Module 9: 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

1. The REST Approach (1 minute)
2. Crisis Intervention (30 minutes)
3. Education (10 minutes)
4. Supportive Counseling and Other Therapies (1 hour)

Learning Objective

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

Participant Worksheet

- Worksheet 9.1, Role Play—Kendra and Laura

Equipment and Materials

No special equipment or materials are required.

Preparation

- Carefully review the role plays in this module and make notes to yourself regarding some "ideal" responses to each. Protocol, facilities, and resources vary from community to community. With this in mind, this manual provides the scenario for each role play, but it does not provide a step-by-step response to the scenarios. You should be prepared to offer "ideal" responses to each scenario.

- You will address suicide in this module. Procedures for evaluating suicide risk vary greatly from center to center. Carefully review this section.

☞ **Show Visual 9-1.**

Introduce the module.

☞ **Show Visual 9-2.**

Review the purpose and learning objective for this module.

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

1. The REST Approach (1 minute)

☞ **Show Visual 9-3.**

Paraphrase:

This module will explore counseling approaches demonstrated to be some of the most effective means of bringing about recovery. We refer to this combination of methods 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.

2. Crisis Intervention (30 minutes)

☞ **Show Visual 9-4.**

Paraphrase:

Crisis intervention, either on the phone or face-to-face, 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.

☞ **Show Visual 9-5.**

Paraphrase:

When providing crisis intervention, advocates and victim service providers play a number of important roles, including:

- Supporting survivors in whatever way they need support.
- Normalizing their reactions to the trauma.
- Helping them prioritize and solve concerns.
- Ensuring that they are treated respectfully.
- Supporting their significant other(s).
- Providing crisis education, referrals, and followup contact as well as future legal advocacy, if necessary.

☞ **Show Visual 9-6.**

Paraphrase:

Crisis intervention should begin as soon as possible, preferably within the first few hours after the sexual assault. This can be done when you meet the victim at the medical facility. It also can occur over the crisis telephone line when a recent sexual assault victim calls trying to decide if a rape actually occurred and to ask what to do next. It can likewise happen on a walk-in basis at sexual assault services.

Crisis intervention theory generally suggests that the first 72 hours after sexual assault represent the crisis period. Intervention begun during this period of emotional disequilibrium often prevents secondary trauma and facilitates healing.

Since sexual assault victims often do not want to think or talk about the assault because it is so painful, you may offer supporting counseling rather than wait for them to ask. They can always refuse help when it is offered, and you should respect their refusal; however, be sure to let them know that they can always call you later. It is normal not to want to talk about the sexual assault.

☞ **Show Visual 9-7.**

Paraphrase:

Victims often blame themselves for the sexual assault, 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 are often blamed by those closest to them. Sometimes this is done consciously and, at other times, by innocent but perhaps poorly phrased comments that are interpreted by the victim to imply blame. Assess what type of support/nonsupport person the victim has.

Subsequently, it is very important for you to avoid placing blame on the victim, or appearing to place blame. Victims who blame themselves become more depressed, with postrape adjustment worse than for victims who do not blame themselves.

☞ **Show Visual 9-8.**

Provide examples of positive statements:

- "You were strong to call us/report this."
- "You have a strong support system."

Never promise something that you cannot guarantee (e.g., "You will get better.").

Ask participants for other examples.

☞ **Show Visual 9-9.**

Introduce the activity.

✍ ***Activity: Brainstorm—Initial Concerns During the Crisis Period (5 minutes)***

1. ***Ask participants to close their manuals 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 a volunteer to be a note taker.***

2. ***When participants have offered all of their suggestions, add any of the following issues that were not raised by the participants.***

☞ **Show Visual 9-10.**

Paraphrase:

When working with a victim during the initial crisis period, you may need to help the victim address issues such as:

- Deciding to report to the police.
- Deciding on a medical/SANE examination or other options.
- Concerns about the use of alcohol or drugs to facilitate the sexual assault.
- Deciding if they are ready to label the forced sex "rape," and if so, what it means.
- Fears for their immediate safety.
- Deciding whom to tell and how to tell them.
- Confidentiality issues.

☞ **Show Visual 9-11.**

- Deciding where to go after the 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.

☞ **Show Visual 9-12.**

Discuss how to establish a supportive relationship. **Tell** participants that effective crisis intervention requires establishing a therapeutic relationship with victims. These relationships are characterized by:

- Acceptance.
- Empathy.
- Support.

☞ **Show Visual 9-13.**

Ask: How can you convey acceptance?

1. Nonverbally:

   - Maintaining a calm facial expression.
   - Nodding.
   - Leaning in toward the victim.
   - Touching the victim on a hand or shoulder (with permission).
   - Maintaining an open stance.
   - Maintaining eye contact.

☞ **Show Visual 9-14.**

2. Verbally:

   - Restating what the victim has said.
   - Using the victim's language.
   - Allowing and encouraging victims to express their feelings.

☞ **Show Visual 9-15.**

3. By what you do:

   - Listening attentively.
   - Taking time to be with victims and allow them to proceed at their own pace.

☞ **Show Visual 9-16.**

Ask: How can you convey empathy?

- Letting the victim know that you want to understand the situation from the victim's point of view.
- Restating the feelings the victim is expressing in their own words, acknowledging that whatever the feelings, they are normal.

☞ **Show Visual 9-17.**

Ask: How can you demonstrate support?

- Getting victims something to eat or drink (after the oral evidentiary exam is completed, if the rape was oral).
- Reassuring victims that the sexual assault was not their fault.
- Reassuring victims that things they did were "right" because they survived.

☞ **Show Visual 9-18.**

- Providing the victim with information and resources to take care of practical problems and immediate needs, such as changing door locks, getting an order for protection, or applying for crime victim reparation funds.

3. Education (10 minutes)

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

☞ **Show Visual 9-19.**

Paraphrase:

There is still a stigma attached to victims of sexual assault that blames or shames them and suggests that, in some way, the sexual assault was their fault. To reduce this stigma, you must promote a view of sexual assault as a criminal act committed against the individuals who are victims of this crime, and separate blame from vulnerability.

☞ **Show Visual 9-20.**

Paraphrase:

You can normalize the response to sexual assault by providing information about what victims might feel in the days, weeks, even months ahead. Talk with victims about typical responses before they occur; for instance, letting them know that it is normal to get upset when discussing the sexual assault months and even years later. Whatever they feel, they are not the first to feel this.

☞ **Show Visual 9-21.**

Discuss how to recognize avoidance.

Avoidance may be a common response to sexual assault but the literature clearly shows that, as a coping strategy, it is ineffective in facilitating recovery (Ullman et al. 2007).

Victims need to know this. The first step is to help them recognize avoidant coping strategies they may be using. One reason sexual assault victims do not want to report the crime is because they want to avoid thinking or talking about it, or dealing with it in any way, including participation in the legal process.

In order for victims to recover, they must learn not to avoid the cognitive and behavioral effects of the crime. 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 ways.

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

☞ **Show Visual 9-22.**

Paraphrase:

Encouraging victims to recount the traumatic event in detail is important, as is your response to their recounting.

They may fear that if they tell you or anyone the gruesome details of the event, they will be seen as soiled, dirty, unworthy—much as they may now be feeling about themselves. However, never force victims to recount the event if they choose not to.

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 you will do all you can to help the victim recover and get on with life.

4. Supportive Counseling and Other Therapies (1 hour)

☞ **Show Visual 9-23.**

Paraphrase:

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, that they are not crazy and will recover (Ledray 1994).

Supportive counseling encourages survivors to face their fears in realistically safe situations as soon as possible and to discuss openly their concerns while the counselor acknowledges that any resistance to doing so is normal and understandable (Frazier and Ledray 2011).

Supportive counseling also includes meeting the victim's practical needs related 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 survivors see these practical concerns as pressing, they may need to be resolved before survivors can deal with the sexual assault.

Supportive counseling has been shown to improve symptoms of PTSD, anxiety, and fear among survivors of sexual assault.

Yet, in a review of empirical research on rape treatment outcomes, Vickerman and Margolin (2009) found cognitive behavioral interventions lead to better outcomes than supportive counseling.

Among the most promising approaches are specialized techniques such as stress inoculation training, prolonged exposure therapy, cognitive processing therapy, and eye movement desensitization.

All of these treatments are shown to have effects on PTSD and possibly effects on depression, anxiety, fear, and other factors.

- Stress inoculation training includes psychoeducation to normalize fear and avoidance behaviors along with guided exposure to rape-related phobias.
- Prolonged exposure therapy includes psychoeducation, breathing training, and exposure via the retelling of the rape event to address fear and avoidance.
- Cognitive processing therapy includes psychoeducation, exposure through writing assignments describing the rape and its meaning, and cognitive restructuring to accommodate information related to the trauma into preexisting belief and memory structures.

- Eye movement desensitization involves exposure to a scene that represents the entire rape trauma, accompanied by the therapist moving his/her finger back and forth; this dual attention to the scene and the finger is hypothesized to help process the memory and reduce anxiety related to the scene. This therapy, in particular, requires further study to determine its efficacy.

Despite these successes, even the strongest interventions were limited in success for one-third of women (Vickerman and Margolin 2009). **Only persons who have undergone proper training should implement these specialized interventions.**

☞ **Show Visuals 9-24 through 9-26.**

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

- When clothing is kept as evidence, finding clothes for the victim to wear home after the evidentiary exam.
- Getting a shower/cleaning up after the evidentiary exam.
- Explaining the police report process; what it involves and means.
- Obtaining an order for protection.
- Finding a safe place to stay.
- Changing the door locks.
- Notifying victim credit card offices/bank of a theft.
- Obtaining emergency funds for food and housing.
- Locating or arranging the pickup the victim's 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.

- Crime compensation funds paperwork for certain out-of-pocket expenses.

Add that these or other concerns may need to be resolved before the victim can focus on the sexual assault and meet the demands of the criminal justice system. Many programs have special funds that can be used for such services and resources.

☞ **Show Visual 9-27.**

Paraphrase:

It is crucial that victims know they are not alone; others are there to provide support. Tell victims what kind of support you can and cannot provide and how to access additional services. The victim needs to know when and who to call for help.

Also, explain to the victim that advocacy does not mean that you will make decisions for them; rather, you will provide the victim with the information and resources they need to make informed decisions.

Advocacy also means providing support whether or not the victim decides to report the sexual assault.

☞ **Show Visual 9-28.**

Paraphrase:

What is the advocate's role now and in the future? Sexual assault victims often form special bonds with the first people who respond to their needs.

If you will be available to work with the victim in the future, let the victim know how to reach you, the hours you will be available, and whom to call in your absence. If you will not be available, let the victim know how your program operates and what services others can provide.

Providing support also means letting victims know that symptoms will improve. They will recover; they will not always feel as they do now. The advocate's goal should be to help survivors feel more in control when they leave than when they arrived.

☞ **Show Visual 9-29.**

Introduce the activity.

✍ ***Activity: Role Plays—Kendra and Laura (30 minutes)***

1. ***Direct participants to* Worksheet 9.1, Role Play—Kendra and Laura*, in the Participant Manual. Ask them to work in pairs and role play the crisis intervention scenarios,***

practicing methods of demonstrating acceptance, empathy, and support in each situation.

2. ***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.***

3. ***If the participants are 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 advocates require assistance, they must, just as they would in the actual situation, gather all pertinent questions, contact their backup (the instructor) for answers or advice, and return to the victim with the appropriate answers or referrals.***

4. ***Ask participants to start with the "Kendra" role play. 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 "Kendra" role play.***

5. ***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.***

6. ***After debriefing, ask participants to conduct the "Laura" role play. 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.***

Close 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 9-30.**

Discuss when to refer out.

People working in a counseling capacity must, for the victim's sake, know their limits. When you work with a victim of sexual assault, you should be aware of signs that the victim may need professional, indepth counseling, which is probably more than you or sexual assault services can provide. Referring survivors to mental health professionals for additional evaluation and treatment reveals your strength and good judgment, not a deficiency.

☞ **Show Visual 9-31.**

Paraphrase:

You should make a referral when victims are:

- Expressing a desire to harm to themselves or others.
- Actively psychotic.
- Unable to function in their social or occupational roles for more than a few days.
- Exhibiting persistent phobias.
- Actively abusing one or more substances.
- Interested in resolving long-term personal issues.

If you suspect any of the above but are uncertain, insist that the victim see a mental health professional who is capable of making an assessment.

☞ **Show Visual 9-32.**

Paraphrase:

Whenever you suspect that a victim might be suicidal, further evaluation by a mental health or medical professional must be completed.

Tell victims why you are concerned, and explain that you have a responsibility to see that the victim gets further evaluation. This evaluation protects the victim's physical health and also provides legal protection for you. Inform the victim that confidentiality does not exist when the victim is suicidal.

Criteria for suicide risk include:

- Stating suicidal intent.
- Choice of a lethal method.
- Access to the method.
- A plan of action.

Use the SLAP acronym to remember these criteria:

S = Statement of suicidal intent.

L = Lethal.

A = Access.

P = Plan.

If these criteria are present, you must seek professional help immediately on the victim's behalf. If the victim will not cooperate, inform the victim that you 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 Visual 9-33.**

Introduce a discussion of psychosis.

If you suspect that a victim is psychotic, you will need to determine if the victim is oriented to person, place, and time. You 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?"

If you think the victim is hearing voices, ask the victim if they are hearing voices that you or others might not be able to hear. Confusion can be caused by a number of factors other than psychosis, such as head trauma or alcohol or drug intoxication.

Whatever the cause, you must refer victims who appear to be psychotic to a professional who can definitively determine their ability to care for themselves. If victims are incapable of taking care of themselves and could legally be considered capable of self-harm, they need a professional assessment.

If you are meeting the victim somewhere other than a medical facility where such assessment is available onsite, it may be necessary to ask the police to place a transportation hold on the victim so they can be taken to a medical or psychiatric facility for further evaluation. If the victim will go willingly with a responsible adult who is willing to assume responsibility, a hold is unnecessary.

☞ **Show Visual 9-34.**

Discuss evaluating substance abuse.

Advocates should be concerned about potential substance abuse and consider professional evaluation if:

- Drugs or alcohol were involved in the sexual assault.
- The victim comes to a counseling session intoxicated.
- The victim reports additional or increased substance use.
- The victim is concerned about his/her own substance use.
- The victim reports that friends or family are concerned about their substance use.

☞ **Show Visual 9-35.**

Paraphrase:

There are other instances in which you should ask for assistance or refer a victim, particularly situations in which you feel you are unable to provide the necessary support. Circumstances that may fit into this category include:

- Assault circumstances that are too similar to the advocate's own.
- A personality clash with the victim or the victim's family.
- The victim's needs are beyond the advocate's ability level.
- Difficulty maintaining healthy boundaries.

Emphasize that no single approach works for everyone. Advocates generally provide information about options, allowing victims to choose those with which they feel comfortable.

☞ **Show Visual 9-36.**

Review the learning objective and **ensure** that it was met.

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

☞ **Show Visual 9-37.**

Ask if there are any final questions or comments before moving to the next module.

Module 9
Recovery Education and Skills Training

Learning Objective

Use crisis intervention, education, and supportive counseling skills to assist sexual assault victims.

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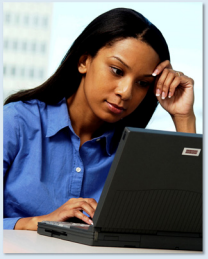
Recovery Education and Skills Training (REST)

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



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Crisis Intervention

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

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You Can:

- Support survivors in whatever way they need support.
- Normalize their reactions to the trauma.
- Help them prioritize and solve concerns.
- Ensure that they are treated respectfully.
- Support their significant other(s).
- Provide crisis education, referrals, and followup.

When To Begin?

Crisis intervention should begin as soon as possible, preferably within the first few hours after the sexual assault.

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Avoid Blame

- The victim may be especially sensitive to possible blame by others.
- Avoid blame or the appearance of blame.
- Victims who blame themselves become more depressed, with postrape adjustment worse than for victims who do not blame themselves.

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Positive Statements

- "You were strong to call us/report this."
- "You have a strong support system."

Never promise something that you cannot guarantee (e.g., "You will get better.").

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Activity

Brainstorm:

Initial Concerns During the Crisis Period

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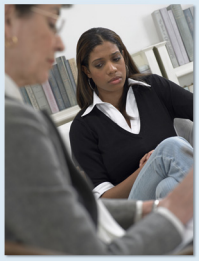
Crisis Issues

- Deciding to report to the police.
- Deciding on a medical exam.
- Concerns about the use of alcohol or drugs.
- Deciding if they are ready to label the forced sex "rape."
- Fears for their immediate safety.
- Deciding whom to tell and how to tell them.
- Confidentiality issues.



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Crisis Issues (continued)

- Deciding where to go after the 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.

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Supportive Relationship are Characterized by…

- Acceptance.
- Empathy.
- Support.

Acceptance can be Conveyed…

Nonverbally:

- Maintaining a calm facial expression.
- Nodding.
- Leaning in toward the victim.
- Touching the victim on the hand or shoulder.
- Maintaining an open stance.
- Maintaining eye contact.

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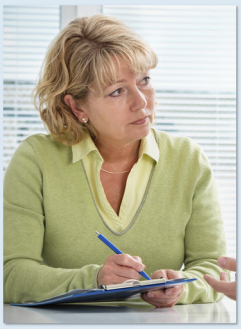
Acceptance can be Conveyed…

Verbally:

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



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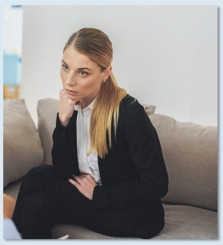
Acceptance can be Conveyed…

By what you do:

- Listening attentively.
- Taking the time to be with the victim and allowing them to proceed at their own pace.



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Empathy can be Conveyed by…

- Letting the victim know that you want to understand the situation from the victim's point of view.
- Restating the feelings the victim is expressing in their own words.

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Support can be Demonstrated by…

- Getting victims something to eat or drink.
- Reassuring victims that the rape was not their fault.
- Reassuring victims that whatever they did was "right" because they survived.

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Support can be Demonstrated by…

Providing the victim with information and resources to take care of practical problems and immediate needs.

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Destigmatizing Rape

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

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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.

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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.

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Telling the Victim's Account

- Recounting the traumatic event in detail is important, as is your response.
- It's important to let the victim know that rape was a crime committed against them.

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Supportive Counseling

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

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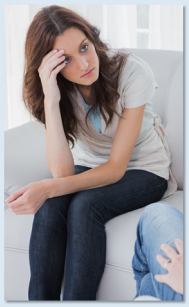
Practical Concerns

- When clothing is kept as evidence, finding clothes for the victim to wear home after the evidentiary exam.
- Getting a shower/cleaning up after the rape exam.
- Explaining the police report process; what it involves and means.
- Obtaining an order for protection.



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Practical Concerns (continued)

- Finding a safe place to stay.
- Changing the door locks.
- Notifying credit card offices/bank of any theft.
- Obtaining emergency funds for food and housing.
- Locating or arranging the pickup of the victim's children.
- Locating a pet or ensuring that it is fed.

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Practical Concerns (continued)

- Providing or finding child care.
- Addressing court issues and concerns.
- Arranging transportation home and to appointments.
- Getting telephone/voicemail service.
- Making referrals to appropriate medical and other community agencies for followup services.
- Dealing with the media.
- Crime compensation funds paperwork for certain out-of-pocket expenses.

Victim Needs To Know…

- They are not alone.
- When and who to call for help.

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Explain Your Role

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

Activity

Role Plays—Kendra and Laura

Worksheet 9.1

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- In pairs, role play the Kendra scenario on the worksheet. The advocate should try to demonstrate acceptance, empathy, and support.
- Switch roles so each person plays both roles.
- Repeat with the Laura scenario.

When To Refer Out

- Be aware of signs that the victim may need professional, indepth counseling.
- Referring survivors is a sign of strength, not weakness.

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Referral Should be Made When a Victim is…

- Expressing desire to harm to themselves or others.
- Actively psychotic.
- Can't function in their occupational or social role for more than a few days.
- Exhibiting persistent phobias.
- Actively abusing substances.
- Interested in resolving long-term issues.

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Suicide Risk

Criteria for suicide risk include:

S = Statement of suicidal intent.

L = Lethal.

A = Access.

P = Plan.

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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?"

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Concern About Substance Abuse

- Drugs/alcohol were involved in the sexual assault.
- Victim comes to a counseling session intoxicated.
- Victim reports additional substance use.
- The victim is concerned about their own substance use.
- The victim reports that friends or family are concerned about their own substance abuse.

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When To Ask for Assistance

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

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Review of Learning Objective

Use crisis intervention, education, and supportive counseling skills to assist sexual assault victims.

End of Module 9

Questions? Comments?

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