Training by Request

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# Sexual Assault Advocate/Counselor Training

Welcome

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# Module 1 Introductions and Overview

# Learning Objective

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Determine when to use the terms *sexual assault, sexual violence, rape, sexual abuse, victim*, and *survivor* during the training.

# Introductions

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- 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 ____________________.

# Training Goal



To provide advocates/counselors who work with victims/survivors of sexual assault with the skills necessary to provide competent, effective crisis intervention services.

# Housekeeping

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- Restrooms
- Breaks
- Cell phones off or on vibrate
- Participant Manual

# Ground Rules And Parking Lot

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- Arrive on time and attend the entire training.
- Be respectful of other participants and the instructor(s).
- Participate in each activity to the best of your abilities.
- Ask questions, pose scenarios, and make suggestions that will help you to learn.
- Turn cell phones off or to vibrate.

## Use of the Pronouns *She* or *He*

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- Gender neutral plural pronouns will be used as much as possible – they or them.
- Female pronouns will be used to refer to the victim, as the majority of victims are female.

# Definitions

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- There are many different definitions of sex-related crimes.
- These definitions vary across states as well as federal agencies.
- Sexual assault is a broad term that includes a range of acts.
- In this training, we will typically use the term *sexual assault*, but will sometimes use terms such as *rape* and *sexual violence*.

# Victim vs. Survivor

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Individuals determine when the shift from victim to survivor occurs. In this training:

- V*ictim* of sexual assault will be used when discussing the emergency department response and early impact.
- *Survivor* will be used in later periods of recovery to recognize that this is indeed the goal for individuals with whom advocates will work.

# Review of Learning Objective

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Determine when to use the terms *sexual assault, sexual violence, rape, sexual abuse, victim*, and *survivor* during the training.

# End of Module 1

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Questions?  Comments?

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# Module 2
# What Is Sexual Assault Advocacy/Counseling?

# Learning Objectives

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- Describe the composition of a SART.
- Identify the major roles of an advocate.
- Make appropriate decisions about confidentiality based on state reporting laws.

# Tenets of Advocacy



- Provide information about choices.
- Trauma-specific.
- Listen and believe.
- Neither investigate nor judge.
- Teamwork.

## SARTs and SANEs



What do you know about
Sexual Assault Response Teams (SARTs) and
Sexual Assault Nurse Examiners (SANEs)?

# Sexual Assault Response Teams (SARTs)

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- Group of individuals from different agencies who work with rape victims.
- Effective model.
- Crisis intervention and long-term counseling.
- Investigation and evidence collection.
- More sensitive medical response to rape victims.

# SART Membership Varies



- At minimum, sexual assault advocate, medical personnel, law enforcement, prosecutor, and crime laboratory specialist.
- May also include domestic violence victim advocates, clergy, and other social service agency personnel.

# Sexual Assault Nurse Examiners (SANEs)

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- 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



- Long waits.
- Could not eat, drink, or urinate while waiting.
- Insufficient training.
- Improper evidence collection.
- 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

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- Crisis telephone line.
- Medical-evidentiary exam response.
- Law enforcement statement accompaniment.
- Courtroom accompaniment.
- Family/significant other supportive counseling.

# Roles of the Advocate



- Walk-in crisis intervention.
- Individual, ongoing supportive counseling.
- Support group facilitation.

# Confidentiality

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- It is the victim's right.
- It gives the victim control.
- It makes disclosure safe.

# Confidentiality

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Issues differ for advocates and SANEs.

- Rape crisis centers in many states have lobbied for legislation so advocates can't 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.

## *Law Review*

### *Worksheet 2.1, Appendix A, and Appendix B*

- Review the appendices:
  - Background on VAWA 2005, VAWA 2013 and Forensic Compliance
  - HIPAA Privacy Guidelines and Sexual Assault Crisis Centers
- Complete the worksheet.

# Maintaining Confidentiality Means . . .

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- 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 in a public place.
- Not using any details of cases for training purposes.

# Review of Learning Objectives

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- Describe the composition of a SART.
- Identify the major roles of an advocate.
- Make appropriate decisions about confidentiality based on state reporting laws.

# End of Module 2

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Questions? Comments?

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# Module 3 Realities of Sexual Assault

# Learning Objectives

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- Correctly answer at least two questions about the incidence and prevalence of sexual assault in the United States.
- Identify at least one factor contributing to underreporting of sexual assault.
- List at least two myths and two facts about rape and sexual assault.

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How much do you know about  the incidence and prevalence of sexual assault in the United States?

*Activity*

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# *Friendly Competition*

## *Worksheet 3.1*

**Q:** Approximately how many victims age 12 or older experienced rape or sexual assault in 2011? Was it approximately:

A. 57,000
B. 102,000
C. 188,000
D. 243,800

**Q:** Approximately how many victims age 12 or older experienced rape or sexual assault in 2011? Was it approximately:

A. 57,000
B. 102,000
C. 188,000
**D. 243,800**

**Q:** In 2011, what percentage of rape or sexual assault victims were female? Was it approximately:

A. 55%
B. 67%
C. 86%
D. 97%

**Q:** In 2011, what percentage of rape or sexual assault victims were female? Was it approximately:

A. 55%
B. 67%
**C. 86%**
D. 97%

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**Q:** In 2011, what percentage of female rape or sexual assault victims were assaulted by a stranger? Was it approximately:

A. 12%
B. 28%
C. 36%
D. 55%

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**Q:** In 2011, what percentage of female rape or sexual assault victims were assaulted by a stranger? Was it approximately:

A. 12%
**B. 28%**
C. 36%
D. 55%

**Q:** In 2011, what percentage of all rapes and sexual assaults were reported to law enforcement? Was it approximately:

A. 15%
B. 27%
C. 48%
D. 70%

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**Q:** In 2011, what percentage of all rapes and sexual assaults were reported to law enforcement? Was it approximately:

A. 15%
**B. 27%**
C. 48%
D. 70%

**Q:** In 2011, forcible rapes accounted for what percentage of violent crimes reported to law enforcement? Was it approximately:

A. 3%
B. 7%
C. 12%
D. 18%

**Q:** In 2011, forcible rapes accounted for what percentage of violent crimes reported to law enforcement? Was it approximately:

A. 3%
**B. 7%**
C. 12%
D. 18%

**Q:** The Department of Defense published a report on sexual assault in the military in 2012. In that year, how many sexual assaults were reported by military Service Members?

A. 573
B. 1,802
C. 3,374
D. 10,575

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A. 573
B. 1,802
**C. 3,374**
D. 10,575

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**Q:** In 2011, approximately what percentage of reported forcible rape cases were cleared by law enforcement? Was it approximately:

A. 21%
B. 33%
C. 41%
D. 50%

**Q:** In 2011, approximately what percentage of reported forcible rape cases were cleared by law enforcement? Was it approximately:

A. 21%
B. 33%
**C. 41%**
D. 50%

# *Activity*

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*Myth or Fact?*
*Worksheet 3.2*

- Without looking at the worksheet, write a myth or fact about rape or sexual assault on each card.
- Tape cards to the Myth or Facts column of the tear sheet.
- Refer to the worksheet for the debrief.

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Myth:

Rape is most often perpetrated by a stranger.

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Myth:

Rape is most often perpetrated by a stranger.

Fact:

Victims are more likely to be raped by someone they know.

Myth:

If there was no penetration by a penis, then there was no rape.

Myth:

If there was no penetration by a penis, then there was no rape.

Fact:

Legal definitions of sexual assault vary from state to state. For the purposes of this training, rape is the 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.

Myth:

People cannot be raped by their partners.

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Myth:

People cannot be raped by their partners.

Fact:

People are raped by their partners.

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Myth:

Prostitutes cannot be raped.

Myth:

Prostitutes cannot be raped.

Fact:

Prostitutes can be and often are raped by "johns" and by "pimps."

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Myth:

Child molesters are all dirty old men.

Myth:

Child molesters are all dirty old men.

Fact:

These offenders tend to be juveniles or young adults under the age of 30 (Douglas and Finkelhor 2005).

Myth:

The “stranger” represents the greatest threat to children.

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Myth:

The “stranger” represents the greatest threat to children.

Fact:

Studies show about one-fourth of child victims are victimized by family members, and another 60% are abused by persons known to the child. Only 14% are victimized by strangers (Snyder 2000).

Myth:

Rape only happens to young women.

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Myth:

Rape only happens to young women.

Fact:

Elderly individuals can be and are raped.

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Myth:

Rape can’t happen in same-gender relationships.

Myth:

Rape can’t happen in same-gender relationships.

Fact:

Rape can occur in same-gender relationships as well as in heterosexual relationships.

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Myth:

Men cannot be raped.

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Myth:

Men cannot be sexually assaulted.

Fact:

Although men are less likely to report, men can be and are raped by other men and by women.

Myth:

If a woman drinks with a man, goes home with him, or wears skimpy clothing, it is her fault if she is raped.

Myth:

If a woman drinks with a man, goes home with him, or wears skimpy clothing, it is her fault if she is raped.

Fact:

It is never her fault. No one asks or deserves to be raped. Rape is a violent attack and a crime in which the perpetrator controls the victim.

# Review of Learning Objectives

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- Correctly answer at least two questions about the incidence and prevalence of sexual assault in the United States.
- Identify at least one factor contributing to underreporting of sexual assault.
- List at least two myths and two facts about rape and sexual assault.

# End of Module 3

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Questions? Comments?

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# Module 4
# The Neurobiology of Trauma and Sexual Assault

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# Learning Objectives

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- Describe the basic components of the brain related to trauma.
- Explain common ways the brain is affected during and after sexual assault.
- Recognize common ways a traumatic experience may affect a victim's behavior.
- Assist victims in understanding the neurobiology of trauma, when appropriate.

# The Brain…

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# Disclaimer

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Please note that some mental health professionals, agencies, or entities may or may not agree with models of the neurobiology of trauma as scientific knowledge, models, and theories are rarely unanimously accepted.

# Module Overview



- The prefrontal cortex of the brain.
- Key circuitries in the brain affected by trauma.
- Emotional and brain responses when confronted with a traumatic situation.
- Traumatic events and memory.
- How knowledge of neurobiology can assist crime victims.

# The Prefrontal Cortex

# The Prefrontal Cortex



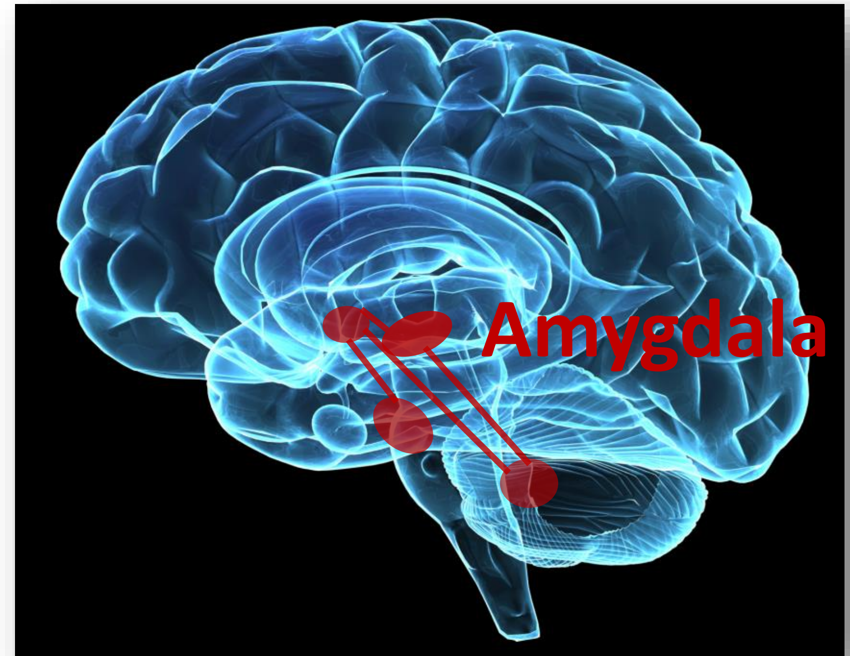
- Holds thoughts and memories in mind.
- Helps us manage emotions and reflect on behavior.
- Helps manage other brain regions.

- Allows us to focus our attention where we choose, and do what we choose, consistent with our goals and values.
- Becomes impaired in traumatic situations.

# Fear Circuitry



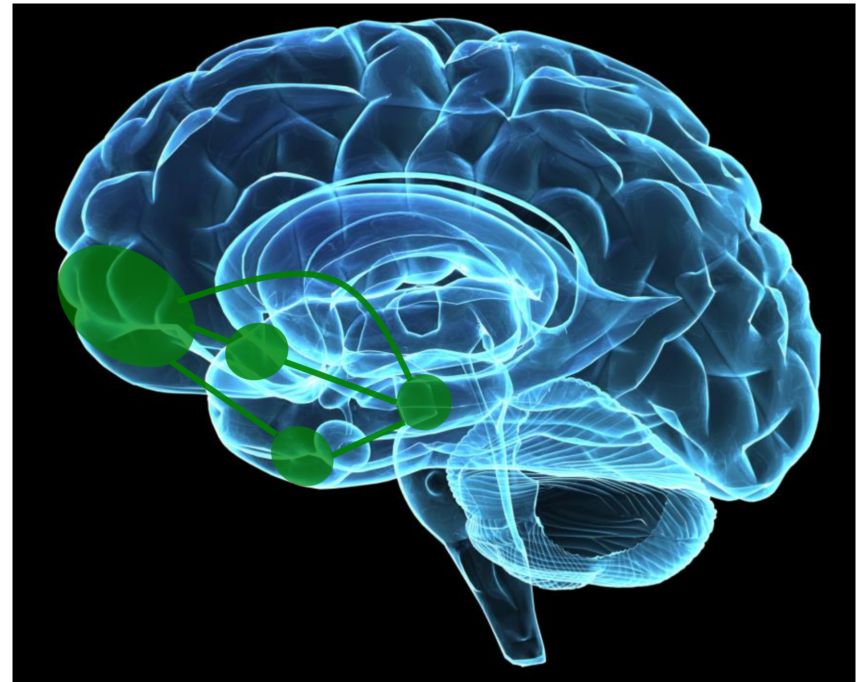
- Plays a huge role in trauma and PTSD.
- Located in multiple brain areas.
- Operates automatically and mostly outside awareness.



# Seeking Circuitry



- Seeks escape from fear, anxiety, sadness, and any unwanted experiences.
- May be "quick fixes" that don't solve the problem and may lead to addiction.
- Also enables victims to seek to uphold their values.



# Satisfaction Circuitry



- Produces feeling of satisfaction when we get what we seek.
- Central to feeling safe, soothed, and connected to others.
- Produces opioids involved in feelings of satisfaction, connection, etc.

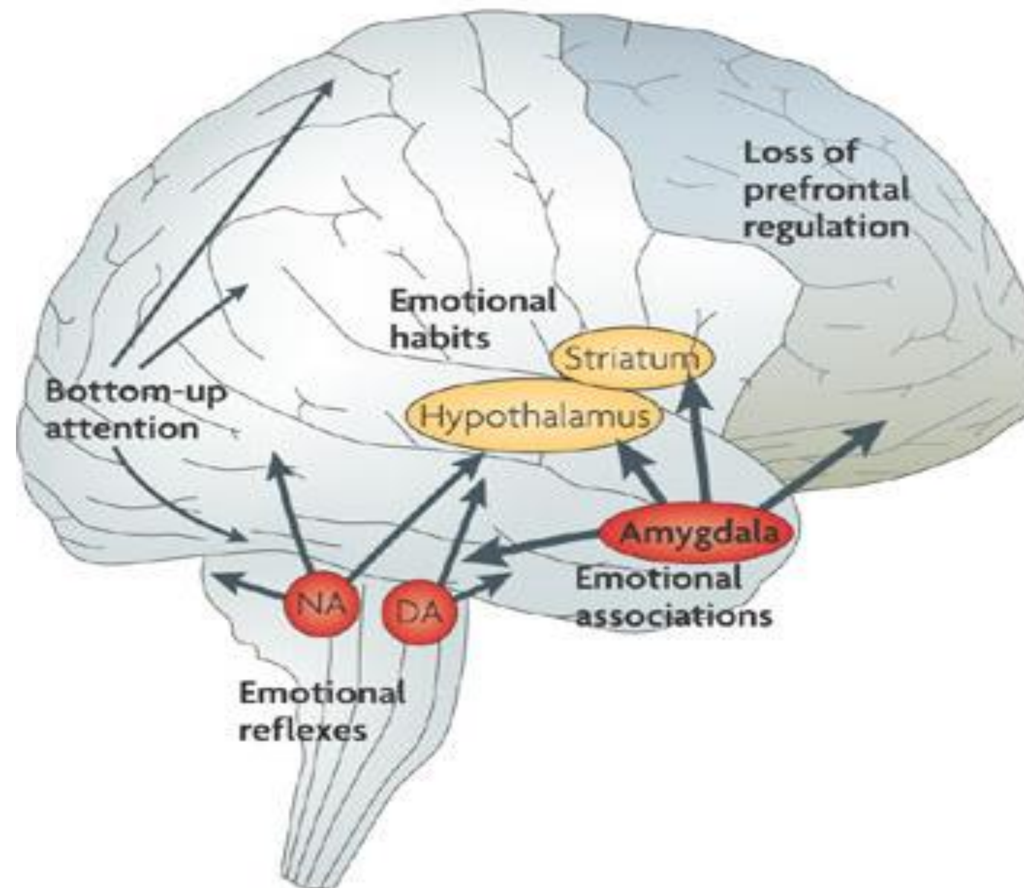
# Embodiment Circuitry



- Includes the insular cortex (insula).
- Receives sensory data from all body systems.
- Key to healing from trauma.
- Allows us to know what it feels like to be in our body.

# Traumatic Situations: Amygdala Control






Source of diagram: Arnsten 2009, *Nature Reviews Neuroscience,* 410

# In Traumatic (and High-Stress) Situations…

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- Loss of prefrontal regulation: Chemicals from the brain stem impair (and may shut down) the prefrontal cortex.
- Bottom-up attention: Attention is automatically captured by anything perceived as dangerous or threatening, or as necessary for survival.
- Emotional reflexes: Reflexes are automatic and include freeze, flight, or fight responses, as well as bodily responses like your heart pounding quickly.

# The Amygdala and Attention

# Survival Reflexes in the Body

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Pupils dilate

Heart beats faster

Blood pressure increases

Blood flow to muscles increases

Breathing rate increases

# “Fight or Flight” is Misleading



- Our brains are not wired this way.
- We evolved to freeze first, then flee.
- And fighting is only in the service of fleeing, unless there is no other option.
- It’s important that assault victims understand this because many will be ashamed they did not fight back.

# Freeze, Flight or Fight – Primary Purpose

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Freeze:

- Brief response, when danger is perceived.
- Highly alert.
- Not moving.
- Ready to suddenly burst into action.

# Drastic Survival Reflexes

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- Occur when escape is – or appears – impossible.
- Attempting to escape and survive when there is no (physical) escape.
- Automatic survival reflexes.

# Dissociation – Drastic Survival Reflex



"It was silence, looking at her
**through a glass wall,**
so it couldn't affect me, couldn't touch me."

# Dissociation – Drastic Survival Reflex



- Victim feels:
  - “Spaced out.”
  - Disconnected.
  - “On autopilot.”
- These are common responses to sexual abuse in children, although it can happen to anyone.

# Dissociation – Drastic Survival Reflex

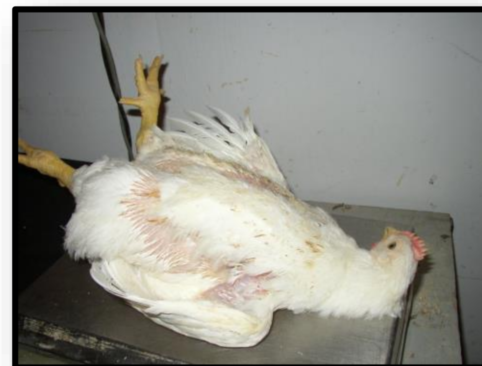


Explain to victims that these are brain-based, automatic survival reflexes.

# Tonic Immobility – Drastic Survival Reflex



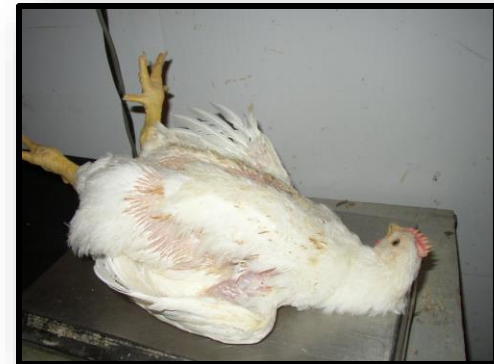
- Freezing = Alert and immobile, but able to move.
- Tonic immobility = Paralysis, can't move or speak.
- Caused by extreme fear, physical contact with perpetrator, restraint, perception of inescapability.
- An estimated 10-50 percent of victims experience tonic immobility.



# Tonic Immobility – Drastic Survival Reflex



- Sudden onset and termination.
- Lasts from seconds to hours.
- Does not impair alertness or memory.

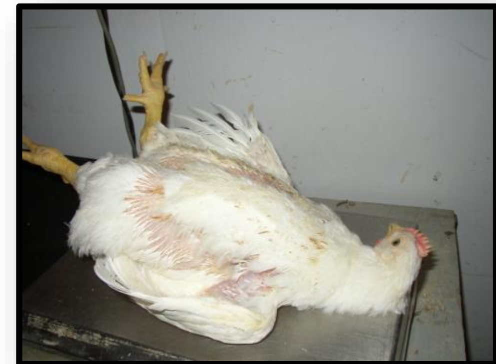


# Tonic Immobility – Drastic Survival Reflex



Can overlap with dissociation and may include:

- Trembling or shaking.
- Rigid muscles.
- Feeling of cold.
- Numbness to pain
- Unfocused staring or intermittent eye closure.



# Collapsed Immobility – Drastic Survival Reflex



Heart gets massive parasympathetic input, resulting in…

- Extreme decreases in heart rate and blood pressure.
- Faintness, “sleepiness” or loss of consciousness.
- Loss of muscle tone.

Kozlowski et al. in press 2015; Baldwin 2013

# Collapsed Immobility – Drastic Survival Reflex



- Often accompanies mental defeat.
- Can be triggered by seeing blood, a skin puncture, a knife.
- More likely in women.
- Can be a source of shame in victims.
- These are normal, brain-based responses.

Kozlowski et al. in press 2015; Baldwin 2013

# Brain-Based “Counter-Intuitive Behaviors”

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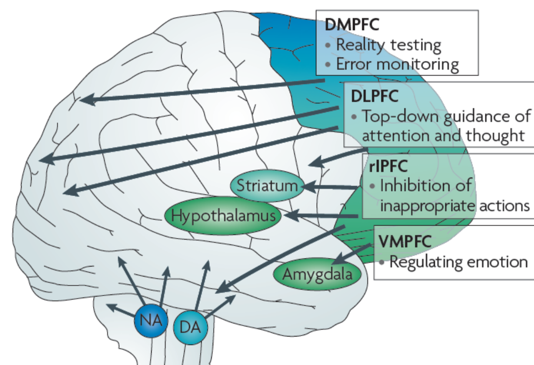
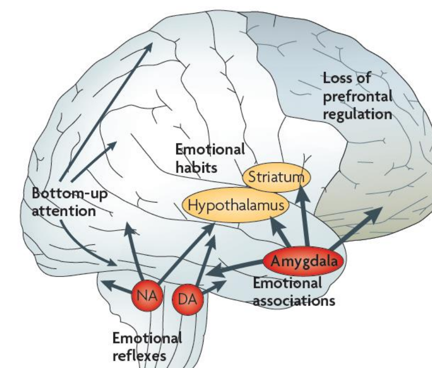
- Did not resist.
- No attempt to escape.
- Did not scream.
- “Active participant."

# Brains During Most Sexual Assaults






## Perpetrator

- Not stressed
- **Prefrontal cortex in control**
- Thinking and behavior:
  - Planned
  - Practiced
  - Habitual

## Victim

- Terrified, overwhelmed
- **Fear circuitry in control**
- Attention and thoughts driven by perpetrator actions
- Behavior controlled by emotional reflexes and habits from childhood (including abuse)

## *Activity*



*Response Scenarios Case Studies*

*Worksheet 4.1*

- Work in groups.
- Review the case studies and answer the questions.
- Report out to the large group.

# The Brain During Trauma



- Brain releases high stress chemicals.
- High amygdala activity.
- Strong encoding of emotional and sensory memories.
- Prefrontal cortex is impaired, including language production area.

Joels et al. 2012

# The Brain During Trauma



Hippocampus functioning altered:

- Elements and context poorly woven into whole.
- Sequence of events poorly encoded.
- Well-encoded emotional memories, especially for experiences surrounding fear/terror onset.

Joels et al. 2012

# Attention, Trauma, and Memory

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- Mostly bottom-up attention.
- Fear circuitry focused on what seems most important to survival and coping.
- Central details are encoded.
- Stimulus information is encoded much more than contextual information.

Joels et al. 2012

# What Gets Encoded Into Memory

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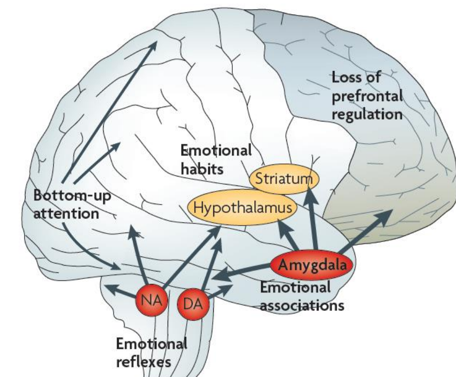
- Fragments of experience “burned in.”
- “Islands of memory.”
- Few peripheral details.
- Little or no time-sequence information.
- Little or no words or narrative.



# What Gets Encoded Into Memory

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Schwabe et al. 2012; Joels et al. 2012.

# What Gets Encoded Into Memory

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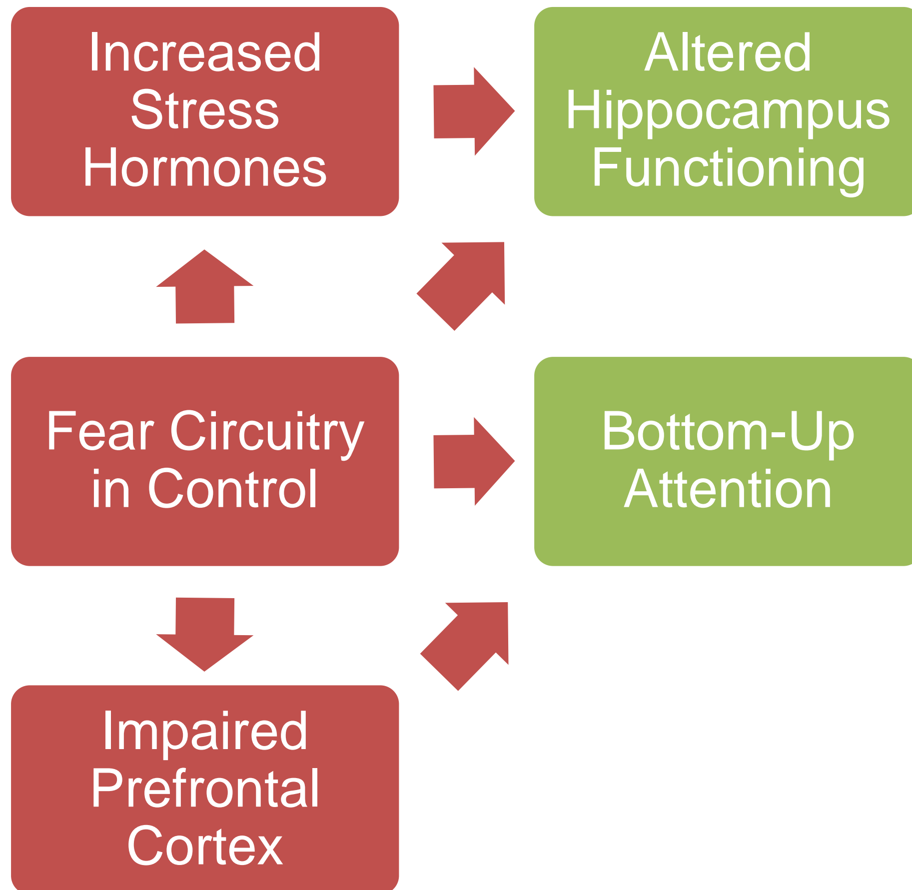


Schwabe et al. 2012; Joels et al. 2012.

# What Gets Encoded Into Memory

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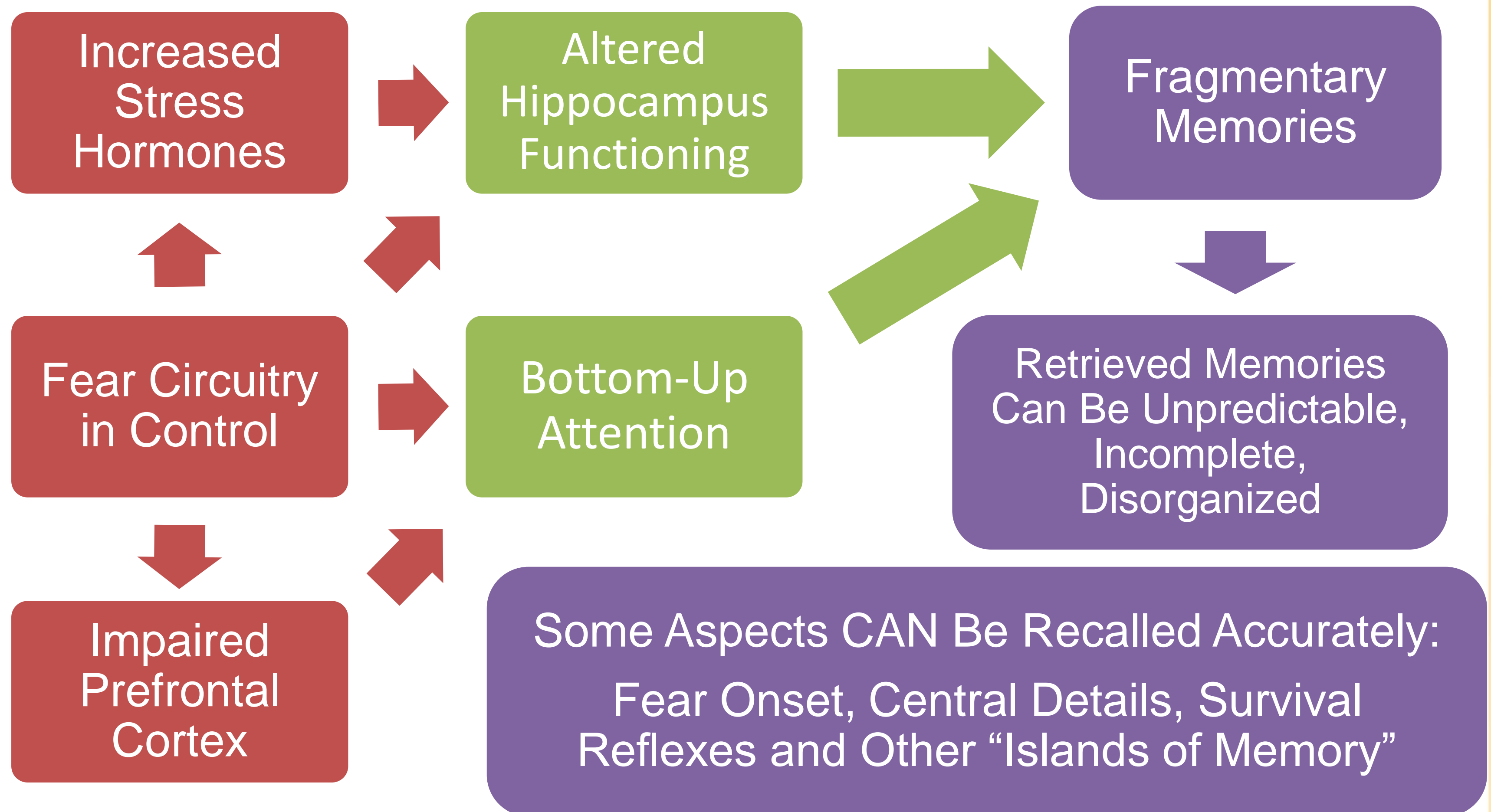


Schwabe et al. 2012; Joels et al. 2012.

# "Islands of Memory"

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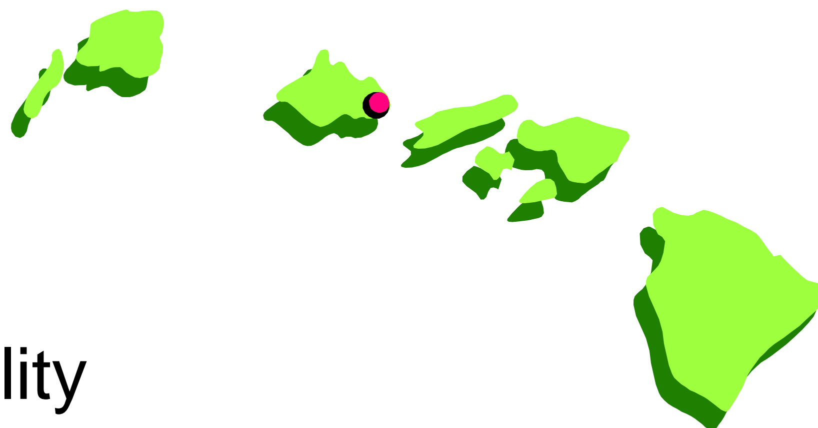
- Micro-islands – Fragmentary sensations
- Larger islands – Key periods within assault
- When fear kicked in, right before and after
- Survival reflexes – Indicators of non-consent:
  - Freezing
  - Dissociation
  - Tonic immobility
  - Collapsed immobility



# Alcohol, Drugs, and Memory



- Low to moderate dose/intoxication:
  - Impairs context encoding (hippocampus).
  - Does <u>not</u> impair encoding of sensations.
  - Resembles effect of fear/trauma.
- High dose/intoxication:
  - Impairs hippocampus-mediated encoding and consolidation of both context and sensations.
  - In a severe “black out,” nothing gets encoded.

LeDoux 1996, Bisby et al. 2009, Bisby et al. 2010, 280

# Remembering the Experience

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- State of the brain when trying to remember affects what can be retrieved and put into words.
- If victims feel unsafe when questioned, they may not be able to use their prefrontal cortex to understand the questions and retrieve certain memories.
- If victims feel traumatized by questioning, this may trigger the bottom-up retrieval of fragmentary sensations and emotions that are nearly as intense as the assault itself.

# Remembering the Experience

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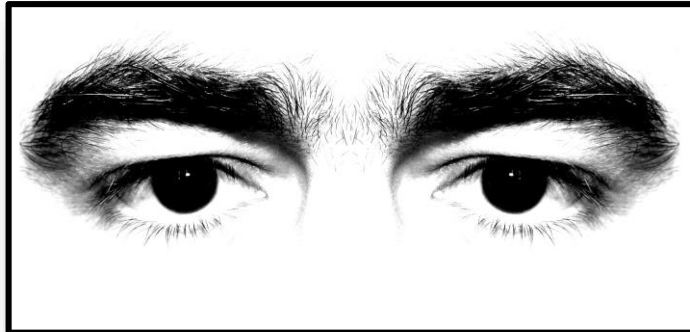
- Remember: The survivor may have been dissociated at the time of the assault, and when they remember it later.

- Or the survivor can alternate between dissociated and emotionally upset remembrances, for example, from one meeting or investigative interview to the next.

# Life as a Minefield of Potential Trauma Triggers





Assault Memory

# A Better Understanding

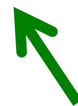


"I'm going to help this victim feel safe, in control, competent and cared for."

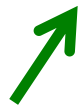
Empathy for victim, empowerment of victim.

Victim feels safer, is more cooperative, more able to remember, more willing to report.

Victim advocate more easily determines victims' physical and psychological needs.



Victim advocate provides better support for victim in court and during meetings with prosecutors.



*How Would You Respond?*

*Worksheet 4.2*

- Work in groups.
- Review the worksheet and answer the questions.
- Report out to the large group.

## Review of Learning Objectives



- Describe the basic components of the brain related to trauma.
- Explain common ways the brain is affected during and after sexual assault.
- Recognize common ways a traumatic experience may affect a victim's behavior.
- Assist victims in understanding the neurobiology of trauma, when appropriate.

# End of Module 4

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Questions? Comments?

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# Module 5 Impact of Sexual Assault

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# Learning Objectives

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- Describe the physical and psychological impact of sexual assault.
- Describe the impact of sexual assault on partners, family, and close friends.

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# *Brainstorm – Potential Physical Impact of Sexual Assault*

# Nongenital Physical Injury



- It is difficult to show how often rape-related injuries occur.
- Most self-protective actions undertaken by rape victims do not significantly affect the risk of additional injuries.
- Less common in stranger rape.
- Further research is needed.

# Identified Genital Trauma

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- Rates of identified genital injury vary from significant to no injury.
- Colposcopic (magnified) examination may be useful in distinguishing between consensual and nonconsensual sex.
- Visualization is an invaluable tool that is part of the patient's right to evidence-based medicine.

# Sexually Transmitted Infections (STIs)

Training by Request
An OVC Program

- Concern about STIs is one key difference between victims who seek medical care and those who do not.
- Risk of contracting HIV is low.
- Risk of contracting other diseases is relatively prevalent.
- Allow victims to make decisions based on facts, not fear.

## *Group Process Scenario I*

## *Worksheet 5.1*

STI Scenario:

A caller who was sexually assaulted the night before is concerned about STIs, including HIV/AIDS.

# Pregnancy



- The actual risk is around 5%.
- Medical facilities offer emergency contraception.

# General Health Risk

Training by Request
An OVC Program

- Sexual assault affects a victim’s health directly and immediately.
- It also can have a significant and chronic impact on their general health for years.
- Stress appears to suppress the immune system.
- Injurious behaviors and health problems sometimes occur after sexual assault.

# Sexual Dysfunction

Training by Request
An OVC Program

Sexual dysfunction is a common reaction and often a chronic problem. This may include:

- Avoidance of sex.
- Loss of interest, loss of pleasure in sex.
- Painful intercourse and periods.
- Risky sexual behaviors.

# Substance Abuse

Training by Request
An OVC Program

- Individuals are clearly more vulnerable to assault when intoxicated.
- The most frequently used drug to facilitate a sexual assault is alcohol.
- Alcohol and drug use by female survivors significantly increased after sexual assault.
- Sexual abuse plays a role in substance abuse.
- Rape victims are more likely to develop substance abuse problems.

*Brainstorm –*
*Potential Psychological Impact of Sexual Assault*

# Anxiety



- Rape victims are more anxious than nonvictims.
- 82% of rape victims met criteria for Generalized Anxiety Disorder (GAD).

# Fear

Training by Request
An OVC Program

- Death is the most common fear during the assault.
- Continued generalized fear occurs after the assault.
- The threat of violence alone can be psychologically devastating.

# Depression



- Weight loss or gain.
- Sleep disturbance.
- Feelings of worthlessness.
- Less interest in pleasurable activities.
- Inability to concentrate.
- Depressed mood.
- Suicidal thoughts.

# Suicidal Ideation Studies

Training by Request
An OVC Program

- Studies indicate suicide ideation after sexual assault is a significant issue.
- Women at the most risk for suicidal ideation were younger, ethnic minority, or bisexual victims.
- Victims with more traumas and drug use enacted more suicide attempts.

# Self-Blame and Shame

Training by Request
An OVC Program

- Posttraumatic guilt, self-blame, and shame are a common response following sexual assault.
- Emotions such as fear may increase during the trauma, but other emotions such as shame, guilt, anger, and sadness often increased after the trauma.

# Posttraumatic Stress Disorder (PTSD)

Training by Request
An OVC Program

"A psychiatric disorder that can occur in people who have experienced (directly or indirectly) or witnessed a traumatic event such as a natural disaster, a serious accident, a terrorist act, war/combat, or rape or other violent personal assault."

APA 2014

# PTSD Symptoms



- Intrusive symptoms
- Avoidance of reminders
- Negative thoughts and feelings
- Arousal and reactivity symptoms

APA 2014

# Severity of PTSD Symptoms

Training by Request
An OVC Program

- Associated with trauma history, perceived life threat during the assault, feelings of self-blame, avoidance coping, and negative social reactions from others.
- SANEs empower victims through health care, support, treating them with respect and dignity, believing them, helping them regain control; and respecting their decisions.

## *Group Process Scenario II*

## *Worksheet 5.2*

Physical and Psychological Impact Scenario:

A caller who was sexually assaulted 6 months ago is experiencing sleeplessness, weight gain, and trouble concentrating. She is experiencing recurrent pelvic pain, but her doctor hasn't been able to find a physical cause.

# Impact on Partners, Family, Close Friends

Training by Request
An OVC Program

- Secondary or indirect victims.
- Often suffer many of the same initial and long-term symptoms.
- May suffer from PTSD.
- May have difficulty supporting the victim.
- Relationship with the victim is affected.

# Individual Factors

Training by Request
An OVC Program

- Gender and sexual orientation
- Age
- Disability
- Race
- Culture
- Refugee and immigration status
- Past experiences of victimization

Remember that each person will react to assault differently.

# Review of Learning Objectives

- Describe the physical and psychological impact of sexual assault.
- Describe the impact of sexual assault on partners, family, and close friends.

# End of Module 5

Training by Request
An OVC Program

Questions? Comments?

Training by Request

An OVC Program

# Module 6
# Campus Sexual Assault

# Learning Objectives

Training by Request
An OVC Program

- Cite key statistics on campus sexual assault.
- Describe the laws that apply to sexual assault on campus.
- Identify resources available to victims of campus sexual assault.

# Victims of Campus Sexual Assault

Training by Request
An OVC Program

According to the Campus Sexual Assault Study:

- 13.7% of undergraduate women have been victims of at least one completed sexual assault.
- 4.7% were victims of physically forced sexual assault.
- 7.8% were sexually assaulted when incapacitated after voluntarily consuming drugs/alcohol.
- 0.6% were sexually assaulted when incapacitated after given drugs/alcohol without their knowledge.

# Physically Forced Sexual Assault Factors

Training by Request
An OVC Program

- Number of sexual partners
- Previously threatened/hurt by dating partner
- Length of time in college
- Years in college

# Incapacitated Sexual Assault Factors

Training by Request
An OVC Program

- Voluntary substance abuse
- Substance abuse without knowledge/consent
- Previously threatened/hurt by dating partner
- Length of time in college

# Primary Laws



1. Title IX
2. Clery Act
3. VAWA Amendments (commonly referred to as Campus SaVE)

# Title IX

Training by Request
An OVC Program

- Civil rights statute.
- Applies to all schools who participate in federal financial aid programs.
- Provides for fairness in education.
- Enforced by the U.S. Department of Education, Office for Civil Rights.
- Retaliation is strictly prohibited.

# Title IX Basic Requirements



- Publish a notice of nondiscrimination.
- Designate an employee to coordinate Title IX compliance.
- Adopt and publish grievance procedures.

# Clery Act

Training by Request
An OVC Program

- The Jeanne Clery Disclosure of Campus Security and Campus Crime Statistics Act requires schools to maintain and disclose campus crime statistics and security information.
- Applies to all schools who participate in federal financial aid programs.
- Enforced by the U.S. Department of Education.

# Clery Act Basic Requirements



- Maintain crime statistics.
- Maintain a public log of all crimes reported to them, or those of which they are made aware.

# VAWA Amendments (Campus SaVE)

Training by Request
An OVC Program

- Part of the reauthorization of Violence Against Women Act/Amended the Clery Act.
- SaVE requires that incidents of domestic violence, dating violence, sexual assault, and stalking be disclosed in annual campus crime statistic reports.
- Students or employees reporting victimization will be provided with their written rights.

# VAWA Amendments (Campus SaVE), continued

Training by Request
An OVC Program

- Requires institutional disciplinary procedures covering domestic violence, dating violence, sexual assault, and stalking.
- Education programs.

# Title IX, Campus Obligations, and Local Law Enforcement

Training by Request
An OVC Program

- It is not sufficient that the local police investigate the sexual assault; a school's Title IX obligations are different.
- Title IX does not usually require schools to notify local law enforcement; generally, reporting is up to the victim.
- If the police determine that there is insufficient evidence to proceed criminally, a school may still find an accused student "responsible."
- Local police may ask the victim's school to wait on the Title IX investigation for 7-10 days.

# Task Force to Protect Students from Sexual Assault

Training by Request
An OVC Program

- Provides colleges and universities with recommendations for preventing and responding to sexual assault.
- Identifies efforts to hold educational institutions accountable for addressing sexual assault on campus.
- Offers guidance to educational institutions on how to combat campus sexual assault and improve compliance with Title IX.

# Task Force Recommendations

Training by Request
An OVC Program

- Identify the problem using climate surveys.
- Implement preventive programs and strategies; research new ideas and solutions.
- Implement effective response programs.
- Increase transparency and improve enforcement.

# Confidentiality

Training by Request
An OVC Program

- Task Force report recommends honoring victim confidentiality.
- Title IX and Clery Act may impose investigatory and reporting obligations that may conflict with a victim’s request.
- Schools are advised to honor confidentiality requests while not compromising investigations – a balance that may be difficult to maintain.

# *Activity*

Training by Request
An OVC Program

*Campus Sexual Assault Case Studies*

*Worksheet 6.1*

*#1: The Perpetrator Leaves School*

- Working in groups, read Case Study #1.
- Discuss and answers questions on the worksheet.
- Discuss with the large group.

# *Activity*

Training by Request
An OVC Program

1. Is this incident considered sexual harassment under Title IX?
2. If the perpetrator already withdrew, isn't that enough?
3. Is the taunting by classmates considered sexual harassment as defined by Title IX?

## *Activity*

Training by Request
An OVC Program

4. Does Title IX permit the victim to receive accommodations? What accommodations might the victim need?
5. What written information, if any, should the school be providing to the victim?
6. Should this be disclosed in the annual crime statistics under the Clery Act?

*Campus Sexual Assault Case Studies*

*Worksheet 6.1*

*#2: Full Hearing*

- Working in groups, read Case Study #2.
- Discuss and answers questions on the worksheet.
- Discuss with the large group.

# *Activity*



1. What is the disciplinary process?
2. Where can I find the disciplinary process explained?
3. In a disciplinary process, what is the panel trying to decide?

# Resources for Campus Sexual Assault

Training by Request
An OVC Program

What can advocates do to help campus sexual assault victims?

- Provide resources following the assault.
- Negotiate with the school for/with the victim.
- Provide advocacy during a disciplinary process
- Help the victim file a Title IX complaint.
- Provide support and resources if the victim wants to report to law enforcement.
- Help the victim navigate the process.

# Resources for Campus Sexual Assault, continued

Training by Request
An OVC Program

What resources are available on campus?

- Advocacy
- Medical
- Mental health
- Academic counseling
- Accommodations/interim measures for victims to be safe
- Title IX Coordinator

# Resources for Campus Sexual Assault, continued

Training by Request
An OVC Program

What resources are available off campus?

- Sexual Assault Nurse Examiner (SANE)
- Local rape crisis center
- Hospital visit

# Resources for Campus Sexual Assault, continued



Do you have a relationship with the off-campus resources?

- Can they offer training to campus administrators?
- Are they part of a Sexual Assault Response Team (SART)?
- Are their services known and accessible to students?

# Review of Learning Objectives

Training by Request
An OVC Program

- Cite key statistics on campus sexual assault.
- Describe the laws that apply to sexual assault on campus.
- Identify resources available to victims of campus sexual assault.

# End of Module 6

Training by Request
An OVC Program

Questions? Comments?

Training by Request

An OVC Program

# Module 7
# Effects of Sexual Assault on Males

# Learning Objectives

Training by Request
An OVC Program

- Distinguish fact from myth regarding male sexual assault.
- Discuss gender socialization.
- Describe the effects of sexual assault on males.
- Discuss how to assist males who have been victims of sexual assault.

## *Activity*

Training by Request
An OVC Program

### *What Do You Know About Male Sexual Assault?*

- Read the slide.
- Decide if the statement is a myth or a fact.
- Raise your hand if you think the statement is a myth.

# Myth or Fact?

Training by Request
An OVC Program

If a man becomes sexually aroused during assault, he wants or enjoys it.

# The Facts

Training by Request
An OVC Program

A man may have liked the attention he was getting, or may have gotten sexually aroused. He may even have wanted some of the attention or sexual contact.

But that does not mean that he wanted or liked being assaulted.

# Myth of Fact?



Sexual assault is less harmful to males than to females.

# The Facts



Sexual assault harms males and females in ways that are similar and different, but equally harmful.

# Myth or Fact?

Training by Request
An OVC Program

If a female sexually assaults a male, he was "lucky." And if he doesn't feel that way, there's something wrong with him.

# The Facts

Training by Request
An OVC Program

Girls and women can and do sexually assault both boys and men.

Sexual abuse of a male by a female is not "luck" – it is exploitation and it is harmful, especially to boys who are more vulnerable and susceptible to manipulation by an adult female than an adult male.

# Myth or Fact?

Training by Request
An OVC Program

Most men who sexually assault boys and men are gay.

# The Facts

Training by Request
An OVC Program

Boys and men can be sexually assaulted by straight, gay, or bisexual men. The majority of those who do are straight/heterosexual.

Sexual assault is not related to the sexual orientation of the abusive person.

# Myth or Fact?



Males assaulted by other males must have attracted the assault because they are gay or look gay. Or they become gay as a result.

# The Facts

Training by Request
An OVC Program

Whether a male is gay, straight, or bisexual, his sexual orientation is neither the cause nor the result of sexual assault.

If we focus on the *violence* of sexual assault rather than the *sexual* aspects of the interaction, it is easier to understand that sexual assault has nothing to do with a male's sexual orientation.

# Gender Socialization



- The process of learning the social expectations and attitudes associated with one's sex.
- Can shape emotional impacts and how males and females respond.
- Begins as soon as a baby is born and continues throughout his or her life.

# Male Biology and Emotions

Training by Request
An OVC Program

As infants, males are more emotionally reactive and expressive than females:

- Startle more easily.
- Excite more quickly.
- Less frustration tolerance.
- Distressed more quickly.
- Cry sooner and more often.

# Gender Socialization of Vulnerable Emotions



By middle of grade school boys are:

- Less aware,
- Less expressive,
- Less empathic – toward others and themselves

Zilbergeld 1992

# Where Gender Socialization Comes From

Training by Request
An OVC Program

Males and females are conditioned by different experiences and behaviors:

- How parents respond to their emotions.
- Responses from peers, games they play.
- Responses from teachers, coaches,
- Media messages and role models.

# Criticized for “Non-Masculine” Behavior

Training by Request
An OVC Program

Act like a man

Boys don’t cry

Man up!

Don’t be such a wimp

Don’t act so gay

That’s so *girly*

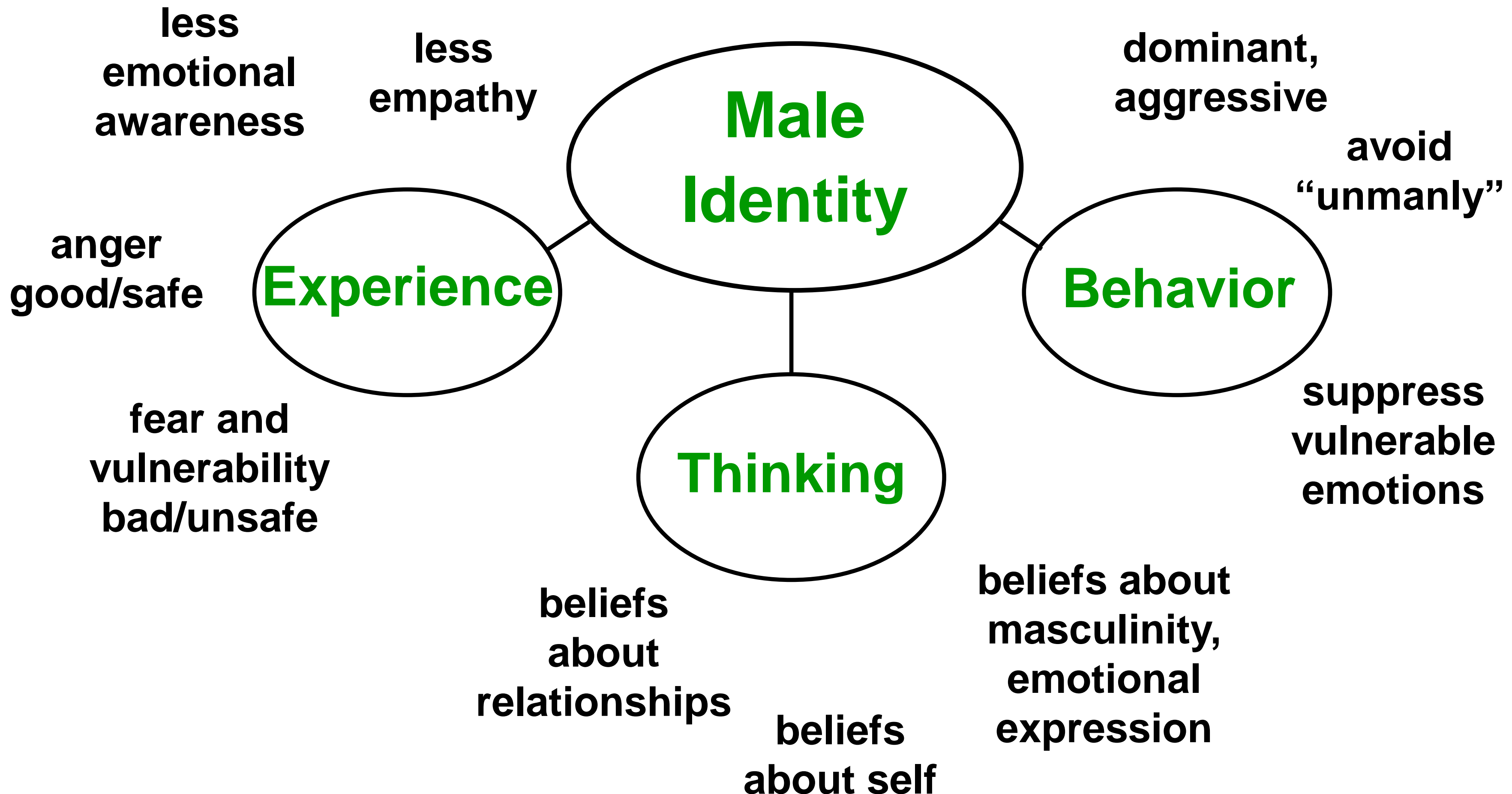
# Moral Values and Gender Identity

Training by Request
An OVC Program

- Moral values: Good ways to be who you are.
- We can't help but evaluate ourselves:
  - "How *close or far* am I from how I should be?"
  - "Am I moving *toward or away* from my ideal self?"
- Gender is moral, fundamental to identity.

# Male Identity: Emotions and Values

Training by Request
An OVC Program



# Conditioning and Male Identity

Training by Request An OVC Program

- Thoughts and beliefs are important, but not the core.
- Conditioning goes deeper than what males think or choose.
- It wires and re-wires the brain.
- Less emotional awareness, expressiveness, and empathy = patterns of brain functioning.

# Sexual Assault Totally Contradicts Male Identity



- No longer feels strong or in control.
- Identification with the traits of his male identity, ingrained since birth, can be shattered.
- Does not know how to deal with the overwhelming vulnerable emotions.

# Why Males Don't Report Sexual Assault



- Social conditioning.
- Judgment as weak or "not a real man."
- Lack of public awareness.
- Needing and seeking help.
- Talking about and sharing feelings.

# Three Themes

Training by Request
An OVC Program

Men who have been sexually assaulted often have common questions or comments that relate to three themes:

- Legitimacy
- Masculinity
- Homosexuality

## *Themes and Beliefs Related to Male Sexual Assault*

*Worksheet 7.1*

- Work individually to write at least one response for each statement.
- Report out to the large group.

# Infrequency of Reporting



- Reporting is less prevalent for males than for females.
- Infrequency of reporting means fewer resources for men.

# Infrequency of Reporting

Training by Request
An OVC Program

Existing resources often:

- Do not address homophobia and sexism.
- Fail to challenge stereotypical notions of male gender roles
- Rarely recognize the specific needs of gay or transgendered victims.

# Forced Choice

Training by Request An OVC Program

**Option A:** Hyper-masculine.
A "real man." Insecurity and fear drive this choice.

**Option B:** Non-masculine.
Robbed of a masculine identity. Characterized by feelings of failure, defeat, depression, and demoralization.

**Option C:** Healthy masculinity.
Challenge masculine norms, create own identity that is more positive and healthy than the stereotype.

# Providing Assistance

Training by Request
An OVC Program

**Option A Hyper-masculine**
**Option B Non-masculine**

- Acknowledge how the sexual assault has forced him to make choices, which may not be made consciously.
- Explain that other males have had similar reactions.
- Let him know he can develop a more positive, healthier identity.
- Explain that other male survivors of sexual assault have done that.

# Providing Assistance

Training by Request
An OVC Program

## Option C: Healthy Masculine

- Answer any questions and confirm his concerns are based on gender socialization.
- Acknowledge his courage for facing what he has been through and seeking help.
- Recognize that he has reservoirs of strength to work through the process.

# Providing Assistance

Training by Request
An OVC Program

- Help him engage in reflection and sort out what makes sense, vs. what he has been taught.
- Point out that most questions and concerns are based in myths about males and sexual assault.
- Offer factual information.
- Let the victim sort this information out for himself.
- Take your cues from the victim.

# Topics To Discuss With Male Survivors

Training by Request
An OVC Program

- Negative reactions from others.
- Totality of the assault, not just the sexual aspects.
- Effects on relationships.
- Social conditioning.
- Permission to feel and to have needs.
- Sexuality issues.

# Negative Emotions

Training by Request
An OVC Program

- Distress and depression.
- Self-medication.
- Anger and hostility.
- Withdrawal from social contacts.
- Some form of posttraumatic stress disorder.
- Confusion.
- Sexual anxiety or dysfunction.

# Referrals



- Recommend therapy if you think it would be beneficial.
- Individual therapy is sometimes best suited for initial treatment.
- Group therapy is often best for healing and change.

# Caution: Identity Labels Can Be Harmful

Training by Request
An OVC Program

- Identity labels can be limiting.
- Men who've had these experiences should be supported in finding their own language.
- Avoid identity labels and use "person-first" language; for example, "a person who's had an experience."

# Male vs. Female Advocates

Training by Request
An OVC Program

- Some males will feel safer with a female advocate than a male.
- Gender socialization may condition males to seek support and comfort from females.
- Conventional masculine values are often obstacles to males seeking help.

# Male vs. Female Advocates

Training by Request
An OVC Program

Make sure your facility and staff:

- Welcome males.
- Have information on sexual assault specific to men.
- Understand the differences between male and female sexual assault.

# Review of Learning Objectives

Training by Request
An OVC Program

- Distinguish fact from myth regarding male sexual assault.
- Discuss gender socialization.
- Describe the effects of sexual assault on males.
- Discuss how to assist males who have been victims of sexual assault.

# End of Module 7

Training by Request
An OVC Program

Questions? Comments?

Training by Request

An OVC Program

# Module 8
# Procedures in Common Advocacy Situations

# Learning Objectives

Training by Request
An OVC Program

- Respond appropriately to a caller on a crisis line who is reporting a recent sexual assault.
- Identify correct procedures during a medical-forensic exam.
- Create a list of “dos and don’ts” for law enforcement statement accompaniment and courtroom accompaniment.
- Differentiate the roles of advocates, SANEs, and other SART members.
- Identify special procedures and “red flags” for dealing with drug-facilitated sexual assault.

# Responding to a Crisis Call



- Identify immediate concerns.
- Establish safety.
- Explain services.
- Arrange transportation.

# Responding to a Crisis Call, continued

Training by Request
An OVC Program

- Discuss evidence.
- Address practical issues.
- Arrange a time to meet.
- Activate other first responders.

# Medical-Forensic Exam Timeframe

Training by Request
An OVC Program

Within 72/96/120 hours (or longer; advocates must know local policy).

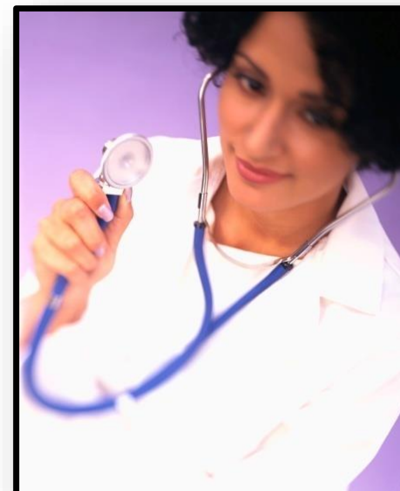
Exceptions:

- Hostage situations.
- Force resulting in injury.
- Ejaculation without cleanup.

# Medical-Forensic Exam: Yes or No?

Training by Request
An OVC Program

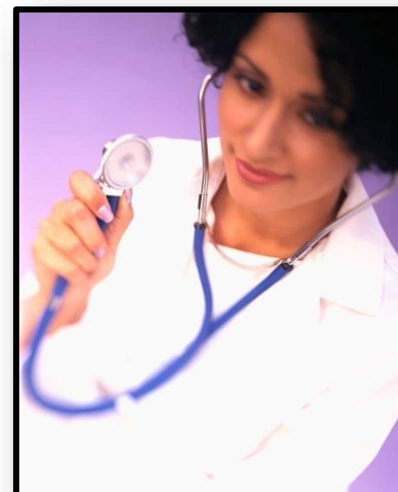
- Sharon reported an assault that occurred 12 hours ago; there was no penetration or apparent injury.
- Jane reported an oral sexual assault that occurred 24 hours ago.



# Medical-Forensic Exam: Yes or No?

Training by Request
An OVC Program

- Thomas reported a rape and robbery that occurred 5 hours ago.
- Maria reported a rape by two strangers that occurred 2 weeks ago.



# *Activity*

Training by Request
An OVC Program

*Medical-Forensic Exam*
*Case Study*

*Worksheet 8.1*

- Working in groups, read and discuss the worksheet, then answer the questions.
- Report out to the large group.

# Accessing Support

Training by Request
An OVC Program

The advocate and, if available, the SANE should be called to the emergency department automatically, not at the victim's request.

# Advocates and SANEs

Training by Request
An OVC Program

- May do some of the same things during crisis intervention, but the roles are distinct.
- Reinforce each other; the victim hears the same things (e.g., it's not your fault, your reaction is normal, etc.) from two people, helping to normalize the victim's reaction.
- Advocate should never be involved in evidence collection.

# Dealing With
# Emergency Department Delays

Training by Request
An OVC Program

- Up to 1 hour delay is common, even when there is a SANE program.
- If the victim is waiting for the SANE to arrive, it may be helpful to explain the SANE's role.
- Report consistent, unexplained delays to your supervisor, who can speak to the emergency room supervisor or SANE supervisor.

# Dealing With Conflicts or Problems

Training by Request
An OVC Program

Never try to “fix” any issues with the SART yourself. Report any problems to your supervisor.

# Law Enforcement Statement Accompaniment

Training by Request
An OVC Program

- You are there to support the victim,
- Do not interrupt any part of the interview; you can address any concerns when the interview is completed.
- Law enforcement is part of your team.
- It is important that victims tell the complete truth.

# Law Enforcement Statement Accompaniment



- The investigator will ask questions for clarification.
- Recording varies from area to area.
- Statement will usually be transcribed.
- The victim reviews and signs; this becomes their official account of the sexual assault.

# If You Have Concerns During the Statement



- Never interfere with the interview.
- Hold all comments or questions until after the statement is complete.
- Ask about any concerns with the officer alone.
- Talk with the victim, allowing the victim to voice their feelings about the statement.

# Courtroom Accompaniment

Training by Request
An OVC Program

- You may accompany the victim to attorney appointments as well as the courtroom.
- The goal is to familiarize the victim with the process and the courtroom.
- Many prosecutors will discuss options with victims.
- If the case is plea bargained, work with the victim so they can express their opinion.

# Support During a Case



If the prosecutor decides not to charge the case:

- Go with the victim to the prosecutor's office to discuss the reasons why.

If the assailant is found guilty by trial:

- The victim may want you to go with them to the sentencing and provide support.
- The victim impact statement is taken into consideration by the judge when determining the sentence.

# *Activity*

Training by Request
An OVC Program

*Dos and Don'ts*

- In groups, design a 1-minute presentation on "dos and don'ts" for law enforcement statement or courtroom accompaniment.
- Present to the large group.

# *Activity*

Training by Request
An OVC Program

*Information Search and "Red Flags"*

*Worksheet 8.2*

- In small groups, use your manual to complete the worksheet.
- Write on your "red flags" possible indications of drug-facilitated sexual assault.
- Review in the large group.

# Learning Objectives

Training by Request
An OVC Program

- Respond appropriately to a caller on a crisis line who is reporting a recent sexual assault.
- Identify correct procedures during a medical-forensic exam.
- Create a list of "dos and don'ts" for law enforcement statement accompaniment and courtroom accompaniment.
- Differentiate the roles of advocates, SANEs, and other SART members.
- Identify special procedures and "red flags" for dealing with drug-facilitated sexual assault.

# End of Module 8

Training by Request
An OVC Program

Questions? Comments?

Training by Request

An OVC Program

# Module 9 Recovery Education and Skills Training

# Learning Objective



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

# Recovery Education and Skills Training (REST)

Training by Request
An OVC Program

- Crisis Intervention
- Education
- Supportive Counseling
- Skills Training

# Crisis Intervention

Training by Request
An OVC Program

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

# 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

# Avoid Blame

Training by Request
An OVC Program

- 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 post-rape adjustment worse than for victims who do not blame themselves.

# Positive Statements

Training by Request
An OVC Program

- Healing happens.
- You will get better.
- Others?

# *Activity*



*Brainstorm –*
*Initial Concerns During Crisis Period*

# Crisis Issues

Training by Request
An OVC Program

- Deciding to report to the police.
- 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.

# Crisis Issues, continued



- Deciding where to go after the exam.
- Deciding if they will have an evidence kit 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.

# Supportive Relationship Characterized by…

- Acceptance
- Empathy
- Support

# Acceptance Conveyed…

Training by Request
An OVC Program

Nonverbally:

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

# Acceptance Conveyed…

Training by Request
An OVC Program

Verbally:

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

# Acceptance Conveyed…



By what you do:

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

# Empathy Conveyed by…

Training by Request
An OVC Program

- 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.

# Support Demonstrated by…

Training by Request
An OVC Program

- 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.

# Support Demonstrated by…

Training by Request
An OVC Program

- Ensuring the victim has a safe ride home.
- Providing the victim 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.

# 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.

# Supportive Counseling

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

# Practical Concerns

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- 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.

# Practical Concerns, continued

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- 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 picking up the victim’s children.
- Locating a pet or ensuring that it is fed.

## Practical Concerns, continued

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- Providing or finding child care.
- Addressing court issues and concerns.
- Arranging transportation home and to appointments.
- Getting telephone or voice mail service.
- Making referrals to appropriate medical and other community agencies for followup services.
- Dealing with the media.

# Victim Needs To Know…

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They are not alone.

When and who to call for help.

# Explain Your Role

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

# Activity

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*Role Plays – Kendra and Laura*

*Worksheet 9.1*

- 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

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

# Referral Should Be Made When a Victim is…

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- Actively suicidal.
- 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.

# Suicide Risk



S = Statement of suicidal intent

L = Lethal

A = Access

P = Plan

# Psychosis

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- “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?”

# Concern About Substance Abuse

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- 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 use.

# When To Ask for Assistance

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- Assault circumstances 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.

# Review of Learning Objective

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

# End of Module 9



Questions? Comments?

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# Module 10 Compassion Fatigue and Self-Care

# Learning Objectives

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- Identify actions and behaviors that violate healthy boundaries.
- Develop a personalized self-care plan to prevent compassion fatigue.

# Compassion Fatigue



- Advocates get doses of the trauma while helping survivors to heal.
- Work also provides meaning and reward.

# Survivors as Advocates

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- 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.

# Compassion Fatigue

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"…the cumulative physical, emotional, and psychological effect of exposure to traumatic stories or events when working in a helping capacity, combined with the strain and stress of everyday life."

American Bar Association 2014

# Vicarious Trauma

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Vicarious trauma is a cognitive shift in beliefs about one's self or one's world view about issues such as safety, trust, or control.

For example, hearing about a particularly horrible event might compromise one's trust or faith in humanity.

Newell and MacNeil 2010

# Secondary Traumatic Stress



Secondary traumatic stress (STS) results from bearing witness to another person's trauma via an empathetic relationship, often resulting in anxiety and intrusive thoughts. However, STS is a normal reaction to the stressful and sometimes traumatizing work with survivors.

STS may occur independently or co-occur with vicarious trauma.

Newell and MacNeil 2010

Rosenbloom, Pratt, and Pearlman 1995

# Burnout

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Burnout is a physical, emotional, psychological, or spiritual exhaustion resulting from chronic exposure to vulnerable or suffering populations. Burnout can include emotional exhaustion, depersonalization or cynicism and detachment, as well as a reduced sense of personal accomplishment.

Newell and MacNeil 2010

# Conditions Affecting Advocates



| Condition | Who is Affected | Exposure |
|---|---|---|
| **Compassion Fatigue** | Those who work with trauma survivors | Develops over multiple exposures to traumatic stories |
| **Vicarious Trauma** | Those who work with trauma survivors | May develop from exposure to one or more instances. |
| **Secondary Traumatic Stress** | Those who work with trauma survivors | May develop from exposure to one or more instances. |
| **Burnout** | Anyone in a stressful work environment | Develops over time |

# Disruptions in Frame of Reference

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- Likely to experience disruptions in your sense of who you are.
- Disrupted worldview.
- Spirituality challenged.
- Intrusion of sexually traumatic images.

# Disruptions in Self-Capacities

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- Shut down emotionally.
- Refuse social engagements or activities.
- Disruptions in self-care habits.

# Disruptions in Ego Resources

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Disruption of your abilities to effectively meet your psychological needs and manage interpersonal relationships.

# Costs of Working With Survivors

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- Increasingly difficult to attend to survivors with empathy, hope, and compassion.
- Caregivers and supervisors must be aware of this possibility and recognize early symptoms.
- Remain connected to survivors and protect yourself emotionally by remaining conscious of the broader context.

# Costs of Compassion Fatigue

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Caregivers often work in a culture where it is largely unacceptable to talk about feeling exhausted, overwhelmed, or not connecting with victims.

Pay attention to how you are affected by your work and prioritize your own self-care.

*Boundaries Checklist*

*Worksheet 10.1*

# Strategies for Self-Care



- Commit to replenishing yourself.
- Practice self-compassion.
- The alternative is to continue doing advocacy at an impaired level or leave the field.
- Be aware of how well you are functioning.
- Meet with your supervisor.

# Meet With a Supervisor



- Difficult, new, or unusual cases.
- Cases involving vicarious trauma.
- Cases with boundary issues.
- Cases in which you are meeting with the victim frequently.

*Self-Care Planning*

*Worksheet 10.2*

# Review of Learning Objectives



- Identify actions and behaviors that violate healthy boundaries.
- Develop a personalized self-care plan to prevent compassion fatigue.

# End of Module 10

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Questions?  Comments?

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# Module 11
# Wrap-Up and Evaluation

# Learning Objective

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Design a personalized checklist to assist you during your advocacy work.

## *Checklist for Working With Victims of Sexual Assault*

*Worksheet 11.1*

Use the worksheet, your manual, and notes to design a personalized checklist that you can take back to your job.

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# Evaluations

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Thank you for your time, commitment, and insight.