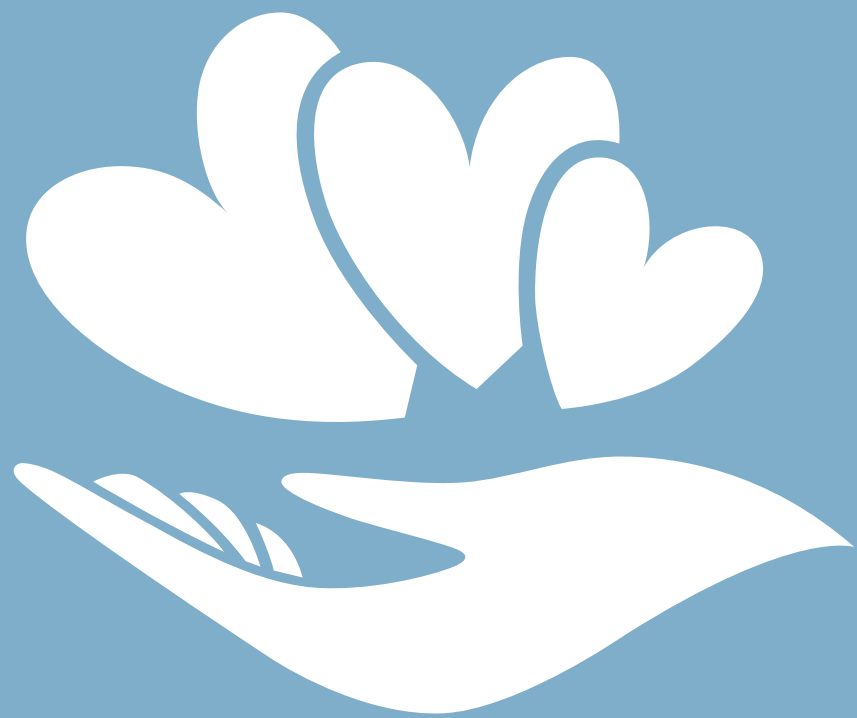


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*/'karita:s/ (noun) love of humankind, charity*

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The INN Between is a home and a safe place with a singular goal:

## A DIGNIFIED END-OF-LIFE EXPERIENCE

The end of a person's life can be a complicated time. But for people living in homelessness, end-of-life care is particularly difficult to manage and navigate. Without a home, these individuals have no safe place to receive hospice care that provides comfort and dignity at their end of their lives.

The INN Between is the home — and safe space — these terminally ill individuals need.

“Hospice can't be delivered in a shelter or a motel or on the street. And we sure don't want them suffering out there in a camp on the street,” said Kim Correa, executive director of The INN Between.

The idea for The INN Between was born in 2010. A nurse working at Salt Lake City's Huntsman Cancer Institute frequently saw patients who were too sick to return to a shelter but had nowhere else to go. And she thought there had to be a better way.

A committee was formed to investigate solutions and, after several years of discussion and planning, The INN Between opened its doors at a former Roman Catholic convent in downtown Salt Lake City in August 2015 with one simple goal: a dignified end-of-life experience.

The organization quickly outgrew the 16-bed space and in June 2018, purchased a former nursing home in the Sugar House area of Salt Lake City. In order to operate at full capacity, which is 50 beds, The INN Between requires a \$1.8 million budget. Around 15 percent of the funding comes from government grants, with the rest coming from donations. There is also a fee-for-service structure on a sliding scale based on income, but most clients of The INN Between have no income.

The majority of the budget — 73 percent — goes to the skilled staff needed to care for The INN Between's clients. The INN Between employs 25 staff members, including medical staff such as certified nurse assistants and a nurse supervisor, as well as administrative staff, including a facilities manager, a grant writer and a program director. It costs \$150 a night to house someone at The INN Between.

“Our staff is critical, because it takes people to care for people,” Correa said.

For Matilda Lindgren, program director at The INN Between, providing that care is less of a job and more of a calling.

Lindgren was first introduced to

end-of-life care when her mother cared for her grandparents at the end of their lives.

“That time really resonated with me,” she said. “What a sacred time it is and what a big undertaking it is to care for people at the end of their lives.”

The mission of The INN Between was also of particular interest to Lindgren because she — along with two of her children — experienced homelessness after her first marriage ended in divorce.

“This just felt like my calling,” Lindgren said.

Lindgren started at The INN Between as a volunteer, helping to inventory food donations and prepare meals. Soon she started helping to manage other aspects of the household and interacting with the residents, and her role grew from there.

“My main focus is making sure the people who come to us have what they need to navigate the end of their life,” Lindgren said.

Those end-of-life needs can be complex and The INN Between staff works hard to meet them all. Services they provide include case management, social workers, transportation

to and from appointments, meals and group activities for residents who want to participate.

The INN Between offers both independent living, for clients who can perform activities of daily living — such as toileting, bathing, dressing and managing medications — on their own, as well as assisted living for clients who need help with those activities.

For the medical and hospice care required by the clients of The INN Between, it partners with providers from Intermountain Healthcare, which has been involved with The INN Between since the doors opened at the first location. A hospice team from Intermountain Healthcare, including a physician, nurse, social worker and chaplain, makes regular visits to care for residents at The INN Between, just as they would for any other patient receiving end-of-life care at their home. Intermountain Healthcare also provides any medical equipment that may be required to keep residents comfortable in their last days.

Intermountain Healthcare also partners with The INN Between to provide care to residents who don't qualify for hospice care but have medical needs that can't be met if they are living in a shelter or on the street. This can include people who are undergoing chemotherapy treatment or



To celebrate its fifth anniversary this year, **The INN Between** is holding a **5x Match Fundraiser**. They are asking supporters to donate \$5, \$50, \$500 or even \$5,000 and to tell five friends to do the same with the goal of raising \$50,000. To make a contribution, visit: [https://tibhospice.org/ways-to-give/5th-anniversary?mc\\_cid=a1a9cb0b74&mc\\_eid=9bfdd9120a](https://tibhospice.org/ways-to-give/5th-anniversary?mc_cid=a1a9cb0b74&mc_eid=9bfdd9120a).

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recovering from surgery.

This care, known as medical respite, is the greatest benefit that The INN Between provides to Intermountain Healthcare, said Dr. Jeff McNally, senior medical director for home health and hospice.

Without The INN Between, hospitals had to decide between spending the money to keep medical respite patients even though they didn't require hospital-level care, or releasing them to the street where they would receive none of the care they needed. With The INN Between, medical respite patients can recover the appropriate level of care as they recover, and hospital systems save money. Intermountain Healthcare, for example, currently makes an annual donation to The INN Between that covers the cost of caring for a certain number of medical respite patients — and the cost of that gift is significantly less than what it would cost to keep all those patients at the hospital.

The INN Between staff also works to connect medical respite patients with transitional housing, job training, disability benefits and other resources that can improve their stability and long-term medical outcomes.

“Anytime you lower the cost of a healthcare system, you free up that system to help the community in other ways,” McNally said. “We’re really looking to keep the community healthy and the more resources you can spend on that, the more we can help.”

By reducing expensive emergency medical care for uninsured patients, for example, systems like Intermountain can focus more resources on community outreach, preventive care for at-risk populations and partnerships like the one they have with The INN Between.

The medical respite partnership is so successful, McNally said, that Intermountain Healthcare is hoping to expand it. Instead of making a donation every year with the intent that it cover the cost of medical respite care, Intermountain is looking at the possibility of creating a flat rate or episode-of-care financial model to support medical respite patients at The INN Between.

Under this business model, a medical system would be charged for every medical respite patient they discharge to The INN Between and the fee would be calculated based on how much money the medical system would save by not keeping that patient in the hospital longer than was necessary or appropriate.

“It’s really a win-win to establish more of a business model,” McNally

said. “They get more patients and a predictable stream of income and the hospital saves more money. Anywhere we can save money safely means healthcare for everyone is cheaper.”

But while the work done by The INN Between has many benefits for the community at large the focus is — and always has been — on the individual clients and helping them become the people they want to be.

“We’ve had clients who have been so hardened by years on the street, but when they got here and started to feel safe, their real personalities come out,” Correa said. “It really obliterates all the stereotypes you have about homeless people.”

Lindgren recalled a woman in her 30s who came to The INN Between while she was receiving treatment for cervical cancer. She had been incarcerated and lost custody of her children and she was, Lindgren said, a very angry person. When someone else in the house moved her laundry from the washing machine to the dryer, she was worried she “owed” them for the favor and left the facility. Soon afterward she committed assault and was back in jail. A year and a half later, she was back at The INN Between, this time with terminal cancer — and a new outlook on the life she had remaining.

“When you’ve been given a diagnosis of a terminal illness, you take the time to reflect on your life and where you’re at,” Lindgren said. “Just about everyone says the same thing: I want to die a good person. We really get people at the best moments of their lives. One of the greatest things we do at The INN Between is give everyone a clean start, a fresh slate. Everyone gets a fair shot to be treated like a human being.”

And that was exactly the case with this resident, who stayed at The INN Between until she passed away last month.

“Over that year, I saw such a huge change come over her,” Lindgren said. “She turned into this totally different person and everything she had, she wanted to share. I am so glad she was able to see herself in a different way before she died.”

Another big part of the process of clients coming to terms with the end of their lives is reconnecting with estranged family members and The INN Between puts a lot of time and effort into making that happen whenever possible.

“Especially for the terminally ill, it’s really cathartic to reconnect with those family members,” Correa said. “That’s a big part of our job and we take it very seriously.”



Program director Matilda Lindgren can often be heard telling clients at The INN Between that she loves them. As an end-of-life doula, and a person who had experienced homelessness herself, Lindgren felt particularly called to the mission of The INN Between. Photo courtesy of The INN Between.

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A 24/7 vigil is held for every resident of The INN Between in the days and hours of their “active dying.” The INN Between staff helps clients make arrangements such as finding burial plots and planning memorial services. Photo courtesy of The INN Between.

dying. Many clients are reluctant to reach out at first, Lindgren said, but almost all of them are glad they did.

Jimmy, who had lived in his van for many years before he became ill, came to The INN Between after receiving hospice care when couch surfing became too difficult. Lindgren encouraged him to get in touch with his sister, whom he hadn’t spoken to in 20 years.

The next thing she knew, Jimmy’s three sisters had flown to town from all over the country and rented a huge hotel suite. They stayed for a week and Jimmy saw them every day. A week and a half later he died.

“He was the first person I saw who died smiling,” Lindgren said.

As an end of life doula, Lindgren sees these family reconnections as one of the most important parts of her job. And she understands its power firsthand. When her ex-husband was diagnosed with stomach cancer, Lindgren invited him to come live with her so she could take care of him in his last days. It was a healing time for her and especially for her children, she said.

“It would have been hypocritical of me to give clean slates to everyone else and not to him,” Lindgren said. “What I do is not really a job; it’s how we should all be living our lives.”

These reconnections heal wounds and trauma not only for the terminally ill clients at The INN Between, but also for their family members who continue to live in this and other communities. And the healing of those rifts makes those people and those communities stronger and healthier, too.

This is something that Correa and Lindgren especially hope people who have been opposed to The INN Between and its mission will understand.

“People who have nothing are the people I always find who want to give the most,” Lindgren said. “It would be so hard to die not knowing that someone was going to remember you. These are members of our community and we should all care about that.”

**FROM page 4**

In most cases, the circumstances that put a person into homelessness also estranged them from their family. Family members often don’t know that their loved one has been living in homelessness, let alone that they are



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**The INN Between Quick Facts and FAQs**

**Our Mission**

The mission of The INN Between is to end the tragic history of more than 50 vulnerable people dying on the streets of our community annually by providing a supportive and safe haven for people who have nowhere else to go during a medical crisis.

**What is a Hospice?**

hospice (*noun*): A home providing care for the sick, especially the terminally ill. The philosophy of hospice is to treat the whole person by providing support for the patient’s emotional, social and spiritual needs, not just the medical symptoms.

**Is The INN Between a Homeless Shelter?**

The INN Between is not a homeless shelter. Homeless shelters accept walk-up clients who are seeking emergency shelter on a night-to-night basis. The INN Between is a medical respite facility, meaning it provides temporary housing to individuals who are too ill to be on the streets but not ill enough to be in the hospital. Unlike shelters, The INN Between requires a medical referral for each potential client, and we schedule a projected length of stay, assign a 24/7 bed, and provide access to medical care along with intensive case management and comprehensive emotional and social support.

The INN Between supports our shelter system by providing an end of life placement for terminally ill individuals or a temporary placement for medically frail individuals.

**Homelessness in Utah**

As part of a HUD requirement, a Point in Time Count is done each January to count the number of homeless individuals in our community. The following results indicate that homelessness is not decreasing:

- 2016: 2,807
- 2017: 2,865
- 2018: 2,876

**Our Outcomes**

The INN Between opened in August 2015. Our outcomes through February 2019 are:

- 195 clients served.
- 60 clients have experienced the end of life with dignity.
- 92% of clients have been reconnected with their family.
- 3 clients who were on the brink of death rebounded and went on to successfully transition to community-based housing and employment.
- 7 clients have exited our program into stable housing, preventing a return to homelessness.

**Who We Serve**

Homeless adults who:

- are terminally ill,
- are too ill to be on the streets but not ill enough to be in the hospital,
- require stable housing in order to initiate cancer treatment or other intensive medical treatments,
- require stabilization before they can undergo life-saving surgery,
- need to recuperate post-surgery,
- require assistance with activities of daily living (dressing, eating, bathing, toileting, taking medications, etc.),
- are dependent on insulin, oxygen or dialysis.

**Admission Process**

Most of our referrals come from hospitals, Volunteers of America’s Street Outreach Team, Fourth Street Clinic, The Road Home and the Salt Lake City Police Department’s Community Connection Center. In rare instances, an individual will self-refer; however in all cases, we require a referral from a medical provider and a history and physical to assess the client’s appropriateness for our program. We do not accept walk-in traffic.


**Safety & Security measures**

- 24-hour video surveillance and monitoring.
- 24/7/365 staffing with 2 live-in house managers, 24/7 CNAs, and 1 evening floor manager.
- 10 p.m. curfew.
- Secured building access.
- All guests must sign in.



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Midwest  
COMMERCIAL INTERIORS



Helping the community meet and understand their refugee neighbors is one of the main goals of the Utah Refugee Connection. “I think people go about their days and they don’t realize they are surrounded by people with these incredible stories,” said Amy Dott Harmer, executive director of the Utah Refugee Connection. Photo courtesy of the Utah Refugee Connection.

# UTAH REFUGEE CONNECTION

*The mission of the Utah Refugee Connection is simply to serve Utah's 65,000 displaced residents*

When you walk into the Serve Refugees Sharehouse, what you see is stacks of diapers, laundry detergent, dish soap and other essential items waiting to be distributed to refugee families in need around the Salt Lake Valley.

But the job, said Sharehouse manager Kim Swain, is so much more than that.

“I’ve tried really hard to make the Sharehouse a place where people feel loved and accepted and welcome,” she said. “It’s so rewarding to see where a refugee starts and where they end up.”

The Serve Refugees Sharehouse opened five years ago as a joint venture between the nonprofit Utah Refugee Connection and Granite School District. Originally housed in the gym of Granite High School — which has since been torn down — the Sharehouse is now located in two portable classroom buildings at Lincoln Elementary School in South Salt Lake.

Around \$1 million worth of in-kind donations are received and distributed by the Sharehouse every year. The Sharehouse operates on a \$100,000-a-year budget that covers three part-time staff members, administrative costs and the purchase of any needed items that have not been donated.

Per the Sharehouse’s partnership agreement with Granite School District, many of those items are used as incentives for refugees who complete adult education classes through the district.

After completing eight classes, with topics ranging from ESL to computer literacy to parenting, participants can choose one of two kits from the Sharehouse. The Cleaning Kit for Refugees includes items such as sponges, laundry detergent, dish soap and multi-purpose cleaner. The Essentials Kit for Refugees has items such as toothpaste, toothbrushes, toilet paper and razors.

The Serve Refugee Sharehouse

collects donated items for these kits all year long, as well as completed kits. Collecting and assembling kits is especially popular for Eagle Scout projects, Swain said.

CONTINUED next page



The Serve Refugees Sharehouse stocks essential items such as cleaning supplies and diapers all year, and also holds drives for specific items throughout the year, depending on the season and specific needs. Every fall, for example, the sharehouse collects backpacks filled with supplies for kids going back to school. This year they received 5,600 back-to-school backpacks. Photo courtesy of the Utah Refugee Connection.



FROM previous page

The Sharehouse also collects donations for other kits throughout the year, including a backpack drive every year to collect school supplies for refugee students going back to school, special kits for Mothers' Day and a holiday drive which is going on now. For the holiday drive, donors can sponsor a refugee family for \$110 or contribute any of the items that will go into the Christmas kit, such as warm blankets, gas and grocery gift cards, emergency kits and the game Twister.

Everything else at the Sharehouse is distributed — always free of cost — to anyone who needs it. And the need is growing, said Utah Refugee Connection executive director Amy

Dott Harmer, as the COVID-19 pandemic hits minority and refugee communities particularly hard.

From 2017 to 2019, the Serve Refugees Sharehouse helped 15,000 people a year, Harmer said. In 2020 alone, it's been upwards of 30,000. In addition to expanding their reach, the Sharehouse also expanded its inventory to include face masks, hand sanitizer, emergency food and COVID cleaning kits.

"A lot of them have lost jobs. Their benefits are running out," Harmer said of the increased traffic the Sharehouse is seeing. "Whatever the need is, that's what we start working on."

And those needs are not always physical, Swain said. Utah is home to 65,000 refugees, many of whom struggle to learn the language, understand the culture and fit in. As much as they need cleaning supplies, they also need friends and a place to feel at home. Providing that, Swain said, is the most important part of her job.

"The personal relationships I've made here are the gift," said Swain.

She recalled a refugee family who arrived in from Iraq, a mother and father with a son and a daughter in high school. When they first came to the Sharehouse, the daughter was reserved and nervous and wouldn't engage. Swain pulled the son aside to ask why. He said his sister had seen their mother attacked and their father shot. She suffered from such extreme nightmares she had slept in her parents' bed since they had arrived in the U.S.

Swain went to a stash of stuffed animals in the Sharehouse and picked out two.

"I handed one to her and I said, 'This is to collect all your bad memories,'" Swain said. "And I told her the second one was to take with her when she could sleep in her own room, so she had someone to tell her happy secrets to."

Three weeks later, she was sleeping on her own.

"If I can have that kind of impact on one person's life, she can now go forward and impact so many other lives," Swain said.

Helping people understand the positive impact refugees have on the community at large is another mission of Utah Refugee Connection, the umbrella nonprofit that oversees the Serve Refugees Sharehouse and coordinates with other local organizations to connect refugees to the resources they need.

Before the COVID-19 pandemic, Utah Refugee Connection would host cultural nights and other community events to educate and expose people to their refugee neighbors. These types of gatherings are critical to helping dispel misconceptions many



A joint venture between the Granite School District and the non-profit organization Utah Refugee Connection, the Serve Refugees Sharehouse receives and distributes \$1 million worth of in-kind donations every year. Items include cleaning supplies, blankets, and diapers. In response to the COVID-19 pandemic, sharehouse inventory now also includes face masks and hand sanitizer. Photo courtesy of Utah Refugee Connection.

people have about refugees, Harmer said.

"People think that they are here illegally or that they suck up all our tax money when really they give back in remarkable ways," she said. "They are heroes. They've seen some horrific things in their countries. I think people go about their days and they don't realize they are surrounded by people with these incredible stories."

But just as the pandemic has increased the needs in Utah's refugee community, it has also increased the outpouring of support for that community, Harmer said. For example,

during last year's back-to-school drive, the Sharehouse collected 2,500 backpacks stuffed with supplies. This year, they received 5,600.

"We are finding that people want to feel like they're doing something meaningful in a time that's really hard," Harmer said.

But even with the generosity of the community in responding to emerging and ongoing needs in the refugee community, without any corporate sponsors or regular dona-

CONTINUED page 10



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- Refugee Justice League
- Spice Kitchen Incubator
- Utah Health and Human Rights
- Because He First Loved Us
- Cache Refugee and Immigrant Connection
- Youthlinc Real Life Program
- University Neighborhood Partnerships
- Utah Valley Refugees
- Global Talent

**Refugee FAQs**

**How does the U.S. decide which refugees to admit?**

The U.S. State Department and U.S. Justice Department conduct background checks and interviews with each refugee before they are admitted. Refugees also are given medical tests to determine if they have any contagious diseases such as tuberculosis. They are tested again when they arrive in the U.S. to guard against fraudulent or false results.

**Who do I contact to find a refugee family/individual in need of mentoring?**

You may contact Asian Association, International Rescue Committee, Catholic Community Services, or contact us and we will help find you find the right program.

**Who decides how many refugees can come into the U.S.?**

Each year, the president sets a ceiling for refugee admissions. He bases his recommendations on information provided by world refugee relief organizations, including the United Nations, and in consultation with Congress as well as federal officials who oversee refugee services. Since 2002, the ceiling has been set at 70,000 per year. This ceiling was changed again in 2017 when the Trump administration cut that number down to approximately 23,000.

**How are the refugees introduced to America?**

Refugees are assigned a case manager through either International Rescue Committee or Catholic Community Services, the organization that assisted in bringing them here to America. This case manager will assist in introducing the refugee to America. This is also where mentors from within the community are extremely beneficial to help the refugees integrate more successfully into the community.

FROM page 9

tions from foundations or companies, the Serve Refugees Sharehouse is often going from need to need without getting ahead. Corporate sponsorships would allow Utah Refugee Connection to meet larger needs — for example, helping refugees start a new business — and would give the Sharehouse confidence that they could respond quickly and easily to any need that might arise.

“We don’t always know what the needs are going to be,” Harmer said. “Being able to know that we have the capacity to be self-sufficient and have some longevity would be nice. There are always needs in the refugee community that we can’t fill.”

Until then, Utah Refugee Connection and the Serve Refugee Sharehouse will keep doing what they do best.

“Our goal is always to help people learn more about refugees, find ways to serve refugees and have opportunities to give back,” Harmer said. “We’re constantly trying to help people better understand their refugee neighbors. We’re doing a lot in a lot of little places.”



The refugee community was hit particularly hard by the COVID-19 pandemic. But as the needs increased, so did the response from the community. For the past three years, the Serve Refugees Sharehouse has assisted an average of 15,000 people a year. In 2020 that number is already at 30,000. Photo courtesy of Utah Refugee Connection.

## Real stories of refugee residents of Salt Lake City

### Paw Si, Thailand

My name is Paw Si. I am very grateful to have the opportunity to go to school in America because I didn’t have the same opportunities as a young child.



My parents came from Burma, but I was born in the Umpiem Refugee Camp in Thailand. Both of my parents never attended any formal schooling. Since coming to Utah, I want to have a better life. I am excited to continue learning and want to set an example for my younger siblings and others in my cultural community. I was accepted to the Nursing Early Assurance program at the University of Utah, which I hope to attend.

I will be the first generation to graduate from high school and attend college to pursue higher education.

While in Thailand, I noticed many healthcare needs in my own family and community and developed a passion to help others with health problems. As I’ve volunteered at clinics and research labs, I became interested in learning more about women’s reproductive health. During my senior year, I was able to take an internship class at the labor and delivery department at the University of Utah Hospital. I love to watch the ultrasounds and realize how amazing the human body is. Now I would like to specialize in becoming an OB nurse and help more refugee women to have better healthcare. My future goal is to one day return to the refugee camps where I was born to help provide needed healthcare and to continue to help others in the community through nursing.

### Abdul, Afghanistan

I am from a place where being alive depends on luck; I am from Afghanistan. The climate is very unstable; I lived on the line between life and death, and there was no way to predict it. I am grateful to be alive and am proud and happy to be in the USA.



I want to correctly use my opportunity of being here, and I want to reach the highest part of my goals, which is to go through medical school. I want to focus on my education so I can be a positive and helpful person to society.

I was born to a bright family who knew the value of knowledge and education. I came to the USA in February 2018 directly from Afghanistan. I was excited to be in the USA and I had high expectations of being able to achieve great things. Being in the USA is a goal and dream of everyone, but only some lucky people can be here. We waited two years to receive the visa. During the two years, we always checked our email and called to check about our visa. They always told us: “We are in the process and it will take some time.” But it is very hard to wait for something that is so important to you.

Finally, after two years, we received our visa and we were very happy that we were going to the USA. I will keep working hard to make my family, people, and lovely homeland proud. I will show the world with my knowledge and achievements that anything is possible.

### Samira, Iraq

Samira founded Women of the World in 2009 to fulfill a lifelong dream of helping refugee women from around the world achieve self-sufficiency. Under her leadership WoW has become the preeminent women’s refugee service organization in Utah.

In 2018, Samira was awarded the America’s Region Nansen Award from the United Nations High Commission on Refugees in Geneva, Switzerland; she was chosen from over 450 international nominees.

“When I was 9 years old in Iraq I drew a picture of a woman trapped in a spider web. People asked me “why is she opening her hand and yelling?”

The spider web was the society we were living in where women did not have equal rights and were not considered a priority. We couldn’t speak up or do anything. We would be put in jail for talking about women’s rights. I thought, one day I will be help women of the Middle East.

I spent 17 years as a senior engineer at Micron. I resigned from there in 2008. I decided it was time to pursue my dream and my dream was to help women from all over the world. I felt it deep in my heart and now I am living my dream. For the last 10 years I have helped over 1,500 women from all over the world.

The women I work with have had many horrific and traumatic experiences...war, oppression, poverty, violence and more. Many come filled with despair, PTSD, depression and many other things. I help as an advocate and I try to help them have a better life for themselves and their families. When they come, they need someone to be with them, to smile with them, to cry with them, to make them feel safe... That’s what I did, because even if you’ve lost everything, life goes on.”

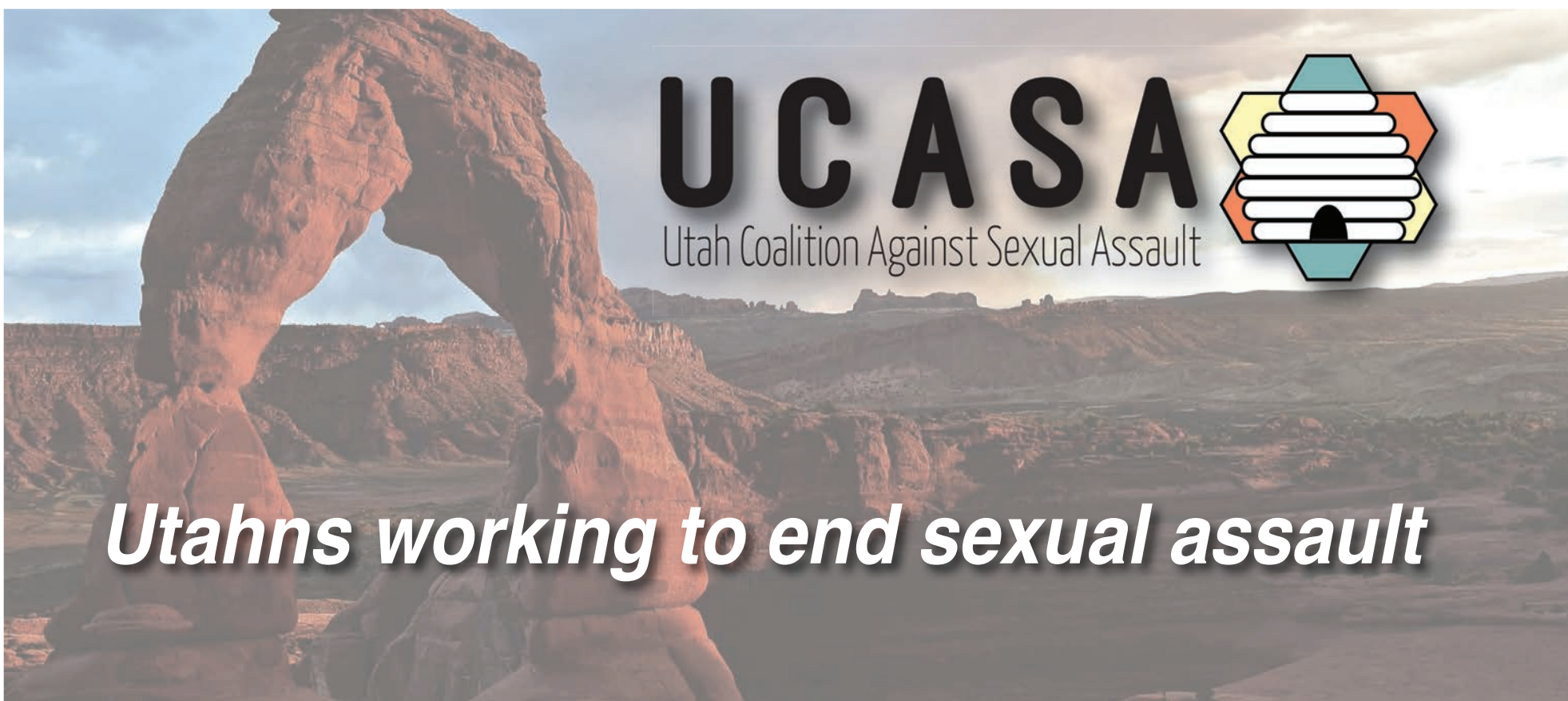


# GIVING STUDENTS A HELPFUL HAND THROUGH HANDS-ON LEARNING

Cigna applauds the outstanding efforts of Junior Achievement of Utah on behalf of students throughout the state. We're honored to work with Junior Achievement on programs including their experiential learning site, JA City, where students build such skills as critical thinking, collaboration and problem solving. Together, we're creating a stronger, healthier future.



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## Utahns working to end sexual assault

By focusing on education, prevention and response, UCASA hopes to one day eradicate sexual violence in Utah



Through the Sexual Assault Nurse Examiner (SANE) program, UCASA provides training and support to nurses around the state who respond to survivors of sexual violence who come to the hospital. SANE nurses conduct forensic exams, make treatment recommendations, and connect survivors to additional support and resources. Pictured here (left to right) are Trish Crump, SANE educator; Susan Chasson, SANE program manager; and Camden Caifa, SANE educator. Photo courtesy of Utah Coalition Against Sexual Assault.

Across the United States, one of four women will experience sexual violence in their lifetime. In Utah, the chances are even higher. The Beehive State ranks 11th in the nation in the incidence of sexual violence and assault per capita — and that only includes cases that are reported.

It's not a distinction to be proud of, and it's one the Utah Coalition Against Sexual Assault (UCASA) is working hard to change.

Founded in 1996 and reorganized under its current framework in 2001, UCASA takes a three-tiered approach to its work, said executive director Liliana Olvera-Arbon. By focusing on education, prevention and response, UCASA hopes to one day eradicate sexual violence in Utah.

The mission has taken on new urgency since the start of the COVID-19 pandemic, as many vulnerable individuals have been forced to shelter in place with abusers — and as the tensions that often lead to violent situations have continued to grow.

“We know that the numbers are really high and we know that a lot of those numbers are related to domestic violence,” Olvera-Arbon said. “A lot of the sexual assault that’s happening is by people the victim knows, and we have seen a big increase in those numbers during COVID.”

To help improve the response to these reported cases of sexual violence, UCASA provides a 40-hour, accredited statewide certification for first responders and victim advocates, including law enforcement officials, district attorneys and community-based organizations.

“This training gives them a baseline for how to support victims of sexual assault,” Olvera-Arbon said.

UCASA also provides specialized training for nurses through the Sexual Assault Nurse Examiner (SANE) program and employs SANE educators and program managers around the state. SANE nurses complete an initial 40-hour training, provided by UCASA, as well as ongoing education and training to keep everyone's skills sharp. Some SANE nurses are employed by a hospital itself, said SANE educator Camden Caifa. Others might be contracted with a hospital to respond when a sexual violence survivor arrives at the ER.

Many emergency room doctors are rushed, Caifa said, and simply don't have the time to spend with a sexual assault survivor as they process the trauma they have just experienced. Most emergency room exams last about 30 minutes. But a SANE



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nurse can spend two to three hours with a survivor. That time is spent collecting forensic evidence; making recommendations for medical treatment, including emergency contraception and sexually-transmitted disease treatment; and making sure the patient is otherwise safe and healthy.

Each exam is approached with

the individual patient in mind and nurses work hard to make sure they are empowering and safe experiences where survivors feel in control.

“We will edit the way we practice with each patient to meet their needs,” Caifa said.

All SANE nurses are also trained in the neurobiology of trauma, Caifa said, and they understand that victims might not always remember all the details of an attack right away, and that accounts may be fuzzy or inconsistent in the beginning. But that doesn’t mean a victim isn’t telling the truth.

“We’re never going to go into an exam with the question of whether this is real or not,” Caifa said.

In addition to the SANE program, UCASA also provides responsive services for survivors of sexual violence in the days, months and even years after the event. SANE nurses and other UCASA staff can connect survivors to resources including legal assistance and therapy, and UCASA itself also hosts peer support groups for sexual violence survivors.

“Everyone heals differently and we honor that,” Olvera-Arbon said.

“We engage in this idea that every survivor has their own way and their own path to healing.”

Most recently, UCASA has been focusing on art therapy sessions to help both adult and child survivors process and move on from their trauma. Each session focuses on a different type of art. One of the most popular, Olvera-Arbon said, focuses on what she calls “touchstones.” Group members talk about happy words and good memories they have, and then discuss how to re-center themselves

on those positive things when they feel triggered or threatened.

“We start capturing these little moments of positivity that bring them back,” Olvera-Arbon said.

Then the group members paint or decorate small stones with words and colors that remind them of their positive memories.

“And now they have something to go back to,” Olvera-Arbon said. “We are providing tools for them to use at home. And it’s an awesome way for them to know they’re not alone. We want a holistic approach to supporting survivors.”

As for actually interrupting the cycle and pattern of sexual violence in Utah and around the country, education is the key, Olvera-Arbon said.

For companies interested in joining the fight against sexual violence, UCASA educators provide corporate trainings on topics such as sexual harassment and other forms of sexual misconduct in the workplace. UCASA can also help companies draft and implement corporate policies that clearly outline what sexual harassment is and help to stop it.

“We’ve seen a spike in requests for those trainings because of a rise in awareness around this issue,” Olvera-Arbon said. “Thanks to the #metoo movement, a lot of companies want to eradicate that kind of behavior from their culture.”

UCASA also provides training to victim advocates and other community organizations dealing with issues such as substance abuse or



# UCASA

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# UCASA

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SANE Program Manager

**Camden Caifa**  
SANE Educator

**Trish Crump**  
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Sexual Assault Services Project Coordinator (Tooele County)

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Advocacy & Prevention Training Specialist

CONTINUED next page



UCASA provides a 40-hour, accredited statewide training for victim advocates to help them better respond to and meet the needs of survivors of sexual violence. UCASA also provides corporate trainings for companies interested in addressing sexual harassment and other types of sexual misconduct in the workplace. Photo courtesy of Utah Coalition Against Sexual Assault.

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homelessness, which are often related to sexual violence. That training includes how to respond if someone discloses a sexual assault and what services they can be referred to.

But the most important group to educate, Olvera-Arbon said, is young people. If young people can gain an early, firm understanding of concepts such as consent and healthy relationships, they are less likely to become perpetrators or victims of sexual violence.

“We’re really interested in engaging youth in anti-violence work, using those prevention models and engaging them in the conversation,” she said.

A big part of that conversation is overcoming the myths and stigmas that surround sexual violence, as well as correcting cultural misconceptions about sexual violence and survivors.

For example, Caifa said, many people think women who were assaulted by men they met on dating apps are at least partially responsible for what happened. Other believe that once someone has given consent for sexual activity, they can’t change their mind. And many of these cultural attitudes about sexual violence are reflected in the law. Case in point: Utah was one of the last states to change a law that made it legal to rape your spouse.

“I do feel that consent in our state is one of the biggest things we need to educate to,” she said. “We really struggle communicating that to each other at any age.”

Youth outreach and education efforts also focus on helping young people understand what healthy relationships look like — and what red flags to watch out for. For small children, the conversation focuses on bullying, including how to prevent it and how to report it.

“There’s an assumption that when we talk about sexual violence prevention we are just talking about sex. But we aren’t just talking about sex,” Olvera-Arbon said. “We are also talking about what power and control, what to watch out for and how to speak out when you feel uncomfortable.”

These are lessons that should also be taught at home, she added.

The first time Olvera-Arbon was called to respond to a sexual violence survivor at the hospital — back at the beginning of her career, the victim was a 4-year-old girl who had been assaulted by her step-grand-

father. The girl had told her mother right away. The mother was upset and blaming herself for what had happened, Olvera-Arbon said, but she had actually done everything right.

“This little girl was really

empowered by her mom, and that experience really led me to this work,” Olvera-Arbon said. “It’s really critical that we think about who has access to that power and who doesn’t, and how do we get access to the peo-

ple who need it and don’t have it. We want to help everyone find and build that power, when something uncomfortable is happening, to say ‘I am not OK with this.’”



Education and community outreach are critical to interrupting the prevalence of sexual violence in the state, said UCASA executive director Liliana Olvera-Arbon. UCASA focuses especially on educating young people about healthy relationships, rape myths and culture, power and control, and red flags to watch out for. “We want to help everyone find and build that power, when something uncomfortable is happening, to say ‘I am not OK with this,’” Olvera-Arbon said.



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