Module 6: Recovery Education and Skills Training

Time Required

1 hour, 40 minutes

Purpose

This module provides a “toolkit” of techniques to support recovery from sexual assault.

Lessons

1. The REST Approach (1 minute)
2. Crisis Intervention (30 minutes)
3. Education (10 minutes)
4. Supportive Counseling (1 hour)

Learning Objective

By the end of this module, participants will be able to use crisis intervention, education, and supportive counseling skills to assist sexual assault victims.

Participant Worksheet

- Worksheet 6.1, Role Play—Kendra and Laura

Equipment and Materials

No special equipment or materials are required.

Preparation

- Carefully review the role plays in this module and make notes to yourself regarding some “ideal” responses to each. Protocol, facilities, and resources vary from community to community. With this in mind, this manual provides the scenario for each role play, but it does not provide a step-by-step response to the scenarios. You should be prepared to offer “ideal” responses to each scenario.

- Suicide risk is discussed in this module. Procedures for evaluating suicide risk vary greatly from center to center. Carefully review this section.

☞ **Show Visual 6-1.**

Introduce the module.

☞ **Show Visual 6-2.**

Review the purpose and learning objective for this module.

By the end of this module, participants will be able to use crisis intervention, education, and supportive counseling skills to assist sexual assault victims.

1. The REST Approach (1 minute)

☞ **Show Visual 6-3.**

Paraphrase:

This module will explore counseling approaches demonstrated to be some of the most effective means of bringing about recovery. This combination of methods is referred to as Recovery Education and Skills Training (REST). This title distinguishes the approach from therapy. It also emphasizes that advocates will be learning how to give victims the information and skills they need to help themselves. The primary components of REST are:

- Crisis Intervention
- Education
- Supportive Counseling
- Skills Training

2. Crisis Intervention (30 minutes)

☞ **Show Visual 6-4.**

Paraphrase:

Crisis intervention attempts to deal quickly with an immediate problem. Often referred to as emotional first aid designed to stop emotional bleeding; management, not resolution, is the goal.

When providing crisis intervention either on the phone or face to face, advocates play a number of important roles, including supporting survivors however they need support; normalizing their reactions to the trauma; helping them prioritize and solve concerns; ensuring that they are treated respectfully; supporting their significant other(s); and providing crisis education, referrals, and followup contact as well as future legal advocacy, if necessary.

☞ **Show Visual 6-5.**

Paraphrase:

When should crisis intervention begin? Crisis intervention should begin as soon as possible, preferably within the first few hours after the sexual assault. This can be done when the advocate meets the victim at the emergency department. It also can occur over the crisis telephone line when a recent rape victim calls trying to decide if a rape actually occurred, and to ask what to do next. It can likewise happen on a walk-in basis at the rape crisis center.

Crisis intervention theory generally suggests that the first 72 hours after a sexual assault represent the crisis period. Treatment begun during this period of emotional disequilibrium often prevents secondary trauma and facilitates healing.

Since rape victims often do not want to think or talk about the rape because it is so painful, it is important to offer counseling rather than wait for them to ask. They can always refuse help when it is offered, and their refusal should be respected; however, advocates should be sure to let them know that they can always call later. It is normal not to want to talk about the sexual assault.

☞ **Show Visual 6-6.**

Paraphrase:

Victims often blame themselves for the rape, possibly because they did something to make themselves more vulnerable. Because of this, they may be overly sensitive to possible blame by others, especially during the initial crisis period. Sadly, victims are often blamed by those closest to them. Sometimes this is done consciously and, other times, innocent but perhaps poorly phrased comments are interpreted by the victim to imply blame.

Subsequently, it is very important for advocates to avoid blame or the appearance of blame. Victims who blame themselves become more depressed, with post-rape adjustment worse than for victims who do not blame themselves.

☞ **Show Visual 6-7.**

Provide examples of positive statements:

- Healing happens.
- You will get better.

Ask participants for other examples.

☞ **Show Visual 6-8.**

Introduce the activity.

✍ ***Activity: Brainstorm—Initial Concerns During Crisis Period (5 minutes)***

1. ***Ask participants to close their manuals for this activity. Explain that the group is going to brainstorm a list of some of the initial concerns a victim might have during the crisis period. Ask a volunteer to be a note taker.***
2. ***As participants come up with suggestions, say "yes" or "no" depending on whether the suggestion is or isn't likely to be a concern. The note taker should write down all of the "yes" answers on the tear sheet.***
3. ***When participants have offered all of their suggestions, add any of the following issues that were not raised by the participants.***

☞ **Show Visual 6-9.**

Paraphrase:

When working with a victim during the initial crisis period, you may need to help the victim address such issues as:

- Deciding to report to the police.
- Concerns about the use of alcohol or drugs to facilitate the rape.
- Deciding if they are ready to label the forced sex "rape," and if so, what it means.
- Fears for their immediate safety.

- Deciding whom to tell and how to tell them.
- Confidentiality issues.

☞ **Show Visual 6-10.**

- Deciding where to go after the exam.
- Deciding if they will have an evidence kit 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.

☞ **Show Visual 6-11.**

Discuss how to establish a supportive relationship. **Tell** participants that effective crisis intervention requires establishing a therapeutic relationship with victims. These relationships are characterized by:

- Acceptance.
- Empathy.
- Support.

☞ **Show Visual 6-12.**

Ask: How can you convey acceptance?

1. Nonverbally:
    - Maintaining a calm facial expression.
    - Nodding.
    - Leaning in toward the victim.
    - Touching the victim on a hand or shoulder.

☞ **Show Visual 6-13.**

2. Verbally:

   - Restating what the victim has said.
   - Using the victim's language.
   - Allowing and encouraging victims to express their feelings.

☞ **Show Visual 6-14.**

3. By what you do:

   - Listening attentively.
   - Taking time to be with victims and allow them to proceed at their own pace.

☞ **Show Visual 6-15.**

Ask: How can you convey empathy?

- 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, acknowledging that whatever the feelings, they are normal.

☞ **Show Visuals 6-16 and 6-17.**

Ask: How can you demonstrate support?

- Getting victims something to eat or drink (after the oral evidentiary exam is completed, if the rape was oral).
- Reassuring victims that the sexual assault was not their fault.
- Reassuring victims that whatever they did was "right" because they survived.
- Being sure the victim has a safe ride home.
- Providing the victim with information and resources to take care of practical problems and immediate needs, such as changing door locks, getting an Order for Protection, or applying for crime victim reparation funds.

3. Education (10 minutes)

Tell participants that education about sexual assault, and common reactions to it, can help victims recover.

☞ **Show Visual 6-18.**

Paraphrase:

There is still a stigma attached to victims of sexual assault that blames or shames them and suggests that, in some way, the rape was their fault. To reduce this stigma, you must promote a view of rape as a criminal act committed against the individuals who are victims of this crime, and separate blame from vulnerability.

☞ **Show Visual 6-19.**

Paraphrase:

You can normalize the response to rape by providing information about what victims might feel in the days, weeks, even months ahead. Talk with victims about typical responses before they occur; for instance, letting them know that it is normal to get upset when discussing the rape months and even years later. Whatever they feel, they are not the first to feel this.

☞ **Show Visual 6-20.**

Discuss how to recognize avoidance.

Avoidance may be a common response to rape but the literature clearly shows that, as a coping strategy, it is ineffective in facilitating recovery. Victims need to know this. The first step is to help them recognize avoidant coping strategies they may be using. One reason rape victims do not want to report a rape is because they want to avoid thinking or talking about it, or dealing with it in any way, including participation in the legal process.

Cognitive and behavioral avoidance must be overcome for recovery to occur. The first step is to help victims understand that the painful process of facing their thoughts, fears and anxieties is necessary. Other well-meaning individuals in their lives may actually be encouraging avoidance. It is best to face these feelings and fears, because not thinking about the trauma does not make the memories go away. These memories will recur. If ignored, memories often come back and affect victims through nightmares, flashbacks, phobias, and other ways. By facing these memories, the victim can get used to them and lessen or eliminate their power over the emotional response. Victims can then see or hear things that remind them of the trauma without experiencing the intense anxiety and fear. If victims expose themselves to memories or images of the feared situation long enough, their fears will decrease.

☞ **Show Visual 6-21.**

Paraphrase:

Encouraging victims to recount the traumatic event in detail is important, as is your response to their recounting. They may fear that if they tell you or anyone the gruesome details of the event, they will be seen as soiled, dirty, unworthy–much like they may now be feeling about themselves.

Thus, it is essential to show acceptance and reassure victims that, while they may have suffered a horrible, hurtful, and humiliating trauma, it in no way changes their worth as human beings. It is important to let the victims know that rape was a crime committed against them, which says a lot about the assailant's character but nothing about theirs, and that you will do all you can to help the victim recover and get on with life.

4. Supportive Counseling (1 hour)

☞ **Show Visual 6-22.**

Paraphrase:

Supportive counseling is crisis-specific and includes respectfully listening to victims express their feelings as they become ready to do so, then demonstrating empathy and concern while providing information. It is important to reassure survivors that their responses are normal, that they are not crazy and will recover (Ledray 1994). Supportive counseling encourages survivors to face their fears in realistically safe situations as soon as possible, and to openly discuss their concerns while the counselor acknowledges that any resistance to doing so is normal and understandable (Frazier and Ledray 2011).

Supportive counseling also includes meeting the victim's practical needs related to the assault. Victims continually say that emotional support is of negligible benefit if their practical needs go unmet (Young 1993). Ledray (1996) recognizes that when these practical concerns are seen by survivors as pressing, they may need to be resolved before survivors can deal with the sexual assault.

☞ **Show Visuals 6-23 through 6-25.**

Explain that during the crisis period and beyond it is important to help with practical problems such as:

- 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.
- Finding a safe place to stay.
- Changing the door locks.
- Notifying victim credit card offices/bank of a theft.
- Obtaining emergency funds for food and housing.
- Locating or picking up the victim's children.
- Locating a pet or ensuring that it is fed.
- Providing or finding child care.
- Addressing court issues and concerns.
- Arranging transportation home and to appointments.
- Obtaining telephone (or voicemail) service.
- Making referrals to appropriate medical or community agencies for followup services.
- Dealing with the media.

Add that these or other concerns may need to be resolved before the victim can focus on the rape and meet the demands of the criminal justice system. Many programs have special funds that can be used for such services and resources.

☞ **Show Visual 6-26.**

Paraphrase:

It is crucial that victims know they are not alone; others are there to provide support. Tell victims what kind of support you can and cannot provide, and how to access additional services. The victim needs to know when and who to call for help.

Also explain to the victim that advocacy does not mean that you will make decisions for them; rather, you will provide the victim with the information and resources they need to make informed decisions. Advocacy also means providing support whether or not the victim decides to report the rape.

☞ **Show Visual 6-27.**

Paraphrase:

What is the advocate's role now and in the future? Rape victims often form special bonds with the first people who respond to their needs. If you will be available to work with the victim in the future, let the victim know how to reach you, the hours you will be available, and whom to call in your absence. If you will not be available, let the victim know how your program operates and what services others can provide.

Providing support also means letting victims know that symptoms will improve. They will recover; they will not always feel as they do now. The advocate's goal should be to help survivors feel more in control when they leave than when they arrived.

☞ **Show Visual 6-28.**

Introduce the activity.

✍ ***Activity: Role Plays—Kendra and Laura (30 minutes)***

1. ***Direct participants to* Worksheet 6.1, Role Play—Kendra and Laura*, in the Participant Manual. Ask them to work in pairs and role play the crisis intervention scenarios, practicing methods of demonstrating acceptance, empathy, and support in each situation.***

2. ***Ask participants to refrain from any improvisation that strays significantly from the provided simulation. Reassure the participants that making a "mistake" is fine; role plays are designed to enhance skills and correct weaknesses when there are no consequences.***

3. ***If the participants are stuck or say something inappropriate, they should not go out of character. Such scenarios are not uncommon, and advocates need to learn how to recover and reestablish rapport. Should advocates require assistance, they must, just as they would in the actual situation, gather all pertinent questions, contact their backup (the instructor) for answers or advice, and return to the victim with the appropriate answers or referrals.***

4. ***Ask participants to start with the "Kendra" role play. Each pair should conduct the role play twice so that both have the opportunity to play the advocate. While participants are conducting the role play, walk around the room and listen. Offer suggestions or model "ideal" interventions as required. Allow about 10 minutes for the "Kendra" role play.***

5. ***Debrief the "Kendra" role play by asking participants to share their thoughts about the experience. They also might want to identify their strengths and weaknesses and brainstorm alternative approaches with the group.***

6. ***After debriefing, ask participants to conduct the "Laura" role play. Again, each pair should conduct the role play twice so that both have the opportunity to play the advocate. While participants are conducting the role play, walk around the room and listen. Offer suggestions or model "ideal" interventions as required. Allow about 10 minutes for the "Laura" role play.***

Debrief the role play by **asking** participants to share their thoughts about the experience. They also might want to identify their strengths and weaknesses and brainstorm alternative approaches with the group.

☞ **Show Visual 6-29.**

Discuss when to refer out.

People working in a counseling capacity must, for the clients' sake, know their limits. When you work with a victim of sexual assault, you should be aware of signs that the victim may need professional, in-depth counseling, which is probably more than you or a rape crisis center can provide. Referring survivors to mental health professionals for additional evaluation and treatment reveals your strength and good judgment, not a deficiency.

☞ **Show Visual 6-30.**

Paraphrase:

A referral should be made when victims are:

- Actively suicidal.
- Actively psychotic.
- Unable to function in their social or occupational roles for more than a few days.

- Exhibiting persistent phobias.
- Actively abusing one or more substances.
- Interested in resolving long-term personal issues.

If you suspect any of the above but is uncertain, insist that the victim see a professional counselor who is capable of making an assessment.

☞ **Show Visual 6-31.**

Paraphrase:

Whenever you suspect that a victim might be suicidal, further evaluation by a mental health or medical professional must be completed. Tell victims why you are concerned, and explain that you have a responsibility to see that the victim gets further evaluation. This evaluation protects the victim's physical health and also provides legal protection for you.

Criteria for suicide risk include:

- Stating suicidal intent.
- Choice of a lethal method.
- Access to the method.
- A plan of action.

Use the SLAP acronym to remember these criteria:

S = Statement of suicidal intent

L = Lethal

A = Access

P = Plan

Paraphrase:

If these criteria are present, you must seek professional help immediately on the victim's behalf. If the victim will not cooperate, inform the victim that you have an obligation to call 911 and ask the police to transport the victim to an emergency mental health assessment center for evaluation, even if this is against the victim's will.

☞ **Show Visual 6-32.**

Introduce a discussion of psychosis.

Paraphrase:

If you suspect that a victim is psychotic, you will need to determine if the victim is oriented to person, place, and time. You can do this by asking the victim the following questions:

- "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?"

If you think the victim is hearing voices, ask the victim if they are hearing voices that you or others might not be able to hear. Confusion can be caused by a number of factors–such as head trauma, or alcohol or drug intoxication–other than psychosis.

Whatever the cause, you must refer victims who appear to be psychotic to a professional who can definitively determine their ability to care for themselves. If victims are incapable of taking care of themselves and could legally be considered capable of self-harm, they need professional assessment.

If you are meeting the victim somewhere other than a medical facility where such assessment is available onsite, it may be necessary to have the police place a transportation hold on the victim so they can be taken to a medical or psychiatric facility for further evaluation. If the victim will go willingly with a responsible adult who is willing to assume responsibility, a hold is unnecessary.

☞ **Show Visual 6-33.**

Discuss evaluating substance abuse.

Paraphrase:

Advocates should be concerned about potential substance abuse and consider professional evaluation if:

- Drugs or alcohol were involved in the sexual assault.
- The victim comes to a counseling session intoxicated.
- The victim reports additional or increased substance use.

- The victim is concerned about their own substance use.
- The victim reports that friends or family are concerned about substance use.

☞ **Show Visual 6-34.**

Paraphrase:

There are other instances in which you should ask for assistance or refer a client, particularly situations in which you feel you are unable to provide the necessary support. Circumstances that may fit into this category include:

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

Emphasize that no single approach works for everyone. Advocates generally provide information about options, allowing victims to choose those with which they feel comfortable.

Tell participants that the Participant Manual includes information on skills training techniques and counseling approaches used to support recovery from sexual assault. With specialized training, advocates may use some of these techniques themselves. More advanced techniques should generally be practiced only by qualified counselors. However, advocates may wish to be acquainted with them in order to understand some of the options available to help support recovery.

☞ **Show Visual 6-35.**

Review the learning objective and **ensure** that it was met.

By the end of this module, participants will be able to use crisis intervention, education, and supportive counseling skills to assist sexual assault victims.

☞ **Show Visual 6-36.**

Ask if there are any final questions or comments before moving to the next module.