

# Sexual Assault Advocate/Counselor Training

Welcome



**OVC**TTAC  
OFFICE FOR VICTIMS OF CRIME Training and Technical Assistance Center

# Module 1

## Introductions and Overview



# Learning Objective

Determine when to use the terms *sexual assault*, *sexual violence*, *rape*, *sexual abuse*, *victim*, and *survivor* during the training.

# Introductions

- What is your name?
  - What, if any, experience do you have working with sexual assault victims/survivors?
  - What is your motivation for doing this work?
  - One thing you really want to learn in this training is
- 



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# Training Goal

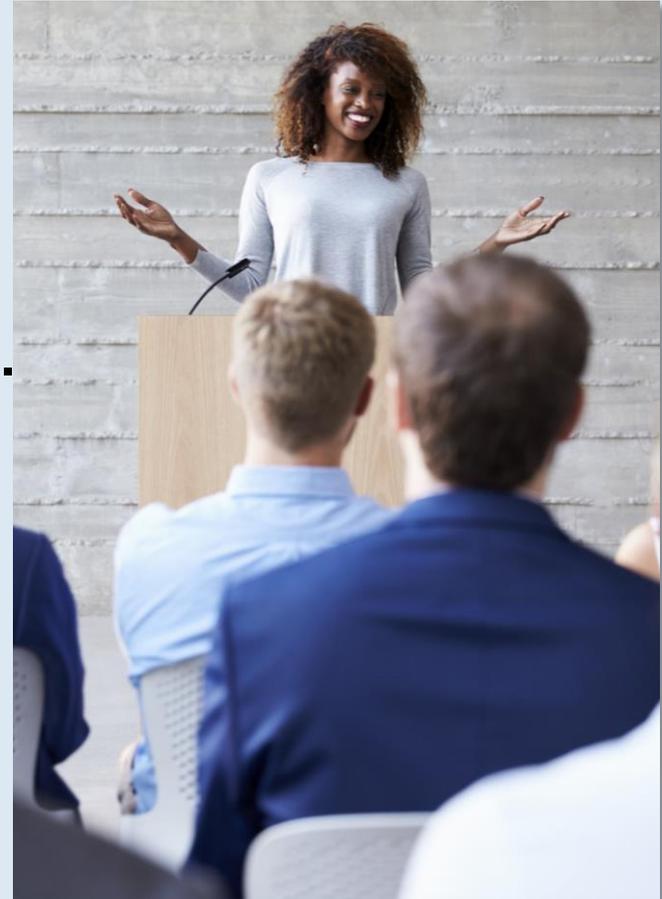
To provide advocates/counselors who work with victims/survivors of sexual assault with the skills necessary to provide competent, effective crisis intervention services.



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# Housekeeping

- Restrooms.
- Breaks.
- Cell phones off or on vibrate.
- Participant Manual.



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# Ground Rules and Parking Lot

- Arrive on time and attend the entire training.
- Be respectful of other participants and the instructor(s).
- Participate in each activity to the best of your abilities.
- Ask questions, pose scenarios, and make suggestions that will help you learn.
- Turn cell phones off or to vibrate.

# Use of the Personal Pronouns

- Gender-neutral plural pronouns will be used as much as possible—“they” or “them.”
- Female pronouns occasionally will be used to refer to the victim, as the majority of victims are female.

# Definitions

- There are many different definitions of sex-related crimes.
- These definitions vary across states as well as federal agencies.
- Sexual assault is a broad term that includes a range of acts.
- In this training, we will typically use the term *sexual assault*, but will sometimes use terms such as *rape* and *sexual violence*.

# Victim vs. Survivor

Individuals determine when the shift from victim to survivor occurs. In this training:

- *Victim* of sexual assault will be used when discussing the emergency department response and early impact.
- *Survivor* will be used in later periods of recovery to recognize that this is indeed the goal for individuals with whom advocates will work.

# Review of Learning Objective

Determine when to use the terms *sexual assault*, *sexual violence*, *rape*, *sexual abuse*, *victim*, and *survivor* during the training.

# End of Module 1

## Questions? Comments?



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## Module 2

# What is Sexual Assault Advocacy/Counseling?



# Learning Objectives

- Describe the composition of a Sexual Assault Response Team (SART).
- Identify the major roles of an advocate.
- Make appropriate decisions about confidentiality based on state reporting laws.



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# Tenets of Advocacy

- Provide victims with information about their options.
- Provide trauma-specific services.
- Work with the victim to develop an action plan.
- Listen and believe the victim.
- Neither investigate nor judge.
- Practice teamwork.



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# Victim Options

The victim has the right to:

- Make his/her choice on whether to report a sexual assault.
- Decide whether or not a medical/forensic examination is conducted.



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# SARTs and SANEs



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What do you know about Sexual Assault Response Teams (SART) and Sexual Assault Nurse Examiners (SANE)?

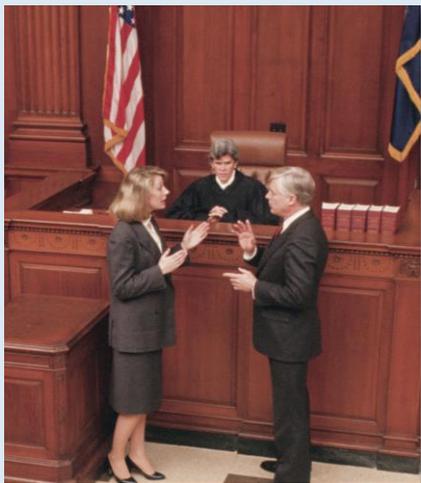


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# Sexual Assault Response Teams (SART)



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- Group of individuals from different agencies who work with sexual assault victims.
- Effective model.
- Crisis intervention and long-term counseling.
- Investigation and evidence collection.
- More sensitive medical response to rape victims.

# SART Membership Varies



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- At minimum, sexual assault advocate, medical personnel, law enforcement, prosecutor, and crime laboratory specialist.
- May also include domestic violence victim advocates, clergy, and other social service agency personnel.



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# Sexual Assault Nurse Examiners (SANE)

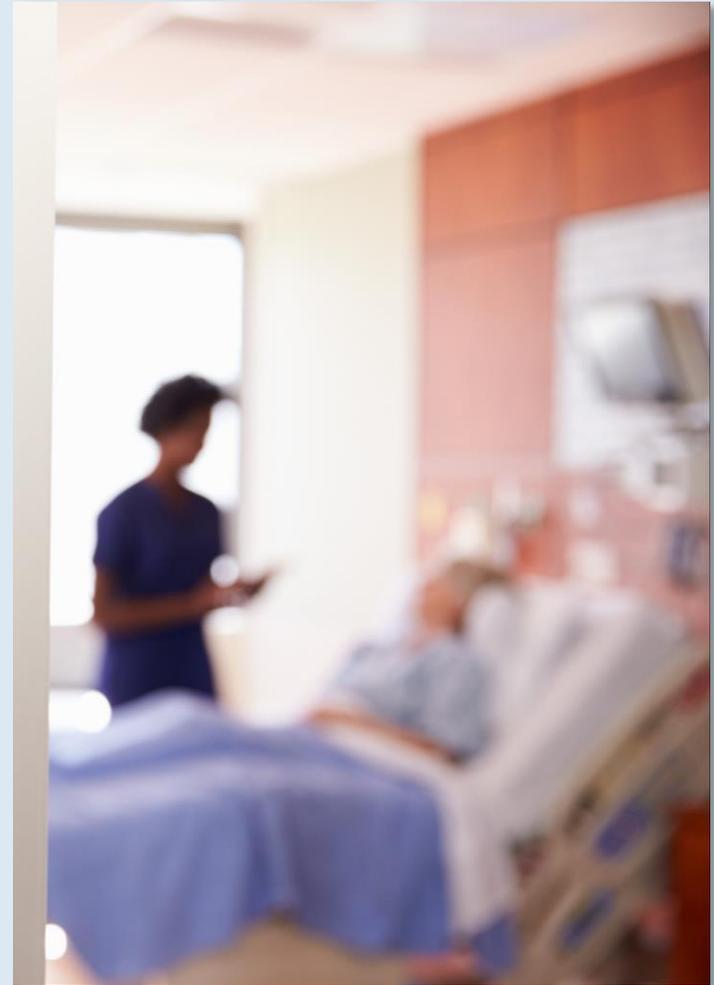
- Medical professionals who participate in a SART.
- Specially trained medical providers.
- Trained to understand that the exam purpose is to address patient's health care and emotional needs.
- Better evidence collection and more sensitive initial medical response.



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# Need for SANEs

- Long waits.
- Could not eat, drink, or urinate while waiting.
- Doctors and nurses had insufficient training.
- Improper evidence collection.
- Proper exams are time consuming.
- Medical professionals fear subpoenas.



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# Teamwork

- Rape crisis center, advocacy, specialized training, and teamwork have greatly improved the quality of care for victims.
- Advocates provide a range of services for victims and families.



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# Roles of the Advocate

- Crisis telephone line staffing.
- Medical-evidentiary exam response.
- Law enforcement statement accompaniment.
- Courtroom accompaniment.
- Family/significant other supportive counseling.
- Encourage/help facilitate SANE followup exam of indicated.



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# Types of Advocates



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- Community-based advocates:
  - ◆ Work for independent organizations.
  - ◆ Can be present during a SANE exam.
  
- System-based advocates:
  - ◆ Are employed by the criminal justice system (i.e., law enforcement or prosecuting attorney's office).
  - ◆ Should not be present during a SANE exam.

# Roles of the Advocate

- Walk-in crisis intervention.
- Individual, ongoing supportive counseling.
- Support-group facilitation.



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# Confidentiality



- It is the victim's right.
- It gives the victim control.
- It makes disclosure safe.

# Confidentiality

Issues differ for advocates and SANEs.

- Rape crisis centers in many states have lobbied for legislation so advocates can't be subpoenaed; advocates must know limits of confidentiality.
- SANEs expect that everything the victim says can be admitted into evidence.

Ensure the victim knows the limits of confidentiality.

# Activity



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## *Law Review Worksheet 2.1, Appendix A, and Appendix B*

- Review the appendices:
  - ◆ Background on VAWA 2005, VAWA 2013, and Forensic Compliance.
  - ◆ HIPAA Privacy Guidelines and Sexual Assault Crisis Centers.
- Complete the worksheet.

# Maintaining Confidentiality Means...

- Not talking to the media.
- Not using the victim's name when discussing with coworkers.
- Not discussing cases with your family.
- Not talking about cases on an elevator or in a public place.
- Not using any details of cases for training purposes.



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# Review of Learning Objectives

- Describe the composition of a Sexual Assault Response Team (SART).
- Identify the major roles of an advocate.
- Make appropriate decisions about confidentiality based on state reporting laws.

# End of Module 2

## Questions? Comments?



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# Module 3

## Realities of Sexual Assault



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# Learning Objectives

- Correctly answer at least two questions about the incidence and prevalence of sexual assault in the United States.
- Identify at least one factor contributing to the underreporting of sexual assault.
- List at least two myths and two facts about rape and sexual assault.

# Sexual Assault



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How much do you know about the incidence and prevalence of sexual assault in the United States?

# Activity



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## *Friendly Competition Worksheet 3.1*



## Activity

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

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

## *Activity*

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

**C. 19%**

## Activity

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

## *Activity*

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

**C. 2.2 per 1,000 people**

## Activity

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

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

## *Activity*

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

**A. 21%**

## Activity

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%
- B. 14%
- C. 36%
- D. 55%

## *Activity*

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:

**B. 14%**

## Activity

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

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



## *Activity*

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

**B. 32%**

## Activity

Q. In FY 2016, an estimated \_\_\_\_\_ military members indicated experiencing a sexual assault.

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

## *Activity*

Q. In FY 2016, an estimated \_\_\_\_\_ military members indicated experiencing a sexual assault.

**A. 5,350**

## Activity

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

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

## *Activity*

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

**D. \$122,461**

# Activity



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## *Myth or Fact? Worksheet 3.2*

- Without looking at the worksheet, write a myth or fact about rape or sexual assault on each card.
- Tape cards to the “Myth” or “Facts” column of the tear sheet.
- Refer to the worksheet for the debrief.

# *Activity*

Myth:

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

## *Activity*

Myth:

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

Fact:

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.

# Activity

Myth:

If a person goes to someone's room, house, or a bar, he/she assumes the risk of sexual assault.

# Activity

## Myth:

If a person goes to someone's room, house, or a bar, he/she assumes the risk of sexual assault.

## Fact:

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.

# Activity

Myth:

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

# Activity

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.

# *Activity*

Myth:

Most sexual assaults are committed by strangers.

# Activity

Myth:

Most sexual assaults are committed by strangers.

Fact:

Most sexual assaults and rapes are committed by someone the victim knows. Among victims aged 18–29, two-thirds had a prior relationship with the offender.

# Activity

Myth:

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

# Activity

## Myth:

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

## Fact:

Rape and sexual assault can occur at any time, in many places, to anyone.

# *Activity*

Myth:

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

# Activity

## 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.

# *Activity*

Myth:

All sexual assault victims will report the crime immediately to the police.

# Activity

## Myth:

All sexual assault victims will report the crime immediately to the police.

## Fact:

There are many reasons why a sexual assault victim may not report the assault to the police. In fact, reporting a sexual assault incident to the police is the exception, not the norm. From 1993 to 1999, about 70 percent of rapes and sexual assaults were not reported to the police.

# Activity

Myth:

Only young, pretty women are assaulted.

## *Activity*

Myth:

Only young, pretty women are assaulted.

Fact:

Sexual assault victims come from all walks of life. They can range in age from the very old to the very young. Sexual assault is a crime of power and control; offenders often choose people whom they perceive as vulnerable or over whom they believe they can assert power.

# *Activity*

Myth:

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

# Activity

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. There are many reasons why a victim of sexual assault would not fight or resist his/her attacker.

# Activity

Myth:

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

# Activity

## 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, violence, intimidation, threats, or a combination of these tactics to overpower the victim.

# *Activity*

Myth:

Rape is mostly an interracial crime.

## *Activity*

Myth:

Rape is mostly an interracial crime.

Fact:

The vast majority of violent crimes, including sexual assaults and rapes, are intraracial.

# Activity

Myth:

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

## *Activity*

### Myth:

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

### Fact:

Legal definitions of 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.

# Activity

Myth:

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

# Activity

## 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 were sexually assaulted, were.

# Activity

Myth:

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

## *Activity*

Myth:

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

Fact:

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.

# *Activity*

Myth:

Most sexual assaults occur in isolated places.

# *Activity*

Myth:

Most sexual assaults occur in isolated places.

Fact:

Sexual assaults happen anywhere and anytime.

# *Activity*

Myth:

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

## *Activity*

Myth:

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

Fact:

Many rape survivors are not visibly injured. People react to crisis in different ways.

# *Activity*

Myth:

Men can't be sexually assaulted.

# Activity

Myth:

Men can't be sexually assaulted.

Fact:

Between 1 in 6 and 1 in 10 males are sexually assaulted. Any man can be sexually assaulted regardless of size, strength, sexual orientation, or appearance.

# *Activity*

Myth:

Only gay men are sexually assaulted.

## *Activity*

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.

# *Activity*

Myth:

Only gay men sexually assault other men.

## *Activity*

Myth:

Only gay men sexually assault other men.

Fact:

Most men who sexually assault other men identify themselves as heterosexual. Sexual assault is about violence, anger, and control over another person, not lust or sexual attraction.

# Activity

Myth:

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

## *Activity*

### 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.

# Review of Learning Objectives

- Correctly answer at least two questions about the incidence and prevalence of sexual assault in the United States.
- Identify at least one factor contributing to underreporting of sexual assault.
- List at least two myths and two facts about rape and sexual assault.

# End of Module 3

## Questions? Comments?



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## Module 4

# The Neurobiology of Trauma and Sexual Assault



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# Learning Objectives

- Describe the basic components of the brain related to trauma.
- Explain common ways the brain is affected during and after sexual assault.
- Recognize common ways a traumatic experience may affect a victim's behavior.
- Assist victims in understanding the neurobiology of trauma, when appropriate.

# The Brain...



# Disclaimer

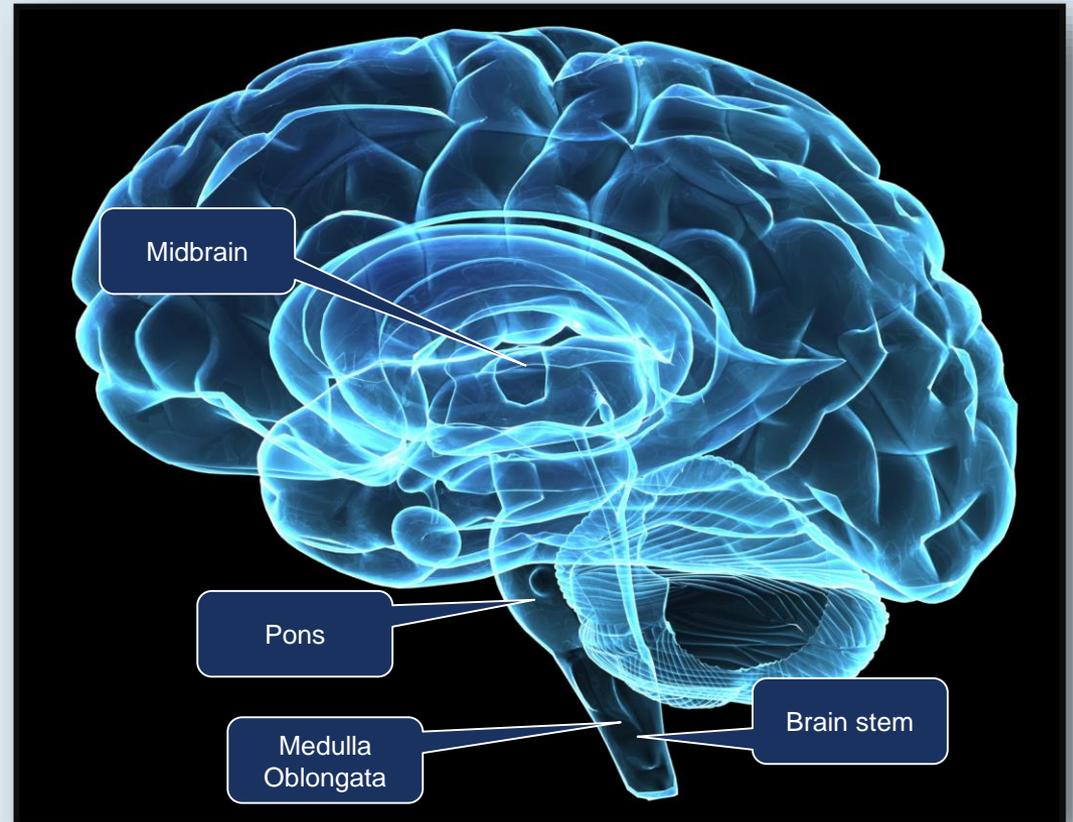
Please note that some mental health professionals, agencies, or entities may or may not agree with models of the neurobiology of trauma, as scientific knowledge, models, and theories are rarely unanimously accepted.

# Module Overview

- The brain and its basic functions.
- The prefrontal cortex of the brain.
- Key circuitries in the brain affected by trauma.
- Emotional and brain responses when confronted with a traumatic situation.
- Traumatic events and memory.
- How knowledge of neurobiology can assist crime victims.

# The Brain's Basic Functions

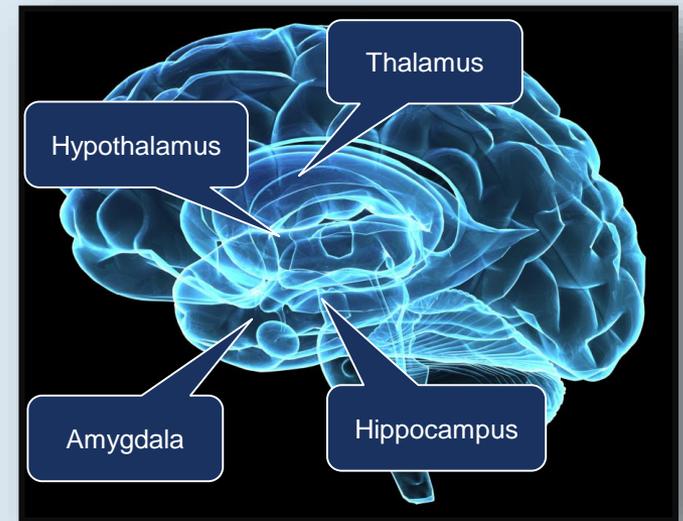
- Brain stem.
- Medulla oblongata.
- Pons.
- Midbrain.



# The Limbic System

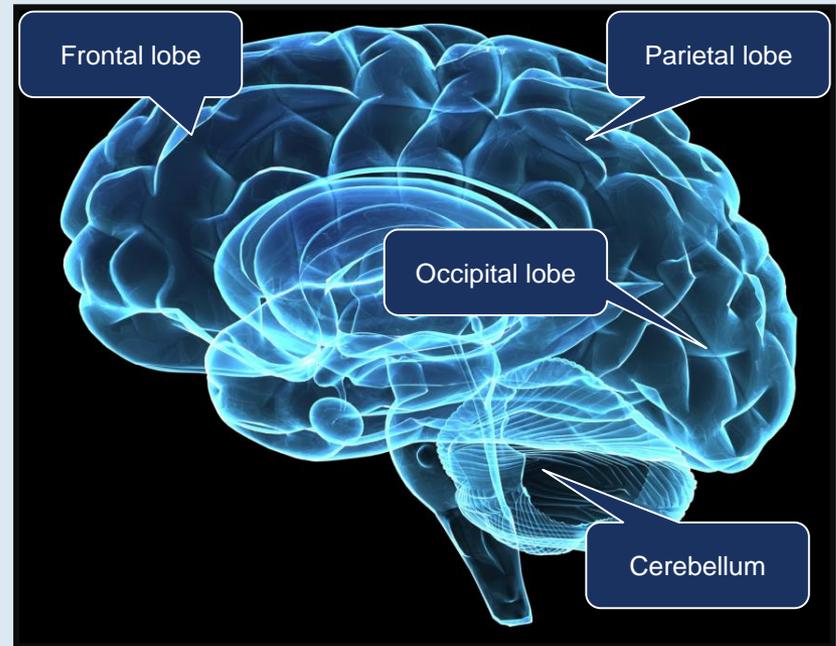
A complex set of structures that lies on both sides of the thalamus, just under the cerebrum, which includes the:

- Amygdala.
- Thalamus.
- Hypothalamus.
- Hippocampus.



# The Cerebellum and Cerebrum

- The cerebellum:
  - ◆ Associated with regulation and coordination of movement, posture, balance.
- The cerebrum:
  - ◆ Associated with reasoning, movement, and visual processing.



# The Prefrontal Cortex



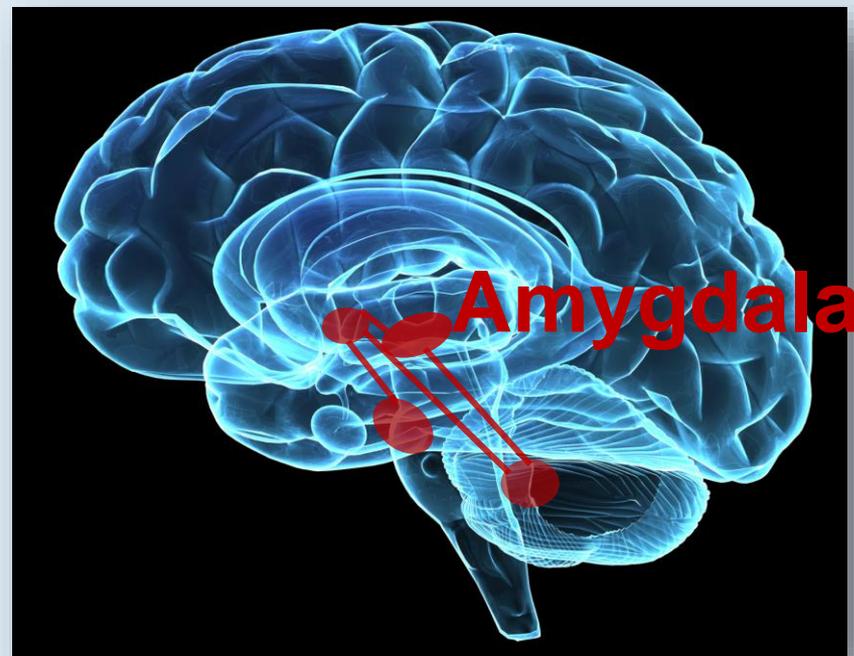
# The Prefrontal Cortex

- Holds thoughts and memories in mind.
- Helps us manage emotions and reflect on behavior.
- Helps manage other brain regions.
- Allows us to focus our attention where we choose, and do what we choose, consistent with our goals and values.
- Becomes impaired in traumatic situations.



# Fear Circuitry

- Plays a huge role in trauma and posttraumatic stress.
- Located in multiple brain areas.
- Operates automatically and mostly outside awareness.



# Seeking Circuitry

- Seeks escape from fear, anxiety, sadness, and any unwanted experiences.
- May be “quick fixes” that don’t solve the problem and may lead to addiction.
- Also enables victims to seek to uphold their values.



# Satisfaction Circuitry

- Produces feeling of satisfaction when we get what we seek.
- Central to feeling safe, soothed, and connected to others.
- Produces opioids involved in feelings of satisfaction, connection, etc.

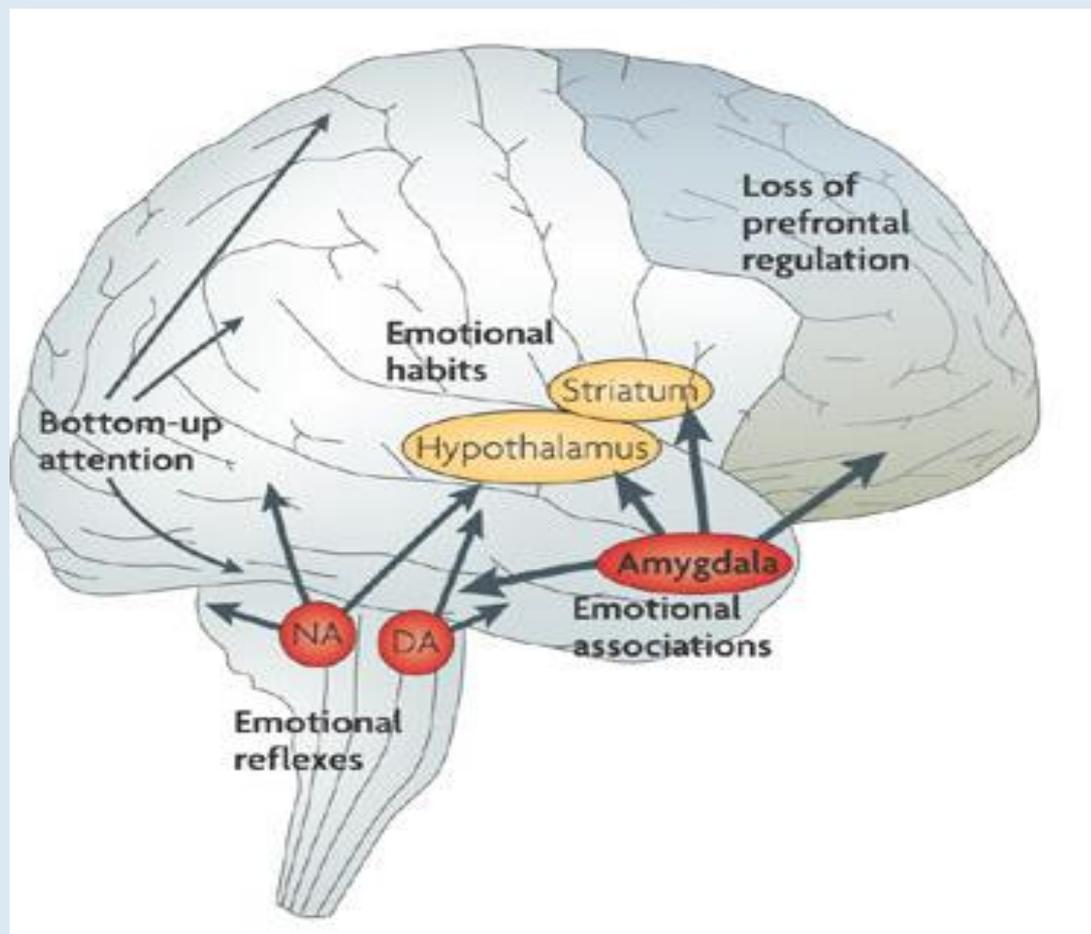


# Embodiment Circuitry

- Includes the insular cortex (insula).
- Receives sensory data from all body systems.
- Key to healing from trauma.
- Allows us to know what it feels like to be in our body.



# Traumatic Situations: Amygdala Control



Source of diagram: Amsten 2009, *Nature Reviews Neuroscience*, 410.

# In Traumatic (and High-Stress) Situations...

- Loss of prefrontal regulation: Chemicals from the brain stem impair (and may shut down) the prefrontal cortex.
- Bottom-up attention: Attention is automatically captured by anything perceived as dangerous or threatening, or as necessary for survival.
- Emotional reflexes: Reflexes are automatic and include freeze, flight, or fight responses, as well as bodily responses like your heart pounding quickly.

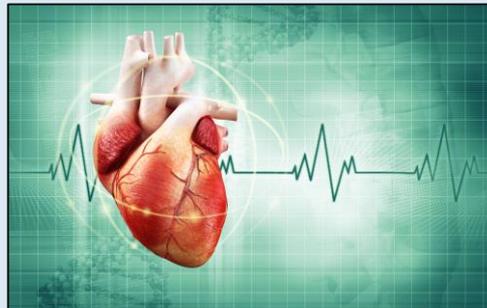
# The Amygdala and Attention



# Survival Reflexes in the Body



Pupils dilate.



Heart beats faster.



Blood pressure increases.



Blood flow to muscles increases.



Breathing rate increases.

# “Fight or Flight” is Misleading

- Our brains are not wired this way.
- We evolved to freeze first, then flee.
- Fighting is only in the service of fleeing, unless there is no other option.
- It's important that assault victims understand this, because many will be ashamed that they did not fight back.

# Freeze, Flight, or Fight—Primary Purpose

- Freeze:
  - ◆ Brief response, when danger is perceived.
  - ◆ Highly alert.
  - ◆ Not moving.
  - ◆ Ready to suddenly burst into action.



# Drastic Survival Reflexes

- Occur when escape is—or appears—impossible.
- Attempting to escape and survive when there is no (physical) escape.
- Automatic survival reflexes.

# Disassociation—Drastic Survival Reflex

“It was silence, looking at her  
through a glass wall,  
so it couldn’t affect me, couldn’t touch me.”



# Disassociation—Drastic Survival Reflex

- Victim feels:
  - ◆ “Spaced out.”
  - ◆ “Disconnected.”
  - ◆ “On autopilot.”
- These are common responses to sexual abuse in children, although it can happen to anyone.



# Disassociation—Drastic Survival Reflex

Explain to victims that these are brain-based, automatic survival reflexes.



# Tonic Immobility—Drastic Survival Reflex

- Freezing = Alert and immobile, but able to move.
- Tonic immobility = Paralysis, can't move or speak.
- Caused by extreme fear, physical contact with perpetrator, restraint, perception of inescapability.
- An estimated 10–50 percent of victims experience tonic immobility.



# Tonic Immobility—Drastic Survival Reflex

- Sudden onset and termination.
- Lasts from seconds to hours.
- Does not impair alertness or memory.



# Tonic Immobility—Drastic Survival Reflex

Can overlap with disassociation and may include:

- Trembling or shaking.
- Rigid muscles.
- Feeling of cold.
- Numbness to pain.
- Unfocused staring or intermittent eye closure.



# Collapsed Immobility—Drastic Survival Reflex

Heart gets massive parasympathetic input, resulting in:

- Extreme decreases in heart rate and blood pressure.
- Faintness, “sleepiness,” or loss of consciousness.
- Loss of muscle tone.



# Collapsed Immobility—Drastic Survival Reflex (continued)

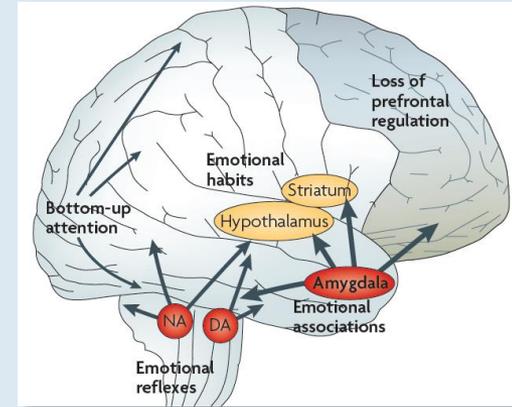
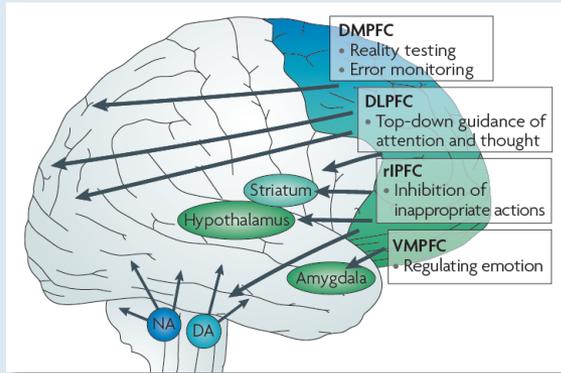
- Often accompanies mental defeat.
- Can be triggered by seeing blood, a skin puncture, or a knife.
- More likely in women.
- Can be a source of shame in victims.
- These are normal, brain-based responses.

(Kozłowska et al. 2015;  
Baldwin 2013)

# Brain-Based “Counter-Intuitive Behaviors”

- Did not resist.
- No attempt to escape.
- Did not scream.
- “Active participant.”

# Brains During Most Sexual Assaults



## Perpetrator

- Not stressed.
- **Prefrontal cortex in control.**
- Thinking and behavior:
  - Planned.
  - Practiced.
  - Habitual.

## Victim

- Terrified, overwhelmed.
- **Fear circuitry in control.**
- Attention and thoughts driven by perpetrator actions.
- Behavior controlled by emotional reflexes and habits from childhood (including abuse).

# Activity



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## *Response Scenarios Case Studies Worksheet 4.1*

- Work in groups.
- Review the case studies and answer the questions.
- Report out to the large group.

# The Brain During Trauma

- Brain releases high amounts of stress chemicals.
- High amygdala activity.
- Strong encoding of emotional and sensory memories.
- Prefrontal cortex is impaired, including language protection area.

# Hippocampus Function Altered

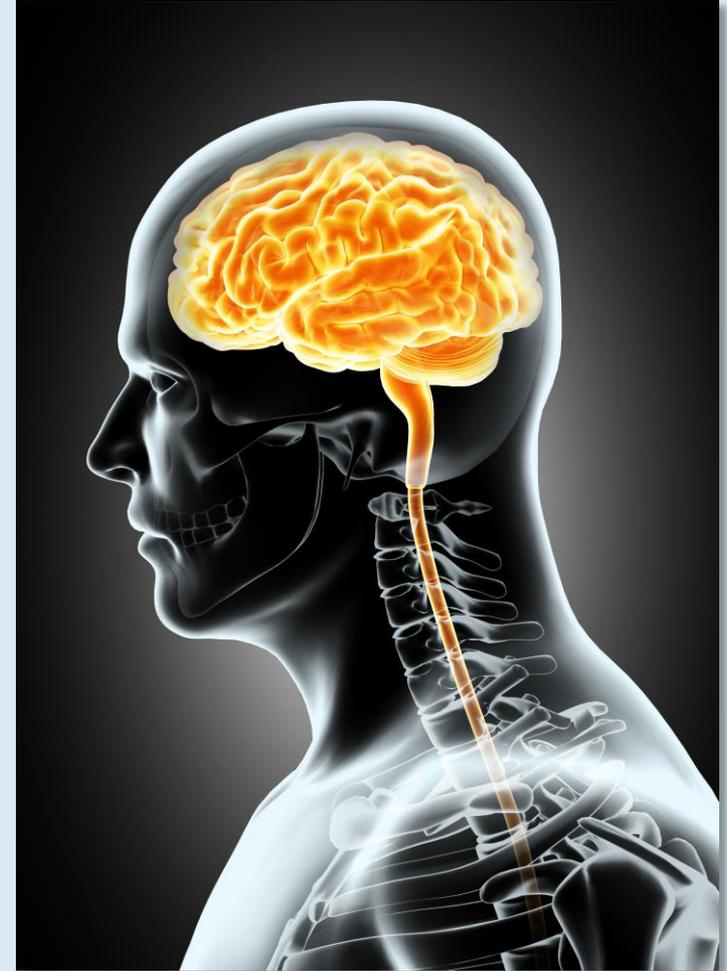
- Context of assault and elements of event are poorly woven into a whole.
- Sequence of events is poorly encoded.

However...

- Emotional memories are well encoded, especially for experiences surrounding the onset of fear/terror.

# Attention, Trauma, and Memory

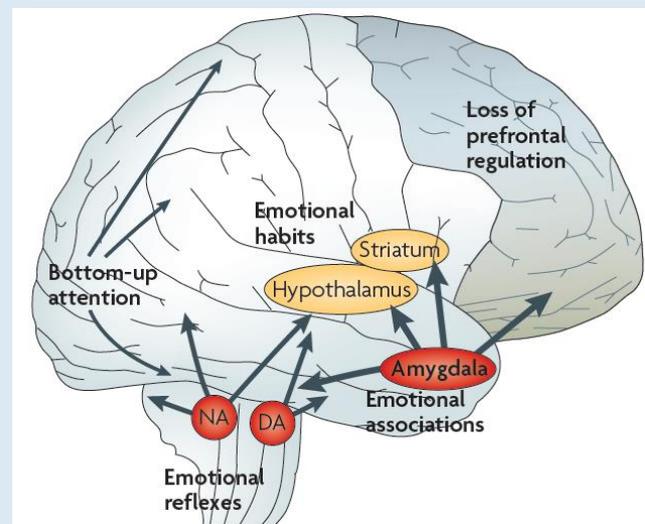
- Mostly bottom-up attention.
- Fear circuitry focused on what seems most important to survival and coping.
- Central details are encoded.
- Stimulus information is encoded much more than contextual information.



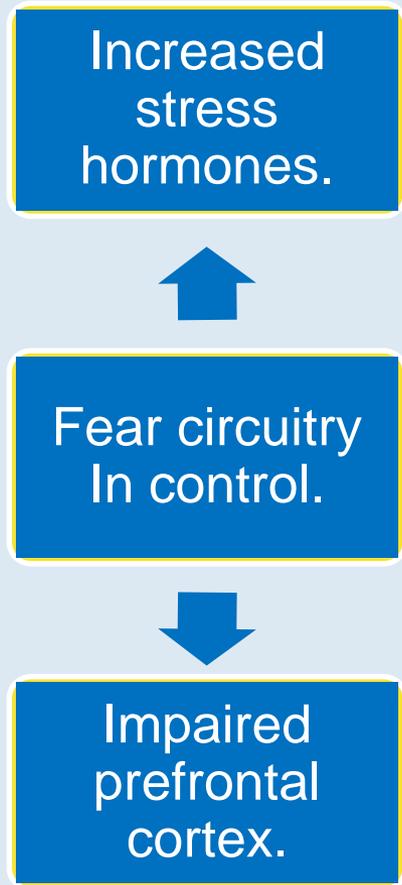
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# What Gets Encoded Into Memory

- Fragments of experience are “burned in.”
- “Islands of memory.”
- Few peripheral details.
- Little or no time-sequence information.
- Little or no words or narrative.

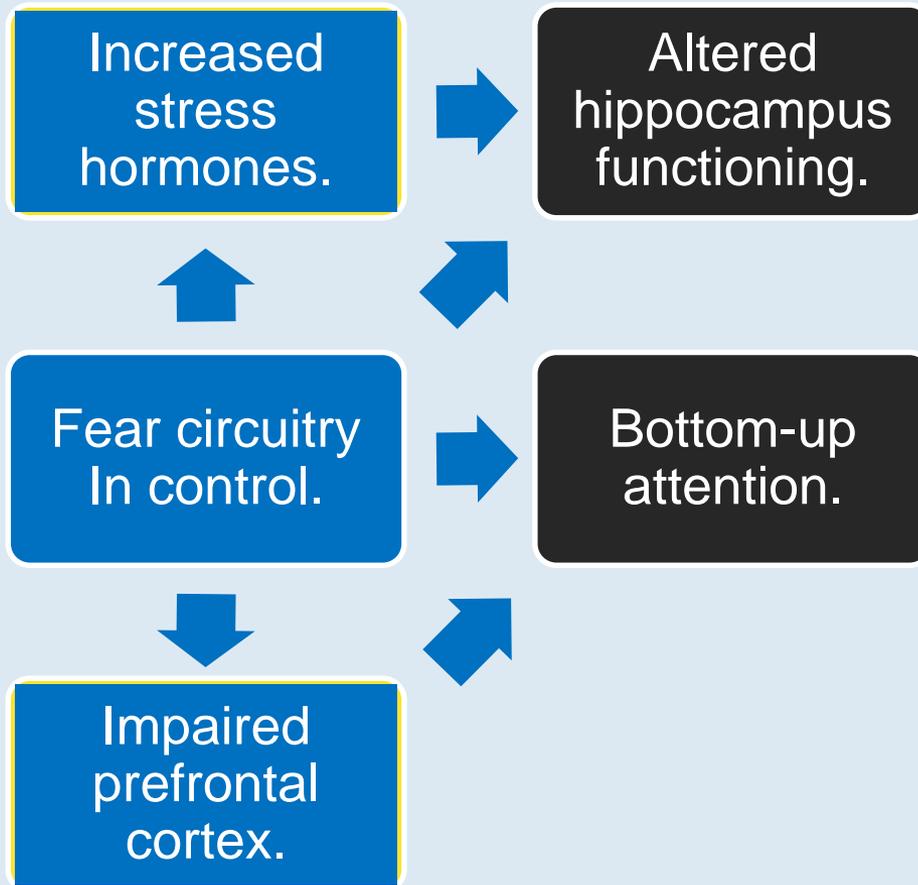


# What Gets Encoded Into Memory



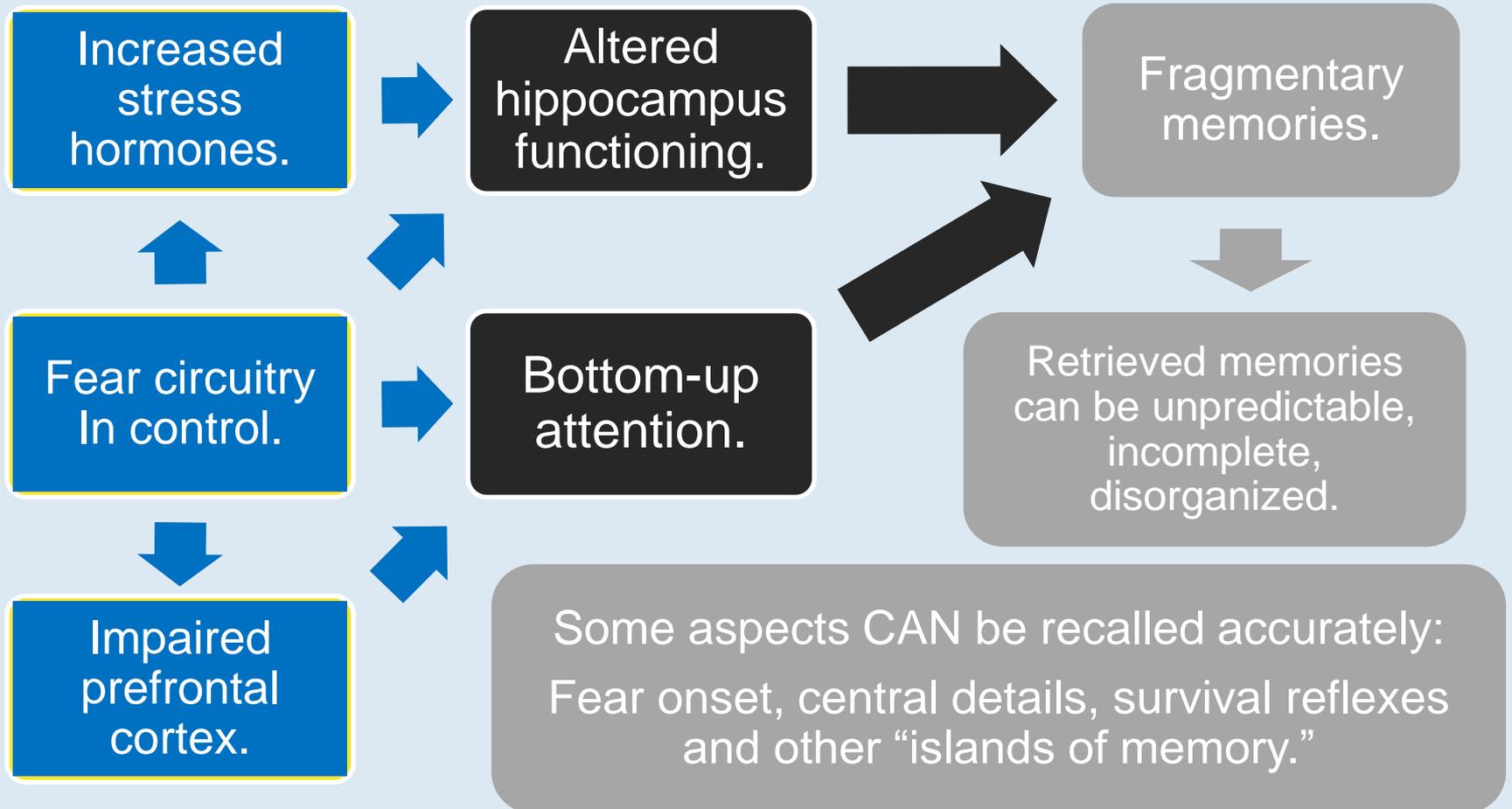
(Schwabe et al. 2012; Joels et al. 2012)

# What Gets Encoded Into Memory



(Schwabe et al. 2012; Joels et al. 2012)

# What Gets Encoded Into Memory



(Schwabe et al. 2012; Joels et al. 2012)

# “Islands of Memory”

- Micro-islands—Fragmentary sensations.
- Larger islands—Key periods within assault.
  - ◆ When fear kicked in, right before and after.
- Survival reflexes—Indicators of nonconsent:
  - ◆ Freezing.
  - ◆ Disassociation.
  - ◆ Tonic immobility.
  - ◆ Collapsed immobility.



# Alcohol, Drugs, and Memory

- Low to moderate dose/intoxication:
  - ◆ Impairs context encoding (hippocampus).
  - ◆ Does not impair encoding of sensations.
  - ◆ Resembles effect of fear/trauma.
  
- High dose/intoxication:
  - ◆ Impairs hippocampus-mediated encoding and consolidation of both context and sensations.
  - ◆ In a severe “black out,” nothing gets encoded.

# Remembering the Experience

- The state of the brain when trying to remember affects what can be retrieved and put into words.
- If victims feel unsafe when questioned, they may not be able to use their prefrontal cortex to understand the questions and retrieve certain memories.
- If victims feel traumatized by questioning, this may trigger the bottom-up retrieval of fragmentary sensations and emotions that are nearly as intense as the assault itself.

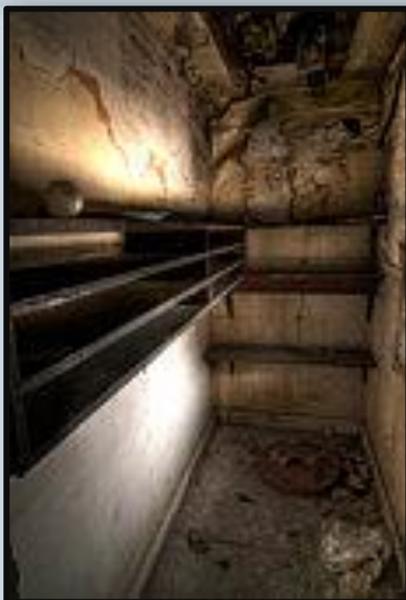
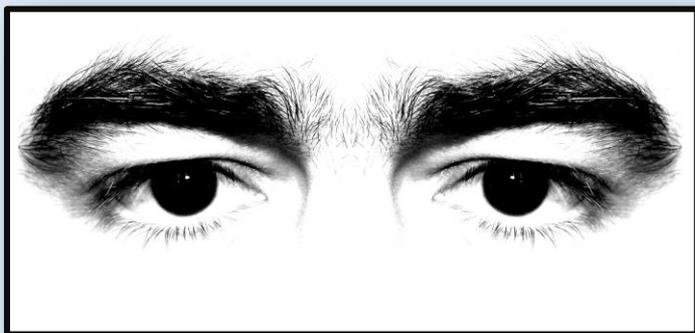
# Remembering the Experience

- Remember: The survivor may have been dissociated at the time of the assault, and when they remember it later.
- Or the survivor can alternate between dissociated and emotionally upset remembrances: for example, from one meeting or investigative interview to the next.



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# Life as a Minefield of Potential Trauma Triggers



Assault  
Memory



# A Better Understanding

“I’m going to help this victim feel safe, in control, competent, and cared for.”



Victim advocate provides better support for victim in court and during meetings with prosecutors.



Empathy for victim, empowerment of victim.



Victim advocate more easily determines victims’ physical and psychological needs.



Victim feels safer, is more cooperative, more able to remember, more willing to report.



# Activity



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## *How Would You Respond? Worksheet 4.2*

- Work in groups.
- Review the case studies and answer the questions.
- Report out to the large group.



# Review of Learning Objectives

- Describe the basic components of the brain related to trauma.
- Explain common ways the brain is affected during and after sexual assault.
- Recognize common ways a traumatic experience may affect a victim's behavior.
- Assist victims in understanding the neurobiology of trauma, when appropriate.

# End of Module 4

## Questions? Comments?



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# Module 5

## Impact of Sexual Assault



# Learning Objectives

- Describe the physical and psychological impact of sexual assault.
- Describe the impact of sexual assault on partners, family, and close friends.

# Activity



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## *Brainstorm— Potential Physical Impact of Sexual Assault*

# Nongenital Physical Injury

- It is difficult to show how often rape-related injuries occur.
- Most self-protective actions undertaken by rape victims do not significantly affect the risk of additional injuries.
- Less common in stranger rape.
- Further research is needed.



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# Identified Genital Trauma

- Rates of identified genital injury vary from significant to no injury.
- Examination utilizing magnification (use of colposcope) has been helpful in visualizing genital abrasions, bruises, and tears too minute to see with the naked eye.
- Visualization is an invaluable tool that is part of the patient's right to evidence-based medicine.

# Sexually Transmitted Infections (STI)

- Concern about STIs is one key difference between victims who seek medical care and those who do not.
- Risk of contracting HIV is low.
- Risk of contracting other diseases is relatively prevalent.
- Allow victims to make decisions based on facts, not fear.

# Activity



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## *Group Process Scenario I Worksheet 5.1*

### STI Scenario:

A caller who was sexually assaulted the night before is concerned about STIs, including HIV/AIDS.

# Pregnancy

- The actual risk is around 5 percent.
- Medical facilities offer emergency contraception.
- Pregnancy resulting from sexual assault is often a cause of great concern and significant trauma to victims— their fears should be taken seriously.



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# General Health Risk

- Sexual assault affects a victim's health directly and immediately.
- It can also have a significant and chronic impact on their general health for years.
- Stress appears to suppress the immune system.
- Injurious behaviors and health problems sometimes occur after sexual assault.



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# Sexual Dysfunction

Sexual dysfunction is a common reaction and often a chronic problem. This may include:

- Avoidance of sex.
- Loss of interest, loss of pleasure in sex.
- Painful intercourse and periods.
- Risky sexual behaviors.



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# Substance Abuse

- Individuals are more vulnerable to assault when intoxicated.
- Alcohol is the most frequently used drug to facilitate a sexual assault.
- Alcohol/drug use by female survivors significantly increased after sexual assault.
- Sexual abuse plays a role in substance abuse.



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# Psychological Impact of Sexual Assault

- Sexual assault victims experience more psychological distress than victims of other crimes.
- Positive social reactions to assault disclosure could affect both perceived control over recovery and positive social coping.
  - ◆ This could help reduce PTSD symptoms.

# Activity



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## *Brainstorm— Potential Psychological Impact of Sexual Assault*

# Anxiety

- Rape victims are more anxious than nonvictims.
- 82 percent of victims met the criteria for generalized anxiety disorder.



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# Fear

- Death is the most common fear during the assault.
- Continued generalized fear occurs after the assault.
- The threat of violence alone can be psychologically devastating.



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# Depression

- Weight loss or gain.
- Sleep disturbance.
- Feelings of worthlessness.
- Less interest in pleasurable activities.
- Inability to concentrate.
- Depressed mood.
- Suicidal thoughts.



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# Suicidal Ideation Studies

- Studies indicate that suicide ideation after sexual assault is a significant issue.
- Women at the most risk for suicidal ideation were younger, ethnic minority, or bisexual victims.
- Victims with more traumas and drug use enacted more suicide attempts.



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# Self-Blame and Shame

- Posttraumatic guilt, self-blame, and shame are common responses following sexual assault.
- Emotions such as fear may increase during the trauma, but other emotions such as shame, guilt, anger, and sadness often increase after the trauma.



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# Posttraumatic Stress Disorder (PTSD)

“A psychiatric disorder that can occur in people who have experienced (directly or indirectly) or witnessed a traumatic event such as a natural disaster, a serious accident, a terrorist act, war/combat, or rape or other violent personal assault.”

(American Psychiatric Association 2013)



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# PTSD Symptoms

- Intrusive symptoms such as distressing dreams and flashbacks.
- Avoidance of reminders.
- Negative thoughts and feelings.
- Arousal and reactivity symptoms.



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(American Psychiatric Association 2013)

# Severity of PTSD Symptoms

- Associated with trauma history, perceived life threat during the assault, and feelings of self-blame, among other issues.
- SANEs empower victims with PTSD by:
  - ◆ Providing health care, support.
  - ◆ Treating them with respect and dignity.
  - ◆ Respecting their decisions.



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# Activity



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## *Group Process Scenario II 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.

# Impact on Partners, Family, Close Friends

- Secondary or indirect victims.
- Often suffer many of the same initial and long-term symptoms.
- May suffer from PTSD.
- May have difficulty supporting the victim.
- Relationship with the victim is affected.



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# Review of Learning Objectives

- Describe the physical and psychological impact of sexual assault.
- Describe the impact of sexual assault on partners, family, and close friends.

# End of Module 5

## Questions? Comments?



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# Module 6

## Campus Sexual Assault



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# Learning Objectives

- Cite key statistics on campus sexual assault.
- Describe the laws that apply to sexual assault on campus.
- Identify resources available to victims of campus sexual assault.

# Victims of Campus Sexual Assault

According to the 2015 Association of American Universities Campus Climate Survey:

- 11.7 percent of all student respondents reported experiencing nonconsensual sexual contact since enrolling in their university.
- 23.1 percent of female undergraduate respondents and 5.4 percent of male undergraduate respondents reported experiencing nonconsensual sexual contact since enrolling in college.
- 8.8 percent of female graduate/professional students and 2.2 percent of male graduate/professional students reported experiencing nonconsensual sexual contact since enrolling in their university.

# Physically Forced Sexual Assault Factors

According to the 2007 National Institute of Justice (NIJ) Campus Sexual Assault Survey, factors include:

- Number of sexual partners.
- Previously threatened/hurt by dating partner.
- Length of time in college.
- Years in college.



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# Incapacitated Sexual Assault Factors

According to the 2007 NIJ Campus Sexual Assault Survey, factors include:

- Voluntary substance abuse.
- Substance abuse without knowledge/consent.
- Previously hurt/threatened by dating partner.
- Length of time in college.



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# Primary Laws

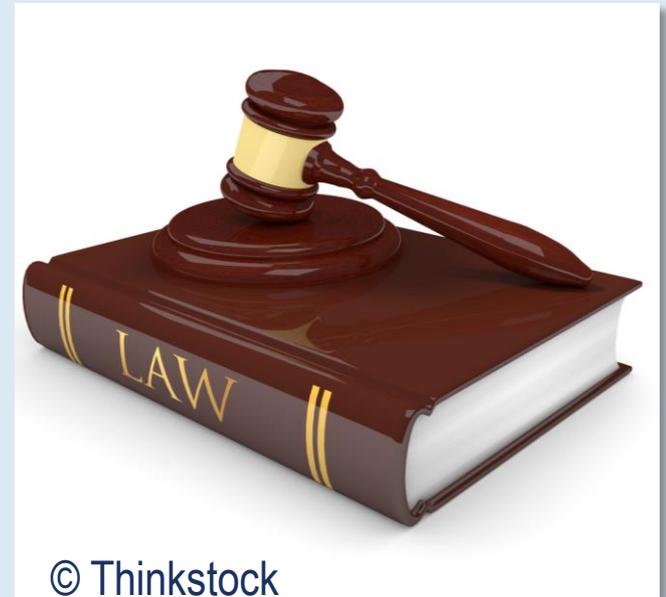
1. Title IX.
2. Clery Act.
3. VAWA Amendments (commonly referred to as Campus SaVE).



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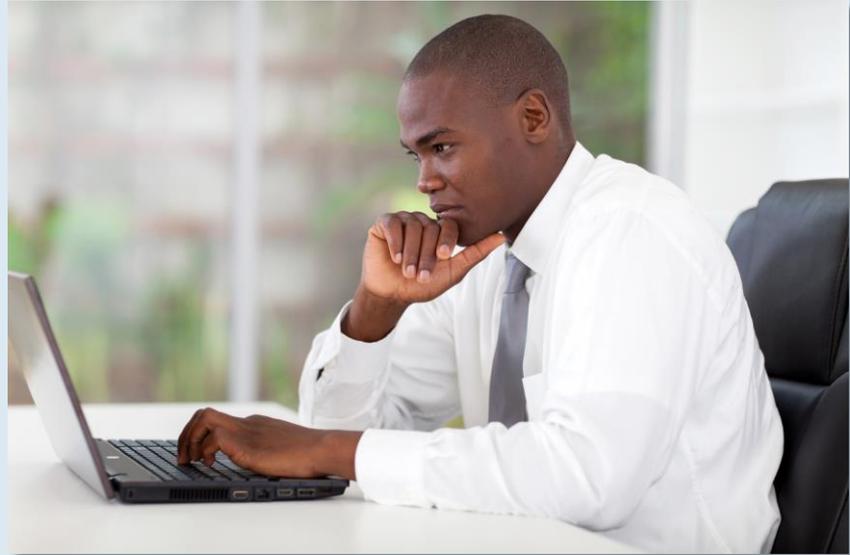
# Title IX

- Civil rights statute.
- Applies to all schools that participate in federal financial aid programs.
- Provides for fairness in education.
- Enforced by the U.S. Department of Education, Office for Civil Rights.
- Retaliation is strictly prohibited.



# Title IX Basic Requirements

- Publish a notice of nondiscrimination.
- Designate an employee to coordinate Title IX compliance.
- Adopt and publish grievance procedures.



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# Clery Act

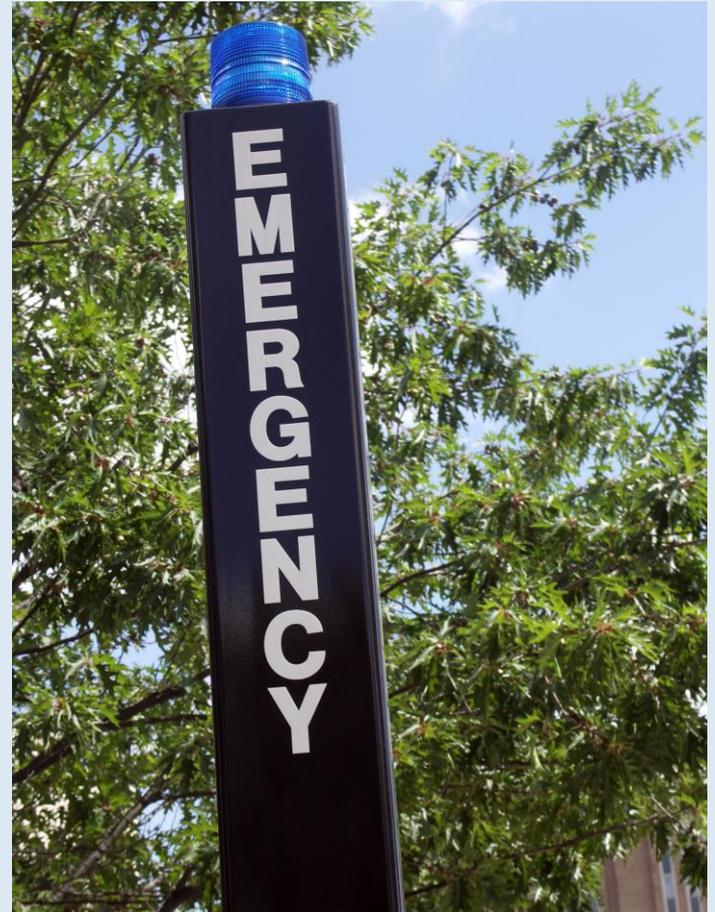
- Requires schools to maintain and disclose campus crime statistics and security information.
- Applies to all schools that participate in federal financial aid programs.
- Enforced by the U.S. Department of Education.



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# Clery Act Basic Requirements

- Maintain crime statistics.
- Maintain a public log of all crimes reported to them, or those of which they are made aware.



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# VAWA Amendments (Campus SaVE)

- Part of the reauthorization of Violence Against Women Act (VAWA) / Amended the Clery Act.
- SaVE requires that incidents of domestic violence, dating violence, sexual assault, and stalking be disclosed in annual campus crime statistic reports.
- Students or employees reporting victimization will be provided with their written rights.

# VAWA Amendments (Campus SaVE), continued

- Requires institutional disciplinary procedures covering domestic violence, dating violence, sexual assault, and stalking.
- Education programs.



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# Title IX, Campus Obligations, and Local Law Enforcement

- It is not sufficient that local police investigate the sexual assault; a school's Title IX obligations are different.
- Title IX does not usually require schools to notify local law enforcement; generally, reporting is up to the victim.
- If the police determine that there is insufficient evidence to proceed criminally, a school may still find an accused student “responsible.”
- Local police may ask the victim's school to wait on the Title IX investigation for 7–10 days.

# Task Force To Protect Students From Sexual Assault

- Provides colleges and universities with recommendations for preventing and responding to sexual assault.
- Identifies efforts to hold educational institutions accountable for addressing sexual assault on campus.
- Offers guidance to educational institutions on how to combat campus sexual assault and improve compliance with Title IX.

# Task Force Recommendations

1. Identify the problem using climate surveys.
2. Implement preventive programs and strategies; research new ideas and solutions.
3. Implement effective response programs.
4. Increase transparency and improve enforcement.



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# Confidentiality

- Task Force report recommends honoring victim confidentiality.
- Title IX and Clery Act may impose investigatory and reporting obligations that may conflict with a victim's request.
- Schools are advised to honor confidentiality requests while not compromising investigations—a balance that may be difficult to maintain.

# Activity



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## *Campus Sexual Assault Case Studies Worksheet 6.1, #1: The Perpetrator Leaves School*

- Working in groups, read Case Study #1.
- Discuss and answer questions on the worksheet.
- Discuss with the large group.

# Activity

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?

# Activity

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?
6. Should this be disclosed in the annual crime statistics under the Clery Act?

# Activity



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## *Campus Sexual Assault Case Studies Worksheet 6.1, #2: Full Hearing*

- Working in groups, read Case Study #2.
- Discuss and answer questions on the worksheet.
- Discuss with the large group.

# Activity

1. What is the disciplinary process?
2. Where can I find the disciplinary process explained?
3. In a disciplinary process, what is the panel trying to decide?

# Resources for Campus Sexual Assault

What can advocates do to help campus sexual assault victims?

- Provide resources following the assault.
- Negotiate with the school for/with the victim.
- Provide advocacy during a disciplinary process.
- Help the victim file a Title IX complaint.
- Provide support and resources if the victim wants to report to law enforcement.
- Help the victim navigate the process.

# Resources for Campus Sexual Assault, continued

What resources are available on campus?

- Advocacy.
- Medical.
- Mental health.
- Academic counseling.
- Accommodations/interim measures for victims to be safe.
- Title IX Coordinator.

# Off-Campus Resources for Sexual Assault

What resources are available off-campus?

- Sexual Assault Nurse Examiner (SANE).
- Local rape crisis center.
- Hospital visit.

# Off-Campus Resources for Sexual Assault, continued

Do you have a relationship with the off-campus resources?

- Can they offer training to campus administrators?
- Are they part of a Sexual Assault Response Team (SART)?
- Are their services known and accessible to students?

# Review of Learning Objectives

- Cite key statistics on campus sexual assault.
- Describe the laws that apply to sexual assault on campus.
- Identify resources available to victims of campus sexual assault.

# End of Module 6

## Questions? Comments?



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# Module 7

## Effects of Sexual Assault on Males



# Learning Objectives

- Distinguish fact from myth regarding male sexual assault.
- Discuss gender socialization.
- Describe the effects of sexual assault on males.
- Discuss how to assist males who have been victims of sexual assault.

# Activity



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## *What Do You Know About Male Sexual Assault?*

- Read the slide.
- Decide if the statement is a myth or a fact.
- Raise your hand if you think the statement is a myth.

# Myth or Fact?

If a man becomes sexually aroused during assault, he wants or enjoys it.



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# The Facts

A man may have an erection during or after a sexual assault; however, arousal does not equate with desire.

An erection is a physiological reaction.



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# Myth or Fact

Sexual assault is less harmful to males than to females.



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# The Facts

Sexual assault harms males and females in ways that are similar and different, but equally harmful.



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# Myth or Fact?

If a female sexually assaults a male, he was “lucky.” If he doesn’t feel that way, there’s something wrong with him.



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# The Facts

Girls and women can and do sexually assault both boys and men.

Whether it is a male sexually assaulting a male, or a female sexually assaulting a male, it is sexual assault and can produce traumatic emotions.



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# Myth or Facts

Most men who sexually assault men are gay.



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# The Facts

Boys and men can be sexually assaulted by straight, gay, or bisexual men. The majority of those who do are straight/heterosexual.

Sexual assault is not related to the sexual orientation of the abusive person.



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# Myth or Facts

Males assaulted by other males must have attracted the assault because they are gay or look gay—or they become gay as a result.



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# The Facts

Whether a male is gay, straight, or bisexual, his sexual orientation is neither the cause nor the result of the sexual assault.

If we focus on the violence of sexual assault rather than the sexual aspects of the interaction, it is easier to understand that sexual assault has nothing to do with a male's sexual orientation.



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# Gender Socialization

- The process of learning the social expectations and attitudes associated with one's sex.
- Can shape emotional impacts and how males and females respond.
- Begins as soon as a baby is born and continues throughout his or her life.



# Male Biology and Emotions

As infants, males are more emotionally reactive and expressive than females:

- Startle more easily.
- Excite more quickly.
- Less frustration tolerance.
- Distressed more quickly.
- Cry sooner and more often.



# Gender Socialization of Vulnerable Emotions

- By age 6 or 7, important lessons in male socialization have been learned.
- By middle school, boys are less aware, less expressive, less empathic—toward others and themselves.



(Zilbergeld 1992)

# Where Gender Socialization Comes From

Males and females are conditioned by different experiences and behaviors:

- How parents respond to their emotions.
- Responses from peers, games they play.
- Responses from teachers, coaches.
- Media messages and role models.

# Criticized for “Nonmasculine” Behavior

Act like a man.

Boys don't cry.

Man up!

Don't be such a wimp.

Don't act so gay.

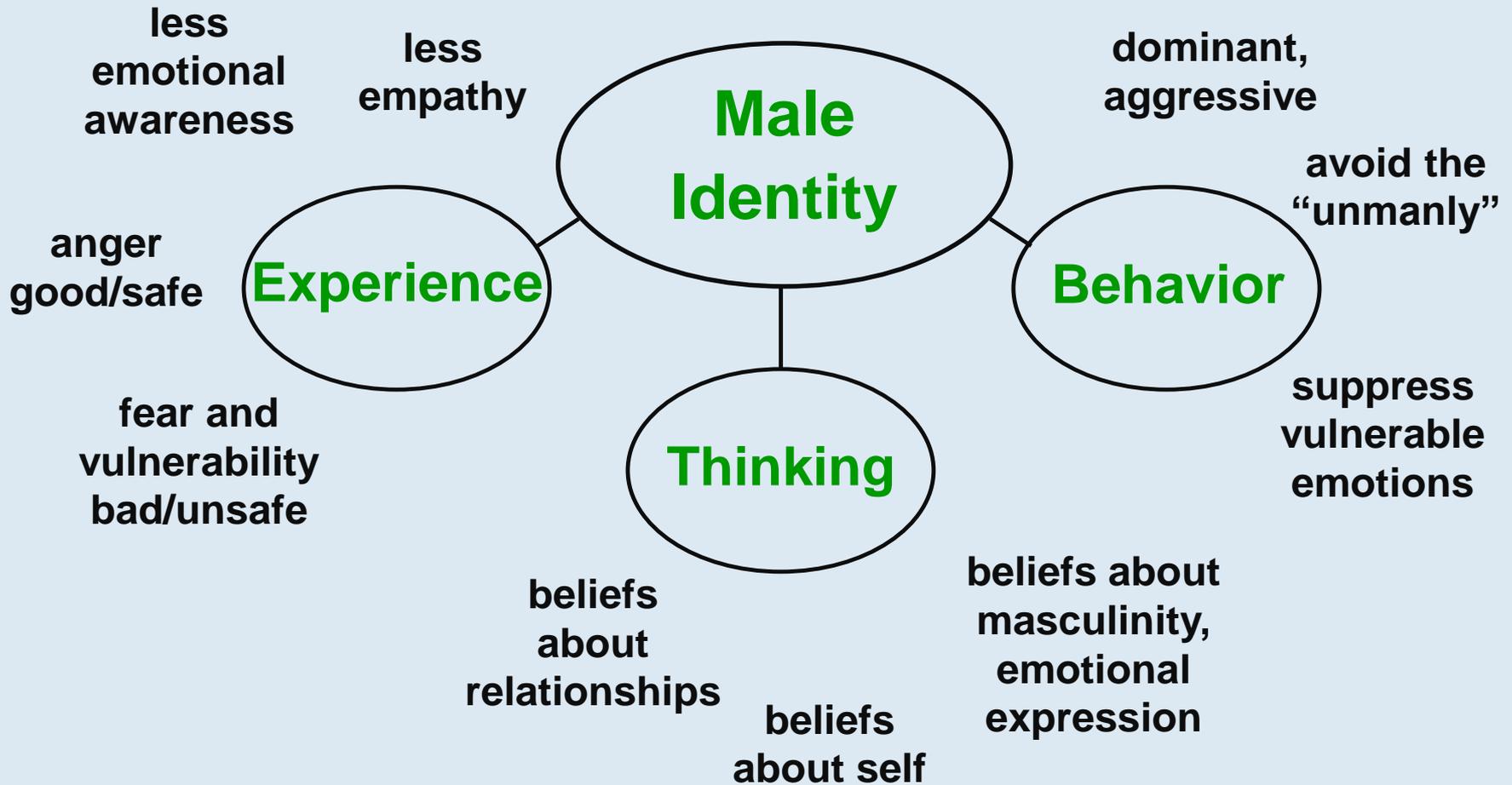
That's so *girly*.



# Moral Values and Gender Identity

- Moral values: Good ways to be who you are.
- We can't help but evaluate ourselves:
  - ◆ “How close or far am I from how I should be?”
  - ◆ “Am I moving toward or away from my ideal self?”
- Gender is moral, fundamental to identity.

# Male Identity: Emotions and Values



# Conditioning and Male Identity

- Thoughts and beliefs are important, but not the core.
- Conditioning goes deeper than what males think or choose.
- It wires and rewires the brain.
- Less emotional awareness, expressiveness, and empathy = patterns of brain functioning.



# Sexual Assault Totally Contradicts Male Identity

- No longer feels strong or in control.
- Identification with the traits of his male identity, ingrained since birth, can be shattered.
- Does not know how to deal with the overwhelming vulnerable emotions.



# Why Males Don't Report Sexual Assault

- Social conditioning.
- Judgment as weak or “not a real man.”
- Confusion about physiological reaction.
- Lack of public awareness.
- Needing and seeking help.
- Talking about and sharing feelings.



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# Three Themes

Men who have been sexually assaulted often have common questions or comments that relate to three themes:

- Legitimacy.
- Masculinity.
- Homosexuality.



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# Activity



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## *Themes and Beliefs Related to Male Sexual Assault Worksheet 7.1*

- Work individually to write at least one response for each statement.
- Report out to the large group.

# Infrequency of Reporting

- Reporting is less prevalent for males than for females.
- Infrequency of reporting means fewer resources for men.



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# Infrequency of Reporting

Existing resources often:

- Do not address homophobia and sexism.
- Fail to challenge stereotypical notions of male gender roles.
- Rarely recognize the specific needs of gay or transgender victims.



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# Forced Choice

- **Option A: Hypermasculine:**
  - ◆ A “real” man. Insecurity and fear drive this choice.
- **Option B: Nonmasculine:**
  - ◆ Robbed of a masculine identity. Characterized by feelings of failure, defeat, depression, and demoralization.
- **Option C: Healthy masculinity:**
  - ◆ Challenge masculine norms, create own identity that is more positive and healthy than the stereotype.

# Providing Assistance

## **Option A: Hypermasculinity**

## **Option B: Nonmasculinity**

- Acknowledge how the sexual assault has forced him to make choices, which may not be made consciously.
- Explain that other males have had similar reactions.
- Let him know he can develop a more positive, healthier identity.
- Explain that other male survivors of sexual assault have done that.

# Providing Assistance

## Option C: Healthy Masculinity

- Answer any questions and confirm his concerns are based on gender socialization.
- Acknowledge his courage for facing what he has been through and seeking help.
- Recognize that he has reservoirs of strength to work through the process.

# Providing Assistance

- Help him engage in reflection and sort out what makes sense vs. what he has been taught.
- Point out that most questions and concerns are based on myths about males and sexual assault.
- Offer factual information.
- Let the victim sort this information out for himself.
- Take your cues from the victim.

# Topics To Discuss With Male Survivors

- Negative reactions from others.
- Totality of the assault, not just the sexual aspects.
- Effects on relationships.
- Social conditioning.
- Permission to feel and to have needs.
- Sexuality issues.



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# Negative Emotions

- Distress and depression.
- Self-medication.
- Anger and hostility.
- Withdrawal from social contacts.
- Some form of posttraumatic stress disorder.
- Confusion.
- Sexual anxiety or dysfunction.



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# Referrals

- Recommend therapy if you think it would be beneficial.
- Individual therapy is sometimes best suited for initial treatment.
- Group therapy is often best for healing and change.



# Caution: Identity Labels can be Harmful

- Identity labels can be limiting.
- Men who have had these experiences should be supported in finding their own language.
- Avoid identity labels, and use “person-first” language; for example, “a person who’s had an experience.”



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# Male vs. Female Advocates

- Some males will feel safer with a female advocate than a male.
- Gender socialization may condition males to seek support and comfort from females.
- Conventional masculine values are often obstacles to males seeking help.



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# Male vs. Female Advocates

Make sure your facility and staff:

- Welcome males.
- Have information on sexual assault specific to men.
- Understand the differences between male and female sexual assault.



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# Review of Learning Objectives

- Distinguish fact from myth regarding male sexual assault.
- Discuss gender socialization.
- Describe the effects of sexual assault on males.
- Discuss how to assist males who have been victims of sexual assault.

# End of Module 7

## Questions? Comments?



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# Module 8

## Procedures in Common Advocacy Situations



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# Learning Objectives

- Respond appropriately to a caller on a crisis line who is reporting a recent sexual assault.
- Identify correct procedures during a medical-forensic exam.
- Create a list of “do’s and don’ts” for law enforcement statement accompaniment and courtroom accompaniment.
- Differentiate the roles of advocates, SANEs, and other SART members.
- Identify special procedures and “red flags” for dealing with drug-facilitated sexual assault.

# Responding to a Crisis Call

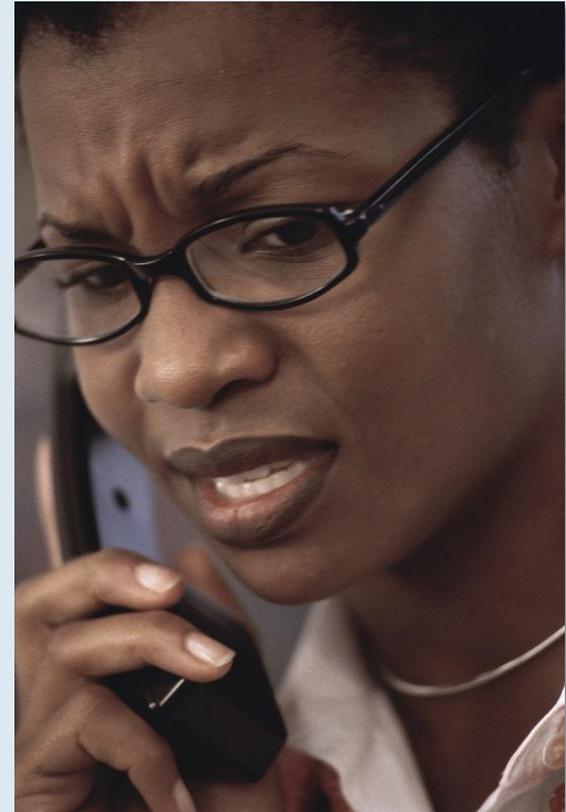
- Identify immediate concerns.
- Establish safety.
- Explain services.
- Arrange transportation.



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# Responding to a Crisis Call, continued

- Discuss evidence.
- Address practical issues.
- Arrange a time to meet.
- Activate other first responders.



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# Medical-Forensic Exam Timeframe

Within 72/96/120 hours (or longer; advocates must know local policy).

Exceptions:

- Hostage situations.
- Force resulting in injury.
- Ejaculation without cleanup.



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# Medical Forensic Exam: Yes or No?

- Sharon reported an assault that occurred 12 hours ago; there was no penetration or apparent injury.
- Jane reported an oral sexual assault that occurred 24 hours ago.



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# Medical Forensic Exam: Yes or No?

- Thomas reported a rape and robbery that occurred 5 hours ago.
- Maria reported a rape by two strangers that occurred 2 weeks ago.



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# Activity



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## *Medical-Forensic Exam Case Study Worksheet 8.1*

- Working in groups, read and discuss the worksheet, then answer the questions.
- Report out to the large group.

# Accessing Support

The advocate and, if available, the SANE should be called to the exam facility automatically, not at the victim's request.



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# Advocates and SANEs

- May do some of the same things during crisis intervention, but the roles are distinct.
- Reinforce each other; the victim hears the same things from two people, helping to normalize the victim's reaction.
- Advocates should never be involved in a medical exam or evidence collection.



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# Dealing With Emergency Department Delays

- Delays of up to 1 hour are common, even when there is a SANE program.
- If the victim is waiting for the SANE to arrive, it may be helpful to explain the SANE's role.
- Report consistent, unexplained delays to your supervisor, who can speak to the emergency room supervisor or SANE supervisor.



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# Dealing With Conflicts or Problems

Never try to “fix” any issues with the SART yourself.  
Report any problems to your supervisor.



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# Law Enforcement Statement Accompaniment

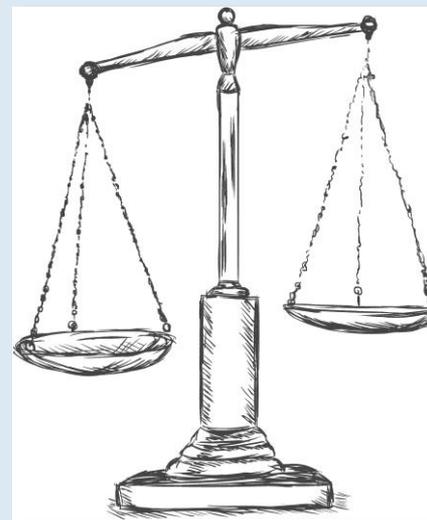
- You are there to support the victim.
- Do not interrupt any part of the interview; you can address any concerns when the interview is completed.
- Law enforcement is part of your team.
- It is important that victims tell the complete truth.



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# Law Enforcement Statement Accompaniment

- The investigator will ask questions for clarification.
- Recording varies from area to area.
- Statements will usually be transcribed.
- The victim reviews and signs; this becomes their official account of the sexual assault.



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# If You Have Concerns During the Statement

- Never interfere with the interview.
- Hold all comments or questions until after the statement is complete.
- Ask about any concerns with the officer alone.
- Talk with the victim, allowing the victim to voice their feelings about the statement.



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# Courtroom Accompaniment

- You may accompany the victim to attorney appointments as well as the courtroom.
- The goal is to familiarize the victim with the process and the courtroom.
- Many prosecutors will discuss options with victims.
- If the case is plea bargained, work with the victim so that they can express their opinion.

# Support During a Case

If the prosecutor decides not to charge the case:

- Go with the victim to the prosecutor's office to discuss the reasons why.

If the assailant is found guilty by trial:

- The victim may want you to go with them to the sentencing and provide support.
- The victim impact statement is taken into consideration by the judge when determining the sentence.

# Activity



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## *Dos and Don'ts*

- In groups, design a 1-minute presentation on “dos and don'ts” for a law enforcement statement or courtroom accompaniment.
- Present to the large group.

# Activity



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## *Information Search and “Red Flags” Worksheet 8.2*

- In small groups, use your manual to complete the worksheet.
- Write on your “red flags” possible indications of drug-facilitated sexual assault.
- Review in the large group.

# Review of Learning Objectives

- Respond appropriately to a caller on a crisis line who is reporting a recent sexual assault.
- Identify correct procedures during a medical-forensic exam.
- Create a list of “dos and don’ts” for law enforcement statement accompaniment and courtroom accompaniment.
- Differentiate the roles of advocates, SANEs, and other SART members.
- Identify special procedures and “red flags” for dealing with drug-facilitated sexual assault.

# End of Module 8

## Questions? Comments?



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# Module 9

## Recovery Education and Skills Training



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# Learning Objective

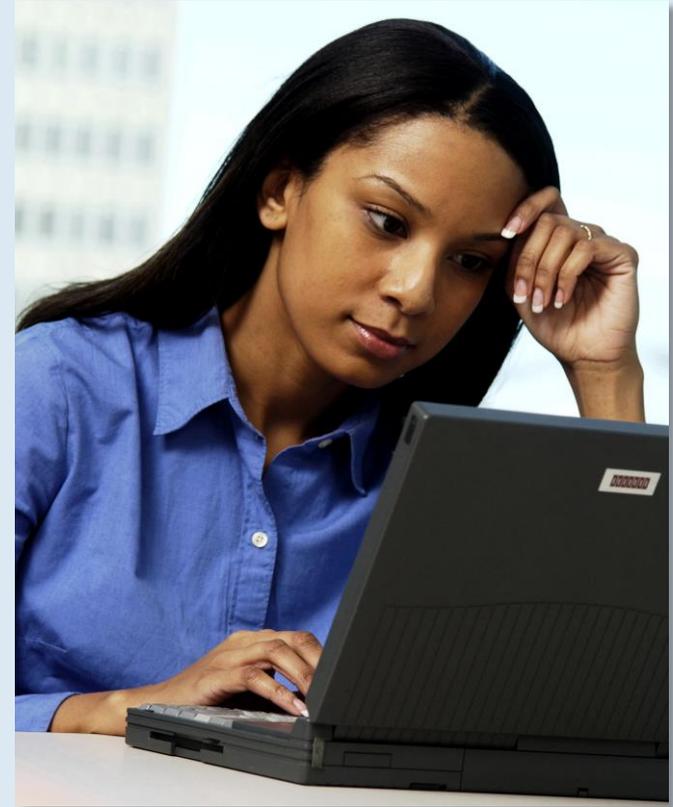
Use crisis intervention, education, and supportive counseling skills to assist sexual assault victims.



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# Recovery Education and Skills Training (REST)

- Crisis Intervention.
- Education.
- Supportive Counseling.
- Skills Training.



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# Crisis Intervention

- Emotional first aid designed to stop emotional bleeding.
- Management, not resolution.
- Phone or face-to-face.



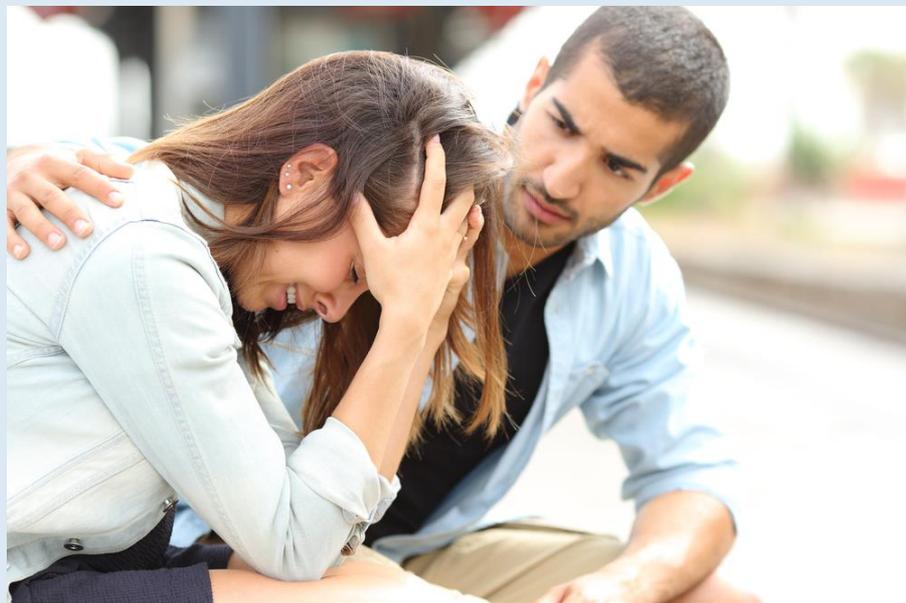
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## You Can:

- Support survivors in whatever way they need support.
- Normalize their reactions to the trauma.
- Help them prioritize and solve concerns.
- Ensure that they are treated respectfully.
- Support their significant other(s).
- Provide crisis education, referrals, and followup.

# When To Begin?

Crisis intervention should begin as soon as possible, preferably within the first few hours after the sexual assault.



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# Avoid Blame

- The victim may be especially sensitive to possible blame by others.
- Avoid blame or the appearance of blame.
- Victims who blame themselves become more depressed, with postrape adjustment worse than for victims who do not blame themselves.



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# Positive Statements

- “You were strong to call us/report this.”
- “You have a strong support system.”

Never promise something that you cannot guarantee (e.g., “You will get better.”).



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# Activity

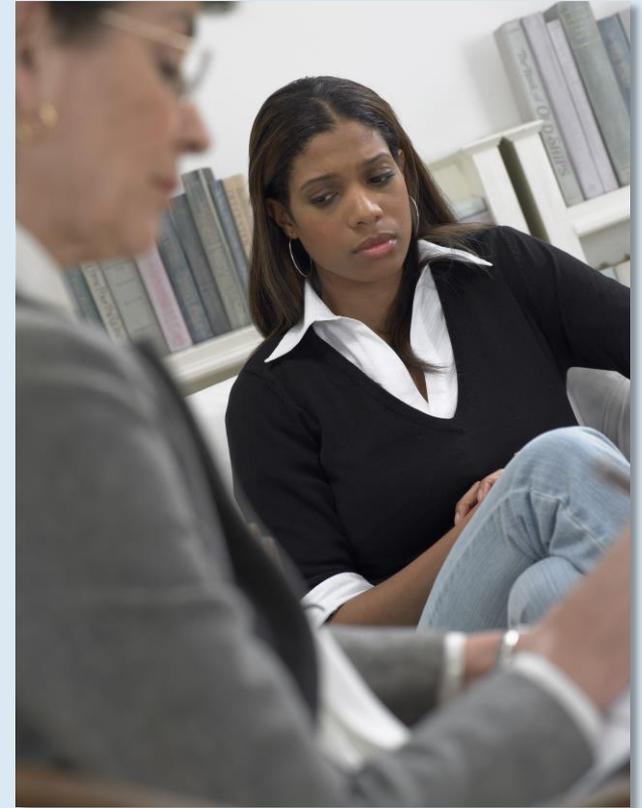


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## *Brainstorm: Initial Concerns During the Crisis Period*

# Crisis Issues

- Deciding to report to the police.
- Deciding on a medical exam.
- Concerns about the use of alcohol or drugs.
- Deciding if they are ready to label the forced sex “rape.”
- Fears for their immediate safety.
- Deciding whom to tell and how to tell them.
- Confidentiality issues.



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## Crisis Issues (continued)

- Deciding where to go after the exam.
- Fears of media involvement.
- Suicidal thoughts.
- Fear of contracting an STI, even HIV.
- Fear of becoming pregnant from the rape.
- Shame, self-blame, and embarrassment.



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# Supportive Relationships are Characterized by...



- Acceptance.
- Empathy.
- Support.

# Acceptance can be Conveyed...

## Nonverbally:

- Maintaining a calm facial expression.
- Nodding.
- Leaning in toward the victim.
- Touching the victim on the hand or shoulder.
- Maintaining an open stance.
- Maintaining eye contact.

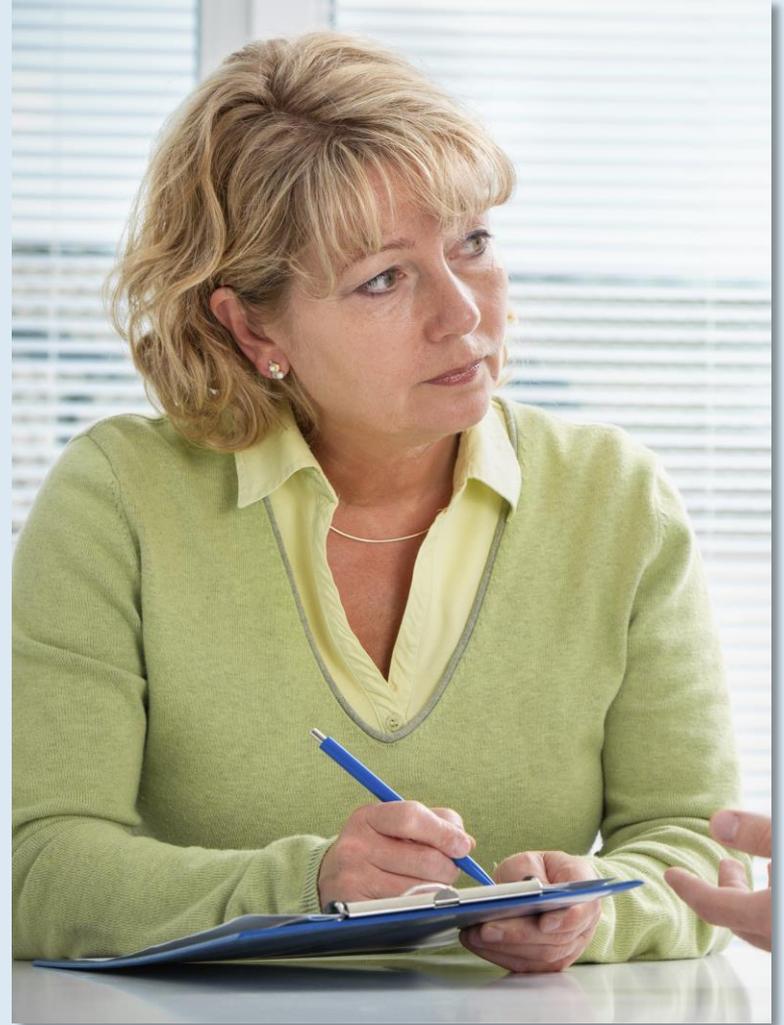


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# Acceptance can be Conveyed...

## Verbally:

- Restating what the victim has said.
- Using the victim's language.
- Allowing and encouraging the expression of feelings.

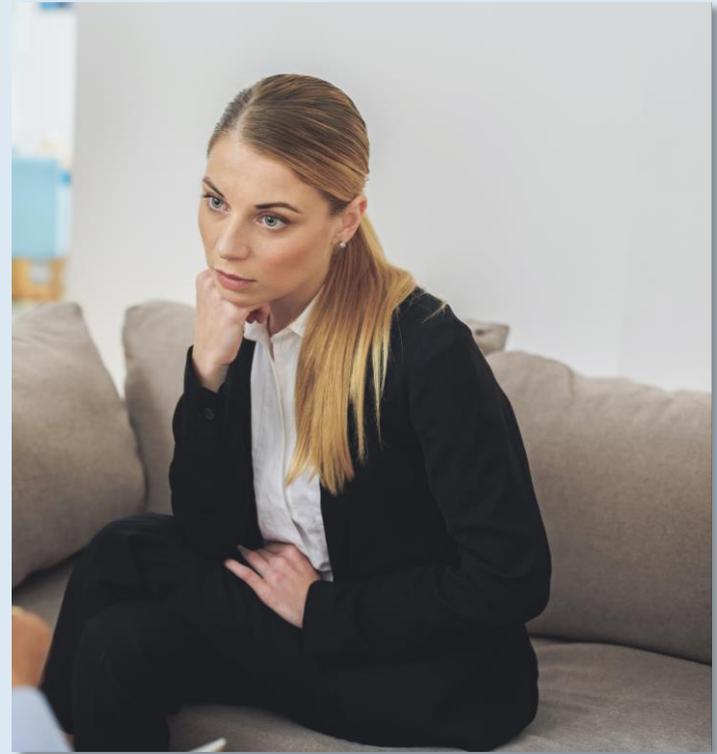


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# Acceptance can be Conveyed...

By what you do:

- Listening attentively.
- Taking the time to be with the victim and allowing them to proceed at their own pace.



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# Empathy can be Conveyed by...

- Letting the victim know that you want to understand the situation from the victim's point of view.
- Restating the feelings the victim is expressing in their own words.



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# Support can be Demonstrated by...

- Getting victims something to eat or drink.
- Reassuring victims that the rape was not their fault.
- Reassuring victims that whatever they did was “right” because they survived.



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# Support can be Demonstrated by...

Providing the victim with information and resources to take care of practical problems and immediate needs.



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# Destigmatizing Rape

- Promote a view of rape as a criminal act.
- Separate blame from vulnerability.



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# Normalizing the Victim's Response

- Provide information about what victims might feel.
- Talk about typical responses before they occur.
- Whatever they feel, they are not the first.



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# Recognizing Avoidance

- Identify avoidant coping strategies, such as not talking about the rape.
- Help victims understand why the painful process of facing their thoughts, fears, and anxieties is necessary.
- If ignored, memories come back.



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# Telling the Victim's Account

- Recounting the traumatic event in detail is important, as is your response.
- It's important to let the victim know that rape was a crime committed against them.



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# Supportive Counseling

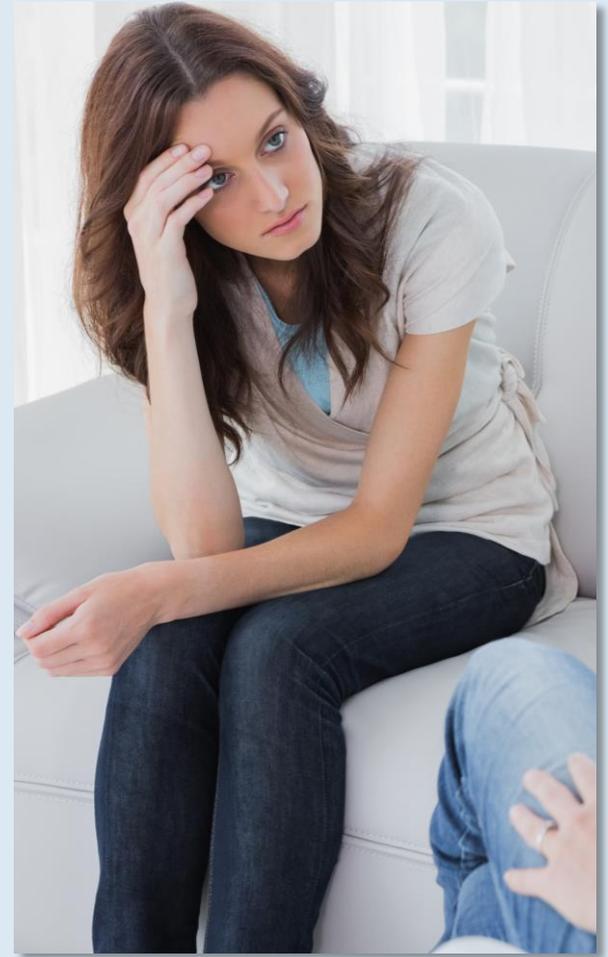
- Realize it is crisis specific.
- Respectfully listen to victims.
- Meet the victim's practical needs.
- Promising approaches.



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# Practical Concerns

- When clothing is kept as evidence, finding clothes for the victim to wear home after the evidentiary exam.
- Getting a shower/cleaning up after the rape exam.
- Explaining the police report process; what it involves and means.
- Obtaining an order for protection.



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## Practical Concerns (continued)

- Finding a safe place to stay.
- Changing the door locks.
- Notifying credit card offices/bank of any theft.
- Obtaining emergency funds for food and housing.
- Locating or arranging the pickup of the victim's children.
- Locating a pet or ensuring that it is fed.



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## Practical Concerns (continued)

- Providing or finding child care.
- Addressing court issues and concerns.
- Arranging transportation home and to appointments.
- Getting telephone/voicemail service.
- Making referrals to appropriate medical and other community agencies for followup services.
- Dealing with the media.
- Crime compensation funds paperwork for certain out-of-pocket expenses.

# Victim Needs To Know...

- They are not alone.
- When and who to call for help.



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# Explain Your Role



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Victims often form special bonds with the first people who respond to their needs.

# Activity



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## *Role Plays—Kendra and Laura* *Worksheet 9.1*

- In pairs, role play the Kendra scenario on the worksheet. The advocate should try to demonstrate acceptance, empathy, and support.
- Switch roles so each person plays both roles.
- Repeat with the Laura scenario.

# When To Refer Out

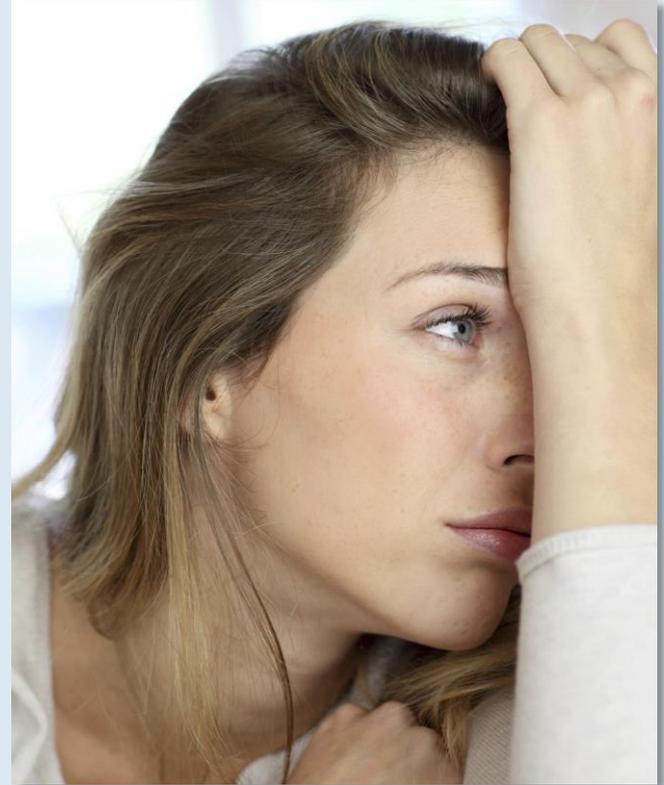
- Be aware of signs that the victim may need professional, indepth counseling.
- Referring survivors is a sign of strength, not weakness.



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# Referral Should be Made When a Victim is...

- Expressing desire to harm to themselves or others.
- Actively psychotic.
- Can't function in their occupational or social role for more than a few days.
- Exhibiting persistent phobias.
- Actively abusing substances.
- Interested in resolving long-term issues.



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# Suicide Risk

Criteria for suicide risk include:

S = Statement of suicidal intent.

L = Lethal.

A = Access.

P = Plan.

# Psychosis

- “What is your name?”
- “Do you know where you are right now?”
- “What time is it? What day of the week? What is today’s date?”



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# Concern About Substance Abuse

- Drugs/alcohol were involved in the sexual assault.
- Victim comes to a counseling session intoxicated.
- Victim reports additional substance use.
- The victim is concerned about their own substance use.
- The victim reports that friends or family are concerned about their own substance abuse.



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# When To Ask for Assistance

- Assault circumstances are too similar to your own.
- Personality clash with the victim or the victim's family.
- Victim's needs are beyond your ability level.
- Difficulty maintaining healthy boundaries.



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# Review of Learning Objective

Use crisis intervention, education, and supportive counseling skills to assist sexual assault victims.

# End of Module 9

## Questions? Comments?



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# Module 10

## Compassion Fatigue and Self-Care



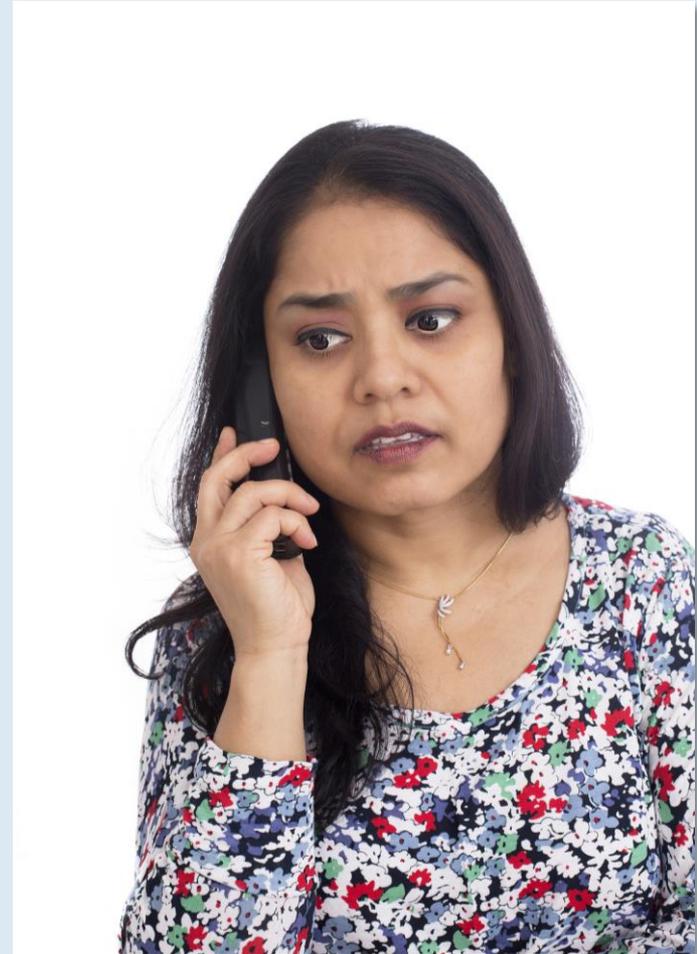
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# Learning Objectives

- Describe the symptoms and effects of compassion fatigue.
- Identify actions and behaviors that violate healthy boundaries.
- Develop a personalized self-care plan to prevent compassion fatigue.

# Compassion Fatigue

- Advocates get doses of the trauma while helping survivors to heal.
- Work also provides meaning and reward.



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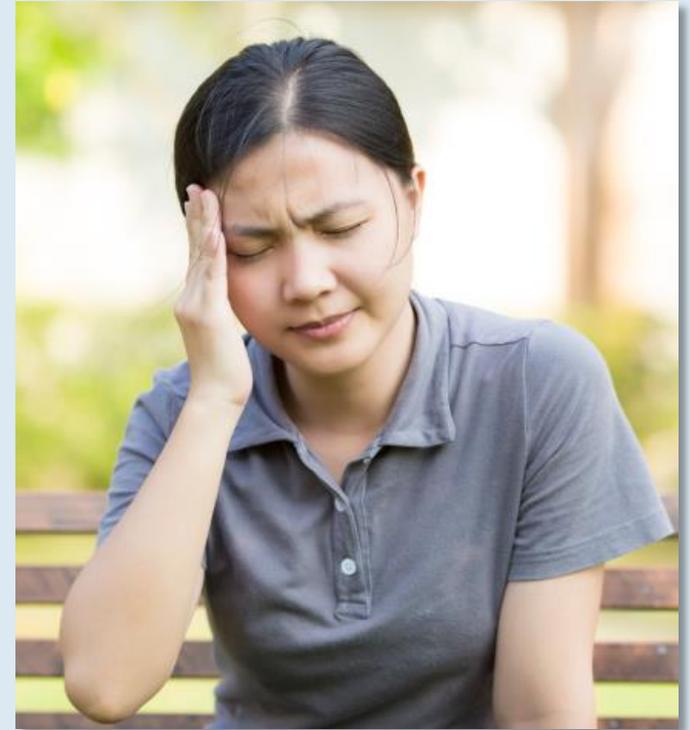
# Survivors as Advocates

- Often become particularly sensitive to fears and concerns of victims, and the magnitude of their needs.
- May have had a positive or disappointing experience with the system.
- May seek to continue healing.
- May or may not have greater empathy.
- Wounds may reopen.

# Compassion Fatigue

“...the cumulative physical, emotional, and psychological effect of exposure to traumatic stories or events when working in a helping capacity, combined with the strain and stress of everyday life.”

(American Bar Association n.d.)



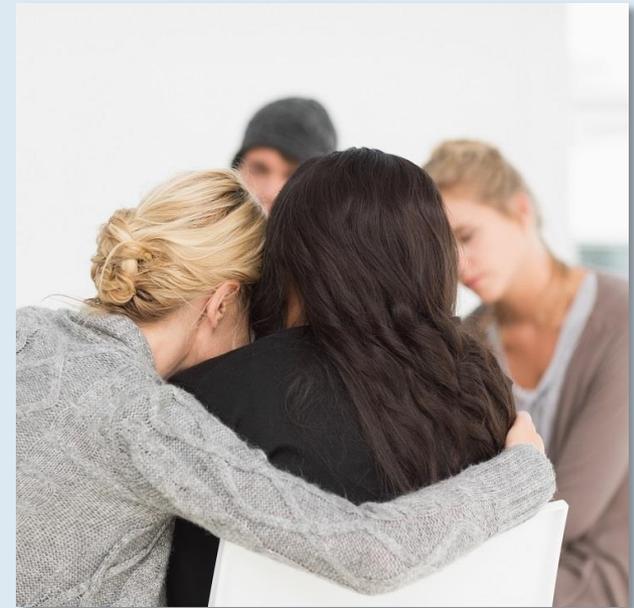
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# Vicarious Trauma

Vicarious trauma is a cognitive shift in beliefs about one's self or one's world view about issues such as safety, trust, or control.

For example, hearing about a particularly horrible event might compromise one's trust or faith in humanity.

(Newell and MacNeil 2010)



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# Secondary Traumatic Stress

Secondary traumatic stress (STS) results from bearing witness to another person's trauma via an empathetic relationship, often resulting in anxiety and intrusive thoughts—however, STS is a normal reaction to the stressful and sometimes traumatizing work with survivors. STS may occur independently or co-occur with vicarious trauma.

(Newell and MacNeil 2010; Rosenbloom, Pratt, and Pearlman 1995)

# Burnout

Burnout is a physical, emotional, psychological, or spiritual exhaustion resulting from chronic exposure to vulnerable or suffering populations. Burnout can include emotional exhaustion, depersonalization or cynicism and detachment, as well as a reduced sense of personal accomplishment.

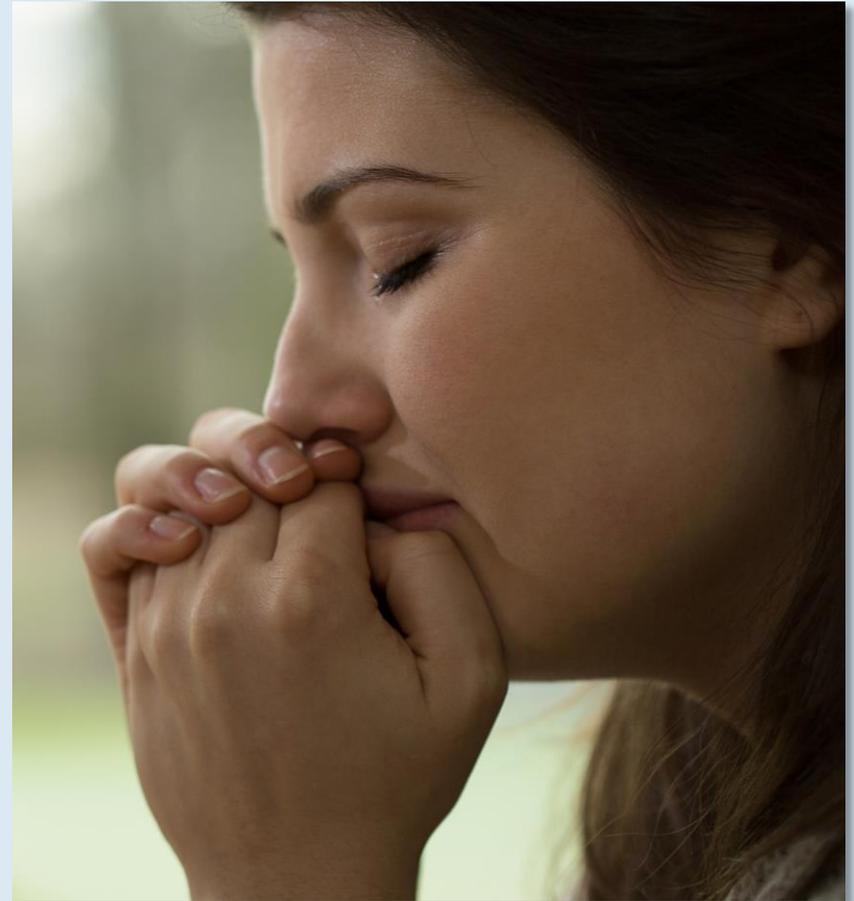
(Newell and MacNeil 2010)

# Conditions Affecting Advocates

Condition	Who is Affected	Exposure
Compassion Fatigue	Those who work with trauma survivors.	Develops over multiple exposures to traumatic stories.
Vicarious Trauma	Those who work with trauma survivors.	May develop from exposure to one or more instances.
Secondary Traumatic Stress	Those who work with trauma survivors.	May develop from exposure to one or more instances.
Burnout	Anyone in a stressful work environment.	Develops over time.

# Disruptions in Frame of Reference

- Likely to experience disruptions in your sense of who you are.
- Disrupted worldview.
- Spirituality challenged.
- Intrusion of sexually traumatic images.



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# Disruptions in Self-Capacities

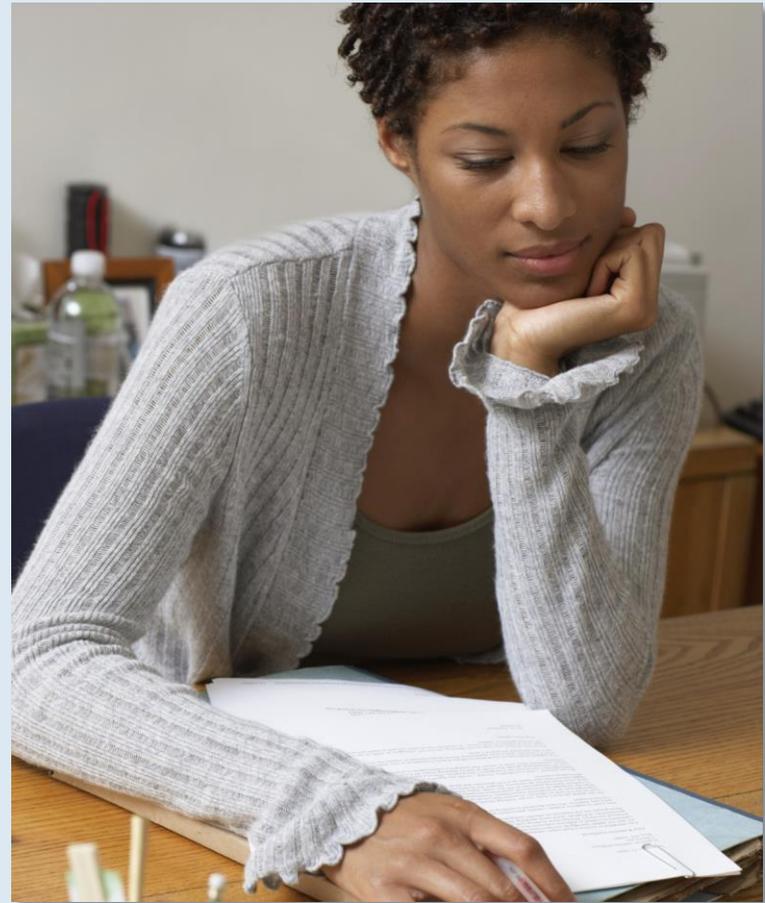
- Shut down emotionally.
- Refuse social engagements or activities.
- Disruptions in self-care habits.



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# Disruptions in Ego Resources

Disruption of your abilities to effectively meet your psychological needs and manage interpersonal relationships.



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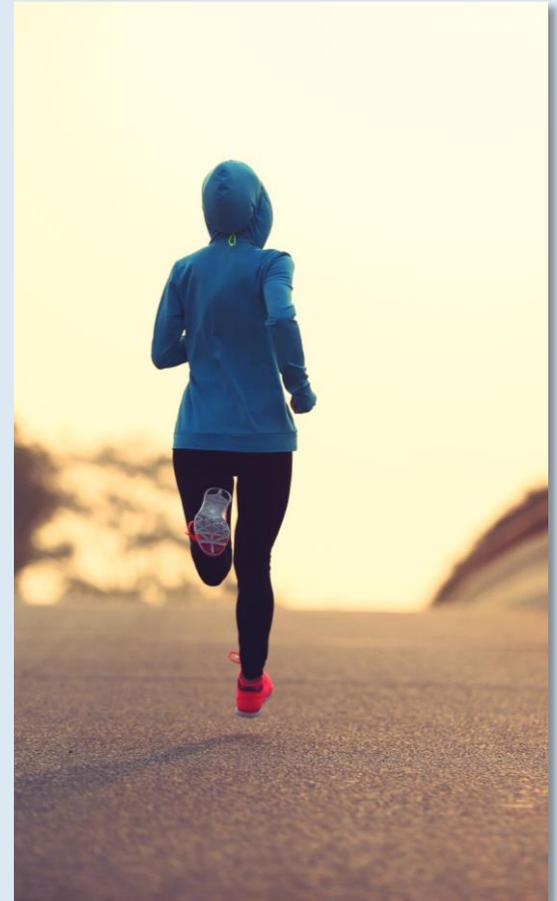
# Costs of Working With Survivors

- Increasingly difficult to attend to survivors with empathy, hope, and compassion.
- Caregivers and supervisors must be aware of this possibility and recognize early symptoms.
- Remain connected to survivors and protect yourself emotionally by remaining conscious of the broader context.

# Costs of Compassion Fatigue

Caregivers often work in a culture where it is largely unacceptable to talk about feeling exhausted, overwhelmed, or not connecting with victims.

Pay attention to how you are affected by your work, and prioritize your own self-care.



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# Activity



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## *Boundaries Checklist Worksheet 10.1*



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# Strategies for Self-Care

- Commit to replenishing yourself.
- Practice self-compassion.
- The alternative is to continue doing advocacy at an impaired level or leave the field.
- Be aware of how well you are functioning.
- Meet with your supervisor.



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# Meet With a Supervisor

- Difficult, new, or unusual cases.
- Cases involving vicarious trauma.
- Cases with boundary issues.
- Cases in which you are meeting with the victim frequently.
- Cases similar to your own victimization.



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# Activity



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## *Self-Care Planning Worksheet 10.2*



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# Review of Learning Objectives

- Describe the symptoms and effects of compassion fatigue.
- Identify actions and behaviors that violate healthy boundaries.
- Develop a personalized self-care plan to prevent compassion fatigue.

# End of Module 10

## Questions? Comments?



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# Module 11

## Wrap-Up and Evaluation



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# Learning Objective

Design a personalized checklist to assist you during your advocacy work.

# Activity



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

### *Worksheet 11.1*

Use the worksheet, your manual, and notes to design a personalized checklist that you can take back to your job.

# Evaluations



Thank you for your time, commitment,  
and insight.

