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Congratulations Brandy, Recipient of 2015 Carol Maicki Advocacy Award!

This year Brandy Coppersmith, Executive Director of the Missouri Valley Crisis Center in Chamberlain was nominated for the Carol Maicki Advocate Award by Tammie Brock, Executive Director of the Crisis Intervention Shelter Services in Sturgis. Tammie states in her nomination of Brandy:

Brandy worked for Wiconi Wawokiya, Inc. (Helping Families) for two years then became Director of Missouri Valley Crisis Center three years ago. Brandy has advocated for women & children experiencing domestic and sexual violence her entire life. She has worked with diverse populations throughout her career- people with special needs, survivors of sexual assault and/or domestic violence and their families. Brandy demonstrates a passion for all people, regardless of class, race, economic status, sexual orientation/ gender identity or religious/spiritual beliefs. When it comes to helping the oppressed and victimized, her selflessness and passion for humans shines bright in the forefront.

“Brandy is a great advocate for people dealing with some of the toughest situations. She works extremely hard to help those in need to feel safe, secure and cared for no matter the situation, making herself available when needed. Brandy is also involved in other causes in the community, caring for many more then her job actually requires.” – Vonnie Blasingame, Missouri Valley Crisis Center Board Member.

“Brandy should receive this award because she is an incredible advocate. She has completely changed the way the Missouri Valley Crisis Center is viewed in Chamberlain. Before Brandy, law enforcement saw the shelter as not a safe place to send victims. They saw the shelter as hostile to them. Brandy has created a very cooperative working environment with law enforcement. Officers now call the shelter for assistance when dealing with victims. Brandy created a working environment with the hospital, as well. Due to Brandy’s efforts, more victims are getting medical treatment for their injuries. Brandy created a positive working relationship with the State’s Attorney’s office. Due to Brandy’s help in keeping victims safe, they are more likely to assist with prosecution. Brandy has gone above and beyond just keeping the shelter running. She has created a positive working atmosphere with community groups to assist victims of Domestic Violence and Sexual Assaults”. - Kimberly Zachrison, Brule County Deputy State's Attorney

Brandy reminds us that we each have gifts to bring to our work. She is friendly, sisterly, kind, compassionate, strong woman. Brandy serves on the SDCEDSV Executive Board and several committees. She exemplifies the belief that women are the driving force in social change and justice.

About the Carol Maicki Advocate Award

Since 2006, SDCESV honors the spirit and legacy of Carol Maicki by presenting a monetary award and plaque to an advocate who emulates the qualities Carol brought to her work and relationships with women. Carol understood the connections between violence against women, sexism, racism and classism. She was fearless about speaking out and standing up – a true advocate for social change. Carol believed relationships between women are the foundation of our work. She had the unique ability to make so many women feel like they were her best friend. One of her mantras was that no woman should stand alone, regardless if she agreed with a woman’s decision or not. Women still recall how Carol opened her heart, home and resources to women in a caring, respectful way.

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The Native American Women’s Health Education Resource Center Successful in Assuring Access to Emergency Contraception at Indian Health Service

The Native American Women’s Health Education Resource Center Successful in Assuring Access to Emergency Contraception at Indian Health Service

After five years of tenacious policy and grassroots organizing work, the Native American Women’s Health Education Resource Center (NAWHERC) in Lake Andes, South Dakota, is proud to share that the Indian Health Service has included Emergency Contraception in the written policies for all I.H.S. service units. This move puts the agency in compliance with federal policies to provide equal access to safe, emergency contraception in the form of Plan B, over the counter, no questions asked, without age restrictions - especially important for survivors of sexual assault.

“The potential for Native American women to need reproductive choice or emergency contraception (EC) because of a violent incident statistically far exceeds that of the general population. Native Americans are raped at a rate nearly double that of rapes reported by all races annually – 34.1%, more than 1 in 3, Native American women will be raped in their lifetime. Three-fourths of Native American women have experienced some type of sexual assault in their lives.”

Although, Plan B has been available over the counter to all women seventeen years and older, Native American women have not been provided standardized access to Plan B over the counter by their primary health care provider- the Indian Health Service.

Earlier this year, the NAWHERC Resource Center submitted a report card to the Indian Health Service and the Department of Health and Human Services outlining just how short their “verbal directive” was missing the mark in protecting Native American women. This report card and a GAO Status memo (Oct 2014) led to a meeting with the DHHA and I.H.S. and eventually the White House Office of Violence Against Women. Charon Asetoyer and Pam Kingfisher worked closely with Amnesty International and ACLU attorneys to provide draft policy changes to assist the I.H.S. to make the necessary written changes in order to meet federal standards for Native women.

The new policy directives can be found at http://www.ihs.gov/ihm/index.cfm/index.cfm?module=dsp_ihm_pc_p1c15

These newly written policies are the systemic answer to a patchwork of healthcare for Native women. Asetoyer stated, “We are very pleased that the Indian Health Service and Health and Human Services have chosen to follow the Federal law by institutionalizing this policy so that Native American women across the country will have standardized access to emergency contraception.” “There is still more work to be done in terms of following the Federal law and the implementation of the TLOA of 2010”, such as developing a national protocol for responding to child sexual assault and the forensic witness approval process for victims of rape”.

Working with the American Civil Liberties Union, Asetoyer and her team met with the lead attorneys for the director of the HHS and the chief medical officer for the I.H.S. in Washington DC where they provided draft written policies for consideration and adoption. This work is the culmination of five long years of advocacy work on the part of Asetoyer and the Resource Center team.

Human Rights are created and adopted to be applicable across the board, but we continue to hear Native American women’s stories of restrictive and inconsistent policies, un-funded health care needs, difficulty in accessing preventive and emergency services – whether the institutions are run by the Indian Health Service, a treaty tribe or non treaty tribe, a PL 638 situation, or a “self-governed” tribe.

This long time advocacy also requests the I.H.S. to immediately enforce the application of Standardized Sexual Assault Policies for all hospitals and clinics in its purview and to work with Tribal Nations to understand and implement standardized emergency room services for all Native American women.

All of the NAWHERC health reports are available for free download and distribution at www.nativeshop.org

Article submitted by Charon Asetoyer, Executive Director, Native American Women’s Health Education Resource Center, Lake Andes, SD
Thinking about Trauma in the Context of DV
Advocacy: An Integrated Approach

As advocates, we have the opportunity to offer a more integrated approach to the emerging discourse on approaches to healing. Trauma-informed models are designed to be responsive to the experiences of survivors of abuse and violence and emphasize the importance of provider self-care, along with administrative, consultative, and peer support. These models take into account both the psychological consequences of abuse and how trauma affects both domestic violence survivors and the psychological harm. Lastly, a trauma framework fosters an awareness of the impact of this work on providers, and the courts, underscoring the importance of responses that are both DV- and trauma-informed. We also know that many of us experience multiple types of trauma in the course of our lives—trauma that is collective as well as individual, that is personal and political. We know that the pervasiveness and impact of trauma and that are designed to reduce retraumatization, support healing and resiliency, and to incorporate an understanding of how those experiences can affect one's ability to regulate emotions, process information, and attend to one's surroundings. They also provide tools for responding skillfully and without overreacting, that services themselves are not retraumatizing to survivors, as well as to provide strategies for attending to the effects that bearing witness to another's painful experiences has on advocates as well.

Perversely, we can pay careful attention to physical or emotional abuse or violence in one's life, both during and after the survivors life. They can also prevent retraumatization, support healing and resiliency, and to ensure that our grounding in DV advocacy but also by working to ensure our programs and services are fully accessible, culturally attuned, and trauma informed.

The emergence of trauma theory over the past three decades has created a significant shift in the ways mental health symptoms are conceptualized and in our understanding of the role abuse and violence play in the health symptoms are conceptualized and in our understanding of the role abuse and violence play in the psychological consequences of domestic violence. It’s essential to know that, historically, trauma is seen in the context of the psychological consequences of abuse and violence. It is seen as an event that is traumatic. It is understood as a response to an event or situation that is traumatic. This understanding of trauma in the context of mental health treatment—one that focuses on resilience and strengths as well as psychological harm. Lastly, a trauma framework fosters an awareness of the impact of this work on providers, and it takes a huge diligence of the staff and the people that really care about the children and the women of our community to just push thru and make it work,” Clausen says.

Sacred Shawl Society Receives Grant!

The US Department of Justice recently awarded $440,000 to Sacred Shawl Society located in Martin, serving the Pine Ridge Reservation and surrounding area. This three year grant helps assure shelter, advocacy and emergency resources for victim of battering and sexual violence. “It takes a multitude of different partners out there to really make it work, otherwise it’s not going to happen. And it takes a huge diligence of the staff and the people that really care about the children and the women of our community to just push thru and make it work,” Clausen says.

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Sex Trafficking in Indian Country Workshop Held Near Lake Andes

The one day “Sex Trafficking in Indian Country” workshop was attended by approximately 70 people on October 21st at the Ft. Randall Casino outside of Lake Andes. The event was organized by the Native American Women’s Health and Education Resource Center with the support of KDKO Radio, the South Dakota Coalition Ending Domestic and Sexual Violence, the Yankton Sioux Tribe and the Fort Randall Casino.

The discussion was facilitated by Bonnie Clairmont, Victim Advocacy Specialist for the Tribal Law and Policy Institute. Clairmont spoke about root causes and contributing factors of sex trafficking. She stated that trafficking isn’t just a big city problem, it can happen close to home. “We’re not talking about strangers,” Clairmont said. “We’re talking about our own relatives, our own sisters and our own daughters who could be harmed like this.”

Charon Asteyer, Executive Director of the Women’s Health and Education Resource Center spoke of the importance of raising awareness on the issue before more Native Americans are targeted. “We’re very fortunate to be able to put on this conference,” Asteyer said. “It is not just one organization or one group, but it’s everybody who’s coming together because we want this information for our community.”

“Think proactively about this problem,” Clairmont said. “…they need to put together a victim-centered, tribally based service for victims and also to hold offenders accountable.” Clairmont believes tribal communities are particularly susceptible to trafficking due to the lack of jurisdictional authority tribal officers have over non-native perpetrators.

Attendees, including tribal law enforcement officers and members of the Girls and Boys Club, received a T-shirt with the words “Stop Sex Trafficking” as part of the initiative to confront sex trafficking in Indian Country and South Dakota.

Crisis Intervention Shelter Services, Inc. DVAM Event Inspires

Domestic Violence Awareness Month has past this year. But the violence continues each and every day. Advocates and family members and loved ones of those whose lives were taken by their batterer, continue each day to celebrate and mourn lives lost and take action to end violence. This year CISS, Inc. held a Speak Out and Clothesline event. Perhaps the most inspiring speaker was Angela Hanson. In her own words:

“Today we all come here to honor those who have been taken from us by Domestic Violence. When Debbie Jo Wendt Martines was killed on February 21, 1994, OJ Simpson had not driven his white Bronco down the highway, Chris Brown was a child and there were very few cell phones. In today’s world, Domestic Violence is more in the forefront than ever. In those days, the victim was to blame for staying.

On the front of today’s Rapid City Journal, we saw an abuser attacking a woman and because of the courage of a police officer the abuser was the one who paid the price, not the victim. All stories today do not have a happy ending. There are stories of men in Platte, SD taking the lives of 4 children and his wife. We mourn all of those killed in these horrific acts.

I have often been asked what could have been done to prevent these tragedies. What can we do to help? The greatest thing we can do is to say NO to domestic violence. If you ever have a friend who confides in you abuse, immediately seek out help for them. Do not wait! Do not think it will get better with time. Time only allows an abuser to infiltrate more of a victims mind, body and soul. If you do not act, by the time you do act it may be too late.

If you see signs of violence on a woman, DO NOT push it to the side or ignore it. Privately discuss with them that there is help available and that you will help be there guiding light to safety.

If you see a man becoming violent with a woman, DO NOT turn the other way and use the “it’s not my business” excuse. Domestic Violence affects ALL of us. It affects those directly linked, their families, their friends and the futures of everyone involved. It is your problem, it is your responsibility and you may be the one person to save someone’s life. Just as you would report a fire at a home, domestic violence needs to be reported with the same urgency!
In closing, Debbie’s family will forever be haunted by the “What ifs” and the “Why didn’t we’s”. My life has forever been changed as a survivor of domestic violence. My abuser was the same one who took Debbie’s life. I will forever wish Debbie and her children escaped his violence the way my children and I did. I will forever be haunted by the fact that Debbie’s children grew up without their mother. Survivor’s guilt is a horrible burden to bear. The only thing that I can do is make sure that not 1 more victim of domestic violence is ever recorded at the hands of Debbie’s killer and do my very best to help those who are in need of escape or help restarting their lives. This is my mission to make amends for all the “What if’s” I wish I could go back and do over for Debbie Jo Martines, her children and the rest of her family.

Thank You for attending this event and for remembering the lives of all who have been lost…

Julie Phillips, Director of Services at CISS, talked about the Clothesline Project which gives survivors an opportunity to share their messages with the public in an anonymous but direct way. This is the first time it was done in Sturgis. The Project started in Cape Cod, Mass. to increase awareness of domestic violence in the community.

**Sex Trafficking Awareness and Response Material from SDCEDSV**

Thanks to a grant from the Tides Foundation, the SDCEDSV Survivors of Sexual Violence and Native Women of Sovereign Nations Task Forces, and the creativity and dedication of Carla Rae Marshall, SDCEDSV’s Tides Grant Coordinator, we are able to provide an impressive array of public education materials for South Dakota communities. The two brochures, pocket card, poster and fact sheet created by Carla Rae are available to the public at very low cost – free to members! Interested in training? Contact Brenda Hill at brenda@sdcedsv.org
Sexual violence is preventable. Communities are vital in the development of effective sexual violence prevention strategies. Local initiatives are in a good position to respond to the needs of their community and involve participation of community members. This fact sheet provides information about the Spectrum of Prevention, a tool developed by the Prevention Institute and tailored by the National Sexual Violence Resource Center, to assist communities in developing comprehensive sexual violence prevention initiatives. Designed for broad scale change, it focuses not just on individuals, but also on the environment, including systems and norms that contribute to sexual violence. An outline of the six levels of the Spectrum follows. By working at all six levels simultaneously, communities can design an effective plan that promotes confidence that their relationships, homes, neighborhoods, schools, places of worship, and workplaces are safer.

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<thead>
<tr>
<th>Level of Spectrum</th>
<th>Definition of Level</th>
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<tbody>
<tr>
<td>1. Strengthening Individual Knowledge and Skills</td>
<td>Enhancing an individual’s capability of preventing violence and promoting safety</td>
</tr>
<tr>
<td>2. Promoting Community Education</td>
<td>Reaching groups of people with information and resources to prevent violence and promote safety</td>
</tr>
<tr>
<td>3. Educating Providers</td>
<td>Informing providers who will transmit skills and knowledge to others and model positive norms</td>
</tr>
<tr>
<td>4. Fostering Coalitions and Networks</td>
<td>Bringing together groups and individuals for broader goals and greater impact</td>
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<tr>
<td>5. Changing Organizational Practices</td>
<td>Adopting regulations and shaping norms to prevent violence and improve safety</td>
</tr>
<tr>
<td>6. Influencing Policies and Legislation</td>
<td>Enacting laws and policies that support healthy community norms and a violence-free society</td>
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FACT SHEET

The Spectrum of Prevention was developed by Larry Cohen of the Prevention Institute. The original framework is available at http://www.preventioninstitute.org/tool_spectrum.html. For more information about the application of this model to sexual violence prevention, view the NSVRC’s publication, Sexual Violence and the Spectrum of Prevention: Sample Activities.
Spectrum of Prevention: Sample Activities

1 Strengthening Individual Knowledge and Skills
   • Provide multiple session skill-building programs that teach healthy sexuality and healthy and equitable relationship skills to high school students.
   • Build the skills of bystanders to safely interrupt behavior such as sexist and homophobic harassment.

2 Promoting Community Education
   • Teach parents to address attitudes and behaviors in their children that support sexual violence.
   • Stage community plays that reinforce positive cultural norms, portray responsible sexual behavior, and model bystander action.
   • Hold religious and political leaders accountable for providing clear and consistent messages that sexual violence is not appropriate.
   • Develop awards programs to publicly recognize responsible media coverage and community leadership to prevent sexual violence.

3 Educating Providers
   • Train little league coaches to build skills to interrupt and address athletes’ inappropriate comments and behaviors that promote a climate condoning sexual harassment and sexual violence.
   • Train health care providers, mental health professionals, educators, foster parents and other professionals on the principles of healthy relationships.
   • Collaborate with musicians, song writers, and artists about positively impacting young people.

4 Fostering Coalitions and Networks
   • Foster partnerships between researcher/academics and community providers to strengthen evaluation approaches.
   • Engage art organizations to promote community understanding and solutions.
   • Engage the business sector to foster workplace solutions and build support.

5 Changing Organizational Practices
   • Implement and enforce sexual harassment and sexual violence prevention practices in schools, workplaces, places of worship and other institutions.
   • Implement environmental safety measures such as adequate lighting and emergency call boxes, complemented by community education and enforcement of policies.
   • Encourage insurers to provide resources and materials promoting healthy sexuality.

6 Influencing Policies and Legislation
   • Promote and enforce full implementation of the Title IX law.
   • Establish policies at universities to provide sexual violence prevention curriculum to all students and training to all staff, and include funding as a line item in the university’s budget.
   • Pass middle and high school policies to offer comprehensive sex education programs that include sexual violence prevention and address contributing factors in the school environment.

Some of the Many October Domestic Violence Awareness Month Events!

Donna Talley (far right), Director of WEAVE once again organized a Take a Stand Against Violence event in Custer as part of Domestic Violence Awareness Month. She is joined by Board Members, WEAVE advocate Faith Lewis, community members and Chris Jongeling, SDCEDSV.

WEAVE also held a DVAM Walk and Candlelight Vigil on October 1, downtown Custer.

Silent Witnesses In Black Hills Wacipi Grand Entry

Thanks to the Black Hills Wacipi Committee and especially, Stephen Yellow Hawk, for assuring the SDCEDSV membership from across the state could once again bring Silent Witnesses into an already jam packed Grand Entry as part of Domestic Violence Awareness Month. MC Whitney Rencountre read the following on behalf of the SDCEDSV:

October is Domestic Violence Awareness Month. The red figures you see are called Silent Witnesses. In Indian Country we also call them Quiet Guides. For many years the South Dakota Coalition Ending Domestic & Sexual Violence ask members from across the state to come and carry them into this Grand Entry. They represent some of the South Dakota women, men and children who were murdered in acts of domestic violence.

The Witnesses are red because it’s the color of our Life’s blood, the one way in which we are all united. The shields are placed over the heart – our life’s rhythm.

The vast majority of those murdered by batterers are women. 6,614 US troops were killed in Afghanistan & Iraq – during that same time 11,766 women & their children were killed by their partners in the US. Native women are the most murdered, beaten and raped group of women. This war on women is the opposite of our traditional way. Women and children are sacred. The violence can end.

The Silent Witnesses bring meaning to these lives lost. You can be a voice for them. Commit to non-violence. Join us. Take action to create safety & peace in our world.

Pictured with grandson, Tammie Brock, Director, Crisis Intervention Shelter Services, brought the Silent Witnesses from Sturgis for this event.
Creating Trauma-Informed Domestic and Sexual Violence Advocacy Services Workshop Held

This workshop held in Rapid City, September 24 & 25, assisted programs to enhance their capacity to develop accessible, culturally relevant, trauma-informed domestic and sexual violence services. It brought a survivor-centered, human rights/social justice lens in a cultural, historical and community context. Emphasis was on understanding trauma and its impact on advocacy. Advocates developed their understanding and skills to respond more sensitively and effectively to survivors and their children experiencing mental health and substance abuse effects of domestic violence and other trauma. Attention was given to the impact of trauma on advocates and the creation of welcoming, accessible services.

Facilitator Cathy Cave, Senior Training Consultant, National Center on Domestic Violence, Trauma & Mental Health, has worked 30 years in human services, invested in the movement to develop trauma-informed services.

SDCEDSV Annual Meeting

The Board of Directors of the SDCEDSV gathered in Pierre on November 11 & 12 for our Annual Meeting. This year, Michelle Dixon-Wall, Resource Sharing Project Specialist with the Washington Coalition of Sexual Assault Programs facilitated the strategic planning session. Michelle’s years of experience with shelter work, advocacy and work within state coalitions brought a renewed energy to what is usually a worthwhile, but complex process. She helped inform our work as a dual coalition that addresses both domestic and sexual violence. Consideration of infrastructure development and sexual violence initiatives were major issues discussed as part of the strategic plan. The SDCEDSV membership thanks Michelle for sharing her expertise and guidance!
Thinking about Trauma in the Context of DV Advocacy: An Integrated Approach

(Warshaw 2005, NCDVTMH 2013)

The emergence of trauma theory over the past three decades has created a significant shift in the ways mental health symptoms are conceptualized and in our understanding of the role abuse and violence play in the development of mental health and substance abuse conditions. Arising out of the experiences of survivors of civilian and combat trauma, trauma theory views “symptoms” as survival strategies—adaptations to potentially life-shattering situations that are made when real protection is unavailable and normal coping mechanisms are overwhelmed.

Trauma theory helps destigmatize the mental health consequences of domestic violence by recognizing the role of external events in generating symptoms and normalizing human responses to traumas such as interpersonal violence. It also creates a more holistic framework for understanding the ways in which the biological, emotional, cognitive and interpersonal effects of abuse can lead to future difficulties in a person’s life. And it affords a more balanced approach to mental health treatment—one that focuses on resilience and strengths as well as psychological harm. Lastly, a trauma framework fosters an awareness of the impact of this work on providers, and emphasizes the importance of provider self-care, along with administrative, consultative, and peer support.

Although trauma models are not a substitute for advocacy-based approaches that help survivors achieve freedom and safety, or for broader social justice efforts to address the root causes of abuse, violence, and oppression, trauma theory can greatly inform and enhance advocacy work by increasing understanding of the psychological consequences of abuse and how trauma affects both domestic violence survivors and the providers and programs that serve them.

Trauma-informed models are designed to be responsive to the experiences of survivors of abuse and violence and to incorporate an understanding of how those experiences can affect one’s ability to regulate emotions, process information, and attend to one’s surroundings. They also provide tools for responding skillfully and empathically to individuals for whom trust is a critical issue, without having one’s own reactions interfere.

Trauma-informed service environments provide emotional as well as physical safety and are consistent with advocacy models in their focus on empowerment, collaboration, and choice. They are also designed to ensure that services themselves are not retraumatizing to survivors, as well as to provide strategies for attending to the effects that bearing witness to another’s painful experiences has on advocates as well.

NCDVTMH Definition of Trauma-Informed:

The term trauma-informed is used to describe organizations and practices that incorporate an understanding of the pervasiveness and impact of trauma and that are designed to reduce retraumatization, support healing and resiliency, and address the root causes of abuse and violence (NCDVTMH 2013, adapted from Harris and Fallot 2001).

At the same time, trauma models have historically focused on the effects of trauma that occurred in the past. Yet for many survivors the trauma is ongoing and “symptoms” may reflect a response to ongoing danger and coercive control. Similarly, stigma associated with substance abuse and mental illness allows abusers to use these issues to control their partners, undermine them in custody battles, and discredit them with friends, family, and the courts, underscoring the importance of responses that are both DV- and trauma-informed. We also know that many of us experience multiple types of trauma in the course of our lives— trauma that is collective as well as individual—and that culture and context can play an important role in our experience of trauma and our approaches to healing.

As advocates, we have the opportunity to offer a more integrated approach to the emerging discourse on trauma—one that combines a trauma-informed perspective with a DV/social justice lens—and to ensure that our own programs and services continue to counteract the effects of abuse and oppression, not only through our grounding in DV advocacy but also by working to ensure our programs and services are fully accessible, culturally attuned, and trauma informed.
Article submitted by Charon Asetoyer, Executive Director, Native American Women's Health Education Resource Center, Lake Andes, SD

All of the NAWHERC health reports are available for free download and distribution at www.nativeshop.org

This long time advocacy also requests the I.H.S. to immediately enforce the application of Standardized Sexual Health Services for Native American women. This work on the part of Asetoyer and the Resource Center team.

Working with the American Civil Liberties Union, Asetoyer and her team met with the lead attorneys for the Department of Health and Human Services outlining just how short their “verbal directive” was missing the mark in protecting Native American women. This report card and a GAO Status memo (Oct 2014) led to a meeting with the DHHA and I.H.S. and eventually the White House Office of Violence Against Women. Charon stated, “We are very pleased that the Indian Health Service and Health and Human Services have chosen to implement standardized emergency room services for all Native American women. This long time advocacy also requests the I.H.S. to immediately enforce the application of Standardized Sexual Health Services for Native American women. This work on the part of Asetoyer and the Resource Center team.

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Women have not been provided standardized access to Plan B over the counter by their primary health care provider - the Indian Health Service. Although, Plan B has been available over the counter to all women seventeen years and older, Native American women have not been provided standardized access to Plan B over the counter by their primary health care provider - the Indian Health Service.

SOME OF THE BENEFITS SDCEDSV ORGANIZATIONAL MEMBERSHIP INCLUDE:

Free public education materials, consultation, grant writing assistance, Board of Directors training, workshops, on-site training & technical assistance! If you have financial, policy, supervisory, grant management, advocacy, shelter administration or other questions, please call or email us.

South Dakota Coalition Ending Domestic & Sexual Violence

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- Elder - 60+ (Fee is waived)

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<td><strong>Amount enclosed</strong></td>
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**PLEASE SEND YOUR DONATIONS TO:**

SDCEDSV  
PO BOX 141 | 201 E. Pleasant Dr.  
Pierre, SD 57501

Help End Violence Against Women and Their Children

Your donation will go to a member shelter and/or advocacy programs to provide resources for women who have been battered/raped, and their children, to help re-establish safe homes. You will receive the Coalesce quarterly newsletter and periodical information and announcements of activities and events of SDEDSV and member programs. We sincerely appreciate your generosity. For a membership application, go to www.sdcedsv.org or call 605-945-0869.

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