

Sexual Assault Advocacy

Introduction

Sexual assault is any behavior or contact of a sexual nature that is unwanted or makes a person uncomfortable. Sexual assault occurs any time a person is forced, coerced, and/or manipulated into any unwanted sexual activity.

People of all ages, all economic classes, all races and all levels of education are victimized. Sexual violence is a deliberate action used to make another person feel helpless, humiliated and degraded, and in turn, make the perpetrator feel powerful.

How to Use This Curriculum Presenter's Guide

This Curriculum Presenter's Guide is for presenters only and is not to be distributed at training events. Before conducting any presentation, you should be familiar with the material in the guide. The curriculum provides you a structure for your presentation as well as supportive information.

The optional PowerPoint tracks the Presenter's Guide and small slides are printed on the Presenter's Guide to allow you to follow the PowerPoint if you choose to use it. There is a PowerPoint handout that can be distributed at the presentation.

The curriculum has interactive components designed to educate, engage, and encourage participants to explore the complexities of this issue. It is recommended that you become familiar with the material and try to engage the participants in discussion as much as possible.

Length of Presentation

This presentation contains many interactive activities. To provide the training, you should plan for a minimum 3 hour training period. A 6 hour training period is ideal to adequately cover all topics in this curriculum guide.

Presentation Tools and Support

Visual aids can help participants retain information. The curriculum includes:

- A Presenter's Guide to inform trainers on the issues related to sexual assault advocacy
- A PowerPoint presentation
- A PowerPoint handout
- Compassion Fatigue Handout
- Recommended Reading Handout

This training was developed to provide sexual assault advocates with the basic skills necessary to provide competent, effective crisis intervention services to sexual assault victims. A portion of this training focuses on the dynamics of sexual assault and would be appropriate for general community training.

Presentation Reports and Feedback

Suggestions for improvements to the curriculum are welcome! Email comments to Jennifer Landhuis at jenniferl@idvsa.org or call 208-384-0419 or 1-888-293-6118.

Learning Objectives

As a result of this education module, participants will be better able to:

- Identify the prevalence of sexual assault
- Discuss rape culture and its effects on survivors and society
- Create and discuss a sexual assault continuum
- Discuss the physical effects of sexual assault
- Identify possible behavioral changes that survivors may experience following a sexual assault
- Discuss the psychological effects of sexual assault
- Determine an advocate's role and responsibilities in working with sexual assault survivors

Optional Tools

- PowerPoint Presentation
- Handouts

Equipment and Materials

- PowerPoint
- Computer
- LCD Projector
- Flipchart and Markers

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Introduction

Introduce yourself

Set Rules for participation

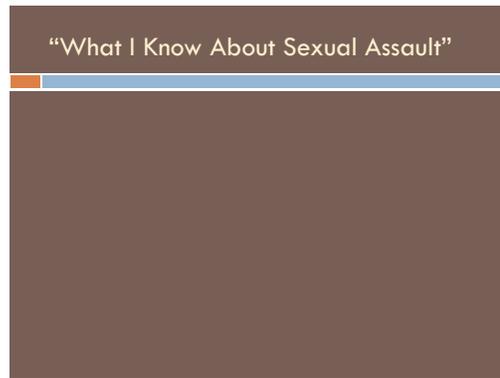
- Respect each other's point of view, even if it is different from your own.
- When speaking of incidents involving clients, speak in a confidential, non-identifying manner.

Remind participants that there are likely sexual assault survivors in the room and to be respectful of these individuals. Acknowledge that this subject can be especially difficult for some individuals and that if they need to leave the room to collect their thoughts or take a break, they are encouraged to do so. The National Sexual Assault Hotline number is on the first slide of the accompanying PowerPoint.

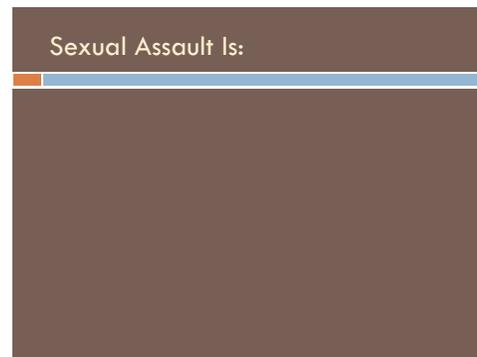
What is Sexual Assault?

Group Exercise: This exercise is from the WCSAP (Washington Coalition of Sexual Assault Programs) “Advocate Core Trainer Guide” by Janet Anderson July, 2005.

Label a flipchart with the statement “What I Know about Sexual Assault...”. As participants enter the room, have them fill out a sticky note answering this statement and place it on the sticky note. This acknowledges the fact that participants bring knowledge to the table. Over the course of the training, have the participants remove the post-its that they have discovered are true. This helps the trainer have a good idea of what still needs to be covered by what post-its are left at the end of the training.

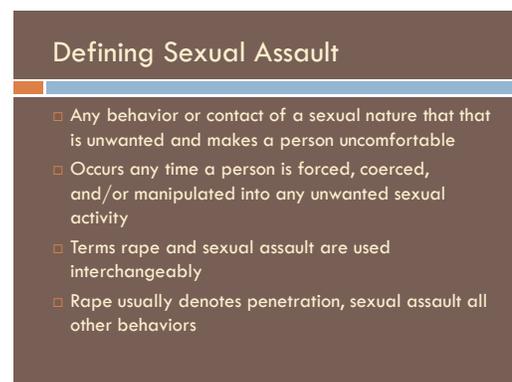


Group Exercise #2: “Sexual Assault Is...” Have participants brainstorm responses to this and write them on a flipchart. After brainstorming all the ideas, ask participants if there are any answers that stick out to them and why? Do they disagree with the answer? Is the answer very powerful to them for some reason?



Sexual assault is any behavior or contact of a sexual nature that makes a person uncomfortable. Sexual assault occurs any time a person is forced, coerced, and/or manipulated into any unwanted sexual activity.

Often times, the terms “rape” and “sexual assault” are used interchangeably. “Rape” usually denotes an act of penetration: oral, anal, vaginal or digital. “Sexual assault” is the term often used to describe actions other than penetration such as unwanted fondling, sexual harassment, etc.



People of all ages, all economic classes, all races and all levels of education are victimized. Sexual violence is a deliberate action used to make another person feel helpless, humiliated and/or degraded, and in turn, make the perpetrator feel powerful. Sexual violence is an act of control and domination by the perpetrator.

- People of all ages, all economic classes, all races and all levels of education are victimized
- Sexual violence is a deliberate action used to make another person feel helpless, humiliated and degraded, and in turn, make the perpetrator feel powerful.
- Sexual violence is an act of control and domination.

The Idaho Coalition Against Sexual and Domestic Violence has developed several curricula addressing the issue of sexual assault, including a Male Survivors and an LGBT curriculum. This curriculum will use “she” for victims. ICASDV recognizes that anyone can be affected by sexual violence.

The terms “victim” and “survivor” will be used interchangeably throughout this curriculum. Generally, the term “victim” is used to refer to the early stages of impact and the word “survivor” is used to refer to later stages of recovery. It is important to note that advocates should never address an individual as a victim or survivor, but instead should use an individual’s name. It is the individual’s decision if she should decide to refer to herself as a “victim” or “survivor”. Advocates should exercise caution in avoiding labels.

- ### “She” or “He”
- Female pronouns will be used to refer to the victim, as the majority of victims are female*
 - ICASDV acknowledges that anyone can be a victim of sexual assault and does not mean to diminish the impact sexual assault has on male victims
 - ICASDV offers training on Male Survivors, LGBT victims

- ### “Victim” or “Survivor”
- “Victim” or “Survivor” are often used interchangeably. Typically, “victim” refers to the early impact and “survivor” for later periods of recovery.
 - Both terms will be used throughout this training
 - We don’t address anyone as a victim/survivor, no labels
 - An individual’s decision

Sexual Assault Statistics

Statistics on sexual assault vary. Many survivors of sexual assault never tell anyone about the assault.

You may choose to discuss how sexual assault is a very unreported crime and the impact that has on statistics.

Studies estimate that every two minutes, somewhere in America, someone is sexually assaulted. An estimated one in six American women are victims of sexual assault and one in 33 men.¹

Approximately 2/3 of rapes are committed by someone known to the victim.²

73% of sexual assaults were perpetrated by a non-stranger³

- 38% of rapists are a friend or acquaintance
- 28% are an intimate partner
- 7% are a relative

20% to 25% of women in college reported experiencing an attempted or a completed rape in college.⁴

¹ (RAINN)

² (U.S. Department of Justice, 2005)

³ (Justice, 2005)

⁴ (BS Fisher, 2000)

Myths and Facts about Sexual Assault

Many of society's attitudes about rape are based on myths rather than facts. Myths regarding sexual assault are believed by both men and women. "These myths are connected to the history of patriarchy, racism and sexism and are often intertwined. Myths about rape serve to direct attention away from masculine violence and are similar to myths about other forms of oppression, such as racism, in that they encourage us to believe that is the natural order of things: that those who are raped either deserved their fate or enjoyed their fate, that certain types of people get raped".⁵

Myths focus the attention on victims and shift blame away from the perpetrators. Perpetrators believe, and convince society to believe, certain myths. This enables perpetrators to "get away with" rape.

As advocates who are subjected to these myths throughout our lifetime, it is important to learn the facts about sexual assault. This allows us to be sensitive to the needs and feelings of rape survivors. Advocates and survivors have internalized these myths and it is often difficult to recognize the extent to which we hold these myths to be true.⁶

An example of this would be that a victim's trauma is increased by her constant need to understand "why" the assault occurred. If a survivor believes that rape only happens to "certain types of women" then she will have difficulty understanding that her actions did not "cause" the assault.

The following is a partial list of myths regarding sexual assault and the facts that dispute these myths:⁷

Myth: Most rapes are committed by strangers.

Fact: Approximately two-thirds of rapes were committed by someone known to the victim. 38% of rapists are a friend or acquaintance, 28% are an intimate partner and 7% are a relative.⁸

⁵ (Anderson, 2005)

⁶ (Anderson, 2005)

⁷ (Crime, 2007)

⁸ (Justice, 2005)

Myths

- Brainstorm Activity

Facts About Sexual Assault

- Approximately two-thirds of rapes were committed by someone known to the victim. 38% of rapists are a friend or acquaintance, 28% are an intimate partner, and 7% are a relative.

- (US Dept of Justice, 2005)

Myth: The majority of sexual assaults occur in adulthood

Fact: 80% of sexual assaults occur prior to age 18. Of the remaining 20%, half took place between the ages of 18 and 21.

Myth: All rape victims have the same reaction to being assaulted. Victims who aren't hysterical or crying may be "crying rape"

Fact: Individual reaction to trauma varies.

Myth: "Nice girls" don't get raped

Fact: Sexual assault can happen to anyone.

Myth: Rape cannot happen in same gender relationships.

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

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

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

A “Rape culture”

“Rape culture is a term used to describe a culture in which rape and other sexual violence are common and in which prevalent attitudes, norms, practices and media condone, normalize, excuse or encourage sexualized violence.

Within the paradigm, acts of sexism are commonly employed to validate and rationalize normative misogynistic practices; for instance, sexist jokes may be told to foster disrespect for women and an accompanying disregard for their well-being, which ultimately make their rape and abuse seem acceptable”.⁹

Messages from the media shape our views and opinions about sexual assault. Media often condones sexual violence or promotes attitudes that make up a “rape culture”.

A rape culture reveals itself in all aspects of our society.

Group Exercise: Brainstorm examples of “rape culture” including TV shows, music lyrics, social networking sites, advertisements, internet, video games etc. A variation of this exercise is to bring along popular magazines and have participants make a collage as a group of the advertisements, articles, etc that promote a “rape culture”.

Media & Pop Culture

- Messages from the internet, TV, books, magazines, social networking sites, music lyrics, and other forms of entertainment DO shape our views and opinions
- List examples of media that condone sexual violence or promote attitudes that make up a “rape culture”

⁹ (Wikipedia)

Sexual Assault Continuum

Sexual violence falls along a continuum which includes unwanted touch, invasions of space, attitudes and beliefs and behaviors. Some of these are prosecutable and others are not. Even noncriminal forms of sexual assault (verbal abuse) have an impact on survivors and advocates should be careful not to ascribe their own beliefs of impact based on the type of assault. The common denominator within the continuum is a lack of respect and regard for the individual by the perpetrator.

Continuum Exercise: Each survivor will be impacted in different ways to different types of assaults. Using the scenarios provided in the Handout “Sexual Assault Continuum Scenarios”, print out card with the scenarios and ask the group to “rank” these situations based on the level of impact. As the exercise is done, point out how participants vary in their response to the scenarios. This exercise reinforces the idea that as advocates, we cannot assign the level of impact to a situation, that impact is determined by the victim. After the exercise, display the slide that shows the Continuum as a spiral. Explain the spiral is a better portrayal of the continuum because a line often symbolizes the notion of rank and the spiral illustrates that impact varies according to the individual.

Sexual Assault Continuum

- Sexual assault is not an isolated occurrence – it occurs within a continuum of events.
- The common denominator within the continuum is lack of respect and regard for the individual

Sexual Assault Continuum



Each form of violence is linked to the others by their root causes (oppression) as well as by the effects on individuals and communities

The Physical Impact of Sexual Assault

Victims are physically impacted by the sexual assault in many ways. Not-genital physical injury, genital trauma, sexual transmitted infections, pregnancy, general health risk, psychological symptoms perceived as physical, sexual dysfunction and substance are just a few of the more common physical effects of a sexual assault.

Nongenital Physical Injury

Society assumes that rape victims experience physical injury during an assault. The literature indicates that physical injury resulting from sexual assault is relatively rare, and even minor injury occurs in only about one-third of reported rapes. Injury is more common in stranger rapes. Older victims (age 50+) may be more likely to sustain injury than younger victims (63% to 32%). Another study indicates that male victims are injured more than female victims (40% to 26%).¹⁰

Genital Trauma

Few rape victims sustain significant genital trauma as a result of the sexual assault. With naked-eye visualization, genital trauma is seen in only 10-30% of cases. With colposcopic examination, genital trauma has been identified in up to 87% of cases.

It is essential, when working with victims of sexual assault to explain that a lack of visible genital trauma is in no way an indication of lack of resistance by the victim to the assault.

Physical impact

- Non-genital physical injury
- Genital trauma
- Sexually transmitted infections
- Pregnancy
- General Health Risk
- Psychological symptoms perceived as physical
- Sexual dysfunction
- Substance abuse

Non-genital physical injury

- More common in stranger rapes
- Older victims
- Male victims

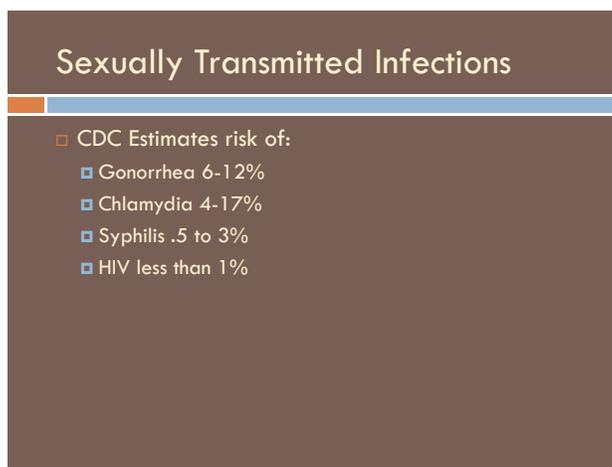
Genital Trauma

- With naked eye, 10-30% of cases
- With colposcopic exam, up to 87% of cases

¹⁰ (Crime, 2007)

Sexually Transmitted Infections

One study found that 36% of rape victims coming to the emergency department stated that their primary reason for coming was concern about the possibility of having contracted a sexually transmitted infection.¹¹ The actual risk of STI for sexual assault victims is relatively low. The U.S. Centers for Disease Control and Prevention (CDC) estimates that the risk of rape victims contracting gonorrhea is 6 to 12 percent, Chlamydia 4 to 17 percent, syphilis 0.5 to 3 percent, and HIV less than 1 percent.



Sexually Transmitted Infections

- CDC Estimates risk of:
 - Gonorrhea 6-12%
 - Chlamydia 4-17%
 - Syphilis .5 to 3%
 - HIV less than 1%

For victims who don't inquire about HIV in the emergency department, studies have shown that, within 2 weeks, this typically becomes a concern of the victim's or her or his sexual partner. Information about the risk, testing, prevention and safe-sex options should always be provided to victims through the medical professional. This allows a victim to make decisions based on fact, not fear.¹²

A rape is considered high-risk for HIV exposure if it involves rectal/anal contact, vaginal contact with tearing or open sores disrupting the integrity of the vaginal mucosa.

It is extremely important to be familiar with the HIV testing procedure. The time it takes for a person who has been infected with HIV to **seroconvert** (test positive) for HIV antibodies is commonly called the "Window Period". Recent studies show that a test taken at least 12 weeks (3 months) after the last possible exposure to the virus provides highly accurate results.¹³ It is essential to educate victims that an HIV test performed immediately after the rape will only tell them if they already have HIV. The test needs to be performed after the 12 week "Window Period" to determine if HIV was contracted as a result of the assault.

The combination of an ELISA/Western Blot HIV Antibody Test is the accepted testing method for HIV infection. This combination test is looking for the antibodies that develop to fight the HIV virus. There are two ways to conduct this test. Either through a blood draw or through the "Orasure" method (a sample of oral mucus obtained with a specially treated cotton pad that is placed between the cheek and lower gum for two minutes). Both forms, by blood draw or orally, have the same accuracy with their results. Another type of test often available is called "Oraquick," sometimes known as

¹¹ (Ledray, 1991)

¹² (Ledray, Sexual Assault Nurse Examiner (SANE) Development and Operation Guide, 1999)

¹³ (San Francisco Aids Foundation)

the "rapid test." This HIV antibody test offers results that are highly accurate and the results can be determined within 20 minutes. Be certain you know where HIV testing is done within your community so that you can provide accurate referrals to sexual assault victims.

Pregnancy

The actual risk for pregnancy with a rape is the same as for any one-time sexual encounter, an estimated 2 to 4 percent. Most medical facilities offer emergency contraception to women at risk of becoming pregnant, provided they are seen within 72 hours of the rape and have a negative pregnancy test in the emergency department.

General Health Risk

Sexual assault not only affects victims' health directly and immediately but also can have a significant and chronic impact on their general health for years to come. Stress appears to suppress the immune system and increase susceptibility to disease. Stress may also result in injurious behaviors such as substance abuse or eating disorders. Emotional reactions to the assault can also be interpreted as physical disease symptoms.¹⁴

General Health Risk

- ❑ Sexual assault has significant and chronic impact on victim's general health for years to come
- ❑ Stress suppresses the immune system
- ❑ May lead to behaviors such as substance abuse or eating disorders
- ❑ Increased sexual activity with multiple partners may result in increased exposure to disease

Psychological Symptoms Perceived as Physical

Rape victims may seek physical rather than mental health care following a sexual assault because it is less stigmatizing. One study found that 73% of victims sought out medical services during the first year after the assault while only 19% pursued mental health services of any kind.¹⁵ It is well known that stress can cause physical ailments and victims may feel more comfortable acknowledging and seeking help for a physical ailment than a psychological symptom. That is not to say that these physical symptoms are not very real and victims should be provided resources for both mental health and medical providers.

Psychological Symptoms Perceived as Physical

- ❑ Victims seek physical rather than mental health care following assault because it is less stigmatizing
- ❑ 73% seek medical services during 1st year after assault, only 19% seek mental health services
- ❑ Low levels of social support associated with higher use of medical services

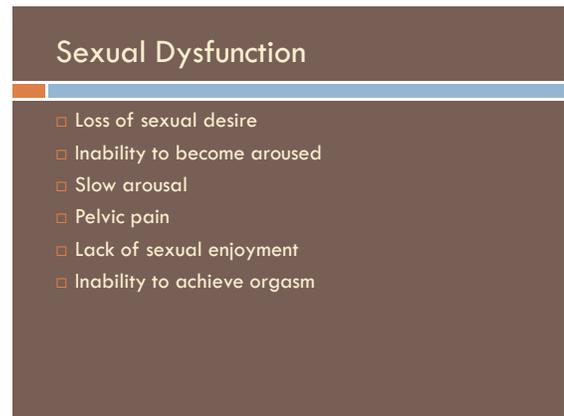
¹⁴ (Crime, 2007)

¹⁵ (Crime, 2007)

Sexual Dysfunction

Sexual dysfunction is a common, and often chronic, problem following a sexual assault. Reactions include:

- loss of sexual desire
- inability to become sexually aroused
- slow arousal
- pelvic pain associated with sexual activity
- lack of sexual enjoyment
- inability to achieve orgasm
- fear or avoidance of sex
- intrusive thoughts of the assault
- vaginismus (a muscular reaction that causes the vagina to contract)



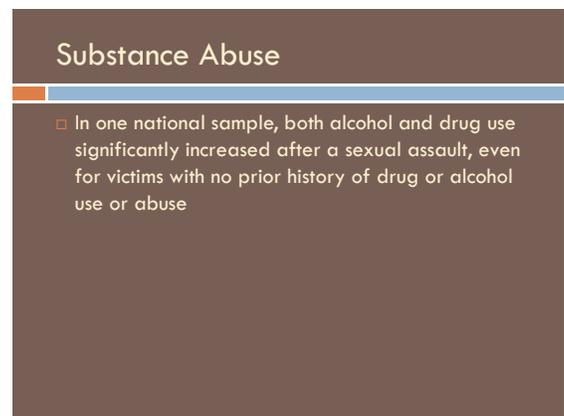
Sexual Dysfunction

- Loss of sexual desire
- Inability to become aroused
- Slow arousal
- Pelvic pain
- Lack of sexual enjoyment
- Inability to achieve orgasm

Many victims of sexual assault may become sexually active again immediately following the assault but still may not enjoy sex years later.

Substance Abuse

In one national study, both alcohol and drug use significantly increased after a sexual assault, even for women with no prior history of drug or alcohol use or abuse. This study also found that women who already were using drugs and alcohol to cope at the first measurement point were more likely to have a history of prior sexual abuse.¹⁶



Substance Abuse

- In one national sample, both alcohol and drug use significantly increased after a sexual assault, even for victims with no prior history of drug or alcohol use or abuse

Many victims use the numbing effects of alcohol and drugs to cope with the trauma of the assault. For sexual assault victims with substance abuse issues, the issue of the assault as well as the issue of substance abuse need to be addressed. Substance abuse treatment alone is not a solution if the “reason” for drinking (the assault issues) are not being addressed as well.

¹⁶ (D. Kilpatrick, 1997)

Behavioral Changes

Victims of sexual assault often note a remarkable change in behavioral patterns following the assault. Changes in energy levels, anxiety levels, sleep patterns and eating patterns are all common reactions to a sexual assault. Victims may also become sexually abstinent or promiscuous following the assault.

It is important that advocates reassure victims that a wide range of emotional and behavioral reactions is to be expected, while taking care to provide appropriate referrals and resources should these reactions reach harmful extremes.

The time period after a sexual assault can often feel like a roller coaster for victims. They may state that they feel completely fine one day only to be extremely overwhelmed the next. Recovery from rape is rarely a linear road.

Behavioral Changes

- Diet
- Activity/Energy level
- Sex (promiscuity vs. abstinence)
- Touch

Psychological Impact of Sexual Assault

Researchers agree that rape victims experience more psychological distress than do victims of other crimes. Compared with nonvictim control groups, rape victims consistently report more symptoms of anxiety, fear, depression and post-traumatic stress disorder (PTSD).¹⁷

Anxiety

In one study, 82% of rape victims met the DSM criteria for generalized anxiety disorder, compared with 32% of nonvictims. Rape victims are consistently found to be more anxious than nonvictims during the first year following a rape.¹⁸

Advocates may be able to provide resources to help counter a victim's anxiety. A protection order, change of locks, placement in shelter, or alarm system may help to strengthen a victim's sense of personal safety. A referral to a physician or mental health provider may help a victim deal with anxiety as well.

Fear

During an assault, the most common fear is death. Fear commonly continues after the assault specifically related to factors associated with the assault. Because fear is subjective, it is generally evaluated using self-report measures. Up to 83% of victims report some type of fear following a sexual assault. One study found that the subjective distress of fear of injury or death during rape was more significant than the actual violence in predicting severe post-rape fear and anxiety.¹⁹

Psychological Impact

- Anxiety
- Fear
- Depression
- Suicidal ideation
- Self-blame and shame
- Post-Traumatic Stress Disorder
- Hypervigilance
- Flashbacks

Anxiety

- Victims consistently found to be more anxious than nonvictims during the first year after a rape
- In one study, 82% of victims met DSM criteria for generalized anxiety disorder compared with 32% of nonvictims

Fear

- Death is most common fear during assault
- Up to 83% of victims report some type of fear following an assault
- Subjective distress of fear or injury or death during rape was more significant than the actual violence in predicting severe post-rape fear and anxiety

¹⁷ (Frazier, 1997)

¹⁸ (Crime, 2007)

¹⁹ (S. Girelli, 1986)

Depression

Depression is one of the most commonly mentioned long-term responses to rape.²⁰

Symptoms of depression may include:

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

Suicidal Ideation

Up to 20 percent of rape victims may attempt suicide and many more rape victims, 33 to 50 percent, report that they considered suicide at some point after the rape. During the immediate post-rape period, rape victims are nine times more likely than non-victims of sexual assault to attempt suicide.²¹

Post-Traumatic Stress Disorder

One-third to one-half of victims who have experienced a sexual assault meet the criteria for PTSD at some point in their lives. The basic elements of a PTSD diagnosis are:

- Exposure to a traumatic event
- Reexperiencing the trauma (flashbacks or intrusive memories)
- Symptoms of avoidance and numbing (attempts to avoid thoughts or situations that remind the survivor of the traumatic event, inability to recall certain aspects of the traumatic event, or feeling disconnected from others)

²⁰ (Crime, 2007)

²¹ (Crime, 2007)

Depression

- Most commonly mentioned long-term response to rape
 - Weight loss or gain
 - Sleep disturbance
 - Feelings of worthlessness
 - Diminished interest in pleasurable activities
 - Inability to concentrate
 - Depressed mood
 - Suicidal thoughts

Suicidal Ideation

- According to one study, up to 20% of victims may attempt suicide and 33-50% report that they considered suicide at some point after the rape
- During the immediate post-rape period, victims are 9 times more likely than non-victims to attempt suicide

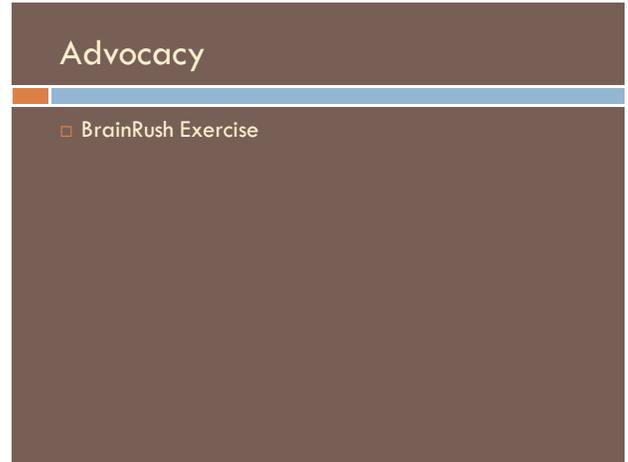
PTSD

- One-third to one-half of victims who experienced a rape meet the criteria for PTSD at some point in their life
 - Basic elements of PTSD:
 - Exposure to traumatic event
 - Reexperiencing the trauma
 - Symptoms of avoidance and numbing
 - Symptoms of increased arousal (exaggerated startle, easily irritated, constant fear of danger)

- Symptoms of increased arousal (exaggerated startle response, feeling easily irritated, constant fear of danger, or physiological response when exposed to similar events)

Advocacy

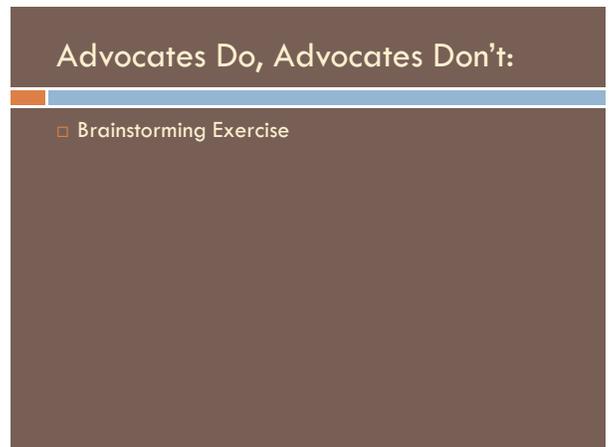
Group Exercise: Divide the participants into groups. Using the flipcharts, have each group form a line at the chart. On the flipchart, have the participants describe advocacy in their own words using whatever comes to mind first. Encourage participants to write down their immediate thoughts. This type of exercise is called BrainRush vs. Brainstorming where more time is taken to develop ideas. Rotate through the line for a set amount of time making certain each participant is given several turns at writing. (This exercise usually can be done in 5-10 minutes depending on the size of each group).



Advocacy is an essential component in any program working to end sexual violence. There are several types of advocacy including: individual advocacy, systems advocacy, criminal and civil legal advocacy and medical advocacy.

Most advocates are individual advocates, systems advocates, criminal and civil legal advocates and medical advocates.

Group Exercise: Using the groups you used for the above exercise, provide participants with flipcharts labeled Advocates Do: and Advocates Don't:. Have the group brainstorm ideas for each list and share their lists with the larger group. Participants may struggle with the Advocates Don't list. An example you can give them to spur their thoughts is: Advocates don't break confidentiality.



Examples of an Advocate's role include:

- Support the survivor
- Serve as a liaison between survivor and systems
- Be graciously assertive
- Facilitate survivor's decision-making
- Inform survivor of their rights
- Prepare survivors by providing necessary information
- Inform of other services available
- Listen and believe survivors
- Assist survivors in regaining control over their life
- Present options
- Keep confidentiality
- Respect and understand cultural differences

This list is not exhaustive. Participants will usually generate a much more extensive list during the Brainstorming Group Exercise.

Examples of roles an advocate should not take include:

- Investigate
- Be a survivor's best friend or mother
- Judge
- Blame
- Provide therapy

Advocates Should

- Support the survivor
- Serve as a liaison between survivor and systems
- Be graciously assertive
- Facilitate survivor's decision-making
- Inform survivor of their rights
- Prepare survivors by providing necessary information
- Inform of other services available

Advocates Should:

- Listen and believe survivors
- Assist survivors in regaining control over their life
- Present options
- Keep confidentiality
- Respect and understand cultural differences

Advocates Shouldn't

- Investigate
- Be a survivor's best friend or mother
- Judge
- Blame
- Provide therapy
- Take survivors home, give money, rides (outside of your agency policy)

- Take survivors home, give money, rides (outside of your agency policy)
- Are not the ultimate solution and source for every situation
- Do things or go places with victim without being requested
- Rescue

Advocates Shouldn't:

- Be the ultimate solution and source for every situation
- Do things or go places with victim without being requested
- Rescue

Rescuing

It is essential that sexual assault victim advocates understand the difference between advocating and rescuing. Too many well-intentioned advocates have trouble defining this boundary. Rescuing happens when the victim is persuaded to do something they don't really want to do, when an advocate does things or goes places with the victim without being requested, when an advocate assumes that the victim cannot take care of herself and when a victim is not allowed to ask for what they want. Rescuing occurs when the victim stops putting any effort into solving the situation as soon as the advocate is reached. In effect, any situation in which one person asks another for help and then proceeds to do less than 50% of the work constitutes rescuing²². It takes a concerted effort on the part of the advocate to avoid being a rescuer. The survivor will feel powerless and will often have difficulty with decision-making. However, advocates should believe in the survivor's power to advocate for herself, to take control and power over her own life.²³

The alternative to rescuing is to empower the survivor. Advocates can inform clients about options and clarify the realities the victim will face but cannot choose which decision the victim will make.²⁴

Rescuing

- The victim is persuaded to do something they don't really want to do
- The advocate does things or goes places with the victim without being requested, simply assuming that the victim cannot take care of themselves.
- The victim is not allowed to ask for what they want for themselves

*WCSAP

Rescuing, cont.

- The victim stops putting any effort into solving the situation as soon as the advocate is reached. In effect, any situation in which one person asks another for help and then proceeds to do less than 50% of the work constitutes rescue.

*WCSAP

- "The feeling of being a powerless victim is hellish and is only made worse by people who agree with one's powerlessness by rescuing" survivor

- Don't rescue, EMPOWER

²² (Anderson, 2005)

²³ (Anderson, 2005)

²⁴ (Anderson, 2005)

Group Exercise: Empowerment BrainRush. Using the model described above for the Advocacy BrainRush, have groups use flipcharts to BrainRush ideas about empowerment.

Advocacy agencies that use an empowerment model, are interested in providing aid and resources that victims are entitled to but do not have.

Empowerment

- Is the foundation of healing
- BrainRush exercise

Confidentiality

In order for survivors to be empowered, they must first be assured that their experiences and feelings are confidential. The most important work ethic advocates must observe is the principle of confidentiality. Ultimately it is an advocate's responsibility to protect the information that a survivor chooses to share and to make certain that if the information is disclosed to others that the disclosure is survivor driven.

Confidentiality maintains the victim's trust and lays a foundation for healing from the physical and psychological trauma of a rape. Confidentiality provides a safe, intimate space for a survivor to tell her story without being judged and without fear of reprisal.

The Idaho Coalition Against Sexual & Domestic Violence provides a training entitled "Confidentiality". This training is available to all advocacy organizations. You are highly encouraged to be familiar with the Confidentiality training materials prior to giving this workshop.

Confidentiality

- In order for survivors to be empowered, they must first be assured that their stories and feelings are confidential.
- ICASDV offers an entire confidentiality training

Crisis Intervention

Components of crisis intervention include:

- Dealing quickly with an immediate problem: emotional first-aid
- Supporting survivor however she needs support
- Normalizing reactions to trauma
- Prioritizing and addressing victim's concerns
- Supporting significant others
- Providing crisis education, referrals and follow-up contact

When in crisis, a victim's capacity to help themselves is impaired. Crisis intervention involves helping survivors access their personal strengths and resources. Usually a person in crisis does not need immediate external action as much as they need an empathetic listener who helps develop new coping strategies

Crisis does not equal emergency. Crisis is the inner state of a person who is reacting to stress when their normal coping mechanisms are not working. Emergency is situation that requires immediate external action on the part of someone to prevent injury or death. It is possible to be in crisis and an emergency, for example when a victim is suicidal.

Crisis Intervention

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- Supporting survivor however she needs support
- Normalizing reactions to trauma
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Crisis Intervention

- When in crisis, a victim's capacity to help themselves is impaired. Crisis intervention involves helping survivors access their personal strengths and resources.
- Crisis does not equal emergency. Crisis is the inner state of a person who is reacting to stress when their normal coping mechanisms are not working. Emergency is situation that requires immediate external action on the part of someone to prevent injury or death.

Crisis Intervention

- Possible to be in crisis and an emergency: suicidal
- Usually a person in crisis does not need immediate external action as much as they need an empathetic listener who helps develop new coping strategies

Common crisis situations include:

- Deciding whether to report to police
- Concerns about use of drugs/alcohol
- Deciding if victim is ready to label forced sex “rape”
- Fears for victim’s immediate safety
- Deciding who to tell and how to tell them
- Confidentiality issues
- Deciding where to go for medical attention
- Suicidal thoughts
- Fear of STI
- Fear of pregnancy
- Shame, self-blame and embarrassment

Crisis Issues

- Deciding whether to report to police
- Concerns about use of drugs/alcohol
- Deciding if victim is ready to label forced sex “rape”
- Fears for victim’s immediate safety
- Deciding who to tell and how to tell them
- Confidentiality issues
- Deciding where to go for medical attention

Crisis Issues (cont.)

- Suicidal thoughts
- Fear of STI
- Fear of pregnancy
- Shame, self-blame and embarrassment

Some of these issues are applicable to both adult survivors of sexual assault and victims of a “recent” sexual assault. It is important to note, that crisis intervention is different when working with adult survivors of child sexual assault. Adult survivors may contact a crisis line when dealing with a particular crisis regarding the assault they experienced as a child. While the immediate response (suicidal thoughts, shame, self-blame, etc) may be similar to crisis intervention with other victims, it is essential that this immediately crisis advocacy does not turn into a counseling relationship. An adult survivor’s needs are best met by establishing a relationship with a therapist or counselor.

Some issues that an advocate may explore with a survivor during the crisis intervention stage include:

- Has the victim told anyone?
- What do significant others, social support system think of the assault?

Explore with victims

- Have they told anyone?
- What do significant others, social support system think of the assault?
- What impact has the rape had on family balance? Work? Friends? Social network
- What has survivor done thus far to help themselves?
- What would survivor like to do but hasn’t yet?
- What is survivor not willing to do?

- What impact has the rape had on family balance? Work? Friends? Social network?
- What has the survivor done thus far to help themselves?
- What would the survivor like to do but hasn't yet?
- What is the survivor not willing to do?
- How has the survivor dealt with past problematic situations? What are her coping mechanisms?
- What changes has the survivor made since the assault and how does she feel about them?
- Is the survivor pursuing counseling and how does she feel about it?
- Develop her support system; you can't be the only supportive person

- How has she dealt with past problematic situations? What are her coping mechanisms?
- What changes has she made since the assault and how does she feel about them?
- Is survivor pursuing counseling and how does she feel about it?
- Develop her support system, you can't be the only supportive person

The Advocacy Relationship

A strong advocacy relationship consists of support, acceptance, and empathy. A supportive advocacy relationship consists of the following skills:

- Reflection
- Clarification
- Paraphrase
- Reframing
- Positive Support

Support can be conveyed by:

- Reassuring her that the rape was not her fault
- Reassuring her that whatever she did was “right” because she survived
- Being sure she has safe place to stay
- Providing her with information and resources to take care of practical problems and immediate needs

It is essential that advocates also convey acceptance to victims. Acceptance can be conveyed in a variety of manners: nonverbally through body language, verbally through allowing and encouraging a victim to express her feelings and through actions such as listening attentively and proceeding at a victim’s pace.

Supportive Relationship

- Acceptance
- Empathy
- Reflection
- Clarification
- Paraphrase
- Reframing
- Positive Support

Empathy:

- Letting her know you want to understand the situation from her point of view
- Restating the feelings she is expressing in your own words

Support

- Reassuring her that the rape was not her fault
- Reassuring her that whatever she did was “right” because she survived
- Being sure she has safe place to stay
- Providing her with information and resources to take care of practical problems and immediate needs

Acceptance Conveyed:

- Nonverbally
 - ▣ Body language
- Verbally
 - ▣ Restating, using victim’s language, allowing and encouraging her to express her feelings
- Actions
 - ▣ Listening attentively, proceeding at her pace

One essential piece of crisis intervention is education. Important education components include:

- Destigmatizing rape
- Normalizing the victim's response
- Recognizing avoidance
- Providing referrals

It is important to note that referring is a sign of your strengths not weaknesses. Referrals should be made when:

- A victim is actively suicidal
- Unable to function in her social or occupational roles
- Exhibiting persistent phobias
- Actively abusing one or more substances
- Interested in resolving long-term issues
- Has issues outside your area of expertise such as civil legal issues regarding education, housing, employment etc

Education

- Destigmatizing rape
- Normalizing the victim's response
- Recognizing avoidance

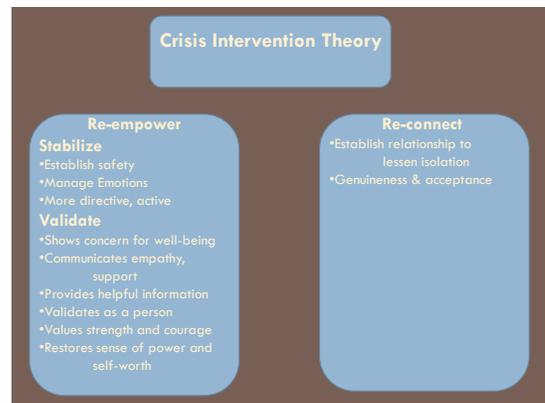
Referrals

- Referring is a sign of your strength not weakness
- If actively suicidal
- Unable to function in her social or occupational roles
- Exhibiting persistent phobias
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- Interested in resolving long-term issues

Crisis Intervention Theory

The guiding principle behind this theory is that because trauma causes disempowerment and disconnection, crisis intervention must re-empower and reconnect. Re-empowerment can be accomplished through stabilization and validation.

The stabilization of emotions can be accomplished through establishing safety and helping survivors manage their emotions. Stabilization strategies focus on finding immediate social support and additional coping resources.



See Handout: Strategies for Stabilization

Validation occurs when an advocate shows concern for a survivor's well-being, communicates empathy for their experience and its effects, offers meaningful emotional support and provides helpful information. Validation of a survivor's value and rights as a person, of a survivor's feelings about the sexual assault and of a survivor's ability to recover helps restore a sense of power and self-worth.²⁵

In addition to validation and stabilization, the goal is to establish a relationship with the survivor that lessens a survivor's feeling of alienation. This includes establishing a relationship between the advocate and survivor as well as the survivor establishing connections to other people within her life.

Crisis Intervention Model Steps:

- Define the Problem
- Ensure Client Safety
- Provide Support
- Examine Alternatives (Including Referrals)
- Make Plans
- Obtain a Commitment

It is important to note that the Crisis Intervention Theory simply provides a model of steps that advocates use every day in their interaction with survivors. Don't let the audience get hung up on taking "certain steps" with clients. Ask participants for their feedback on the theory.

²⁵ (Anderson, 2005)

Common Advocacy Situations

Common advocacy situations include: responding to a crisis call, medical-evidentiary exam accompaniment, law enforcement statement accompaniment and courtroom accompaniment.

Crisis Calls

In responding to crisis calls, there are several goals:

- Identify the survivor's immediate concerns
- Establish safety
- Explain services
- Arrange transportation
- Discuss evidence
- Address practical issues
- Arrange a time to meet
- Activate first responders

The above goals apply to calls from survivors who were recently assaulted. For adult survivors of child sexual assault, the first three goals also apply as well as the goal of connecting the survivor to a counselor or other support system.

The Medical Evidentiary Exam (aka the Rape Kit or the Forensic Exam)

The second common advocacy situation is accompaniment to a medical evidentiary exam. *This is a brief overview of medical advocacy and should not be considered adequate training to establish a medical advocacy program.

Common Advocacy Situations

- Responding to Crisis Call
- Medical-Evidentiary Exam accompaniment
- Law Enforcement Statement Accompaniment
- Courtroom Accompaniment

Responding to Crisis Call (recent assault)

- Identify immediate concerns
- Establish safety
- Explain services
- Arrange transportation
- Discuss evidence
- Address practical issues
- Arrange a time to meet
- Activate first responders

Medical-Evidentiary Exam

- "Usually" within 72 hours
- SANE program/nurse
- Hospital procedure
- Is it what the victim wants or needs?
- You must be able to tell a victim exactly what to expect from an exam

There are several factors advocates and survivors need to consider prior to obtaining a medical evidentiary exam. Evidentiary exams are “usually” performed only within 72 hours of the assault as this is the time frame that evidence is still “available” to collect. Often times, each local law enforcement agency has a policy about the timeframe used to collect medical evidence. Advocates should be aware of their local agency policy. If advocates are referring victims for medical evidentiary exams, it is important to know when the assault occurred and to instruct victims not to shower, bathe, urinate or douche as these activities destroy evidence. It is rare that victims have not done any of the above, but if they are wanting to go in for an evidentiary exam, advocates should explain that the victim should refrain from any of these activities until after the exam is completed.

Most medical evidentiary exams are done at a hospital, although larger urban areas may have an advocacy center where exams can be performed. Some hospitals and many advocacy centers have SANE (Sexual Assault Nurse Examiner) nurses that perform the sexual assault exams. SANEs are specially trained on how to collect evidence in sexual assault cases. Advocates should be familiar with the evidentiary exam process so they can explain to a victim what to expect from the exam so that a victim can make an informed choice about whether she wants to have evidence collected.

Components of the medical evidentiary exam include:

- Interview: medical history, gynecological history, assault details
- Physical: evidence collection
- Other tests: blood sample, photograph injuries, colposcope?, collect clothing etc.
- Drug facilitated: urine sample, test shows **all** drugs consensually taken

Victim

- Within evidence collection time period
- Desire to have evidence collected
- Bring clothing worn during/after the assault even if it has been washed. Bring extra set of clothing to go home in, including shoes
- No showering/bathing/urinating/brushing teeth etc.

**Chances are a victim is not calling the hotline first. Initial point of contact is usually hospital or LE*

Medical-Evidentiary Exam

- Interview: medical history, gynecological history, assault details
- Physical: important to know the steps so you can prepare and educate the victim
- Other tests: blood sample, photograph injuries, colposcope?, collect clothing etc.
- Drug facilitated: urine sample, test shows **all** drugs consensually taken

In most cases, the hospital or advocacy center will have contacted the local law enforcement agency and an officer will be on scene during the exam. It is up to the individual officer whether he/she chooses to be in the exam room during the evidence collection. Many law enforcement agencies will have an officer interview the victim after

the evidence collection is completed. It is essential that advocates keep in mind that the medical evidentiary exam is part of the criminal investigation. Advocates should take particular care avoid becoming part of the investigation. Advocates should not:

- Provide translation
- Take notes or prompt victim to say something “don’t you want to tell them about..”
- Sign things as a witness
- Be alone with the forensic evidence or touch it

Ways to avoid inserting yourself into the investigation

- Never provide translation
- Don’t take notes or prompt victim to say something “don’t you want to tell them about..”
- Never sign things as a witness
- Never be alone with the forensic evidence and never touch it

At times when a medical evidentiary exam is not performed, it is important to still refer survivors to appropriate medical care. A Women’s Clinic, local physician, District Health Departments, etc are all appropriate referrals when the goal is not to collect evidence but to obtain medical care for the survivor. A survivor may request that an advocate accompany her to this type of exam as well.

Please refer back to the beginning of this training and the discussion on the physical impact of sexual assault. All of the issues addressed there are important issues to discuss with survivors regarding medical exams.

Medical Exams

- At times when a medical evidentiary exam is not performed, it is important to still refer survivors to appropriate medical care
- A Women’s Clinic, local physician, local district health department etc. are all appropriate referrals when the goal is not to collect evidence but to obtain medical care for the survivor

Law Enforcement Statement Accompaniment

As with all advocacy situations, it is important to have a solid working relationship with law enforcement officers. If a victim chooses to have an evidentiary exam completed, law enforcement will typically already be on the scene to begin their interviews and investigation. Should a victim not have an evidentiary exam, she can still choose to report the assault to law

Law Enforcement Statement Accompaniment

- Law enforcement is part of your team
- Investigator asks victim to go through statement in detail
- Investigator asks questions for clarification
- Recording varies by department
- Statement is transcribed
- Victim reviews, signs

enforcement. If an advocate accompanies a victim to a law enforcement statement, the following is a brief outline of what to expect:

- Investigator asks victim to go through statement in detail
- Investigator asks questions for clarification
- Recording varies by department
- Statement is transcribed
- Victim reviews, signs

Again, it is essential for an advocate to be familiar with the local law enforcement agency procedures regarding sexual assault cases. This allows an advocate to be able to accurately explain the reporting process to victims.

The Courtroom Accompaniment

Should an advocate be asked by survivor to accompany her to court, it is again essential that the advocate be familiar with local procedures. Advocates may accompany victims to appointments with prosecuting attorneys, to victim impact statements as well as to hearings. The goal of court advocacy is to familiarize the survivor with the criminal justice process and the courtroom.

If you have concerns during the statement

- Never interfere with the statement
- Hold all comments or questions until statement is complete
- Talk with officer privately
- Talk with victim, allowing victim to voice feelings about the statement

Courtroom Accompaniment

- You may accompany victim to attorney appointments as well as courtroom
- The goal is to familiarize victim with the process and the courtroom
- If the case is plea bargained, work with victim to express opinions

A Victim's Loved Ones

Rape is a devastating experience for both victims and those close to them. Loved ones often experience a wide range of emotions and reactions after someone they love is assaulted.

It is important for advocates to understand that loved ones are often in crisis as well. Advocates may be working with loved ones as well as with victims. For family members, supporting the victim is essential. One of the most common feeling for victims is to feel a loss of who they were and what life was like before the assault. Those close to the victim also experience this loss. Mourning these losses are normal and healthy responses. This feeling of loss and frustration for significant others often times turns into feelings of rage toward the perpetrator. Wanting to “get back” at the perpetrator only adds additional stress to a victim because a victim now fears for her loved one’s safety. Significant others need to find alternative ways to release anger.

Sexual assaults may occur under circumstances where the victim was involved in activities others may disapprove of. Any decision to participate in those behaviors is separate from the sexual assault. The bottom line is that risky behavior does not give someone else the right to rape.²⁶

Loved ones often go to extra lengths to protect the victim. A loved one’s concern for her safety may be appreciated but may also be interpreted as mistrust or indirect blame for the assault. A victim must regain her own sense of control and power over her life.

Significant others

- Are angry, confused, feel helpless
- “Revenge”
- Risky behavior does not give someone else the right to rape
- Over-protectiveness restrict a victim’s freedom
- Support a victim’s decisions

²⁶ (Houser)

Compassion Fatigue (Vicarious or Secondary Trauma, Trauma Stewardship)

Working as a sexual assault victim advocate often causes compassion fatigue due to the nature of working with trauma on a daily basis. Compassion fatigue is defined as psychological consequence of caregivers' continual exposure to the traumatic experiences of victims, without sufficient relief for themselves. Compassion fatigue occurs when Intellectual, physical, emotional, spiritual and sexual energy gets depleted. With compassion fatigue comes a reduced sense of personal accomplishment and a disrupted world view.

Compassion Fatigue

- Defined as psychological consequence of caregivers' continual exposure to the traumatic experiences of victims, without sufficient relief for themselves
- Intellectual, physical, emotional, spiritual and sexual energy gets depleted
- Reduced sense of personal accomplishment
- Disrupts world view, your sense of who you are

Advocates experiencing compassion fatigue, often find it increasingly difficult to attend to survivors with empathy, hope and compassion. Advocates often work in a culture where it can be unacceptable to talk about feeling exhausted, overwhelmed or not connecting with clients.

In order for advocates to continue to provide quality services to victims, it is essential that advocate agencies and advocates individually prioritize self-care.

Costs of Compassion Fatigue

- Becomes increasingly difficult to attend to survivors with empathy, hope and compassion
- Advocates work in a culture where it can be unacceptable to talk about feeling exhausted, overwhelmed or not connecting with clients
- Prioritize self-care

In her book "Trauma Stewardship: An everyday guide to caring for self while caring for others" author Laura van Dernoot Lipsky says "trauma stewardship refers to the entire conversation about how we come to do this work, how we are impacted by our work, and how we subsequently make sense of and learn from our experiences. By talking about trauma in terms of stewardship, we remember that we are being entrusted with people's stories and their very lives. We understand that this is an incredible honor as well as a tremendous responsibility. We know that as good stewards, we get to create a space for and honor others; hardship and suffering while not assuming their pain as our own. To participate in trauma stewardship is to continuously remember the privilege and sacredness of being called to help another sentient being; it means maintaining our highest ethics, integrity, and responsibility every step of the way."²⁷

²⁷ (Lipsky, 2007)

Boundaries

It is essential that advocates maintain healthy boundaries with the survivors they work with. This means being willing and able to set limits on what advocates do for victims and when advocates are available. Being a good advocate does not mean doing anything asked of you at any time; rather, it means being able to distinguish between appropriate and inappropriate client request. There are times when it is perfectly legitimate for an advocate to prioritize his/her own needs ahead of the victims' needs.²⁸

Boundaries

- Set limits on what you will do for victims and when you will be available.
- Being able to distinguish between appropriate and inappropriate client requests.
- There are times when it is perfectly legitimate to put your needs ahead of the victims' needs.

²⁸ (Crime, 2007)

Self-Care

Advocates must prioritize self-care. The alternative is to continue doing advocacy at an impaired level or leave the field. Advocates need to be aware of how well they are eating, sleeping, exercising, socializing, enjoying life, spending time with family, and participating in the hobbies and activities they love.

Much as it is normal for a rape survivor to experience symptoms of distress because of the assault, so it is for the caregiver. It does not mean you are doing anything wrong, or that you are unfit for this work. It means you need to recognize the impact and take measures to take care of yourself and reduce your distress by whatever means you can reasonably achieve.²⁹

Self-Care Exercise: Have participants spend the next 5 minutes creating a personalized self-care plan that they can use during their advocacy work. The plan might address self-care activities on a personal, professional and organizational level. Also have participants identify at least three strategies for self-care, how often they plan to engage in that activity and when specifically they will start their self-care plan.

Self-Care

- Commit to replenishing yourself
- The alternative is to continue doing advocacy at an impaired level or leave the field
- Meet with supervisors
- Be aware of how well you are eating, sleeping, exercising, socializing, enjoying life, spending time with family, and participating in the hobbies and activities you love.

Self-Care Exercise

- Spend the next 5 minutes creating a personalized self-care plan that you will use during your advocacy work. The plan might address self-care activities on a personal, professional, and organizational level.
- Identify at least three strategies for self-care, how often you plan to engage in that activity, and when specifically you plan to start.

²⁹ (Crime, 2007)

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