

Module 2: What Is Sexual Assault Advocacy/Counseling?

Purpose

This module helps you understand your roles and responsibilities as an advocate and the roles of others with whom you will work. It also helps you determine if the advocate role is appropriate for you.

Lessons

- Basic Tenets of Advocacy.
- Overview of Sexual Assault Response Teams (SARTs) and Sexual Assault Nurse Examiners (SANEs).
- Roles of the Advocate.
- Maintaining Confidentiality.
- Is Advocacy the Right Choice?

Learning Objectives

By the end of this module, you will be able to

- Describe the composition of a SART.
- Identify the major roles of an advocate.
- Make appropriate decisions based on state confidentiality laws.
- Describe personal issues that might affect your ability to be an effective advocate.

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Basic Tenets of Advocacy

One of the things that advocacy does is provide victims with information about their options so that they can make educated choices (Ledray, 1988). Advocacy encourages victims to ultimately advocate for themselves while giving them a voice when they are too weak to speak. Advocacy should be trauma-specific, addressing only the current sexual assault and any consequences or issues that arise as a result of that crime (Young, 1993). Young cautions not to ignore preexisting life problems; rather, address them in descending order only after the more pressing criminal issues are addressed. Issues such as an abusive relationship, substance abuse, mental health problems, or financial troubles affect recovery and are thus issues for the advocate. It is important to know when to make referrals and which community resources are appropriate for followup counseling (Young, 1993).

Whatever the scenario, the overriding tenet of advocacy is to listen to and believe the victim. The healing power of this is extraordinary. Survivors do not need to prove they are suffering to win support; advocates give unconditional support while safeguarding the individual's right to be treated with respect, whatever the circumstance. The unfortunate reality is that an advocate may be the only person who believes a victim without question, comment, or blame, which makes the words "I believe you," and the corollary, "It wasn't your fault," that much more powerful. The rare case when a survivor is dishonest is relatively unimportant. Clearly, the survivor is suffering on some level and has most likely been victimized in some way. Having the wool pulled over "one's eyes" on that rare occasion is a small price to pay for extending the healing power of unconditional belief that has helped so many survivors.

Another advocacy maxim is neither investigate nor judge. Asking questions so the account makes sense can jeopardize your relationship with the survivor. Leave the investigation to the investigators. This means no note-taking while the survivor talks about the assault. Keeping one's hands free nonverbally communicates to the survivor that you are not interested in "taking" anything from her (including a report) but rather are present as an ally whom she can trust. Advocates are the only first responders who have no other responsibilities and no pressing agenda.

In addition to these basic tenets, you must keep the word “teamwork” in mind. As an advocate, you will work with professionals in law enforcement, medicine, and other fields to meet the needs of sexual assault victims.

Overview of Sexual Assault Response Teams and Sexual Assault Nurse Examiners

No single agency can meet all the needs of the sexual assault survivor. Rape crisis centers, medical professionals, law enforcement, and prosecutors have recognized the benefits of collaborating in their work with sexual assault survivors. In many communities, the group of individuals from different agencies who work with rape survivors is referred to as the Sexual Assault Response Team (SART). Demonstrated to be an effective model for providing better services to sexual assault victims, the SART concept includes crisis intervention and long-term counseling, investigation and evidence collection, and a more sensitive initial medical response to rape victims (Ledray, 1999).

SART membership varies depending on the community and the needs of a particular rape survivor. At a minimum, it should include the rape crisis advocate, medical personnel, law enforcement officials, the prosecutor, and the crime laboratory specialist. It may also include domestic violence victim advocates, clergy, and other social service agency personnel. In some communities, a core group of these individuals may respond together in the emergency department, or they may simply work cooperatively to meet the needs of sexual assault survivors and their families/significant others.

The medical professional who participates in a SART is very often a Sexual Assault Nurse Examiner (SANE). SANEs are specially trained nurses who are on call to specified emergency departments, medical clinics, community agencies, or independent SANE facilities. SANEs are trained to complete a medical-legal exam of rape victims, taking into account the specific medical and emotional needs of the victims, as well as the importance of properly collecting forensic evidence that can be used in legal proceedings. The SANE concept has been shown to be an effective model for providing better evidence collection and a more sensitive initial medical response to rape victims (Ledray, 1999).

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In the mid-1970s, medical professionals developed the first SANE programs after recognizing the need to improve care for sexual assault victims in the emergency department. Previously, when rape victims came to the emergency department for care, they often had to wait for as long as 4 to 12 hours in a busy public area—their wounds considered less serious than those of other trauma victims—as they competed unsuccessfully for staff time with the critically ill or injured (Holloway and Swan, 1993; Sandrick, 1996; Speck and Aiken, 1995). Often, they were not allowed to eat, drink, or urinate while they waited, for fear of destroying evidence (Thomas and Zachritz, 1993). Doctors and nurses were often insufficiently trained to do medical-legal exams, and many lacked the ability to provide expert witness testimony as well (Lynch, 1993). Even trained staff often failed to complete a sufficient number of exams to maintain any level of proficiency (Lenehan, 1991; Tobias, 1990; Yorker, 1996). When the victim's medical needs were met, emotional needs all too often were overlooked (Speck and Aiken, 1995), or even worse, the emergency department staff blamed the survivor for the rape (Kiffe, 1996).

There are many published and anecdotal reports of physicians being reluctant to perform the exam. Many factors contributed to this, including their lack of training and experience in forensic evidence collection (Bell, 1995; Lynch, 1993; Speck and Aiken, 1995); the time-consuming nature of the evidentiary exam in a busy emergency department with many other medically urgent patients (DiNitto et al., 1986; Frank, 1996); and the potential of being subpoenaed and taken away from the emergency department to be questioned by a sometimes hostile defense attorney while testifying in court (DiNitto et al., 1986; Frank, 1996; Speck and Aiken, 1995; Thomas and Zachritz, 1993). As a result, documentation of evidence could be rushed, inadequate, or incomplete (Frank, 1996). Many physicians simply refused to do the exam (DiNitto et al., 1986).

Rape crisis centers, advocacy, specialized training, and teamwork have greatly improved the quality of care for rape victims. Advocates have provided and continue to provide a range of services to address the needs of victims and their families/significant others. The next section will examine in detail the various roles of the advocate.

Roles of the Advocate

Advocates may provide any or all of the following services:

Crisis Telephone Line

Most rape crisis centers have a crisis telephone line that operates 24 hours a day, 7 days a week. Given the diverse nature of requests, working on the crisis telephone line requires far-reaching expertise and extensive knowledge about community concerns and available resources. Typically staffed by trained volunteers, the service gives victims of rape immediate support and information about what to do. Incoming calls address a wide range of needs from a diverse population. Some come from victims who need help understanding that the forced sex they just experienced was indeed a rape. Other calls are from survivors of rapes that occurred decades ago who still have concerns or have yet to disclose their assaults.

Concerned family, friends, or community members may call with fears for their own safety or concerns about an acquaintance or loved one. They may need immediate support or referral sources. Some callers are being stalked. They fear for their safety and need to know what options and resources are available to them.

Callers also may need information on getting an order of protection or filing a civil case. They may be concerned about a rapist or an alleged rapist that has moved into their community or a serial rapist in the area.

Crisis lines began as suicide lines operated out of community mental health centers during the 1960s. They were historically operated by volunteer staff. Evaluating suicide or homicide risk is still an important aspect of this role within the rape crisis center setting, so the position may involve enlisting the immediate assistance of law enforcement. A thorough understanding of the legal implications of certain actions, and the consequences of inaction, are critical, as is the ability to make decisions and act under pressure.

With the availability of modern technology, this role seldom requires that you work onsite during the night shift. Most often, calls are transferred to your home or a cellular phone.

Medical-Evidentiary Exam Response

Many rape crisis centers have agreements with hospitals to call an advocate to the emergency department whenever a rape victim arrives. The advocate's primary function is to provide the victim with information about her options, answer her questions, provide support and crisis intervention, and to advocate on her behalf with the medical personnel providing care.

This role developed because, historically, health care providers in busy emergency departments have not always recognized the urgent needs of rape survivors, who were not always given the priority status they deserved. Before the advent of the SANE role, medical staff in the emergency department responded first to medical emergencies with more obvious physical wounds. In medical facilities that now have SANEs conducting the evidentiary exam, the medical response has greatly improved.

Law Enforcement Statement Accompaniment

In addition to being present during an initial police report, which is often taken in the emergency department or other location, the advocate usually offers to accompany the rape victim to the investigator's office at a later time when she gives her official statement. There, the advocate provides support and encouragement during what may be an intimidating experience and helps the victim understand why certain questions are asked. Advocates function formally as members of the "response team," whether officially a SART or a community-response team, or informally as members of separate community agencies. Your "team" includes the law enforcement officer or investigator; you are not advocating for the victim against the police.

Courtroom Accompaniment

The advocate typically offers to accompany the victim to any attorney appointments as well as to the courtroom. In some areas, a separate, specialized advocacy program may be available to do this. Whatever the scenario, the goal is to familiarize the victim with the process and the courtroom, including where she will sit and what she will be asked to do or communicate.

Family/Significant Other Supportive Counseling

The advocate/counselor often works with one primary victim as well as several secondary victims: the partner, family, and close friends who are traumatized by the rape of their loved one. The more an advocate/counselor can help these ancillary victims at the time of the initial evidentiary exam, the more supportive they will be to the victim later. In the emergency department, during the police interview, or throughout the court process, if other SART members are with the victim, it may be more helpful for the advocate to spend time with the victim's family and friends.

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Walk-In Crisis Intervention

Many rape crisis centers have trained advocates/counselors with advanced degrees available to meet with rape victims who drop by the center without an appointment. As with the crisis telephone line, the range of clients and their degree of trauma vary greatly. In centers with more resources and experienced staff, advanced training and experience may be required for this role.

In rape crisis centers without such resources, some victims may be seen by advocates/counselors without advanced training. Professional services may not be available for referral in your community, the stigma of mental health care may keep victims from pursuing referrals, or the cost of private care may be prohibitive to survivors seen at your rape crisis center.

Individual, Ongoing Supportive Counseling

In most rape crisis centers, staff counselors with advanced training are available to provide ongoing, scheduled counseling and therapy. Unless you have advanced training, or the services are limited in your community, it's unlikely you will play this role. Although the training in which you are now engaged in no way provides the skills necessary to do counseling therapy, basic supportive listening skills will be discussed during this training session and can be used by the advocate/counselor without advanced training.

It is essential that paid staff and volunteers consistently review cases with their supervisors and make referrals for cases they do not feel comfortable handling alone. You have a responsibility to

yourself and to every survivor you see to recognize the limits of your training and experience and to function within these limits.

Support Group Facilitation

Peer counseling and support groups are becoming more popular and sometimes meet at rape crisis centers, which often provide traditional support groups as well. The advanced preparation necessary to lead group therapy is beyond the scope of this training.

Maintaining Confidentiality

It is important to maintain the victim's confidentiality because it is her right, it gives her control, she can decide who to tell, and it makes disclosure safe. Advocates have a responsibility to maintain confidentiality, to the limits of the law, about each and every case with which they are involved. Experiencing sexual assault involves a traumatic loss of control over one's body and over the ability to choose with whom to be sexual. It is extremely important that the victim be able to regain control to the greatest extent possible after the assault. Deciding who will know about the rape is an important part of regaining control. Maintaining confidentiality is one way to help the victim decide who does and does not know she was raped.

Only when the victim knows the limits of confidentiality can she make a safe, educated choice about what to tell the advocate, SANE, or counselor. Rape crisis centers in many states have gone to great lengths to get state legislation passed to ensure that their conversations with sexual assault victims are completely confidential and that they cannot be subpoenaed to testify even if the case goes to court. Advocates must know the limits of confidentiality for rape crisis advocates in their state and communicate these to victims before the victims disclose information.

SANEs, on the other hand, are collecting evidence and expect that everything the victim tells them can be admitted into evidence and used in court. They are responsible for informing the victim about this lack of confidentiality. One advantage of the SANE medical role is that the SANE can testify to things the victim tells her during the medical forensic examination. For example, if the victim tells the SANE information that establishes that the sexual contact

was forced, the SANE can testify to this in the courtroom, even if it was not an “excited utterance.”

Maintaining confidentiality means

- Not talking to the media about the case without the victim’s permission.
- Not using the victim’s name when discussing her case 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, even anonymously, for training purposes.
- For training purposes, only showing pictures of injuries if those pictures do not show faces or identifying marks (such as tattoos or moles), if written permission was not obtained.

Especially in a small community, it is all too easy to breach client confidentiality unknowingly.



Confidentiality Scenarios

1. An 11-year-old tells you that she was raped by her adult neighbor.

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

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

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

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

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

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

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

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

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

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

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

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

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



Is Advocacy the Right Choice?

Deciding to become an advocate is an important decision, and one that can bring important rewards. By becoming an advocate, you become part of the solution for positive social change; you make a difference. Your attention, assistance, acceptance, and caring attitude greatly facilitate recovery.

At the same time, advocates need to be aware of their own sensitivity. Some people may, because of a tremendous capacity for empathy or past victimization of their own, be too affected by exposure to violence and trauma to be effective advocates.

Survivors often become particularly sensitive to the fears, concerns, and needs of victims, as well as the inadequacies of victim services or magnitude of victim needs—all of which may contribute to a desire to become involved in victim services. Survivors of sexual assault may have had a positive experience with the system and now want to offer other victims the same compassionate care. Alternatively, they may have had a very disappointing experience and want to prevent others from having the same experience.

For some survivors, their experience with a rape crisis center might have been so significant that they do not want the connection to end. They may believe that becoming advocates will promote their continued healing.

Every victimization and recovery is different. Experience may or may not give a survivor greater empathy for other victims. Each survivor reacts differently; survivors cannot expect someone else to react as they did or to have the same needs and concerns. Survivors may have continuing unresolved issues such as anger, depression, fear, and difficulty trusting others. It will be very hard for survivors to help others deal with issues that they themselves have not resolved.

It is possible that during training or while on the job, wounds they had considered completely healed will reopen. Even if survivors complete the training without any problems, they may experience difficulties once they begin seeing victims. It is normal for those in direct contact with recent victims to experience secondary trauma, but it will most likely be short term. For some, however, the secondary trauma may be more intense and lasting. Survivors are more likely to experience this trauma

- Near the anniversary of their own assault.
- When they encounter a rape experience similar to their own.
- When they encounter a rape experience similar to the rape of someone close to them.
- When they work with a victim who is similar to themselves.

These challenges do not necessarily mean that survivors cannot be effective advocates. After healing more, they should try again. It is also appropriate for any advocate, including survivors, to ask for assistance or refer clients whenever they feel unable to provide the necessary assistance. Circumstances that may fit into this category include

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

Alternatively, they may need to reconsider this area of work, at least for the present. Especially if they were victimized within the past year or two, it may be too soon to work directly with others. If you are a survivor and you experience any areas of concern at any point during training or actual practice, talk to the trainer or a supervisor as soon as possible.

Advocacy is a rewarding experience, but it is also demanding. It is important to take this training and an advocacy position very seriously. Program staff and survivors count on a realistic appraisal of your ability and time. Committing to more than you can give will be detrimental to the program. It is better to start slowly and add more responsibilities or hours at a later date, rather than not fulfill your commitments.

If you decide that advocacy is not for you, you can find other ways to make a difference without interacting directly with clients. While direct service roles are more visible and their activities can seem to be a more desirable way to help survivors, rape crisis centers cannot operate without program support roles.

II

Important program support roles include

- Participating in legislative advocacy.
- Providing education in the community or schools.
- Participating in court watch.
- Conducting program evaluations.
- Working with the media.
- Fundraising and grant writing.
- Bookkeeping or secretarial support.

Legislative Advocacy

Rape crisis centers at the local, state, and national levels need individuals who are willing to communicate their views and concerns regarding pending or future legislation. This does not necessarily require any particular expertise; however, some basic legislative protocol is helpful. Ask if your rape crisis center has a primer of these protocols. Otherwise, you need only have an understanding of the issues and a willingness to communicate your views.

Education in the Community or Schools

Speakers representing rape crisis centers often are asked by community organizations or schools to talk about rape prevention, safety, or related topics. Sometimes the talk is followed by a video, puppet show, or play supporting the message. If you are comfortable with public speaking, acting, or working with puppets, or are willing to learn these skills, it can be a rewarding and valuable experience.

People accept information most readily from those they consider peers. If you are willing to speak to your peer group, it will likely have a greater impact than would the same message coming from someone seen as an outsider. A high school student is the ideal person to talk to other high school students, and a social worker is an excellent choice for speaking at a social-work conference or in-service.

Public education is crucial to preventing rape as well as eradicating the blame, shame, and stigma of it. Only education can counter myths with facts. For example, a myth in Africa claims that if a man infected with HIV has sex with a virginal girl who has “clean blood,” he will be cured. One in four sexually active men and women in Africa are now infected with HIV. HIV-positive men, fearing for their lives and believing the myth to be true, reportedly rape and sometimes infect young virgins with the HIV virus (*Minneapolis Star Tribune*, 1998). Only extensive public education will change a belief that now leads to potentially deadly rape.

As a result of extensive public education about date rape, the 1980s saw a significant change in the rape reporting figures in the United States. Previously, young women raped by an acquaintance were unlikely to report the rape and seek help. Either they did not label the experience as rape or blamed themselves because they had been with him willingly. They believed that no one would believe them or, worse, would blame them as they blamed themselves. After this education process, reported acquaintance rapes went from 40 to 60 percent (Ledray, 1994).

Court Watch

Some rape crisis centers now ask staff or volunteers to sit in courtrooms during domestic violence or sexual assault cases to record any prejudices of the judge or other members of the court. If the judge and others know they are being watched and that their behavior is being recorded and possibly reported to the media, they will act less prejudicially toward the victims.

Program Evaluation

Funding sources are becoming increasingly insistent on a sound evaluation of program outcomes. Unfortunately, many programs are still providing data of limited usefulness. If you have expertise in program evaluation, you can have a significant effect on the future direction and funding of your rape crisis center. If you do not have such expertise, perhaps you can assist with data collection through telephone followup calls or mailings.

Working With the Media

If you have training or experience working with the media, speech writing skills, or contacts within the media, share this expertise with your rape crisis center. You may want to volunteer to conduct an in-service or to consult with staff when they are approached by the media for an interview regarding a particular assault. Requests for interviews are frequent, and rape crisis center staff often lack expertise in this area. With proper preparation, these interviews can be used to educate the public and gain positive visibility for the rape crisis center. Good media relationships help maintain victim confidentiality, and the media can become a partner rather than an opponent.

Fundraising and Grant Writing

Nonprofit organizations always need additional funds. Many companies offer matching funds to organizations when requested by an employee. See if your employer has such a program or would match funds you contribute or raise. Rape crisis center fundraising opportunities might also include more traditional efforts such as dinners, bake sales, candy sales, gift sales, fun runs, or golf tournaments. You could help organize, operate, or even just invite your friends and participate.

If you cannot help with grant writing, perhaps you can assist with the followup work once a grant is submitted. Often members of an organization's advisory board or board of directors are appointed because of their anticipated connections to funding sources. You may be able to make some recommendations.

Bookkeeping and Administrative Support

Anyone who has ever administered a program or worked in an office knows that the administrative assistant can make or break an organization. Good administrative support services are hard to find and can be very expensive. Whether you can help with word processing, photocopying, stuffing envelopes, entering data, answering phones, or more sophisticated office support, this help is important and needs to be done.

If you have a talent that may be useful to your rape crisis center, let them know that you are interested in helping. Even if they do not

call on your services immediately, a need may arise in the future and you will be able to make a significant contribution. While you may begin volunteering at your rape crisis center in one position, be continually mindful that your other areas of expertise may be of value. Do not assume that your help is not needed; ask and offer your assistance.

Is Advocacy Right for You?

The questions below will help you think about whether advocacy is right for you:

What motivated you to become an advocate?

How might the issues that motivated you be potential problems or assets in your advocacy work?

Are there any advocacy roles or commitments that might prove difficult for you? If so, what are some possible ways to address these difficulties?

Sample Volunteer Advocate Contract

Responsibilities of the Volunteer Advocate

1. Maintaining strict confidentiality to protect the privacy of all clients.
2. Attending all parts of the initial advocacy training.
3. Attending a monthly advocate team meeting, including in-service presentations, and contacting the team leader or program coordinator if you are unable to attend. Arrangements for scheduling must be made prior to the meeting if absence is inevitable; otherwise, the team leader will schedule the advocate and the advocate will be responsible for filling those shifts.
4. Making at least a 1-year commitment to the program.
5. Being on call, from home or by a pager, according to a monthly prearranged schedule.
6. Being completely drug-and alcohol-free while on shift or backing up a shift.
7. Calling the answering service at the beginning of your shift to verify your phone number, and updating as needed.
8. Providing information, referrals, or emotional support over the phone to any hotline caller, and responding to the Sexual Assault Nurse Examiner (SANE) Unit or St. Vincent's Hospital to assist survivors of sexual or domestic violence.
9. Never entering into a professional relationship with a SFRCC client/hotline caller.
10. Never going to a victim's home or the scene of the alleged crime without having a police escort and contacting a team leader or the program supervisor.
11. Reporting a brief description of each case to the office staff at the beginning of the next working day.
12. Providing a written report with details of each case within 48 hours of the call.
13. Reporting any incident of child sexual abuse (age 17 or under) or alleged/suspected child abuse to the Children Youth and Families Department (CYFD) and law enforcement immediately after receiving a disclosure. This report is required by law.
14. Consulting with office staff before maintaining ongoing involvement in any case.
15. Doing followup on cases when appropriate and providing information regarding that followup to the program supervisor.

Responsibilities of the Rape Crisis Center Staff

1. Providing an initial, intensive 40-hour training program for advocates, as well as follow-up training and supervision in specific areas to enhance their job performance, as appropriate.
2. Providing debriefing and supervision to advocates in the office and via phone calls during and after the immediate crisis in which they are involved, as appropriate.
3. Providing support services to advocates in the areas of information, referral, backup advocacy, and short-term personal counseling pertaining to their role as an advocate.
4. Providing evaluations of the advocate's performance at the request of the advocate or SFRCC supervisor.
5. Other responsibilities of the Santa Fe Rape Crisis Center, as agreed.

I understand and agree to accept the responsibilities outlined above. I understand that *CONFIDENTIALITY* is the primary task of all advocates; therefore, I will use only the office staff and advocate staff for consultation on cases. I understand if I violate any part of this contract, my services with the Santa Fe Rape Crisis Center will be terminated.

Date _____

Advocate-in-Training _____

Supervisor _____

Module 2 References

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Module 2: What Is Sexual Assault Advocacy/Counseling?

Purpose

This module is intended to help you understand your roles and responsibilities as an advocate and the roles of others with whom you will work. It will also help you to determine if the advocate role is appropriate for you.



Module 2 Objectives

By the end of this module, you will be able to

- Describe the composition of a SART.
- Identify the major roles of an advocate.
- Make appropriate decisions based on state confidentiality laws.
- Describe personal issues that might impede your ability to be an effective advocate.



Basic Tenets of Advocacy

- Provide victims with information about options so they can make informed choices.
- Advocacy is trauma specific.
- Listen and believe the victim.
- Neither investigate nor judge.



 **OVC**
Office of Justice Programs
U.S. Department of Justice

SART and SANE Discussion

What do you know about SARTs and SANEs?

 **TRAC**

Module 2 4

 **OVC**
Office of Justice Programs
U.S. Department of Justice

Sexual Assault Response Teams

- Group of individuals from different agencies who work with rape victims.
- Effective model.

 **TRAC**

Module 2 5

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U.S. Department of Justice

SART Membership Varies

At a minimum, SARTs include a rape crisis advocate, sexual assault nurse examiner, law enforcement official, prosecutor, and crime laboratory specialist.

May also include domestic violence victim advocates, clergy, and other social service agency personnel.

 **TRAC**

Module 2 6

SANEs

- Medical professionals who participate in a SART.
- Specially trained nurses.
- Trained to complete a medical-legal exam of rape victims.
- Better evidence collection and more sensitive initial medical response.

Need for SANEs

- Victims waited as long as 4 to 12 hours for medical care.
- Victims were not allowed to eat, drink, or urinate while they waited.
- Doctors and nurses were insufficiently trained.
- Improper evidence collection occurred.
- Proper exams are time consuming.
- Medical professionals fear subpoenas.

Teamwork

- Rape crisis centers, advocacy, specialized training, and teamwork have greatly improved the quality of care for rape victims.
- Be clear about roles.
- Be respectful of roles.

Roles of the Advocate

- Crisis telephone line.
- Medical-evidentiary exam response.
- Law enforcement statement accompaniment.
- Courtroom accompaniment.
- Walk-in crisis intervention.
- Individual, ongoing supportive counseling.
- Support group facilitation.
- Family/significant other supportive counseling.

Confidentiality

- It is her right.
- It gives her control.
- It makes disclosure safe.
- Issues differ for advocates and SANEs:
 - Rape crisis centers in many states have lobbied for legislation so advocates cannot be subpoenaed; advocates must know limits of confidentiality.
 - SANEs expect that everything the victim says can be admitted into evidence.
- Ensure the victim knows limits to confidentiality.

Activity: Law Review Related to Confidentiality

Participant's materials,
pages II-10 through II-11

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 public place.
- Not using any details of cases for training purposes.
- Only showing injury pictures that do not show faces or identifying marks.

Is Advocacy the Right Choice for You?

- Important decision with important rewards.
- Some may be too affected by exposure to violence and trauma.

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.

Survivors as Advocates: Survivors Are More Likely to Experience Difficulties . . .

- Around the anniversary of their own assault.
- When they encounter a rape experience similar to their own.
- When they encounter a rape experience similar to the rape of someone close to them.
- When they work with a victim who is similar to themselves.



Survivors as Advocates Can . . .

- Wait and try again later.
- Start slowly.
- Ask for assistance or refer out as necessary:
 - Assault circumstances too similar to their own.
 - Personality clash with the victim or her family.
 - Victim's needs that are beyond their ability level.
 - Difficulty maintaining healthy boundaries.
- Make a difference in another way.



Other Program Support Roles

- Legislative advocacy.
- Education in the community or schools.
- Court watch.
- Program evaluation.
- Working with the media.
- Fundraising and grant writing.
- Bookkeeping or secretarial support.

For more information, see pages II-14 through II-17 in the participant's materials.



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Reflection Activity

Participant's materials,
page II-17

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Questions or comments?

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