LINK

Newsletter of the National Organization for Human Services

2016 National Conference
October 19 - 22, 2016
Tampa Bay, FL

The New "Realities" in America: Preparing for the Challenges Ahead

In every sense of the word, America is a much more complex society than ever before. From diminishing funding sources to new measures of evaluating the use of those funds, from increased workloads with fewer professionals in the field to greater accountability expected of workers, from a more diverse client population in terms of ethnicity, age, lifestyle and socioeconomic status, and others, to newly-imposed limits on what can be provided to these clients, human service practitioners face challenges that they have never experienced.

This year's conference is dedicated to examining many of these topics in an attempt to understand these dynamics and how they impact the human services profession as well as attempt to uncover new and emerging issues so that the profession may be prepared for them.

The Sunshine State

Steve Cockerham

Are you going to Florida for the NOHS Conference?!   What a wonderful chance to meet, plan, and have fun with old and new friends in the field! Perhaps you remember the last time we held the NOHS conference in Florida. We have been so fortunate in having such good friends from the Tampa Bay area. The Gulf Coast of Florida is home to some of the most beautiful white sand beaches in the world. Of all to do in Tampa, hitting the beach is certainly uppermost on people's lists; however, spend some time on the western shore of the Sunshine State, and you'll soon find that beaches are only the beginning.

Busch Gardens is one of those special places where excitement and nature seamlessly intertwine. From live entertainment to animal interactions, roller coasters and rides to open-air safaris across the Serengeti Plain, you'll discover a place with something fun for everyone. Right next door to Busch Gardens is one of Tampa Bay's best water parks, Adventure Island. Inspired by the Florida Keys, Adventure Island is like hitting the beach right in the heart of Tampa…a beach with water rides that offer wave after wave of water park fun.

Discovering a beautiful beach in Tampa Bay can be about as difficult as finding Florida with a GPS. If hitting the beach tops your list of what to do in Tampa, here are a few favorites. Clearwater Beach has wide, clean stretches of sand and offers exciting nightlife as well. The nightly Sunsets at Pier 60 features amazing street performers and craftspeople, occurring every night, 365 days a year (weather permitting). Fort De Soto Park is officially a county park, but the name does not truly show the impact of this incredible nature adventure. Yet, that's what you'll find at Fort De Soto. In addition to a wide, wonderful beach, these five interconnected islands offer 1,136 acres of natural wonders to explore.

Honeymoon Island State Park is not a place where only the recently hitched go! The park, just west of Tampa, boasts several nature trails and bird watching areas. Visitors can swim, fish, and snorkel in the warm waters of the Gulf or picnic while they enjoy the beautiful scenery. Showers are also available. Shelling is especially good here, as the Gulf currents deposit an incredible variety of seashells on the shore. Here you will find both sandy shores and rocky coastline to explore. You can also enjoy biking and kayaking, which are available for a small fee as well as get beach chairs and umbrellas.

Want to extend your adventure? From Honeymoon Island, you can take a ferry to Caladesi Island State Park. Hop on a ferry from Honeymoon Island and visit the white sand beaches of Caladesi Island State Park, where swimmers, sunbathers, beachcombers, fishermen, and nature-lovers can find even more of the their favorite activities on the Florida coast. As one of the few completely natural islands along Florida´s Gulf Coast, Caladesi was rated America's Best Beach in 2008. Beach lovers can enjoy swimming, sunbathing and beachcombing. Saltwater anglers can cast a line from their boats or surf fish. Nature enthusiasts can spot wildlife while hiking the three mile nature trail through the island's interior or paddling a three mile kayak trail through the mangroves and bay. Picnic tables and shelters are located near the beach, and picnic pavilions can be reserved for a fee. The park has a marina with electric and water hookups as well as a snack bar and gift shop.

There is so much to do outside in Florida and much good being done.   An example of how is Panther Ridge, a non-profit conservation center near Tampa that provides a home, haven and hope for some of the world's most majestic and endangered big cats. Judy Berens founded Panther Ridge in 1999. Now, she cares for a couple of dozen such animals, not to mention many tame or feral cats and horses, who were rescued from threatening situations in which they had been abused, abandoned or neglected. Panther Ridge's custom-built facilities are among the finest in the world, providing the cats with native-like habitats, protection from the elements, ample room to roam, stimulation, and daily attention to their medical needs.

Ms. Berens can take pride in her wonderful efforts to save animals. We in human services can also take heart in our efforts to help others. As you take time to enjoy Florida, observe the need to appreciate by advocating care for our environment and the lives that depend on a healthy ecosystem. There are few large animals as gentle as manatees. There is nothing more horrific than to see them die from speedboats or toxic algae. What would Florida be without its birds yet there are so many fewer than there used to be just a few decades ago.

Sea turtles die painfully when consuming the plastic people throw away. Key deer, remarkably beautiful creatures, are disappearing as rapidly as corals. The sounds of the humpback whale are rarely heard now off the coasts. As we spray for mosquitoes, we are killing honeybees and disrupting the natural balance, portending problems even larger than Zika. Florida is a precious subtropical and tropical jewel and up to all of us to preserve. So many of us go to Disney World to see a large mouse. I wonder what Minnie and Mickey think about the looming extinction of the Florida mouse? We cannot provide service to humans by killing off the animals. We need them far more than they need us. Enjoy the conference and be kind to all!

i'M Sorry
Forgive Me Please

Human Services-Board Certified Practitioner

Continuing Education Resources: Determining if a Continuing Education Activity Meets HS-BCP Requirements

The following checklist will assist in determining if an activity meets HS-BCP continuing education guidelines and can be used for recertification. In order for an activity to count toward continuing education requirements, you should be able to answer yes to the following questions:

- Does the content of the activity fall within a human services competency area?
- Is the activity geared toward practitioners in the field of human services?
- Does the activity enhance your role as a human service practitioner?
- If it was a teleconference, was there an opportunity to interact with an instructor or facilitator?
- Was the activity completed during the current five-year certification period?

Does the training provider have formal education or credentialing in the competency area addressed?

Additional Continuing Education Guidelines

- A clock hour is defined as one hour of actual participation in a continuing education activity, excluding   breaks of more than 10 minutes, lunch, etc.
- Teleconferences must feature an interactive format in order to qualify for recertification. Interactive teleconferences provide the opportunity for participants to communicate directly with the instructor or have a facilitator present at the conference site.
- For seminars, workshops and conferences, a certificate, verification form, or letter verifying attendance is required for documentation.
- For college or university courses, a transcript, grade report or verification form is required for documentation.
- Formalized in-service training provided by a qualified trainer may be verified by certificate, verification form, or completed contact hour verification form signed by the trainer or supervisor and with information attached regarding training content.
- Home study programs must meet all continuing education guidelines. A certificate from the organization providing the home - study activity is required for documentation.
- Publication of an article directly related to human services in a peer-reviewed journal can earn up to six continuing education clock hours.
- HS-BCPs may retake the HS-BCP Examination in lieu of completing the required continuing education clock hours to recertify.

"Having the credential helps raise the profile of human services, not only for the practitioners in the field, but awareness in the larger community."

Jane Gagliardi, HS-BCP

The Human Services-Board Certified Practitioner (HS-BCP)

To earn the Human Services-Board Certified Practitioner (HS-BCP), individuals must meet experience and education requirements and obtain a passing score on the HS-BCP Examination. Applicants for the HS-BCP must verify 350 hours of postgraduate human services work experiences. The following applicants are exempt:

- Human services educators with qualifying degrees who are currently employed in human services education programs. In lieu of the form, please submit a statement on letterhead from the school that attests to your involvement with the human services education program.
- Graduates of CSHSE-accredited programs listed at www.cshse.org/accredited.html.
- Certain graduates of preapproved participating programs as notified by CCE.

Applicants are also required to have an associate or higher conferred degree in human services or a related field. A qualifying degree must be from a regionally accredited college or university, or a state-approved community or junior college.

If your degree is in a field other than human services, counseling, social work, psychology, marriage and family therapy, or criminal justice, you must have completed a minimum of 15 semester hours (22 quarter hours) of coursework in three or more of the 11 content areas listed below, including at least two semester hours (three quarter hours) in ethics in the helping professions, two semester hours (three quarter hours) in interviewing and intervention skills, and two semester hours (three quarter hours) in case management.

The 11 content areas are:
1. Interviewing and Intervention Skills
2. Group Work
3. Case Management
4. Human Development
5. Ethics in the Helping Professions
6. Social and Cultural Issues
7. Social Problems
8. Assessment/Treatment Planning
9. Intervention Models/Theories
10. Human Behavior
11. Social Welfare/Public Policy

A Better Bathroom Bill

Sheena White

As a current human service professional and caregiver of the intellectually disabled, I strive to better the lives of those I support each day. Having personally witnessed some downfalls the people I support go through each day of their lives has helped me to better advocate for them. In my line of work, I have witnessed the good and the bad when it comes to caring for someone with a disability. From discrimination in the community and restaurants not being as accommodating as they should, I have been there with the people I assist, witnessing the situations they encounter. I could sit all day and tell all kinds of stories about discrimination and difficult incidents.

I have worked for my current employer for almost 3 years now, and I wish something else could be done about the issues each person faces. The people I support are all wheelchair bound and require around the clock assistance with bathing, feeding, toileting, and other needs. Being female and that the people I support are men, how am I supposed to take them into a bathroom with me when they are men and I am a woman? In the community, family friendly bathrooms are available in some places, but there needs to be changes made that accommodate to the needs of those who cannot use regular restrooms. In addition to family friendly bathrooms, bathrooms are needed that have changing stations for those who are wheelchair bound.

Some individuals can use the toilet as a "normal" person would, but some cannot due to a disability. How are you supposed to change those who cannot stand on their own or use a toilet? Where can you lay them down that is hygienic enough to change them? Absolutely not the bathroom floor! Can people with disabilities get the privacy they need in regular handicap bathrooms? No, they cannot.

Taking the people I support into the community is a challenge due to the fact I have nowhere to change them if they have to use the restroom. With restrooms not featuring a changing table for handicapped individuals, this is denying them of their rights. Regular handicap restrooms you find in the community are unacceptable for those with disabilities. Yes, they are larger than the regular stalls, but the stalls still need to be bigger so a wheelchair can easily go in and out. For example, what if someone has to be transferred from the wheelchair to the toilet? How can one manage this without hurting the back while lifting the person to the toilet?

This is why handicapped bathrooms need changing stations for those who cannot stand on their own. Changing stations for disabled individuals are available in the United Kingdom (UK). The UK has begun a campaign called Changing Places and has put changing tables in restrooms for adults. These restrooms have changing tables, but they have lifts to assist in transferring the person on the table. I am currently assisting a person that has to use a lift to raise them or else staff have to do a three person lift in order to transfer. An accessible restroom would help a great deal with the transfer and changing of the person I support.

As human beings, we are all the same; however, some simply see people with disabilities as being different. Put yourself in someone's shoes with a developmental or intellectual disability. How do you think they feel when someone discriminates against them or they cannot do the things "normal" people do? Think of it this way…how would you want to be treated and accommodated in this situation? You would want to be treated with dignity and respect, right?

I strive to advocate and support those I love and care for the most. Some cannot speak for themselves, so it is my job, as a service provider to speak for those who cannot. To quote Dave Ramsey, "when action meets compassion, lives change". I have the compassion for those I support, and I want to make a change in the community. Let's make a change in the world around us and help those who use ADA bathrooms have something much more suitable for their needs.

Bullying: Who's to Blame?

Melinda Belcher

Bullying is something most people can say they have experienced at some point in their lives, while the role they may have played varied over time. Some may be the target of the bullying, the bully themselves, or even just a bystander. When you think about bullying, do you ever wonder where we learned to bully in the first place? Did you miss the class taught in middle school that teaches you how to exploit others? In this class, do you learn how to mentally, physically, and emotionally torment others so you can feel a sense of power? Like the first words or steps we learn from our parents and caretakers, children learn to eat, play, cry and express themselves in their homes, communities, and surroundings.

Just like those basic stepping stones, children first learn from the attitudes and beliefs of those closest to them. The words and behaviors that are shared at home influence how we see the world around us. As parents, teachers, mothers, and community members, we unknowingly teach our children right from wrong and what it means to be a decent human being. According to The Essential Guide to Bullying Prevention and Intervention, "In order to thrive in today's society, children need to develop the ability to understand, get along with and demonstrate empathy for others" (Miller & Lowen, 2012, p. 115)

According to the federal Department of Education, 13 million American kids are bullied every year (NCES, 2015). This is the sad but ugly truth, that no one wants to admit, because after all "kids will be kids" or "it's all part of growing up" and the old saying "sticks and stones may break my bones but words will never hurt me". The problem with these age old theories of how kids are just being kids is that research shows students who suffer from depression are both more likely to be bullied and also more likely to have suicidal thoughts (Miller & Lowen, 2012). Alternately, targets of bullying consistently exhibit more symptoms of depression than non-targets. They have more suicidal thoughts and are more likely to attempt suicide that non-targets.

SOME PEOPLE CAN'T FUNCTION WITHOUT NEGATIVITY BECAUSE BRINGING DOWN OTHERS MAKES THEM FEEL BETTER

~Kushandwisdom

people
how many more girls will have to kill themselves before society realise bullying leads to suicide?

don't stand by! stand up stand strong stand together

A Yale University study of suicide and bullying in 13 countries found that targets of bullying are two to nine times more likely to report suicidal thoughts than those who aren't bullied (Miller & Lowen, 2012). Thus, we have coined the term, bullycide, a tragedy, suicide or death in connection with bullying. Is this really what it has come to? Bullycide? We had to come up with a new word because children or people are being so cruel to one another that there is a trend in suicide involving bullying?

In the human services field, when I hear statistics like these and new terms being used like bullycide, I want to know what to do, how to prevent and stop this in its tracks. To stop this, we have to understand how it started, what it is and how it continues to progress. We have to break the stigma that bullying is just something that we simply go through as a child or adolescent. Bullying is identified in many ways such as physical, emotional, and relational; it also occurs in different forms like indirect and direct. We know of research indicating that bullies bully when the home is run by a bully, when bullying gets you what you want, and simply when bullying is okayed (Miller & Lowen, 2012). In these instances, two words come to mind, acceptance and tolerance. If we accept any aspect of bullying as part of human life, then we are tolerating the acts and outcomes from it.

According to *The Essential Guide to Bullying Prevention and Intervention*, "Acceptance and appreciation begins at home. Children are naturally curious about similarities and differences among themselves and their peers" (Miller & Lowen, 2012, p. 116). The guide also includes the statement "Kids who bully generally don't have the ability to handle conflict well. They want immediate satisfaction, lack concern for others and tend to be impulsive" (Miller & Lowen, 2012, p. 13).

This leads to the questions, "Who is to blame, children or parents? Who is responsible to break the silence and admit this is a real problem. This problem can be solved by teaching our children bullying is a real issue. Teach them not only physically and mentally, but socially and emotionally. Teach them to care, forgive, be generous. Teach them respect, empathy, and to appreciate. Teach them trust, honesty and responsibility. Teach them self-awareness and control. Above all, teach your children to treat others how they would like to be treated.

Stopping bullying means taking a long look at our attitudes and actions. To move forward, we have to work on transforming our behaviors, ideologies, and beliefs. To implement permanent changes in our community and world, bullying must be addressed in the home, where begins the root of the learned behavior. My hope is that we can educate others about the significance of teaching our children the social and emotional skills to effectively operate in a caring, enlightened society and, ultimately, teaching them how to thrive in this society.

References

National Center for Educational Statistics. (2015). *Measuring student safety: Bullying rates at school.* Retrieved from http://nces.ed.gov/blogs/nces/post/measuring-student-safety-bullying-rates-at-school

Miller, C., & Lowen, C. (2012). *The essential guide to bullying prevention and intervention.* Indianapolis, IN: Alpha Books.

Who Cares for The Caregiver?

Charles Layell

The term "burnout" was coined by Herbert Freudenberger in 1974. The term is defined as "a debilitating psychological condition brought about by unrelieved work stress, resulting in depleted energy and emotional exhaustion, lowered resistance to illness, increased de-personalization in interpersonal relationships, increased dissatisfaction and pessimism, and work inefficiency" (Freudenberger & Richelson, 1981, p. 4). It occurs when professionals are overwhelmed and unable to meet constant demands. As the stress continues, they begin to lose their interest and motivation in the human service profession as caregivers.

The alarm goes off as you fumble for the snooze button, wishing for just one more moment of sleep. It seems as though there is never enough time between the filing and the reports that must be done for a life of your own, and there is no time for that at the office. Because of budget cuts, there are going to be other cases added to the load. There are never enough people or providers to go around, and with changes in government leadership, pay may be going to go down instead of up. It seems as if every other day another practitioner gives up the daily stress of dealing with clients' needs, regardless of what needs they may have. This is the life they chose, service to others; however, it is becoming harder and harder to recollect why. The constant exposure to the pain and torment of others, trying to stay compassionate yet also insulate and regard oneself from that pain is difficult, more so when there is no buffer.

A quick morning shower, usually deciding to grab something to eat on the way to the office, a quick kiss and goodbye to your spouse and children while you sadly and knowingly lie when you mumble and say you will not be home too late tonight. When you arrive at the office, sure enough there is already a message from your supervisor saying that they have added another county *and* 20 more clients to your case load. Of course, the supervisor tells you that they're proud of the job you – by the way, your reports are two weeks late – thus begins a new day! You scramble to find what little funding is available and to provide it to those that need it the most. Realizing that someone will be shortchanged, you do your best, but clients do not see that. At the end of the day, you have seen too many clients and have had too many no shows. You have been blamed by two of them for not getting them enough help. One client has been rude enough to blame it on the color of your skin.

You have had to go to the hospice center and check on clients there, and the families want to know what you are going to do for their loved one. You smile and try to be respectful and help as much as you can when all you want to do is run and cry yourself. Through all of this, you try and tell yourself that you are making a difference, that you are helping, but you are becoming more and more convinced that it will never end and that there will always be someone crying for help. In the end, who do you cry to?

→

TABLE: Stress vs. Burnout	
STRESS	**BURNOUT**
■ characterized by overengagement	■ disengagement
■ emotions are overreactive	■ emotions are blunted
■ produces urgency and hyperactivity	■ produces helplessness and hopelessness
■ loss of energy	■ loss of motivation, ideals and hope
■ leads to anxiety disorders	■ leads to detachment and depression
■ primary damage is physical	■ primary damage is emotional

You cannot talk to a partner. The law will not allow it. Trying to talk to a coworker. Well, they are in the same stress-filled position you are. So, you bottle it up and soldier on, but the weight gets heavier and heavier, which in turn also gets unhealthier and unhealthier until you are almost to the breaking point yourself. You finally leave work at six when you should have been off at five, but you got a call from the hospice center, and one of your clients has passed. The family needs you. You go and you try to be strong as the family grieves. A quick bite to eat, a moment with your own family (once you get home, late, again), then you do some more reports, and finally fall sleep before doing it all again in the morning.

I am sure that this is not the life of every caregiver, but it seems close to how many live. I have never, officially, been a caregiver; however, I have known several, and the overall complaint seems to be lack of support for their own lives. Who can they talk to? Who cares for the caregivers? This seems to be the reason so many leave the profession or become insensitive, uncaring people, completely burnt out by caring. I feel it is time to provide a new type of counselor, one devoted to helping the caregivers, one trained in what these people deal with every day, possibly doing no more than just providing an outlet to talk and relieve the stress that they cannot talk about with anyone else, someone as bound by HIPAA as they are.

We must come up with a strategy to help retain our human service workers. Their experience is too valuable to the future of the helping professions to lose them to *burnout*. There must be an attempt to lower the caseloads and to provide adequate funding and support for the job to be done. Alleviate mandatory overtime and supply in-house *counseling* to caregivers. Allow for sufficient time away from work. Provide better pay for the professions and incentivize new people to enter the professions. Lessen the overwhelming student debt associated with entering these professions, thus lowering the stress levels associated with it. Have sufficient staff to limit individual caseloads, which would limit the need for overtime and allow more time to address individual client's needs. Make sure that there are sufficient funding levels to meet those needs.

There is nothing more frustrating for a caregiver than to know what a client needs but to not have the funds to provide it. The future of the human service field depends on these changes being made. If we can help ourselves, maybe we can keep on helping others.

References

Freudenberger, H. J. (1974). Staff Burn-out. *Journal of Social Issues 30*(1), 159-165.
    doi:org/10.1111/j.1540-4560.1974.tb00706.x

Freudenberger, H. J. & Richelson, G. (1981). *Burn-out: The high cost of high achievement.* New York,
    NY: Random House.

Watch these videos on Burnout...

https://youtu.be/nncY-MA1Iu8

https://www.youtube.com/watch?v=lbIwjcTKYa8

https://www.youtube.com/watch?v=Uk3OAGcjQPA

Sexual Assault: Problem, Prevention, and Treatment

Erica Shelton

Sexual assault is happening. It is happening in our communities, on our college campuses, and in our neighborhoods. Perpetrators are not always the stranger in the dark alley wearing all black, armed, and waiting for a victim. It could very well be a person we know or consider close to us. According to the Rape, Abuse and Incest National Network (RAINN) website, two thirds of sexual assaults are by someone the victim knows. Sexual assault affects people from all different backgrounds despite gender, age, race, religion, income, ability, profession, ethnicity, and sexual orientation. Sexual assault is happening, and we must take a stand against it. Social norms that allow for sexism, racism, and other forms of inequality must be stopped, and each individual can play a role in their community to not only be a voice for survivors of sexual assault but to also stop sexual assault completely.

Though each state defines sexual assault differently by law, sexual assault is defined broadly as any unwanted sexual contact without a person's consent (National Sexual Violence Resource Center, 2016). Despite the overwhelming statistic that someone is sexually assaulted every two minutes, the likelihood that the perpetrator will spend one day in jail is slim. In fact, "out of 1,000 rapes, only 344 are reported to police. Sixty-three of those reports lead to arrests. Thirteen cases get referred to prosecutors. Seven cases will lead to a felony conviction, and only six rapists will actually be incarcerated for their crime. Perpetrators of sexual violence are less likely to go to prison than any other criminal (RAINN, n.d.).

Despite the overwhelming statistics of underreporting and lack of criminal prosecution for rape, there are other problems that need to be addressed as well. Victims of sexual assault need resources and support to cope with what has happened to them. Statistics show that victims of sexual assault are more likely to suffer from suicidal and depressive thoughts. Approximately 70% of sexual assault victims experience moderate to severe distress which is a larger percentage than any other violent crime. Also, victims are at risk of pregnancy and sexually transmitted diseases (RAINN, n.d.).

One of six women and one of thirty-three men will experience completed or attempted rape in their lifetime (RAINN, n.d.). With statistics like this, one may ask, "Why is sexual assault such a problem in our communities?" There are several reasons. Communities may not recognize that sexual assault is a problem in their area. People may not realize it is happening. Part of this is due to not knowing the facts on sexual assault. One cannot help if one does not even know there is a problem. Due to the lack of knowledge on the facts, there are not enough people standing up for survivors.

Another reason is that social norms adhere to victim blaming and condoning male violence. The issue of sexual assault comes from broader issues such as sexism and classism. Our culture and the media pressures women to "be sexy," and derives the notion that women's worth is based on sex appeal and women's ability to sexually please men. Due to the belief that women are simply just sexual objects, men may seek their sexual desire whether women consent or not. Until individuals recognize that victims are not to blame and until perpetrators answer for their aggression and violence towards another human being, sexual assault will continue to happen.

Once knowledge and understanding is obtained, correct action can be taken to stop sexual assault and to help those who have been sexually assaulted. Bystander intervention is an effective way to prevent sexual assault. When seeing signs of an individual in distress, a bystander can interrupt the situation by creating a distraction to either the perpetrator or the victim. For example, a distraction could be a suggestion of going to a more public area where an assault is less likely to occur. Depending on a bystander's comfort level, he or she could ask the person who may be in trouble if they do feel safe or if they need someone to stay with them. Another way to intervene is to specifically approach an authority figure about any concerns. For example, if a bystander is in a bar and sees someone put something in someone else's drink, then the bystander can report this to the bar manager in order for the bar manager to address it (RAINN, n.d.).

Besides prevention, treatment for survivors is also needed. Trauma-informed care training for all professionals in a community would be a start in the right direction for helping those who have been sexually assaulted. If professionals such as police officers, doctors, nurses, teachers, etc., are trained on how to handle those who have experienced trauma, better care will be given to the victim. These trainings would provide better treatment by being sensitive to the trauma that the victim has endured. Understanding trauma can be complicated, and trauma-informed care training is needed to reassure that victims get the best treatment available to help them overcome their abuse and heal from sexual assault (U.S. DoJ – OVAW, 2014).

Available resources are important as well in helping survivors heal from sexual assault. If these resources are not available, recovery may not be obtained. Resources needed are therapy, advocacy, sexual assault nurse examiners (also known as SANEs), and support groups. Advocates can be a great support system for victims, and they can help a victim through every step of the legal process of pressing charges. Sexual assault nurse examiners are a crucial part in the investigation. They can collect evidence accurately and be a witness in court based on their examination with the victim. Support groups allow victims to know that they are not alone and that they have others that understand what they have went through. Support groups give them a connection to others when they often times feel alone. Communities should have easy accessibility to these services for victims of sexual assault.

Until individuals are educated on this problem; until individuals are ready to push back against the social norms of rape culture; and until adequate resources are available to all victims, sexual assault will continue to happen. Each individual can be a voice for survivors of sexual assault. We must first recognize this problem and then take action.

References

Rape, Abuse & Incest National Network. (n.d.) *The Criminal Justice System: Statistics.* Retrieved September 11, 2016, from https://www.rainn.org/statistics/criminal-justice-system

U.S. Department of Justice – Office on Violence Against Women. (2014). *The importance of understanding trauma-informed care and self-care for victim service providers.* Retrieved from https://www.justice.gov/ovw/blog/importance-understanding-trauma-informed-care-and-self-care-victim-service-providers

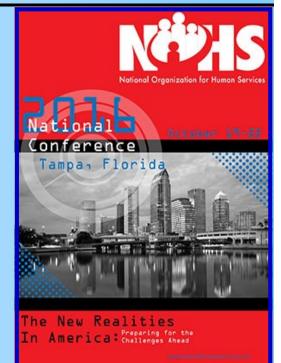National Sexual Violence Resource Center (NSVRC) |. (2016). *What is sexual violence.* Retrieved from http://www.nsvrc.org/sites/default/files/saam_2016_what-is-sexual-violence_0.pdf

Women Against Violence Against Women. (n.d.). *What is rape culture?* Retrieved September 11, 2016, from http://www.wavaw.ca/what-is-rape-culture/

2016 National Conference
October 19 - 22, 2016
Tampa Bay, FL

**The New "Realities" in America:
Preparing for the Challenges Ahead**

In every sense of the word, America is a much more complex society than ever before. From diminishing funding sources to new measures of evaluating the use of those funds, from increased workloads with fewer professionals in the field to greater accountability expected of workers, from a more diverse client population in terms of ethnicity, age, lifestyle and socioeconomic status, to name a few, to newly-imposed limits on what can be provided to these clients, human services workers face challenges that they have never experienced.
This year's conference is dedicated to examining many of these topics in an attempt to understand the dynamics of them and how they impact the human services profession, as well as attempt to uncover new and emerging issues so that the profession may be prepared for them.

Sheraton Tampa East Hotel
10221 Princess Palm Ave.
Tampa, FL 33610
(813) 623-6363

[Click here](#) to book your hotel room for the 2016 National Conference in Tampa Bay, FL. Rooms are filling up fast!

Registration: Please [click here](#) to register for the conference.

"Let's Pack the Place" in Tampa!

2016 NOHS Conference at a Glance

CONFERENCE AND WORKSHOP AT A GLANCE

Sea Salt
restaurant oyster bar lounge

NOHS
National Organization for Human Services

Individuals and communities
transformed through human services

L I N K

Newsletter of the National Organization for Human Services

Contact Us

**National Organization
for Human Services**
PO Box 54
Millstone Township, NJ 08510-0054
nationalhumanservices@gmail.com
www.nationalhumanservices.org

Contributions and comments may be
submitted to cockerha@etsu.edu

We welcome your
articles and your input!

CENTER FOR
CREDENTIALING
& EDUCATION™

HUMAN SERVICES
BOARD CERTIFIED
PRACTITIONER™

CSHSE

We Are
Human
Services

NOHS

HUMAN SERVICES · HONOR SOCIETY
TYAL

CHEA
A CHEA-recognized
Accrediting Organization