Module 2: What Is Sexual Assault Advocacy/Counseling?

Time Required

1 hour, 50 minutes

Purpose

This module helps participants understand their roles and responsibilities as advocates and the roles of others with whom they will work. It also helps them determine if the advocate role is appropriate for them.

Lessons

- Basic Tenets of Advocacy (5 minutes).
- Overview of Sexual Assault Response Teams (SARTs) and Sexual Assault Nurse Examiners (SANEs) (20 minutes).
- Roles of the Advocate (10 minutes).
- Maintaining Confidentiality (40 minutes).
- Is Advocacy the Right Choice? (20 minutes).

Learning Objectives

By the end of this module, participants 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 their ability to be effective advocates.

Equipment and Materials

- Laptop PC (with PowerPoint), LCD projector and screen (or blank wall space for projection), PowerPoint presentation, and vignette 1.

- Participant's materials.
- Flip chart and easel.
- Multicolored, thick markers (dark colors only) for use with flip chart.
- Masking tape.
- Pens (one per participant).
- Written review of state's laws (see Preparation below).
- Confidentiality forms (see Preparation below).

Preparation

- Lesson 3 of this module discusses the roles of an advocate. As these roles vary from location to location, you may wish to tailor this section to reflect the needs of your center/area. For example, if advocates at your center do not facilitate support groups, you may wish to exclude a discussion of that role.
- In preparation for the "Law Review" activity on page II-9 of the trainer's materials, prepare a written review of your state's laws related to mandatory reporting and confidentiality. It is not necessary to include exact legal language; however, be very clear about what your state's laws are and how they affect the work of advocates.
- Review the confidentiality scenarios on pages II-10 to II-11 of the participant's materials and vignette 1, which depicts the first scenario. Be sure you are aware of the appropriate way to respond to each scenario according to your state's laws and your center's protocols.
- If your center has confidentiality forms that new advocates must sign, you may wish to set aside some time during this module to distribute the forms. If your center does not have confidentiality forms, a template is provided in the appendix that could be adapted for use at your center. (See the volunteer advocate contract, which is part of the Sample Advocate Recruitment and Application Materials.)
- Vignette 1 and the sample volunteer advocate contract, which discusses confidentiality, are both on the SAACT Web site, which is available at www.ovcttac.org.

Basic Tenets of Advocacy [5 minutes]

Show visuals 1 and 2. Review the module's purpose and objectives.

Show visual 3.

Explain that one of the things that advocacy does is provide victims with information about their options so 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).

Explain that, whatever the scenario, the overriding tenet of advocacy is to listen and believe. 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 the advocate's 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 the advocate is not interested in "taking" anything from her (including a report) but rather is 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, participants must keep the word "teamwork" in mind. As advocates, they 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 [20 minutes]

Show visual 4.

SART and SANE Discussion

***Ask participants to volunteer any information they know about SARTs and SANEs. Write key responses on the flip chart, then proceed with a brief lecture based on the information below. When preparing your lecture, keep in mind that this section is intended to provide an overview of SARTs and SANEs. Procedures for working with SARTs and SANEs are examined in detail in module 5,* Procedures in Common Advocacy Situations*, and to a lesser extent in module 6,* Recovery Education and Skills Training.**

Show visual 5.

Tell participants that no one 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 addition to learning to work effectively with sexual assault victims, advocates must learn to cooperate with experts in various disciplines.

In many communities, the group of individuals from different agencies who work with rape survivors is referred to as the Sexual Assault Response Team. 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).

Show visual 6.

Tell participants that 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, 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 SART members 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.

Show visual 7.

Tell participants that the medical professional who participates in a SART is often a Sexual Assault Nurse Examiner. 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 examination 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).

Show visual 8.

Tell participants that 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).

Show visual 9.

Explain that advocates must work cooperatively with other members of a SART or, if there is no formal SART in their community, with other first responders. Strategies and considerations for working effectively with SART members will be explored throughout this training. As participants practice their skills, they will be asked consistently to define their own roles and the roles of other SART members.

Tell participants that 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 [10 minutes]

Show visual 10.

Explain that advocates most commonly provide any or all of the following services:

- Staffing crisis telephone lines, which involves giving victims of rape immediate support and information about what to do after an assault.
- Being present for the medical-evidentiary exam, during which an advocate's primary functions are to provide the victim with information about her options, answer her questions, provide support and crisis intervention, and advocate on her behalf with the medical personnel providing care.
- Accompanying the rape victim to an investigator's office to give her official statement of the assault.
- Accompanying the victim to attorney appointments and to the courtroom.
- Providing information and support to family members or significant others.

Procedures for each of these services will be examined more closely later in this training. Explain that advocates may also provide walk-in crisis intervention; individual, ongoing supportive counseling; or support group facilitation. However, these roles are less common for volunteers and will not be addressed in depth in this training.

Point out that participants can find more information about the roles of an advocate on pages II-5 through II-8 of their participant's materials.

II

Maintaining Confidentiality [40 minutes]

Show visual 11.

Explain that 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 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 that she was raped.

Explain that only when the victim knows the limits of the 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.

Explain that 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."

Law Review

Hand out the review of your state's disclosure laws that you prepared earlier. Ask participants to follow along with the handout as you review it.

Show vignette 1 when the review is complete.

Ask participants to discuss the scenario shown and the questions posed in the vignette.

Show visual 12.

Refer participants to page II-10 of their materials, which depicts the scenario from the vignette and a number of additional scenarios dealing with confidentiality. Ask participants to make choices based on their understanding of your state's laws. Review the correct answers, and discuss anything that may still be ambiguous under your state's laws.

Show visual 13.

Explain that 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.

II

Is Advocacy the Right Choice? [20 minutes]

Show visual 14.

Now that participants know more about what advocates do, this section will help them to determine if advocacy is the right choice for them.

Deciding to become an advocate is an important decision, and one that can be rewarding. By becoming an advocate, participants become part of the solution for positive social change; they make a difference. Their 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.

Show visual 15.

Tell participants that survivors often become particularly sensitive to the fears and concerns of victims, 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.

Tell participants that every victimization and recovery is different. Experience may or may not give a survivor greater empathy for other victims. Each survivor reacts differently; advocates 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.

Show visual 16.

Tell participants that it is possible that during training or while on the job, wounds they had considered completely healed will reopen. Even if participants 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.

Show visual 17.

These challenges do not preclude working with survivors forever. After healing more, survivors should try again. Especially if they were victimized within the past year or two, it may be too soon to work directly with others. If they are only having problems with very specific issues, perhaps they can refer out cases that are too close to home, working instead with ones that do not intersect with their personal history. They also might need additional counseling while they complete their training. If they have concerns at any point during the training or actual practice, they should talk to you (the trainer) or a supervisor as soon as possible. Alternatively, they may need to reconsider this area of work, at least for the present.

Tell participants it is also appropriate for advocates to ask for assistance or refer clients whenever they feel unable to provide the necessary assistance. Recognizing their own strengths and weaknesses is a responsibility of advocates, and providing appropriate services is of utmost importance. Circumstances when assistance may be required include

II

- 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.

Show visual 18.

Tell participants that advocacy is a rewarding experience, but it is also demanding. It is important that participants take this training and the positions they assume very seriously. Program staff and survivors count on a realistic appraisal of each advocate's ability and time. Committing to more than they 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 their commitments.

If participants decide that advocacy is not for them, they can find other ways to make a difference without interacting directly with clients. While direct service workers and volunteers 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.

Important 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.

A brief discussion of each of these roles is found on pages II-14 through II-17 of the participant's materials. Participants can review them on their own time.

Show visual 19.

Reflection Activity

Refer participants to page II-17 of their materials, which asks them to reflect on their motivation for becoming advocates, as well as any potential issues they might encounter. Ask participants to spend 5 to 10 minutes thinking about these issues and ways they can address them. The issues might be emotional (e.g., past victimization) or practical (e.g., too many time commitments). Tell participants this information will not be shared; it is meant to encourage self-reflection and to help them determine if advocacy is right for them.

Tell participants it is fine for them to decide, now or at any point during the training, that advocacy is not the right choice for them. Tell them that the emotional impact of advocacy can be a surprise to some people, and they should make a decision that is healthy and appropriate for them. As participants are doing the self-reflection activity, let them know they can speak to you privately (perhaps by stepping outside the training room) if they would like to leave the training and rethink their decision to become advocates. If participants would like to discuss any issues more extensively, invite them to contact you after the training or have a backup person at your center who can be available.

Show visual 20 and ask for any questions about this module.

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.

SART and SANE Discussion

What do you know about SARTs and SANEs?

Sexual Assault Response Teams

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

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.

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.

Reflection Activity

Participant's materials,
page II-17

Module 2

Questions or comments?