

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

- The REST Approach (1 minute).
- Crisis Intervention (29 minutes).
- Education (10 minutes).
- Supportive Counseling (1 hour).

Learning Objectives

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

Equipment and Materials

- Laptop PC (with PowerPoint), LCD projector and screen (or blank wall space for projection), PowerPoint presentation, and vignettes 4 and 5.
- Participant's materials.
- Flip chart and easel.
- Multicolored, thick markers (dark colors only) for use with flip chart.
- Masking tape.

Preparation

- Carefully review this module's role plays and vignette 4 and make notes to yourself regarding some "ideal" responses to each role play. Protocol, facilities, and resources vary by community, so the role plays should reflect the realities of your center. On account of this variation, this module provides the scenario for each role play, but it does not provide a step-by-step response to the scenarios. Be prepared to model your center's "ideal" responses to each scenario.
- Suicide risk is discussed on page VI-12 through VI-13 of the trainer's materials. Procedures for evaluating suicide risk vary greatly by center. Carefully review this section and vignette 5 to ensure that the information reflects the reality at your center. You also should note that a sample Suicide Potential Assessment Form is provided in the appendix. If you are developing a protocol for evaluating suicide risk, this form may be a good model for your center.
- Vignettes 4 and 5 and the sample suicide assessment form are on the SAACT Web site, which is available at www.ovcttac.org.

The REST Approach [1 minute]

Show visuals 1 and 2. Review the purpose and objective for this module.



Show visual 3.



Explain that this module explores 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.

Crisis Intervention [29 minutes]

Show visual 4.



Tell participants that crisis intervention attempts to deal quickly with an immediate problem; it often is referred to as emotional first-aid designed to stop emotional bleeding. Management, not resolution, is the goal. When performing crisis intervention either on the phone or face-to-face, advocates play a number of important roles, including supporting the survivor however she needs support, normalizing her reactions to the trauma, helping her prioritize and address concerns, ensuring that she is treated respectfully, supporting her significant other(s), and providing crisis education, referrals, and followup contact as well as future legal advocacy, if necessary.

Show visual 5.



When Should Crisis Intervention Begin?

Tell participants that 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 she was raped and to ask what she should 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. Because 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 always can 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 to not want to talk about a sexual assault.



Show visual 6.

Tell participants that 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 often are 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. Consequently, it is very important for advocates to avoid blaming, or even the appearance of blaming, the victim.



Show visual 7.

Brainstorm Activity

Ask participants to refrain from looking at their materials 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 one volunteer to take notes. As participants come up with suggestions, say “yes” or “no” depending on whether the suggestion is or is not likely to be a concern. The note taker should write down all of the “yes” answers on the flip chart. When participants have offered all their suggestions, add any issues that were not raised by the participants (see following list).





Show visual 8.

Tell participants that when working with a victim during the initial crisis period, they may need to help the victim address such issues as

- Deciding whether the victim will report to the police.
- Concerns about the use of drugs to facilitate sexual assault.
- Deciding if she is ready to label the forced sex “rape” and, if she does, what that means to her.
- Fears for her immediate safety.
- Deciding who to tell and how to tell them.
- Confidentiality.
- 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 a sexually transmitted infection (including HIV).
- Fear of becoming pregnant from the rape.
- Shame, self-blame, and embarrassment.

Show visual 9.

Establishing a Supportive Relationship

Tell participants that effective crisis intervention requires establishing therapeutic relationships with victims. These relationships are characterized by

- Acceptance.
- Empathy.
- Support.





Show visual 10.

Acceptance can be conveyed

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



Show visual 11.

- b. Verbally
 - Restating what the victim has said.
 - Using the victim's language.
 - Allowing and encouraging her to express her feelings.



Show visual 12.

- c. By what you do
 - Lack of verbal or nonverbal withdrawal.
 - Listening attentively.
 - Taking time to be with the victim and proceed at her pace.



Show visual 13.

Empathy can be 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, acknowledging that whatever her feelings, they are normal.



Show visual 14.

Support can be demonstrated by

- Getting her something to eat or drink (after the oral evidentiary exam is completed, if the rape was oral).
- 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, such as changing the locks on her doors, getting an order for protection, or applying for crime victim reparation funds.

Education [10 minutes]

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

Show visual 15.

Destigmatizing Rape

Explain that there still is 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, advocates must promote a view of rape as a criminal act committed against the women who are victims of this crime, and separate blame from vulnerability.



Show visual 16.

Normalizing the Victim's Response

Explain that advocates can normalize the response to rape by providing information about what victims might feel in the days, weeks, even months ahead. Advocates should 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.



Show visual 17.

Recognizing Avoidance

Explain that 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 of the reasons 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.

Explain that 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 problems. By facing these memories, the victim can get used to them and lessen or eliminate their power over her emotional response. Victims then can see or hear things that remind them of the trauma without experiencing intense anxiety and fear. If victims expose themselves to memories or images of the feared situation long enough, their fears will decrease.



Show visual 18.

Giving Her Account of Events

Explain that encouraging victims to recount the traumatic event in detail is important, as is the advocate's response to their recounting. They may fear that if they tell the advocate or anyone the gruesome details of the event, they will be seen as soiled, dirty, unworthy—the way 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 the advocate will do all she can to help the victim recover and get on with her life.

Supportive Counseling [1 hour]

Show visual 19.



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, they are not crazy, and they will recover (Ledray, 1994; Ruckman, 1992). 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 (Ledray, 1994).

Supportive counseling also includes meeting the victim's practical needs relating 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 20 and 21 as you go through the list below.



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

- Getting her something to eat or drink (only if the assault was not oral or, if it was, after the evidence is collected).
- Finding clothes for her to wear home after the evidentiary exam when her clothing is kept as evidence.
- 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 locks on her doors.
- Notifying her credit card offices/bank of a theft.

- 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 or community agencies for followup services.
- Dealing with the media.

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



Show visual 22.

Tell participants it is crucial that the victim know she is not alone; others are there to provide support. Advocates should tell victims what kind of support they can and cannot provide, and how to access additional services. The victim needs to know when and who to call for help. Advocates should also explain that advocacy does not mean that the advocate will make decisions for the victim; rather, the advocate will provide the victim with the information and resources she needs to make informed decisions. Advocacy also means providing support whether or not the victim decides to report the rape.



Show visual 23.

Tell participants that as advocates, they should explain to the victim what their role is now and in the future. Rape victims often form special bonds with the first people who respond to their needs. If the advocate will be available to work with the victim in the future, she should let the victim know how to reach her, the hours she will be available, and who to call in her absence. If the advocate will not be available, she should let the victim know how her program operates and what services others can provide.

Explain that providing support also means letting the victim know that her symptoms will improve. She will recover; she will not always feel as she does now. The advocate's goal should be to help the survivor feel more in control when she leaves than when she arrived.

Show visual 24.

Dyad Role Plays

Tell participants that they will work in pairs and role play two crisis intervention scenarios, practicing methods of demonstrating acceptance, empathy, and support in each situation. The scenarios, which involve fictitious victims Kendra and Laura, are described on pages VI-12 through VI-15 in their materials and will also be illustrated more fully in a vignette.

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. If the participants get 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 the advocate require assistance, she must, just as she would in the actual situation, gather all pertinent questions, contact her backup (the trainer) for answers or advice, and return to the victim with the appropriate answers or referrals.

Show vignette 4, stopping after the Kendra scenario ends.

Tell participants that each pair should conduct the role play twice so that both participants 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.

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.





After debriefing, **show the rest of vignette 4**, starting with the Laura scenario.

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 25.

When To Refer Out

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



Show visual 26.

Explain that a referral should be 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.

If an advocate suspects any of the above but is uncertain, she should insist that the victim see a professional counselor who is capable of making an assessment.

Show visual 27.***Evaluating Suicide Risk***

Explain that whenever an advocate suspects that a victim might be suicidal, further evaluation must be done. The advocate should tell the victim why she is concerned and explain that the advocate has a responsibility to evaluate the victim further. This evaluation protects the victim's physical health and also provides legal protection for the advocate.

Explain that criteria for suicide risk include

- **S** = She states *suicidal* intent.
- **L** = She has chosen a *lethal* method.
- **A** = She has *access* to the method.
- **P** = She has a *plan* of action.

Explain that if these criteria are present, the advocate must seek professional help immediately on the victim's behalf. If the victim will not cooperate, the advocate should inform the victim that advocates 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 vignette 5, which is based on the following scenario:

Suicide Risk Scenario: A caller who was sexually assaulted and decided to press charges is apprehensive about the upcoming trial. She sounds despondent, has access to medication, and expresses interest in using the medication to “drift away.” What should the counselor do?

Ask participants to offer ideas on how to handle the situation. Emphasize that each agency has its own policies regarding evaluating suicide risk and, if applicable, discuss your agency's policies. Tell participants that there is space for notes in the participant's materials on page VI-17.



Show visual 28.

Psychosis

Explain that if the advocate suspects that a victim is psychotic, the advocate will want to determine if the victim is oriented to person, place, and time. Advocates 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?”

Explain that if the advocate thinks the victim is hearing voices, she should ask the victim if she is hearing voices that the advocate or others might not be able to hear. Confusion can be caused by a number of factors—such as drug intoxication—other than psychosis. Whatever the cause, the victim needs to be referred to a professional who can definitively determine her ability to care for herself. If she is incapable of taking care of herself and could legally be considered a “danger to herself,” she needs professional assessment. If an advocate is 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 her so she can be taken to a medical or psychiatric facility for evaluation. If she goes willingly with an adult who agrees to assume responsibility, a hold is unnecessary.



Show visual 29.

Evaluating Substance Abuse

Explain that advocates should be concerned about potential substance abuse and consider professional evaluation if

- The victim was using drugs at the time of the sexual assault.
- The victim comes to a counseling session intoxicated.
- 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.

Show visual 30.



Explain that there are other instances in which an advocate should ask for assistance or refer a client, particularly situations in which the advocate feels unable to provide the necessary support. Circumstances that may fit into this category include

- Assault circumstances are too similar to the advocate's own.
- Personality clashes exist between the advocate and the victim or her family.
- The victim's needs are beyond the advocate's ability level.
- The advocate is having difficulty maintaining healthy boundaries.

Explain 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 pages VI-19 through VI-33 in their materials provide 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 to understand some of the options available to help support recovery.

Show visual 31. Ask the participants if they have any questions about this module.



Sample Suicide Potential Assessment Form

Primary Risk Factors

CURRENT (Consult a psychiatrist or another staff member if ANY ONE of the following factors is present):

1. **Attempt** (+) Present (-) Absent

- Suicide attempt with lethal method (e.g., firearms, hanging/strangulation, jumping from high places).
- Suicide attempt resulting in moderate to severe lesions/toxicity.
- Suicide attempt with low rescue-ability (e.g., no known communication regarding the attempt, discovery unlikely because of chosen location and timing, no one nearby or in contact, active precaution to prevent discovery).
- Suicide attempt with subsequent expressed regret that it was not completed AND continued expressed desire to commit suicide OR unwillingness to accept treatment.

2. **Intent** (includes suicidal thoughts, preoccupation, plans, threats, and impulses, whether communicated directly by the client or by another person based on observation of the client).

- Intent to commit suicide imminently.
- Suicidal intent with a lethal method selected and readily available.
- Suicidal intent AND preparations made for death (writing a testament or suicide note, giving away possessions, or making certain business or insurance arrangements).
- Suicidal intent with time and place planned AND foreseeable opportunity to commit suicide.
- Presence of acute command hallucinations to kill self, whether or not there is expressed suicidal intent.
- Suicidal intent with CURRENT ACTIVE psychosis, especially major affective disorder or schizophrenia.
- Suicidal intent or other objective indicators of elevated suicide risk, but mental condition or lack of cooperation preclude adequate assessment.

Secondary Risk Factors

MEDIATING (Consult a psychiatrist or another staff member if, in addition to some indication of increased risk, 7 out of the following 13 factors are present):

(+) Present (-) Absent (0) Unknown

- Recent separation or divorce.
- Recent death of significant other.
- Recent job loss or severe financial setback.
- Other stressful events (e.g., victimization, threat of criminal prosecution, unwanted pregnancy, discovery of severe illness).
- Social isolation.
- Current or past major mental illness.
- Current or past chemical dependency/abuse.
- History of suicide attempt(s).
- History of family suicide (include recent suicide by a close friend).
- Current or past difficulties with impulse control or antisocial behavior.
- Significant depression (whether clinically diagnosable or not), especially if accompanied by feelings of guilt, worthlessness, or helplessness.
- Expressed hopelessness.
- Rigidity (difficulty adapting to life changes).

Major Contributing Demographic Characteristics

Not to be included in the ratings, but considered in the overall assessment of suicide risk:

- Male (especially older, white male).
- Living alone.
- Single, divorced, separated, or widowed.
- Unemployed.
- Chronic financial difficulties.

Module 6 References

Ledray, L. 1994. "Rape or Self Injury?" *Journal of Emergency Nursing* 20: 88–90.

Ledray, L. 1996. "The Sexual Assault Resource Service: A New Model of Care." *Minnesota Medicine* 79(3): 43–45.

Ruckman, L. 1992. "Rape: How to Begin the Healing." *American Journal of Nursing* September: 57–81.

Young, M. 1993. "Supportive Counseling and Advocacy." *NOVA Newsletter* 16: 1–13.

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.

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Brainstorm Activity

Crisis Issues



Module 6 7

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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.



Module 6 8

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Supportive Relationship Characterized by

- Acceptance.
- Empathy.
- Support.



Module 6 9

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, in-depth 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?
