



Module 6: Recovery Education and Skills Training

Purpose

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



Module 6 Objective

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





Recovery Education and Skills Training

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





Crisis Intervention

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





When Should Crisis Intervention Begin?

As soon as possible, preferably within the first few hours after the sexual assault.

Avoid Blame

- The victim may be especially sensitive.
- Avoid blame or the appearance of blame.
- Victims who blame themselves become more depressed, experiencing a more difficult post-rape adjustment than victims who do not blame themselves.



Brainstorm Activity

Crisis Issues



Crisis Issues

- Deciding whether to report to the police.
- Concerns about the use of rape drugs.
- Deciding if she is ready to label the forced sex “rape.”
- Fears for her immediate safety.
- Deciding who to tell and how to tell them.
- Confidentiality issues.
- Deciding where to go after the exam.
- Deciding if she will have a medical-evidentiary 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.



Supportive Relationship Characterized by

- Acceptance.
- Empathy.
- Support.



Acceptance Conveyed Nonverbally

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



Acceptance Conveyed Verbally

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



Acceptance Conveyed by What You Do

- Lack of verbal or nonverbal withdrawal.
- Listening attentively.
- Taking time to be with the victim and proceeding at her own pace.



Empathy Conveyed by

- Letting her know that you want to understand the situation from her point of view.
- Restating the feelings she is expressing in your own words.

Support Demonstrated by

- Getting her something to eat or drink (after oral exam, if applicable).
- Reassuring her that the rape was not her fault.
- Reassuring her that whatever she did was “right” because she survived.
- Being sure she has a safe ride home.
- Providing her with information and resources to take care of practical problems and immediate needs.



Destigmatizing Rape

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



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.

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.



Giving Her Account of Events

- Recounting the traumatic event in detail is important, as is your reaction.
- Let the victims know that rape was a crime committed against them.



Supportive Counseling

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



Supportive Counseling

- Getting the victim something to eat or drink.
- When her clothing is kept as evidence, finding clothes for her to wear home after the evidentiary exam.
- Getting a shower/cleaning up after the rape exam.
- Explaining the police report process.
- Obtaining an order for protection.
- Finding a safe place to stay.
- Changing the locks on her doors.
- Notifying her credit card offices/bank of any theft.

Support and Advocacy

- Obtaining emergency funds for food and housing.
- Locating or picking up her children.
- Locating a pet or ensuring that it is fed.
- Providing or finding childcare.
- Addressing court issues and concerns.
- Arranging transportation home and to appointments.
- Obtaining telephone (or voicemail) service.
- Making referrals to appropriate medical and other community agencies for followup services.
- Dealing with the media.



Victim Needs To Know

- She is not alone.
- When and who to call for help.



Explain Your Role

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





Dyad Role Plays

Participant's materials,
pages VI-12 through VI-15





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.





Referral Made When a Victim Is

- Actively suicidal.
- Actively psychotic.
- Unable to function in her social or occupational role for more than a few days.
- Exhibiting persistent phobias.
- Actively abusing one or more substances.
- Interested in resolving long-term issues.





Suicide Risk

- 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?”



Concerns About Substance Abuse

- Drugs were involved in the sexual assault.
- The victim reports additional substance use.
- The victim is concerned about her substance use.
- The victim reports that friends or family are concerned about her substance use.





When To Ask for Assistance

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



Module 6

Questions or comments?

