

## Module 1: Introductions and Overview

### Purpose

This module includes introductions of the instructor and participants, an overview of what you can expect during the training, and a discussion of terms that will be used during the training.

### Lessons

1. Introductions and Expectations
2. Overview of the Training
3. Creating a Common Language

### Learning Objective

By the end of this module, you will be able to determine when to use the terms *sexual assault*, *sexual violence*, *rape*, *sexual abuse*, *victim*, and *survivor* during the training.

### Participant Worksheets

No worksheets are required.

## **1. Introductions and Expectations**

Participants have the opportunity introduce themselves by answering the following questions:

- What is your name?
- What, if any, experience do you have working with sexual assault victims/survivors?
- What is your motivation for doing this work?
- One thing you really want to learn in this training is \_\_\_\_\_.

## **2. Overview of the Training**

The goal of this training is to provide advocates/counselors who work with victims/survivors of sexual assault with the skills necessary to provide competent, effective crisis intervention services.

The skills taught in this training are techniques that can be used to support recovery from sexual assault. The training focuses heavily on skills for first responders, and will not deal with advanced counseling techniques. Specific techniques such as eye movement desensitization and reprocessing (EMDR) or hypnosis will be referenced, but not explored in depth. Such techniques require more advanced training and experience, and are beyond the scope of this basic training. We will, however, take a quick look at the neurobiology of trauma as it relates to sexual assault.

This training will draw on the experience and viewpoints of you, the participants. It will be dynamic and interactive and result in skills that participants will use as advocates/counselors who work with sexual assault victims/survivors.

Your Participant Manual is organized into modules; in addition to being information resources, it contains outlines and learning objectives for each module, instructions for participating in activities and some space for notes. The manual is yours to keep.

The information in this training is based on a complete review of the scientific literature on sexual assault; the advice, recommendations, and vast experience of experts in the area of sexual assault counseling; and information provided by more than 30 sexual assault service programs across the United States that shared the information they rely upon for local advocate training.

### 3. Creating a Common Language

Sexual assault service providers deal with both male and female sexual assault victims. In most cases, gender-neutral plural pronouns such as “they” and “them” are used throughout this training to refer to victims.

However, because most victims of sexual assault are female, female pronouns are occasionally used. Similarly, most advocates/counselors are women, so female pronouns are sometimes used to refer to those filling the advocate role. In the module dealing with male sexual assault, we will of course address all victims/survivors as males.

There are many different definitions of sex-related crimes. These definitions vary across states as well as federal agencies. Below are three definitions of sexual assault or sexual violence.

From the National Institutes of Justice: *Sexual assault* covers a wide range of unwanted behaviors—up to but not including penetration—that are attempted or completed against a victim’s will or when a victim cannot consent because of age, disability, or the influence of alcohol or drugs. Sexual assault may involve actual or threatened physical force, use of weapons, coercion, intimidation, or pressure and may include:

- Intentional touching of the victim’s genitals, anus, groin, or breasts.
- Voyeurism.
- Exposure to exhibitionism.
- Undesired exposure to pornography.
- Public display of images that were taken in a private context or when the victim was unaware.

From the Centers for Disease Control and Prevention (CDC): *Sexual violence* is any sexual act that is perpetrated against someone’s will. This includes:

- A completed sex act (also called “rape”). The CDC’s definition of a completed sex act is consistent with the Federal Bureau of Investigation’s (FBI 2013) definition of rape as “penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim.”
- An attempted (but not completed sex act).
- Abusive sexual contact. The CDC defines this as “intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of any person without his or her consent, or of a person who is unable to consent or refuse.”

- Noncontact sexual abuse. The CDC notes that this does not include physical contact of a sexual nature, but rather includes voyeurism, exhibitionism, unwanted exposure to pornography, sexual harassment, threats of sexual violence, or taking nude photographs without the individual's consent or of a person unable to consent or refuse.

From the U.S. Department of Justice (DOJ): *Sexual assault* is “any type of sexual contact or behavior that occurs without the explicit consent of the recipient.” Falling under the definition of sexual assault are sexual activities such as forced sexual intercourse, forcible sodomy, child molestation, incest, fondling, and attempted rape.”

Thus, sexual assault is a broad term that includes a range of acts. In this training, we will typically use the term *sexual assault* as defined by DOJ, but will sometimes use terms such as *rape* and *sexual violence*. To find out more about how sexual assault is defined legally in states across the U.S., see *The Laws in Your State* published by the Rape, Abuse & Incest National Network (2014).

It is difficult for anyone other than individuals themselves to determine when the shift from *victim* to *survivor* occurs. Some people feel they are survivors from the moment they escape from the assailant(s). They may prefer the term *survivor* even in the emergency department.

Other individuals use *survivors* to mean people who have made significant progress toward regaining control of their lives and recovering from the experience. These individuals may resent being called survivors too soon, preferring instead that advocates recognize that they were victimized because, in the early stages, they feel like victims, not survivors.

At the request of individuals who do not feel they immediately move to survivor status, the term *victim* of sexual assault rather than *survivor* will be used when discussing the emergency department response and early impact. When discussing the later periods of recovery, *survivor* will be used to recognize that, even if the shift has not yet been made from feelings of victim status to feelings of having survived, this is indeed the goal for individuals with whom advocates will work.