

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 _____

PARTICIPANT WORKSHEETS
Sexual Assault Advocate/Counselor Training

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 *2017 National Crime Victims' Rights Week Resource Guide*, the *FBI Uniform Crime Report*, the Bureau of Justice Statistics' *2015 Criminal Victimization* report, and the *Fiscal Year 2016 Department of Defense Annual Report on Sexual Assault in the Military*.

Q: Over their lifetime, what percentage of women will have been raped?

- A. 5 percent
- B. 10 percent
- C. 19 percent
- D. 20 percent

Answer:

Q: How many people who experienced rape or sexual assault in 2015 were female?

- A. 1.2 per 1,000 people
- B. 1.8 per 1,000 people
- C. 2.2 per 1,000 people
- D. 2.5 per 1,000 people

Answer:

Q: Of the sexual violence victims in 2015, what percentage of female victims reported receiving victim services?

- A. 21 percent
- B. 47 percent
- C. 76 percent
- D. 80 percent

Answer:

Q: According to the 2010 National Intimate Partner and Sexual Violence Survey (NISVS), what percentage of female rape victims were assaulted by a stranger? Was it approximately:

- A. 12 percent
- B. 14 percent
- C. 36 percent
- D. 55 percent

Answer:

PARTICIPANT WORKSHEETS
Sexual Assault Advocate/Counselor Training

Q: In 2015, what percentage of all rapes and sexual assaults were reported to law enforcement?
Was it approximately:

- A. 15 percent
- B. 32 percent
- C. 54 percent
- D. 70 percent

Answer:

Q: In Fiscal Year 2016, an estimated _____ military members indicated experiencing a sexual assault.

- A. 5,350
- B. 6,172
- C. 9,832
- D. 11,300

Answer:

Q: What is the estimated lifetime cost of rape victimization per victim?

- A. \$56, 349
- B. \$70,000
- C. \$100,209
- D. \$122,461

Answer:

Worksheet 3.2

Myths and Facts About Rape and Sexual Assault

Myth: Victims provoke sexual assaults when they dress provocatively or act in a promiscuous manner.

Fact: Rape and sexual assault are crimes of violence and control that stem from a person's determination to exercise power over another. Neither provocative dress nor promiscuous behavior are invitations for unwanted sexual activity. Forcing someone to engage in nonconsensual sexual activity is sexual assault, regardless of the way that person dresses or acts (U.S. Department of Justice Office on Violence Against Women).

Myth: If a person goes to someone's room, house, or goes to a bar, he/she assumes the risk of sexual assault. If something happens later, he/she can't claim that he/she was raped or sexually assaulted because he/she should have known not to go to those places (U.S. Department of Justice Office on Violence Against Women).

Fact: This "assumption of risk" wrongfully places the responsibility of the offender's actions with the victim. Even if a person went voluntarily to someone's residence or room and consented to engage in some sexual activity, it does not serve as a blanket consent for all sexual activity. If a person is unsure about whether the other person is comfortable with an elevated level of sexual activity, the person should stop and ask. When someone says "No" or "Stop," that means STOP. Sexual activity forced upon another without consent is sexual assault (U.S. Department of Justice Office on Violence Against Women).

Myth: It's not sexual assault if it happens after drinking or taking drugs.

Fact: Being under the influence of alcohol or drugs is not an invitation for nonconsensual sexual activity. A person under the influence of drugs or alcohol does not cause others to assault him/her; others choose to take advantage of the situation and sexually assault him/her because he/she is in a vulnerable position. Many state laws hold that a person who is cognitively impaired due to the influence of drugs or alcohol is not able to consent to sexual activity. The act of an offender who deliberately uses alcohol as a means to subdue someone in order to engage in nonconsensual sexual activity is also criminal (U.S. Department of Justice Office on Violence Against Women).

Myth: Most sexual assaults are committed by strangers.

Fact: Most sexual assaults and rapes are committed by someone the victim knows. Among victims aged 18 to 29, two-thirds had a prior relationship with the offender. During 2000, about 6 in 10 rape or sexual assault victims stated the offender was an intimate partner, other relative, a friend or an acquaintance. A study of sexual victimization of college women showed that most victims knew the person who sexually victimized them. For both completed and attempted rapes,

PARTICIPANT WORKSHEETS
Sexual Assault Advocate/Counselor Training

about 9 in 10 offenders were known to the victim. Most often, a boyfriend, ex-boyfriend, classmate, friend, acquaintance, or coworker sexually victimized the women. Sexual assault can be committed within any type of relationship, including in marriage, in dating relationships, or by friends, acquaintances or coworkers. Sexual assault can occur in heterosexual or same-gender relationships. It does not matter whether there is a current or past relationship between the victim and offender; unwanted sexual activity is still sexual assault and is a serious crime (U.S. Department of Justice Office on Violence Against Women).

Myth: Rape can be avoided if people avoid dark alleys or other “dangerous” places where strangers might be hiding or lurking.

Fact: Rape and sexual assault can occur at any time, in many places, to anyone. According to a report based on FBI data, almost 70 percent of sexual assault reported to law enforcement occurred in the residence of the victim, the offender, or another individual. As pointed out above, many rapes are committed by people known to the victim. While prudent, avoiding dark alleys or “dangerous” places will not necessarily protect someone from being sexually assaulted (U.S. Department of Justice Office on Violence Against Women).

Myth: A person who has really been sexually assaulted will be hysterical.

Fact: Victims of sexual violence exhibit a spectrum of responses to the assault, which can include calm, hysteria, withdrawal, anger, apathy, denial, and shock. Being sexually assaulted is a very traumatic experience. Reactions to the assault and the length of time needed to process through the experience vary with each person. There is no “right way” to react to being sexually assaulted. Assumptions about a way a victim “should act” may be detrimental to the victim because each victim copes with the trauma of the assault in different ways which can also vary over time (U.S. Department of Justice Office on Violence Against Women).

Myth: All sexual assault victims will report the crime immediately to the police. If they do not report it or delay in reporting it, then they must have changed their minds after it happened, wanted revenge, or didn’t want to look like they were sexually active.

Fact: There are many reasons why a sexual assault victim may not report the assault to the police. It is not easy to talk about being sexually assaulted. The experience of retelling what happened may cause the person to relive the trauma. Other reasons for not immediately reporting the assault or not reporting it at all include fear of retaliation by the offender, fear of not being believed, fear of being blamed for the assault, fear of being “revictimized” if the case goes through the criminal justice system, belief that the offender will not be held accountable, wanting to forget the assault ever happened, not recognizing that what happened was sexual assault, shame, and/or shock. In fact, reporting a sexual assault incident to the police is the exception and not the norm. From 1993 to 1999, about 70 percent of rape and sexual assault crimes were not reported to the police. Because a person did not immediately report an assault or chooses not to report it at all does not mean that the assault did not happen.

Victims can report a sexual assault to criminal justice authorities at any time, whether it be immediately after the assault or within weeks, months, or even years after the assault. Criminal justice authorities can move forward with a criminal case, so long as the incident is reported within the jurisdiction's statute of limitations. Each state has different statutes of limitations that apply to the crimes of rape and sexual assault. Statutes of limitation provide for the time period in which criminal justice authorities can charge an individual with a crime for a particular incident. If you have any questions about your state's statutes of limitation, you can call your local police department, prosecutor's office, local sexual assault victim services program, or state sexual assault coalition (U.S. Department of Justice Office on Violence Against Women).

Myth: Only young, pretty women are assaulted.

Fact: The belief that only young, pretty women are sexually assaulted stems from the myth that sexual assault is based on sex and physical attraction. Sexual assault is a crime of power and control, and offenders often choose people whom they perceive as most vulnerable to attack or over whom they believe they can assert power. Sexual assault victims come from all walks of life. They can range in age from the very old to the very young. Many victims of sexual violence are under age 12. Sixty-seven percent of all victims of sexual assault reported to law enforcement agencies were juveniles (under the age of 18); 34 percent of all victims were under age 12. One of every seven victims of sexual assault reported to law enforcement agencies were under age 6. Men and boys are sexually assaulted too. Persons with disabilities are also sexually assaulted. Assumptions about the "typical" sexual assault victim may further isolate those victimized because they may feel they will not be believed if they do not share the characteristics of the stereotypical sexual assault victim (Rennison 2001).

Myth: It's only rape if the victim puts up a fight and resists.

Fact: Many states do not require a victim to resist in order to charge the offender with rape or sexual assault. In addition, there are many reasons why a victim of sexual assault would not fight or resist his/her attacker. She/he may feel that fighting or resisting will make her/his attacker angry, resulting in more severe injury. She/he may not fight or resist as a coping mechanism for dealing with the trauma of being sexually assaulted. Many law enforcement experts say that victims should trust their instincts and intuition and do what they think is most likely to keep them alive. Not fighting or resisting an attack does not equal consent. It may mean it was the best way she/he knew how to protect herself/himself from further injury (Greenfeld and Smith 1999).

Myth: Someone can only be sexually assaulted if a weapon was involved.

Fact: In many cases of sexual assault, a weapon is not involved. The offender often uses physical strength, physical violence, intimidation, threats, or a combination of these tactics to overpower the victim. As pointed out in Fact #4, most sexual assaults are perpetrated by someone known to the victim. An offender often uses the victim's trust developed through their relationship to create an opportunity to commit the sexual assault. In addition, the offender may

PARTICIPANT WORKSHEETS
Sexual Assault Advocate/Counselor Training

have intimate knowledge about the victim's life, such as where he/she lives, where she works, where she goes to school, or information about her family and friends. This enhances the credibility of any threats made by the offender since he/she has the knowledge about his/her life to carry them out. Although the presence of a weapon while committing the assault may result in a higher penalty or criminal charge, the absence of a weapon does not mean that the offender cannot be held criminally responsible for a sexual assault (U.S. Department of Justice Office on Violence Against Women).

Myth: Rape is mostly an interracial crime.

Fact: The vast majority of violent crimes, which include sexual assaults and rapes, are intraracial, meaning the victim and the offender are of the same race. This is not true, however, for rapes and sexual assaults committed against Native women. American Indian victims reported that approximately 8 in 10 rapes or sexual assaults were perpetrated by Whites. Native women also experience a higher rate of sexual assault victimization than any other race (U.S. Department of Justice Office on Violence Against Women).

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 (U.S. Department of Justice Office on Violence Against Women).

Myth: Most people lie about being sexually assaulted. It's not really a big problem.

Fact: National statistics say that 1 in 4 women and 1 in 6 men will be sexually assaulted by the age of 18. National studies say that 2–8 percent of all sexual assault reports are false. That means that as many as 98 percent of the people who say they are sexually assaulted, were. For more information, visit the Bureau of Justice Statistics at bjs.ojp.usdoj.gov.

Myth: GHB (gamma hydroxybutyric acid) is the most commonly used drug to facilitate a sexual assault.

Fact: Alcohol is easy to get, socially acceptable to use (even if underage), and lowers inhibitions while diminishing physical capabilities. Many sexual assaults occur when someone uses alcohol as a weapon to render someone vulnerable or when someone takes advantage of a person in an incapacitated state. For more information, visit the Bureau of Justice Statistics at bjs.ojp.usdoj.gov.

Myth: Most sexual assaults occur in isolated places.

Fact: Sexual assaults happen anywhere and anytime. Sixty percent of assaults occur in the home of either the victim or the assailant. Sexual assaults also occur in public institutions, the workplace, and vehicles, as well as places traditionally identified as dangerous— parks, alleys, dark streets, and underground garages (stepupprogram.org).

Myth: A rape survivor will be battered, bruised, and hysterical.

Fact: Many rape survivors are not visibly injured. The threat of violence alone is often sufficient to cause a woman to submit to the rapist, to protect herself from physical harm. People react to crisis in different ways. The reaction may range from composure to anxiety, depression, flashbacks, and suicidal feelings (stepupprogram.org).

Myth: Men can't be sexually assaulted.

Fact: Men are sexually assaulted. Between 1 in 6 and 1 in 10 males are sexually assaulted. A majority of male survivors were assaulted when they were children or teenagers, yet adult men can be assaulted as well. Any man can be sexually assaulted regardless of size, strength, sexual orientation, or appearance (stepupprogram.org).

Myth: Only gay men are sexually assaulted.

Fact: Heterosexual, gay, and bisexual men are equally likely to be sexually assaulted. Being sexually assaulted has nothing to do with your current or future sexual orientation (stepupprogram.org).

Myth: Only gay men sexually assault other men.

Fact: Most men who sexually assault other men identify themselves as heterosexual. This fact helps to highlight another reality—that sexual assault is about violence, anger, and control over another person, not lust or sexual attraction (stepupprogram.org).

Myth: Erection or ejaculation during a sexual assault means you “really wanted it” or consented to it.

Fact: Erection and ejaculation are physiological responses that may result from mere physical contact or even extreme stress. These responses do not imply that you wanted or enjoyed the assault and do not indicate anything about your sexual orientation. Some rapists are aware how erection and ejaculation can confuse a victim of sexual assault—this motivates them to manipulate their victims to the point of erection or ejaculation to increase their feelings of control and to discourage reporting of the crime (stepupprogram.org).

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 suspects, 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 amount of cash into her account when she was robbed and sexually assaulted. 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. 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?

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:

PARTICIPANT WORKSHEETS
Sexual Assault Advocate/Counselor Training

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 at the medical facility.

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 could the advocate 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 the advocate have done differently?

Worksheet 10.1

Maintaining Healthy Boundaries

Check all of the following that you believe you would be justified in 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...

PARTICIPANT WORKSHEETS
Sexual Assault Advocate/Counselor Training

—

—

—

—

—

—

—

—

—

—

—

—

—