

## Worksheet 2.1

### Confidentiality Scenarios

1. A 14-year-old tells you that she was raped by her 32-year-old neighbor.

- Keep confidential.
- Report to the police.
- Report to child protection.
- Ask a supervisor/other professional to evaluate further.
- Other \_\_\_\_\_

2. You receive a call from a 16-year-old victim, who says she was raped several weeks ago. You then receive a call from her mother, who is very worried about her daughter and suspects what has happened. She wants you to tell her what is going on.

- Keep confidential.
- Report to the police.
- Report to child protection.
- Ask a supervisor/other professional to evaluate further.
- Other \_\_\_\_\_

3. During a crisis call, a victim expresses suicidal thoughts.

- Keep confidential.
- Report to the police.
- Report to child or adult protection.
- Ask a supervisor/other professional to evaluate further.
- Other \_\_\_\_\_

4. A 14-year-old victim was raped by a 16-year-old neighbor and does not want to report.

- Keep confidential.
- Report to the police.
- Report to child protection.
- Ask a supervisor/other professional to evaluate further.
- Other \_\_\_\_\_

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5. Your friend starts to date someone new. Through your work as an advocate, you have information that makes you suspect that this person is a perpetrator of several acquaintance rapes in your community.

- Keep confidential.
- Report to the police.
- Report to child protection.
- Ask a supervisor/other professional to evaluate further.
- Other \_\_\_\_\_

6. A mother calls and says her boyfriend is sexually abusing her 9-year-old daughter.

- Keep confidential.
- Report to the police.
- Report to child protection.
- Ask a supervisor/other professional to evaluate further.
- Other \_\_\_\_\_

7. A 72-year-old woman calls from a nursing home. She is clearly confused. She tells you she was sexually assaulted last night by a man who came into her room. She does not want you to call the police, but wants to talk.

- Keep confidential.
- Report to the police.
- Report to adult protection.
- Ask a supervisor/other professional to evaluate further.
- Other \_\_\_\_\_

**Worksheet 3.1**

**Incidence and Prevalence of Sexual Assault**

The following statistics are from the 2014 National Crime Victims' Rights Week Resource Guide.

**Q:** Approximately how many victims age 12 or older experienced rape or sexual assault in 2011? Was it approximately:

- A. 57,000
- B. 102,000
- C. 188,000
- D. 243,800

**Answer:**

**Q:** In 2011, what percentage of rape or sexual assault victims were female? Was it approximately:

- A. 55 percent
- B. 67 percent
- C. 86 percent
- D. 97 percent

**Answer:**

**Q:** In 2011, what percentage of female rape or sexual assault victims were assaulted by a stranger? Was it approximately:

- A. 12 percent
- B. 28 percent
- C. 36 percent
- D. 55 percent

**Answer:**

**Q:** In 2011, what percentage of all rapes and sexual assaults were reported to law enforcement? Was it approximately:

- A. 15 percent
- B. 27 percent
- C. 48 percent
- D. 70 percent

**Answer:**

**Q:** In 2011, forcible rapes accounted for what percentage of violent crimes reported to law enforcement? Was it approximately:

- A. 3 percent
- B. 7 percent
- C. 12 percent
- D. 18 percent

**Answer:**

**Q:** The Department of Defense published a report on sexual assault in the military in 2012. In that year, how many sexual assaults were reported by military Service Members?

- A. 573
- B. 1,802
- C. 3,374
- D. 10,575

**Answer:**

**Q:** In 2011, approximately what percentage of reported forcible rape cases were cleared by law enforcement? Was it approximately:

- A. 21 percent
- B. 33 percent
- C. 41 percent
- D. 50 percent

**Answer:**

## Worksheet 3.2

### Myths and Facts About Rape and Sexual Assault

**Myth:** Rape is most often perpetrated by a stranger.

**Fact:** Victims are more likely to be raped by someone they know.

**Myth:** If there was no penetration by a penis, then there was no rape.

**Fact:** Legal definitions of sexual assault vary from state to state. For the purposes of this training, rape is the penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim.

**Myth:** People cannot be raped by their partners.

**Fact:** Individuals are raped by their partners. Rape is often used as a tool to control one of the partners in a relationship in which the offender batters the victim, or where one partner feels entitled to sex despite the other person's wants or needs.

However, spousal and partner rape may be treated differently than other forms of rape in a jurisdiction's laws. For example, there may be a shorter reporting period or a requirement of use of weapons or force to commit the rape.

**Myth:** Prostitutes cannot be raped.

**Fact:** Prostitutes can be and often are raped by "johns," the customers who solicit sex from them, and by "pimps," the men who often control the prostitute's money and territory by supposedly offering protection. Often these pimps control women by ensuring or introducing drug usage, and with physical threats or force.

**Myth:** Child molesters are all dirty old men.

**Fact:** Data on perpetrators of sexual offenses against children indicates that these offenders tend to be juveniles or young adults under the age of 30 (Douglas and Finkelhor 2005).

**Myth:** The "stranger" represents the greatest threat to children.

**Fact:** Among child victims of sexual abuse coming to law enforcement attention, about one-fourth are victimized by family members, and another 60 percent are abused by persons known to the child. Only 14 percent are victimized by strangers (Snyder 2000).

Often, a perpetrator will spend time “grooming” the child and his or her family by doing favors and providing assistance emotionally and physically for family members. This is done to win the family’s trust, which makes it harder for them to believe the child and decreases suspicion of the perpetrator.

**Myth:** Rape only happens to young women.

**Fact:** Elderly individuals can be and are raped. Because of such myths, elderly victims often do not come forward when they are sexually assaulted. There is a high level of shame and fear that they have lost the ability to care for themselves. In addition, the perpetrator could be someone who comes into the victim’s home to provide care. These victims may fear for their lives or that their care will be taken away.

**Myth:** Rape can’t happen in same-gender relationships.

**Fact:** Rape can occur in same-gender relationships as well as in heterosexual relationships.

**Myth:** Men cannot be raped.

**Fact:** Although men are less likely to report because of societal pressures, men can be and are raped by other men and by women.

**Myth:** If a woman drinks with a man, goes home with him, or wears skimpy clothing, it is her fault if she is raped.

**Fact:** It is never her fault. No one asks or deserves to be raped. Rape is a violent attack and a crime in which the perpetrator controls the victim.

## Worksheet 4.1

### Response Scenarios Case Studies

#### Scenario 1:

Kevin is 12 years old, and has been bullied and sexually assaulted by several boys from school. He and his mother, Karen, visit you. The police have arrested the assailants and Kevin wants to find out what will happen next.

Kevin is very quiet during your conversation. When his mother asks Kevin to describe what happened, you encourage Kevin to only say what he feels comfortable talking about.

Kevin responds, “I didn’t feel anything. It was kind of like it was happening to someone else. Like I was in a movie or something. It was weird, it was like I didn’t care.”

Even though you make it clear it’s not necessary, Kevin wants to tell you a little about the assault. But he does so in a very calm and detached way. When Kevin momentarily leaves the room, Karen confides to you that she is worried about Kevin, because although he seems okay, he won’t leave her side. He is afraid to be alone and says he only feels safe with her.

More than once, Karen says, Kevin has said “I don’t feel right anymore.” I don’t feel like myself.”

- 1. What survival reflex did Kevin experience?**
- 2. What effects did the assault have on Kevin? Which of the key brain circuitries discussed in this training were involved?**

#### Scenario 2:

Bella is a single mother with three children. She works cleaning homes and was on her way to deposit a large sum of cash into her account when she was robbed and sexually molested. The perpetrator threatened her with a gun, took all her money, and fondled her roughly under her clothing before leaving.

Bella visits you to find out how to obtain money for living expenses and rent. She says the police cannot help because she was so focused on the gun she could not give a good description of the perpetrator. She tells you that when the perpetrator approached her with a gun, “That was all I could focus on – that gun.”

Bella explains that she is from Colombia, and has seen much violence. She is very afraid of guns. “I was so scared I just stood there while he put his hands under my clothing and took my purse. I tried to scream but he had his hand over my mouth. I could feel my heart beating really fast. As soon as he was done I took off. I didn’t know I could move that fast.”

She is greatly troubled by the loss of money, more so than the sexual assault. Bella begins to cry. She blames herself for losing the money, and now she has no idea how she will provide for her children.

- 1. Describe Bella’s emotional, physical, and attentional responses to the assault, based on the class discussion.**
- 2. Describe how Bella’s memory may have been affected by the crime.**

**Scenario 3:**

When Gabrielle’s rapist is brought to trial, she comes to you for information about the criminal justice process. As you are speaking with her, Gabrielle tells you she is afraid of testifying because of the way she responded during the crime. She says she was paralyzed with fear during the assault. “I just *knew* I was going to die,” she says. “I tried to scream and wanted to defend myself, but I couldn’t. I couldn’t even *move*. I was just *stiff*.”

She tells you that the police asked her repeatedly why she didn’t fight back or resist. She feels ashamed that she wasn’t able to fend off the attacker.

Because Gabrielle wants you to hear her story, you don’t interrupt her. But as she continues, it’s obvious that she’s confused about some key facts and the sequence of events, and as she gets increasingly upset she has greater difficulty describing what happened. You realize that Gabrielle may be experiencing some of the same emotions that were present during the rape.

- 1. What survival reflex did Gabrielle experience?**
- 2. What effect did the rape have on Gabrielle’s memory? What parts of the brain were involved?**

## **Worksheet 4.2**

### **How Would You Respond?**

1. Why didn't I fight back?
2. Why can't I just get over it?
3. Why do I sometimes feel like it's happening all over again?
4. I've tried counseling before but it didn't help. So what do I do now?
5. Why am I drinking or using drugs? Why am I self-harming?
6. Why did I feel like I couldn't move?
7. Why do I feel numb and disconnected from other people?
8. How do I explain what I have been through and how it's affected me, to my family, friends, and loved ones who have not experienced trauma?
9. Are there any differences between the effects of trauma on a woman's brain versus a man's brain?
10. How do I reconnect with who I am as a healthy and happy person – with playfulness, productiveness, and love? (i.e., who the survivor wants to be)
11. Why am I eating and/or sleeping too much or too little?
12. Why has this assault affected me so much?
13. Why am I just now remembering what happened?







**Worksheet 5.2**

**Physical and Psychological Impact Scenario**

A caller who was sexually assaulted 6 months ago is experiencing sleeplessness, weight gain, and trouble concentrating. She is experiencing recurrent pelvic pain, but her doctor hasn't been able to find a physical cause.

What are some of the physical and psychological effects of assault that this caller might be experiencing?

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**Worksheet 6.1**

**Campus Sexual Assault Case Studies**

**Case Study #1, The Perpetrator Leaves School**

A female student is sexually assaulted after class by a male football player in a classroom. The assault takes place in October. The victim needs to complete the class to graduate. The victim reports the assault to the university.

The football player immediately withdraws from the university. The victim is unable to use the dining hall and the gym because she runs into other members of the football team, who make sexually harassing comments and gestures. Additionally, she is having difficulty entering the classroom where the assault occurred and as a result, is failing the course. The professor has refused to make any accommodations.

**Questions**

1. Is this incident considered sexual harassment under Title IX?
2. If the perpetrator already withdrew, isn't that enough?
3. Is the taunting by classmates considered sexual harassment as defined by Title IX?
4. Does Title IX permit the victim to receive accommodations? What accommodations might the victim need?
5. What written information, if any, should the school be providing to the victim?

Notes:

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## Worksheet 7.1

### Themes and Beliefs Related to Male Sexual Assault

#### Legitimacy

- “Men can’t be sexual assault victims.”

- “No one will believe me.”

#### Masculinity

- “I can’t be a real man if I let this happen to me.”

- “My manhood has been destroyed, stolen from me.”



## **Worksheet 8.1**

### **Medical-Forensic Exam Case Study**

You are a victim advocate and have been called to the hospital to assist Pamela, 19, who was raped at a party. Pamela went straight home after the assault. She told her mother what happened. Pamela's mother and father have brought her straight to the hospital. Pamela's father is very angry about the assault and is frustrated that Pamela was at the party. Her mother does not want to leave Pamela alone. Pamela has decided to report to law enforcement, and two officers arrive shortly after you.

1. What is the first thing you do when you arrive at the hospital?
  
  
  
  
  
  
  
  
  
  
2. Pamela wants to know what to expect during the examination. What do you tell her?
  
  
  
  
  
  
  
  
  
  
3. While you are waiting with Pamela before the examination, Pamela says she is warm and asks if you will hold her sweater and scarf, which she was wearing during the assault. What do you say? Why?
  
  
  
  
  
  
  
  
  
  
4. Who should be in the room with Pamela while the SANE conducts a medical-legal assault history? While the SANE conducts the physical exam? While Pamela speaks to law enforcement?
  
  
  
  
  
  
  
  
  
  
5. If you are not with Pamela while she is undergoing a medical-forensic exam, what else can you do to help?

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6. If you are in the room with Pamela while she is undergoing a medical-forensic exam, what should you do with the evidence if the SANE/medical professional needs to leave the room? What about after the SANE/medical professional has finished?

7. You disagree with the tone of the law enforcement officer while he is interviewing Pamela. What do you do?

8. What kinds of notes should you take during and after your time with Pamela? What issues should be considered when deciding what to write down?





## **Worksheet 9.1**

### **Role Play—Kendra and Laura**

#### **Role Play: Kendra**

Kendra has been raped in her apartment by her date. She has called the rape crisis center and spoken to an advocate, who is now meeting Kendra in the emergency department.

#### **Notes to “Kendra”**

You are traumatized and overwhelmed and have difficulty understanding too much information at once. You are interested in receiving a medical-forensic exam and medication to prevent pregnancy and sexually transmitted infections, but you do not think you want to make a police report. You haven't told anyone else about the assault; you want to talk about the experience, but you feel ashamed.

#### **Tips for the Advocate**

Kendra is frightened. Your job is to provide support and information. Remember, if someone is acutely traumatized, they may not be able to retain large amounts of information; use your judgment in deciding what and how much is important. Practice verbal and nonverbal ways to demonstrate acceptance, empathy, and support. Normalize Kendra's response to the rape.

#### **Debrief**

When you were the advocate, what information did you give Kendra? What techniques did you use to demonstrate acceptance, empathy, and support?

What did you do well? What would you like to do better?

When you were Kendra, what did the advocate do well? What might she have done differently?

### **Role Play: Laura**

Laura, now 25, was molested by a close friend of the family on several occasions when she was 11. When she finally disclosed the fact, her family met the information with silence, and encouraged her to forget that it ever happened. Laura is periodically overwhelmed with unresolved feelings about the abuse; she is often anxious and/or depressed. She is now in a relationship with a loving, wonderful man of whom she sometimes feels undeserving. She is scared she will lose him because she is so “messed up,” and this has prompted her to call the rape crisis center.

### **Notes to “Laura”**

You love your partner and very much want the relationship to work. You respond well to reassurance, and are interested in options and referral sources; however, your financial situation does not make it possible to receive any high-cost services.

### **Tips for the Advocate**

In a crisis call, try to identify the strength, support, and positive coping mechanisms the caller already possesses. In this case, Laura’s healthy reflexes include her reaching out to get help and her desire to preserve and enjoy her relationship, which provides healthy motivation to deal with past wounding. Address Laura’s immediate feelings of confusion. Practice active listening by restating what Laura says and using her language. Offer hope, because there is always hope. Provide Laura with referrals for individual and couples counseling.

### **Debrief**

When you were the advocate, what information did you give Laura? What techniques did you use to demonstrate acceptance, empathy, and support?

What did you do well? What would you like to do better?

When you were Laura, what did the advocate do well? What could she have done differently?

## Worksheet 10.1

### **Maintaining Healthy Boundaries**

Check all of the following that you believe you would be justified doing under certain circumstances.

- Giving a victim your home telephone number or personal pager number.
  
- Giving a victim a ride to her doctor/counselor.
  
- Babysitting for a victim while she is at the doctor.
  
- Letting a frightened victim spend the night at your home.
  
- Giving food to a hungry victim.
  
- Lending a victim cab money.
  
- Taking a homeless victim into your home.
  
- Leaving a family gathering to meet a distraught victim who insists that you are the only person who can help her, even though you are not officially on call.
  
- Encouraging a victim to take medications to prevent a pregnancy.
  
- Telling a victim's parents about the rape on her behalf.
  
- Giving a fearful victim a ride home from the emergency department.
  
- Not taking a call for a fellow staff person even though it is important for her to have the time off.
  
- Discussing the specifics of a case with a friend.







**Worksheet 11.1**

**Checklist for Working With Victims of Sexual Assault**

Think back over this training and identify areas that might be a challenge for you. Create your own checklist to help remind you of solutions to each of these areas.

For example, if you have a tendency to take on too much, you might remember to...

\_\_\_ *Ask for help from your supervisor.*

If you are apprehensive about the first time you work with a rape victim, you might remember to...

\_\_\_ *Restate what the victim has said.*

\_\_\_ *Use the victim's language.*

I will remember to...

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