Recovery Education and Skills Training

Adapted from OVC TTAC: Sexual Assault Advocate and Service Provider Training - Module 11: Recovery Education and Skills Training

Purpose

This module provides a toolkit of techniques to support victims in recovery from sexual assault.

Lessons

1. The REST Approach
2. Crisis Intervention
3. Education
4. Long-Term Supportive Counseling and Other Therapies

Learning Objectives

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

Participant Worksheets

Worksheet 11.1, Role Play—Kendra and Laura

1. The REST Approach

This module will explore advocacy approaches that can provide effective support to the victim through their healing and recovery process.

We will go over some of these techniques and long-term therapy options as an advocate. The Recovery Education and Skills Training (REST) approach distinguishes the approach from therapy. It emphasizes advocates will learn how to give victims the information and skills they need to help themselves. The primary components of the REST approach are:

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

2. Crisis Intervention

Crisis intervention, either on the phone, via text, or face-to-face, attempts to deal quickly with an immediate problem. It often is referred to as emotional first aid management of the crisis, not a resolution.

When providing crisis intervention, advocates and victim service providers play several important roles, including—

- Normalizing victims' reactions to the trauma.
- Helping them prioritize and address concerns.
- Ensuring they are treated respectfully.
- Supporting their families, friends, and partners.
- Providing crisis education and followup.
- Providing appropriate, trauma-informed referrals to other victim service agencies (e.g., legal aid, long-term therapists, medical).

Crisis intervention begins the moment the victim presents the situation to the advocate. This may happen when you meet the victim at the medical facility or when you take a sexual assault crisis call. It can likewise happen on a walk-in basis at a sexual assault victim service agency.

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

Many sexual assault victims may not want to think or talk about the assault because it is difficult. In this case, you may need to offer supporting counseling rather than wait for them to ask. Victims can always refuse help when offered, and you should respect their refusal; however, be sure to

let them know they can always call you or the victim service agency later. Normalize the victims' feelings of not wanting to discuss the incident immediately.

Victims often blame themselves for the sexual assault. Immediately following the incident, they may be sensitive to possible blame by others.

Sadly, victims are often blamed by those closest to them because family, friends, or even partners don't know what to say to the victim. Sometimes blaming the victim occurs consciously; other times, the victim may interpret innocent, poorly phrased comments as hurtful or blaming. As an advocate, you should assess what type of support the victim has.

We all come to this work with our own biases; in some cases, we may be survivors of sexual assault ourselves. It's always important to remember how our experiences may come into play while working with a victim. It's very important for you to avoid making assumptions or passing judgment on a victim's decisions. Remember, people respond to trauma in numerous ways.

Examples of positive statements (Rape, Abuse, and Incest National Network, n.d.-b):

- "I believe you."
- "It took a lot of strength to call us today."
- "It sounds like you have a strong support system."

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

We will conduct an activity brainstorming initial concerns a victim might have during the crisis period.

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

- Immediate safety.
- Deciding to report to the police.
- Deciding on a medical/SANE examination or other medical options.
- Concerns about the assault being alcohol- or drug-facilitated. Understanding what they experienced may be a sexual assault and they have options as to what to do next.
- Deciding who to tell and how to tell them.
- Confidentiality issues.
- Deciding where to go after the medical exam.
- Fear of media involvement.
- Suicidal ideation or thoughts.
- Fear of contracting an STI.
- Fear of becoming pregnant.
- Fear of what their friends, family, or partner may think.
- Shame, self-blame, and embarrassment.

Effective crisis intervention requires establishing a trusting relationship with victims. These relationships are characterized by:

- Acceptance.
- Empathy.
- Support.

Conveying Acceptance

1. Convey acceptance nonverbally by:

- Maintaining a calm facial expression.
- Nodding.
- Leaning in toward the victim.
- If standing, maintaining an open stance.
- If culturally appropriate, maintaining eye contact.

2. Convey acceptance verbally by:

- Mirroring what the victim says.
- Using the victim's language. (For example, if the victim calls the sexual assault "IT," then refer to the incident as "IT.")
- Allowing and encouraging victims to express their feelings.

3. Convey acceptance by what you do, including by:

- Listening attentively.
- Leaving space for silence and processing.
- Taking time to be with victims and allowing them to proceed at their own pace.

Conveying Empathy

- Allow the victim to tell you their story at their own pace and with their own language.
- Restate what the victim is expressing in their own words and acknowledge their feelings are normal.

Demonstrating Support

- Reassure victims the sexual assault was not their fault.
- Reassure victims the things they did were correct and normal because they survived, and everyone responds to a crisis differently.
- Advocate for the victim if there is something they tell you they do not understand. For example, the victim may not know medical terms or law enforcement language. When appropriate, ask the nurse or officer to repeat the information.

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

3. Education

Education about sexual assault, and common reactions to it, can help victims in the recovery process.

There is still a stigma attached to victims of sexual assault blaming or shaming them and suggests, in some way, the sexual assault was their fault. To reduce the stigma, it's important to remind the victim they did not choose to be a victim of a crime. Too often, society "victim-blames" when it should be addressing the actions of the perpetrator.

You can normalize the response to sexual assault by providing information to the victim about common reactions they may experience hours, days, weeks, months, and years after the traumatic event. For instance, let them know it is normal to have feelings come up when discussing the sexual assault months and even years later. Whatever they are feeling is normal,

Avoidance may be a common response to sexual assault; however, the literature clearly shows, 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 about, talking about, or dealing with it in any way, including participation in the legal process.

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 the painful process of facing their thoughts, fears, and anxieties is necessary. Other well-meaning individuals in their lives may 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 in 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 reminding them of the trauma without experiencing intense anxiety and fear. If victims expose themselves to memories or images of the feared situation long enough, their fears will decrease.

Although it is important to reassure victims you are more than willing to discuss their story in as much (or as little) detail as they want, it's also perfectly acceptable for the victim to not recount their story in detail—and never force victims to recount the event if they choose not to.

It all depends on the comfort level of the victim and how much they want to share. The victim will probably recount the story a few times, both to law enforcement and the prosecutor; therefore, you can just be there as a resource to listen and support the victim. You do not have to know all the details to provide support and advocacy for the victim; however, your response to their recounting of the traumatic event is extremely important.

Victims may fear if they tell you or anyone the gruesome details of the event, they will be seen as soiled, dirty, and unworthy—much as they may be feeling about themselves.

It is essential to show acceptance and reassure victims, 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 victim know sexual assault was a crime committed against them, which says a lot about the offender's character but nothing about theirs, and you will do all you can to help the victim's healing process.

4. Long-Term Supportive Counseling and Other Therapies

Advocates provide many supportive services to victims of sexual assault; however, it's important to understand long-term options, such as counseling or therapy, should only be done by a trained counselor or therapist (e.g., someone with a clinical license) who understands trauma and trauma-informed therapeutic approaches.

Long-term counseling is shown to improve symptoms of posttraumatic stress disorder, anxiety, and fear among survivors of sexual assault. As an advocate, it's important to talk to the victim about what they are looking for in a therapist or counselor. Some things they should consider:

What type of therapy would make them comfortable? What personality are they looking for in a therapist? Does the therapist have experience working with sexual assault survivors? (Rape, Abuse, and Incest National Network, n.d.-c).

Remember each victim needs to find a therapist or counselor and a treatment modality right for them. Below are a few types of treatments that have been helpful for victims of sexual assault:

- Psychodynamic Psychotherapy
  - Psychodynamic psychotherapy focuses on the psychological roots of emotional suffering and uses client self-reflection and self-examination.
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
  - TF-CBT is a brief, resilience-building model for trauma-impacted children or adolescents and their parents and caregivers that adapts the tenets of CBT for healing from trauma.
  - One of the main tasks of TF-CBT is collecting the trauma narrative. Over the course of several sessions, the child (victim) is encouraged to discuss in detail the events surrounding the traumatic event.
- Eye Movement Desensitization and Reprocessing Therapy (EMDR)

    - EMDR is psychotherapy designed to alleviate the distress associated with traumatic memories. EMDR involves exposure to a scene that represents the entire rape trauma, accompanied by the therapist moving their 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 (Cowan et al., 2020).
- Cognitive Processing Therapy
    - This therapy includes psychoeducation, exposure through writing assignments describing the sexual assault and its meaning, and cognitive restructuring to accommodate information related to the trauma into preexisting beliefs and memory structures.

Despite client successes, even the strongest interventions were limited in success for one-third of women (Vickerman & Margolin, 2009).

Only persons who have undergone proper training should implement these specialized interventions.

During the crisis period and beyond, it is important for advocates and victim service agencies to assist the victim with practical problems such as:

- Finding clothes for the victim to wear home after the medical-forensic exam (when clothing is kept as evidence).
- Getting a shower/cleaning up after the medical-forensic exam.
- Explaining the police report process, what it involves, and what it means.
- Obtaining an order of protection.
- Finding a safe place to stay.
- Changing door locks.
- Obtaining a new or emergency cell phone.
- Notifying the victim's credit card offices/banks of a theft.
- Obtaining emergency funds for food and housing.
- Locating or arranging to pick up the victim's children.
- Locating a pet; ensuring it is cared for/has a safe place to go.
- Providing or finding childcare.
- Addressing court issues and concerns.
- Arranging and discussing transportation to home and future appointments.
- Making referrals to appropriate medical, victim service, or community agencies for followup and wraparound services.
- Dealing with the media.
- Assisting with crime compensation funds paperwork for certain out-of-pocket expenses.

These and other concerns may need to be resolved before the victim can focus on their immediate needs surrounding the sexual assault. As a reminder, many victim service agencies and other community-based programs, such as social service agencies or houses of worship, have funds that can be used for such services and resources.

It is crucial victims know they are not alone; others are there to provide support. Discuss with the victim what kind of support you can and cannot provide and how to access additional community-based services. The victim needs to know who they can contact for help.

Also, explain to the victim advocacy does not mean 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.

What is the advocate's role now and in the future? Sexual assault victims often form strong 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 who 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 to take things one step at a time and through each step of their journey, someone will be there to help. The advocate's goal should be to help victims feel more in control when they leave a program or service than when they arrived.

We will conduct a role playing activity addressing crisis intervention.

People working in a longer-term advocate capacity must know their professional limits for the victim's sake. When working with a victim of sexual assault, you should be aware of signs the victim may need professional, indepth counseling or therapy or services you or your agency can't provide. Referring survivors to mental health professionals for additional evaluation and treatment is ethical and reveals your strength and good judgment, not a weakness.

You should make a referral to a mental health provider or therapist when victims are:

- Expressing a desire to harm themselves or others (suicidal or homicidal ideation).
- Actively psychotic.
- Unable to function in their social or occupational roles for more than a few days.
- Exhibiting persistent phobias.
- Overusing one or more substances.
- Interested in resolving long-term personal issues such as divorce, loss of a partner, etc.

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

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

Let the victim know why you are concerned and explain you have a responsibility to see the victim is seen by a mental health professional. This mental health evaluation protects the victim and also provides legal protection for you. Remind the victim in cases of suicidal ideation, confidentiality must be broken so the victim is safe.

Criteria for suicide risk include:

- Stating suicidal intent.
- Choosing a lethal method.
- Having access to the method.
- Having 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 mental health help immediately on the victim's behalf. If the victim will not cooperate, inform the victim 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.

Check with your agency to see if it has an emergency mental health policy and become familiar with it.

Additionally, the 988 Suicide and Crisis lifeline is available for victims who need an immediate response. Callers simply dial 988 (formerly known as the National Suicide Prevention Hotline) are connected to their local Lifeline network crisis center (www.samhsa.gov/find help/988/faqs).

If you suspect a victim is experiencing a psychotic episode, 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 is it? What is today's date?"

If you think the victim is hearing voices, ask the victim if they are hearing voices you or others might not be able to hear. A number of factors other than psychosis can cause confusion, such as loss of sleep, traumatic brain injury, or alcohol or drug intoxication.

Whatever the cause, you must refer victims who appear to be experiencing a psychotic episode to a mental health professional who can definitively determine their ability to care for themselves or others. If victims are incapable of taking care of themselves or their children, or may be at risk for self-injurious behavior (e.g., cutting, burning, picking), they need a professional assessment.

If you are meeting the victim somewhere other than a medical or mental health 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.

However, if the victim will go willingly with a responsible adult, one who is willing to assume the responsibility, a hold is unnecessary.

Advocates should be concerned about the potential overuse of substances and consider a professional evaluation if:

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

There are other instances in which you should ask for assistance or refer the victim to another advocate, particularly situations in which you feel unable to provide unconditional support.

Circumstances that may fit into this category include:

- The victim's sexual assault circumstances may be similar to an advocate's past experience.
- The advocate knows the victim or someone in the victim's or perpetrator's social circle.
- The victim's needs are beyond the advocate's ability level (e.g., the victim needs long-term therapy).
- The victim or the advocate has difficulty maintaining healthy boundaries.

No single approach works for everyone. Instead, advocates generally provide information about options, allowing victims to choose those with which they feel comfortable.