatment of victims in Singapore.

In the training programs that I conducted, I tried a slightly different approach than usual. Rather than starting with a focus on survivors, I started with videos and information on rapists and child molesters. The rapists, not the victims, cause rape and sexual abuse, and talking first about why men rape seemed to be a way to really stress this point. NYS Coalition Against Sexual Assault has a number of videos of interviews that I used. This seemed to work well: in small group discussions, participants seemed to understand that rape was not really about sex.

I also wanted to integrate information about the neurobiology of trauma. Having read and reviewed my materials countless times, I still got confused between the hippocampus and

## On the Web@ [www.nycagainstrape.org](http://www.nycagainstrape.org)

### The Alliance is proud to announce record traffic on our website!

Both February and March were record-breaking months for traffic to the Alliance's website. February, despite being the shortest month, saw a record 49,713 page views on our main site. March saw a record 71,368 page views. This means that pages on our site were viewed over 2,000 times daily, or approximately 400 visitors per day. In April we surpassed that, with another record 75,196 page views, or 2,506 page views a day.

### Online Service Map

This spring the Alliance launched our interactive Service Map ([www.nycagainstrape.org/resource\\_map.html](http://www.nycagainstrape.org/resource_map.html)).

The visual "map" accompanies a step-by-step guide to services for survivors of sexual assault in New York City, with descriptions and contact information for local criminal justice, law enforcement, medical, counseling and hotline services. It also includes links to a wealth of information in the Alliance's Resource Guide, which lists rape crisis, child advocacy and other support programs.



**Singapore is a City-State located on an island at the bottom of the Malaysian peninsula in Southeast Asia. Singapore has 4 official languages: English, Mandarin Chinese, Malay and Tamil. Of the approximately 4 million Singaporeans, most (77%) are of Chinese ancestry with 14% Malay, 8% Indian, and 1% European. Singapore is one of the 20 smallest countries and the second most densely populated in the world**

amygdala. About a month before I left for Singapore I was mailed a copy of a DVD, "Understanding Sexual Violence." Produced to educate judges about sexual violence, there is an excellent 30-minute segment on the neurobiology of trauma. (The DVD can be obtained at [www.njep.org](http://www.njep.org), National Judicial Education Program.) Great timing!

I also tried a slightly different approach to understanding victim blaming. Many educators use the rape scene from the movie "The Accused," starting with the bar scene in which the victim, played by Jodi Foster, flirts very suggestively with the men in a bar.

The scene goes on to show her brutal and graphic gang rape. In this case, I started with the rape scene, stopped the tape and discussed the audience's visceral reaction, and their empathy for the victim. I asked if anyone could think of a justification for

what happened-could the victim have done anything to 'deserve it?' I then showed the scenes leading up to the rape. It led to a lively discussion.

It was fascinating to see the differences-and similarities-between our culture(s) and Singapore's. It was exciting, as a social worker, to get to know other workers and to have some input, hopefully, into social change.