

Dynamics of Sexual Assault

Lesson 1: Child Sexual Abuse

Time: 8:30 – 9:45

Length: 1 hour, 15 minutes

Lesson(s): Child Sexual Abuse, Grooming, Impact of Child Sexual Abuse, Telling and Recanting, Mandatory Reporting

Learning Objective(s): To understand the scope and dynamics of child sexual abuse, how children are impacted, and when/how to make a mandatory report.

Participant Handout(s): none

**Lecture: Child Sexual Abuse
8:30-8:40 (10 minutes)**

S: Child Sexual Abuse

- Today we are going to discuss child sexual abuse. This morning our agenda will focus on child sexual abuse (people under the age of 18), grooming, non-offending parents, and mandatory reporting.
- I want to reiterate that some of this material may be hard, so please always remember to do what you need to do to take care of yourself.

Ask the participants if there were any questions from yesterday.

Ask the group what they consider to be child sexual abuse?

Discuss the following points:

- Child sexual abuse is defined as sexual touching and/or sexual penetration of children. The definition includes *attempts* to touch or penetrate the child as well as completed assaults.
- There are other forms of illegal or unwanted sexual experiences such as exposure to pornography, taking nude or sexually suggestive photos of children, peeping (looking at a child for sexual gratification purposes), or sexual harassment in the form of talking in a sexually inappropriate or intimidating way.
- Yesterday we outlined the legal definitions of rape of a child and child molestation.

Ask the participants if there are any questions.

- The scope of the problem of child sexual abuse is large. It is a common experience in children's lives. Estimates of lifetime prevalence are that between 20-30% of girls and about 15% of boys will have some kind of sexual abuse experience. (<http://www.wcsap.org/child-sexual-abuse>).
- A study of a representative sample of Washington State women found that 38% of women reported some type of sexual assault experience during their lifetime, 80% of which took place before they were 18 years old. (Berliner, Fine & Moore, 2001; Bolen & Scannapieco, 1999).
- Child sexual abuse involves many different types of sexual abuse or assault experiences.
- It includes a continuum of activities. Child sexual abuse may include fondling a child's genitals, masturbation, oral-genital contact, digital penetration, and vaginal and/or anal penetration.
- Child sexual abuse is not solely restricted to physical contact; such abuse could include non-contact abuse, such as exposure, voyeurism, and child pornography.

- Some cases involve the use of force or threats of violence but most do not!
- Most incidents of child sexual abuse involve a known or related offender (someone the child trusts).
- About a third of the cases involve a family member (both immediate and extended).
- Only about 10% are committed by strangers.
- Child sexual abuse can take place within the family, by a parent, step-parent, sibling or other relative; or outside the home, by a friend, neighbor, child care person, teacher, or stranger. When sexual abuse has occurred a child can develop a variety of distressing feelings, thoughts and behaviors which we will discuss in a bit.
- Offenders take advantage of the child's youthfulness, inexperience, or trusting nature. Sometimes the abuse is misrepresented as normal behavior, or a game.
- Offenders may manipulate children by offering rewards, inducements, or a special relationship to get them to go along with the abusive behavior.
- Children are usually taught that older people have power and authority over them so they do not feel that they have a choice in these situations.
- Child sexual abuse does not just happen. Perpetrators specifically target their victims (particularly those who are in traditionally marginalized groups, lonely, isolated, and without power) and go through a very intentional process of getting close to the child.
- These dynamics and intentional strategies are part of the "grooming process."

Sources:

Berliner, Fine & Moore. (November, 2001). *Sexual Assault Experiences and Perceptions of Community Response to Sexual Assault: A Survey of Washington State Women*. Washington State Office of Crimes Victims Advocacy, Washington State Office of Community Development.

Bolen & Scannapieco (1999). *Prevalence of Child Sexual Abuse: A Corrective Meta-Analysis*. *Social Service Review*, 73 (3), 281-313.

What is Child Sexual Abuse/Assault (CSA)? Available at <http://www.wcsap.org/child-sexual-abuse>

**Lecture: Grooming
8:40-8:50 (10 minutes)****S: Grooming**

- Offenders typically groom the child, the family, and the community. Grooming is the deliberate action taken by an offender to form a trusting relationship with the intent of having sexual contact with a child in the future.
- Grooming occurs in phases and includes many dynamics:
 - Engagement Phase – In this first phase, the perpetrator structures access and opportunity to the child. They may build a special relationship with the child or may provide specific inducements to the child in order to ensure access and opportunity. The perpetrator may seem to be a special friend to the child or helpful to parents by babysitting or paying extra attention for the child. This phase is on-going long before any sexual interaction may occur. It corresponds to what is popularly called “grooming,” and there may be absolutely nothing about this type of interaction which could be recognized as dangerous to a child.

- Sexual Interaction Phase – This is the beginning of sexual interaction and it will probably escalate from non-touching to touching behavior. It may include exposure, masturbation, physical contact and/or penetration.
- Disclosure Phase – This may happen accidentally where the abuse is discovered by someone. It might also happen on purpose if the child decides to disclose. It is almost universally accepted that perpetrators will rarely disclose that they are abusing a child. Disclosure may often precipitate a crisis; the family responding with anxiety and alarm.
- Suppression Phase – In the final phase, family members may try to minimize the severity of the abuse or the child's response to it. It is a stress-provoking and frightening time and common responses are denial and minimization of the abuse.
- Grooming includes manipulation of the family and community. In her book, *Identifying Child Molesters*, Carla Van Dam (2001) discusses how molesters go through a process of grooming the community in addition to the child in order to appear respectable and helpful, and gain access to children.
- Competent social skills ensure the abuse is overlooked, viewed as a onetime error in judgment, minimized or blamed on the victim. Child molesters don't fit the stereotype image of a dangerous sexual predator.
- Disclosures are often met with reactions of disbelief. This is partly because the community doesn't really know what child sexual abuse is; they don't know how to define it. This is also partly due to pervasive denial of child sexual abuse; people don't know how to acknowledge and deal with the problem.
- There is confusion about what constitutes child sexual abuse, and the subsequent lack of decisiveness about how to respond only assists the molesters, for whom ambiguity

and lack of clear responses is an asset. The lack of clarity can lead to tolerating behavior.

Sources:

van Dam, Carla. (2001). Identifying child molesters: Preventing child sexual abuse by recognizing the patterns of offenders. Binghamton, NY: The Hawthorne Press, Inc.

**Lecture: Impact of Child Sexual Abuse
8:50-9:00 (10 minutes)**

S: Impact of Child Sexual Abuse

- Factors that determine how a child is impacted by sexual abuse usually fall into three categories.
 1. The child's previous experiences and history:
 - Critical pre-abuse factors that increase the risk that a child will develop serious problems include the child's prior psychological concerns, especially a history of anxiety problems.
If the child has previously been sexually abused or experienced other trauma, the risk is higher.
 - Many studies have shown that the more trauma and adverse life experiences a child has, the higher the risk of developing problems.
 2. Nature of the sexual abuse and the child's reactions:
 - Abusive characteristics make a big difference in the impact on a child, especially those involving force and violence.
 - The most impactful factor is if the child believed they were in extreme danger, and might be killed or hurt during the assault.

- Abuse that occurs over time is also more harmful. This is likely because the child is living with the fear and worry about being abused instead of being able to put the experience behind him or her.
- When children believe that it is their fault, that they are ruined, or that no one can be trusted, they are more likely to be seriously affected.

3. Responses by others upon disclosure of abuse:

- The most important response is how caregivers react to the abuse and that the response is not negative. Reactions that increase the risk for negative outcomes include disbelief, blaming the child for the victimization, or blaming the child for causing trouble to the family or the offender.
 - The biggest complications arise when the offender is a parent or close relative. The family is torn about whom to believe, or wants to avoid complications of accepting that a person they care about would do such a thing.
 - When the offender is a parent, the non-offending parent's response may be affected by their own sexual abuse history, dependency on the offender, and current relationship to the offender and child.
 - However, even in family situations, most families **do** believe and support their children.
- Children at different ages express the impacts of sexual assault experiences differently.
 - Older children overall tend to be more affected because they have greater cognitive awareness of what sexual assault means and how it might affect other aspects of their lives.
 - Younger children are primarily focused on their immediate safety and security.

- Anxiety and posttraumatic stress in young children are often expressed by developmental regression, aggression, and distress at separation from a caregiver.
- Older children are more likely to withdraw, avoid situations that are distressing, or shut down emotionally.
- Adolescents who experience severe anxiety may have panic attacks, abuse substances, or engage in self-harming behaviors.
- No matter what the developmental stage of a child, caregivers are the most important influence on children.
- Insuring that caregivers have accurate information, are supportive to their children, and manage their own emotional reactions in a constructive way is by far the most important factor in helping children.
- When working with children and caregivers we always need to consider the impact that culture has on the child and caregiver.

S: Culture and Community

- Culture influences how one defines the effects of sexual violence, how one accesses support systems and resources, the victim's healing and recovery journey, and even whom one tells.
- All these factors need to be understood if an advocate is to successfully work with victims and caregivers.
- It is important to understand that cultural groups interpret their experiences differently, have different experiences with dominant mainstream systems and have different healing strategies.
- An understanding of these issues can therefore be reflected in the activities and resources advocates provide.

- Cultural considerations may include a client's community, national origin, gender, the language spoken in the home, and spiritual and religious beliefs. Tribal and military communities also have different jurisdiction issues.
- Advocates must explore and become aware of their own cultural biases and learn to respect:
 - Boundaries, customs and values of other cultures
 - Traditions that may be different than their own
 - Services and resources that may be used by different cultures

Activity: Telling and Recanting
9:00-9:15 (15 minutes)

- 1. Divide the participants into two, four, or six groups depending on the size.**
- 2. Instruct half of the group(s) discuss why children don't tell.**
- 3. Instruct half of the group(s) discuss first, why children do tell and second, what would make them then recant.**
- 4. Have each group briefly report back to the class.**

Wrap up the activity.

Discuss the following points:

- While we don't know exactly how many kids do not tell, studies of adults who were victimized as children show that most victims eventually tell someone about their experience, although many do not tell right away.
- Children will often let out little bits of information to see how adults will react to what they are saying. This may happen many times before the child actually tells—or not.

- We need to remember that often children believe they *have* told someone. They may have used terms for parts of their bodies no one outside of a parent would understand.
- For example "Grandpa was petting my snoopy last night." The response from a teacher or neighbor may be, "That's nice, dear." The child now feels that they told and nobody cared.
- Offenders often tell children that no one will believe them. Do you think this child will tell someone else?
- Sexual abuse is almost always a significant and upsetting experience in a child's life, but in most cases, especially when children tell and are believed and supported, they recover and do not have lasting negative psychological effects.

Lecture: Mandatory Reporting
9:15-9:20 (5 minutes)

S: Mandatory Reporting

Note to trainer: This section covers mandatory reporting for children. Vulnerable adult definitions and mandatory reporting requirements are covered in RCW 74.34. It is recommended that you collaborate with organizations working with elders and/or people with disabilities regarding mandatory reporting considerations for these populations.

- Persons or groups of persons who have frequent contact with children and families and are required by Washington's State law to report suspected cases of child abuse and neglect to CPS or to the appropriate law enforcement agency (RCW 26.44.030).
- It is the intent of the law that these designated persons, who are in positions to identify children who are at risk from abuse and neglect, will report suspected child abuse

and neglect so that the need for protective services can be assessed.

- Mandated reporters with “reasonable cause to believe that a child or adult dependent or developmentally delayed person, has suffered abuse or neglect, he or she shall report such incident, or cause a report to be made, to the proper law enforcement agency or to the department” (RCW 26.44.030).
- Sexual assault advocates are mandatory reporters.
- Other examples of mandatory reporters include:
 - Medical practitioners
 - Nurses
 - Dentists
 - Social service counselors/therapists
 - Psychologists
 - Medical examiners
 - Pharmacists
 - School personnel
 - Child care providers
 - Law enforcement officers
 - DSHS employees
- Mandated reporting is a difficult task. However, it is important to remember that mandated reporters are only reporting a concern.
- It is not the job of the reporter to *know* whether or not abuse has occurred. The reporter is only reporting a suspicion or a concern that something *may* have occurred.
- Remember, when you make a mandatory report, you should make a reasonable attempt to inform the person of your report.

Ask the participants, “As advocates, how do you think suspected child abuse or neglect will come to your attention?”

- Most likely, an advocate will become concerned about child abuse or neglect through the disclosure of the parent or child.

- Anyone reporting in good faith is immune from civil or criminal liability.
- Here are some things you can say or do when advocating with children:
 - Let the child know how brave they are and reassure the child that they have done the right thing by telling.
 - Bring snacks (parent-approved, as the child may have allergies) and small bottles of water.
 - Ask the child if they know why they are meeting an advocate and what an advocate does. Explain this in age-appropriate language.
 - Keep the first meeting short and friendly. The goal is for the child to feel comfortable with the advocate.
 - Pay attention to body language.
 - Address the child's fears; even just acknowledging them as real is helpful. There may not be a solution, but coping techniques can be discussed.
 - Find some decision the child can make.
 - Let the child know what choices they have, even if it is as simple as taking a stuffed toy to an interview. The advocate should give the child their own business card.
 - Let the child know "what's next" and when they will meet with the advocate again.
 - Don't make promises.
- Remember, the advocate's role is supportive, not investigative. Questions may be general and directed at getting to know the child.

- The non-offending parent or caregivers may be present, depending on the age of the child and whether the child or caregiver is consenting for services. However, this is a meeting for the advocate to get to know the child, so most questions and comments will be directed to the child, regardless of age.
- After a brief time with the child and caregivers, and if the child is able to communicate, it is helpful for the advocate to have one-on-one time with the child. This will allow the advocate to ask the child if there are any questions they may not have wanted to ask in front of the caregivers.
- Advocates must be familiar with their County Child Abuse Protocols.

Activity: Mandatory Reporter's Video
9:20-9:45 (25 minutes)

1. Watch the DSHS Children's Administration video on mandated reporting:
<http://www.dshs.wa.gov/ca/safety/abuseReq.asp?2>

Lesson 2: Adult Survivors

Time: 9:45 – 10:15

Length: 30 minutes

Lesson(s): Adult Survivors

Learning Objective(s): To develop an understanding of the dynamics and effects of adult sexual assault.

Participant Handout(s): none

**Lecture: Adult Survivors
9:45-10:00 (15 minutes)**

- Many people who call the sexual assault crisis hotline or walk-in for services have experienced childhood sexual abuse. Therefore, it is important to keep in mind the dynamics and impact of child sexual abuse.
- However, their primary concern for the call/visit may be a more recent sexual assault incident that they've experienced as an adult.

S: Adult Survivors of Childhood Sexual Abuse

- There are several reasons why an adult survivor of sexual assault may also need support with unaddressed concerns of childhood sexual abuse.
 - Those who have been sexually abused as children are at greater risk for sexual assault and domestic violence, including partner rape, as adults.
 - This is due to difficulty with boundaries, events that trigger dissociation, and harmful coping mechanisms.

Sex offenders and batterers often sense these vulnerabilities and exploit and abuse them.

- A person who experiences rape as an adult may suddenly remember previously repressed experiences of childhood sexual abuse.
- Unless a survivor had social and financial access to individual therapy, there may have been limited resources and services available for healing. In particular, culturally relevant services are lacking. Many survivors reach out to the crisis line for support as adults.

S: Dynamics of Adult Sexual Assault
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- The dynamics of the sexual assault have impacts that affects the healing process and depends on many factors, including:
 - nature of the assault
 - the number of assault incidents
 - the level of emotional, physical, spiritual, and sexual violence
 - the relationship between the perpetrator and the survivor
 - when the survivor remembers the assault
 - presence of a good support system
- These factors all will have contributed to how the survivor has dealt with the abuse up to the point they contact you.
- For example, a woman with a single experience of sexual abuse by a stranger who reported the abuse immediately and received support is likely to have different needs than a survivor who was consistently abused by a trusted adult and who did not remember the abuse until she became an adult.

- As an advocate, you will see survivors dealing with a variety of challenges including shame, guilt, denial, minimizing, and difficulty with boundaries, trust, and safety.

S: Effects and Coping Mechanisms
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- Let's talk about some of the effects of sexual assault. These reactions and behaviors make sense given the toxic environment that they were in as children and/or now as adults.
- We will be talking more about how the specific effects impact aspects of the survivor's life later.
- Shame: Survivors thinking they are bad, wrong, dirty, or permanently flawed.
- Guilt: Survivors feeling that the abuse was their fault. It is very difficult for survivors to place the blame on the offender. Often the abuser was a person close to them that they want to protect. Or it may be that in placing the blame on the offender they have to feel their utter helplessness in the abuse.
- Denial: Survivors saying, "It wasn't that bad." "It only happened once." "I am fine, I don't need anything."
- Minimizing: Survivors thinking that their abuse was not as bad as someone else's. Minimizing the assault is a coping strategy. Sexual assault counselors should validate the impact of the abuse and that it is appropriate that the survivor is upset, traumatized, or hurting from it.
- Boundaries: Survivors can be unfamiliar with boundaries, not knowing when or how to set them or that they have a right to do so. Many survivors need support developing and practicing boundaries.
- Trust: Sexual assault is a betrayal of trust. Most survivors find it difficult to trust other people as well as themselves

and their own perceptions. On the other hand, they may trust everyone.

- **Safety:** Often survivors have an unrealistic sense of safety, assess unsafe situations as safe, and perceive safe situations as dangerous. It is important to check whether a survivor is now in a safe environment by asking specific questions: "Is anyone hurting you or asking you to do things you do not want to do?"
- **Isolation:** This is a big issue for adult survivors. Many feel that they do not deserve support, that they are tainted, and that others will not want to be their friends or lovers. Often, survivors from marginalized communities do not want to expose their experiences for fear of bringing further judgment and attack on their community. Many survivors have been shunned from their families and/or communities.
- **Amnesia:** A survivor may not remember what happened. If it happened before the development of language, the survivor may not have a verbal memory.
- **Dissociation:** A survivor may have dissociated during the sexual assault incident(s). They may describe "floating up out of their body" or "looking over their own shoulder" during the abuse. Dissociation can happen even when the survivor is not being assaulted/abused; an event or memory can bring up emotions which trigger dissociation.
- **Anesthesia:** The body is where the sexual abuse took place and many survivors feel betrayed by their bodies in various ways. They may have tried to numb/dissociate from their bodies in order not to experience the feelings brought on by the abuse.
- Other related issues that may emerge are eating disorders, sexual difficulties, physical changes, substance abuse, self-harm, suicidality, anger, and mood disorders such as depression, anxiety, post-traumatic stress.
- As an advocate, it may be difficult to understand the behavior of some survivors, but it is important to remember that these

behaviors serve as coping mechanisms and as such function(ed) to keep the person alive.

Wrap up the lesson.

Discuss the following possible points:

- Interaction with an advocate may be the mechanism by which the victim finally breaks the sense of isolation and begins to heal.
- Options for support include individual therapy, support groups, somatics (body work that incorporates wholeness and social context), and social support from friends and family.
- Working with community partners to provide culturally relevant and competent support is essential for child and adult survivors. Support your agency in developing a diverse and financially accessible referral network and familiarize yourself with these resources.
- At this point, it is important to be familiar with the dynamics and effects of child and adult sexual assault. Later today and on Day 3 we will be developing active listening and crisis intervention skills.

Break 10:00-10:15

Lesson 3: Intimate Partner Sexual Violence

Time: 10:15-10:45

Length: 30 minutes

Lesson(s): What is Intimate Partner Sexual Violence?, Partner Rape

Learning Objective(s): To gain an understanding of the different dynamics and effects of sexual assault in the context of domestic violence.

Participant Handout(s): none

**Lecture: What is Intimate Partner Sexual Violence?
10:15-10:25 (10 minutes)**

S: What is Intimate Partner Sexual Violence?

Draw two overlapping circles. Write sexual violence in one, domestic violence in the other, and IPSV in the section that overlaps.

Ask the participants why intimate partner sexual violence is shown in the overlap between sexual violence and domestic violence.

Discuss the following points:

- Intimate partner sexual violence (IPSV) is defined as any sexual contact or activity with an intimate partner that makes a person feel uncomfortable, with the purpose of controlling through fear, threats, coercion, manipulation, or violence.
- It can happen with or without the presence of physical violence at the time of the act or within the relationship.

Read the following quote: "Intimate partner sexual violence is part of a bigger picture of violence, abuse, and control where sexual assault and abuse get used as additional forms of battering." (Winters, 2009).

Ask the participants what they think of this quote.

- Forms of intimate partner sexual violence include:
 - Forced oral, anal, or vaginal penetration
 - For example: A person who is HIV-positive forcibly insists on unprotected sex with an HIV-negative partner.
 - Forced participation in group sex, sex with another person, or sex in front of children
 - Unwanted sexual touching, forced touch, or degrading sexual taunts
 - For example: A woman in a same-sex relationship encourages her partner to drink too much, coerces her into a sexual act, and then degrades her afterwards.
 - Forced involvement or viewing of pornography or prostitution
 - Use of technology to victimize
 - For example: A male college student threatens to post naked pictures of his girlfriend on the internet if she won't have sex with him.

S: Prevalence

- Nearly 1 in 10 women in the United States (9.4%) has been raped by an intimate partner in her lifetime. An estimated 16.9% of women have experienced sexual violence other than rape by an intimate partner at some point in their lifetime (NISVS)

2010).

- More than half (51.1%) of female victims of rape reported being raped by a current or former intimate partner (NISVS 2010).
- An estimated 8.0% of men have experienced sexual violence other than rape by an intimate partner at some point in their lifetime (NISVS 2010).
- More than one third (38%) of male victims of sexual violence other than rape reported that the perpetrator was a current or former intimate partner (NISVS 2010).

Read the following quote: "Because they were sexually assaulted or abused by an intimate partner, they frequently don't identify as victims of rape or sexual assault, yet they are experiencing emotions as a survivor of sexual assault." (Winters, 2009).

Ask the participants why survivors of intimate partner sexual violence don't see themselves as victims of rape or sexual assault.

Discuss the following possible points:

- Considered a "marital duty"
- Consent vs. non-consent in an ongoing relationship
- Denial
- Minimization and rationalization by abuser
- Dissociation

S: Cultural Considerations

Ask the participants what cultural aspects they need to consider as advocates?

Discuss the following possible points:

- Family and community pressure
 - Cultural norm
 - Strict gender roles
 - Racial or ethnic isolation
 - Language barriers
 - Economic restrictions
 - Legal implications
- Cultural beliefs and practices must be recognized in a nuanced manner, without stereotypes. Emphasize that respectful advocacy involves *learning* something about a particular cultural tradition, *asking* your client about his or her cultural background, and *identifying* to what extent the client subscribes to the generally held views of that group.

Film: Partner Rape
10:25-10:45 (20 minutes)

1. Show the first two chapters of the video, Introduction: Women's Stories (8 minutes) and What is Partner Rape? (3 minutes, 40 seconds)

2. Debrief the video.

Note to trainer: *Partner Rape: Know About It, Respond Effectively, Prevent It* can be checked out from the WCSAP Lending Library or requested or viewed for free at http://www.whealth.com.au/work_partner_rape.html

Sources:

Winters, Marianne, (2009). *Intimate Partner Sexual Violence: Sexual Assault in the Context of Domestic Violence*. Olympia, WA: Washington Coalition of Sexual Assault Programs. Retrieved from: <http://www.wcsap.org/sexual-assault-context-domestic-violence>

Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Retrieved from: http://www.cdc.gov/ViolencePrevention/pdf/NISVS_Report2010-a.pdf

Lesson 4: Male Survivors**Time: 10:45-12:00****Length: 1 hour, 15 minutes****Lesson(s):** Boys and Men Healing, Male Survivors**Learning Objective(s):** To explore additional considerations for male survivors of sexual assault/abuse.**Participant Handout(s):** none**Film: Boys and Men Healing from Child Sexual Abuse
10:45 – 11:45 (1 hour)****1. Show the video Boys and Men Healing from Child Sexual Abuse.**

Note to trainer: *Boys and Men Healing from Child Sexual Abuse* can be checked out from the WCSAP Lending Library or purchased for \$59 at <http://www.bigvoicepictures.com/boys-and-men-healing/>.

Lecture: Male Survivors
11:45-12:00 (15 minutes)

S: Male Survivors

Ask the participants how they think sexual abuse impacts men differently than women.

Discuss the following points:

- There can be an added disbelief/difficulty in disclosing due to fears about other's reactions.
- Myths regarding men and sex contribute to the difficulty many have in seeing men/boys as sexual assault victims. Society perpetuates the view that males always want sex and women never do. If this is considered true it is easy to see how women could be viewed as potential victims and men could not.
- Unfortunately, it is consistent with male sex role stereotyping to see men as powerful, aggressors and women as helpless, victims. Within this frame work, a male saying he is a victim of sexual assault may bring up questions about his masculinity in a way it does not bring up questions about a women's femininity.
- The survivor may wonder how, if at all, the sexual abuse impacted his sexual orientation. Studies show that whether or not someone identifies as gay, lesbian, straight or bi-sexual is not determined by their abuse history. However, many survivors may express concerns that their sexual victimization might determine their sexuality.
- Most perpetrators of sexual abuse against boys are male. This may mistakenly lead the child victim and later the

adult survivor, to erroneously conclude that the perpetrator was gay resulting in an increase of homophobia. While gay men can certainly sexually abuse boys, studies confirm that the majority of male sex offenders identify as heterosexual.

- While it can be true that all victims may fear being seen as a perpetrator if they disclose, this is especially true for male victims. We know that most survivors of sexual abuse (male and female) never go on to sexually abuse anyone. Studies also show that the majority of sex offenders have *not* themselves been sexually abused in childhood—although many professionals and the general public still mistakenly believe this is the case.
- Men are typically socialized not to ask for help. This can create an added difficulty in reaching out for help to address the sexual assault issues.
- Due to social conditioning, men tend to be less comfortable than women processing feelings verbally. Much of advocacy is about talking about feelings, which can make it even more difficult for male victims to consider.
- It is not helpful to assume that male victims will feel most comfortable working with a male advocate. Remember, most males are sexually assaulted by other males so they might not automatically feel most safe with a male advocate. In addition, many men are socialized to feel more comfortable being emotionally intimate with women (wives, mothers, sisters) rather than men, so some they may feel most comfortable initially working with a woman.

Lunch 12:00-1:00

Lesson 5: Effects of Victimization

Time: 1:00-2:15

Length: 1 hour, 15 minutes

Lesson(s): Understanding Victimization, Cultural Considerations

Learning Objective(s): To learn about the effects of sexual assault, build empathy towards survivors, and strengthen cultural competency skills.

Participant Handout(s): Effects of Victimization Scenarios

- While the effects of sexual assault vary greatly from one individual to another, common physical, emotional, psychological, spiritual effects do emerge.
- We are now going to do an exercise which will help us to have a clearer, more personal understanding of the effects of victimization.

Activity: Understanding Victimization

1:00 – 1:45 (45 minutes)

- 1. Have the group count off by numbers from 1-6.**
- 2. Assign each number a category of victimization to work on. The categories will be Emotional, Physical, Social, Sexual, Relational, and Spiritual.**
- 3. Pass out colored post-it notes to the participants.**
- 4. Instruct them to identify the impact and effects of sexual assault according to their assigned category. Give them 10 minutes.**
- 5. Ask for a volunteer from each group to share their answers with the whole group as they post the sticky notes on the flipchart. Give them 5 minutes each.**

- Although it is critical as advocates to understand an individual's particular reaction to their assault, we would be doing them a disservice if we stopped there. We must also look at the broader context in which sexual assault happens.
- We must understand that entire systems of oppressions - sexism, homophobia, racism, classism, ableism, etc. - may have been layered upon victims before they even pick up the phone or walk in the door.
- We must also look at the individual's culture. We are more than individuals, we all have cultures that shape who we are, our values, how injustice impact us, our help-seeking behavior, and it certainly shapes our healing process.
- It is critical to understand that gender, sexual orientation, race, class, and ability differences constitute the ways in which individuals define, experience cope with and heal from rape and all must be taken into consideration when working with survivors.
- Your sensitivity to the differing needs and choices of survivors, depending on their culture and community will help in their healing.
- For example, it is important to be open to the possibility that the person who raped the survivor is female. In this case, assumptions about birth control would be inappropriate, and may cause the survivor to feel misunderstood and untrustworthy of you.
- For example, issues around family involvement have different significance depending on the survivor's ethnicity.
- For example, an older survivor may find it impossible to understand her experience as rape if she sees the incident as a sexual act as opposed to an act of violence.
- We are now going to do another exercise that continues on this theme. This time we are going to be more intentional about cultural considerations.

Activity: Effects of Victimization
1:45-2:15 (30 minutes)

- 1. Have the participants stay in the same small groups.**
- 2. Pass out a different “Effects of Victimization Scenario” to each group.**
- 3. Instruct the participants to identify *possible* cultural considerations for each survivor related to emotional, physical, social, sexual, relational, and spiritual impacts. Give them 10 minutes.**
- 5. Explain to the group that the point of this exercise is not to stereotype the people in the scenarios, but to think about what questions to ask and how to be of the best support to the survivor.**
- 4. Ask for a volunteer from each group to briefly describe the scenario and share one cultural consideration under each of the impact categories. Give them 3 minutes each.**

Lesson 6: Rape Trauma**Time: 2:15-2:45****Length: 30 minutes****Lesson(s):** Definition

Learning Objective(s): To gain a better understanding of the immediate and long term effects of trauma and implications for advocates.

Participant Handout(s): Rape Trauma

Lecture: Definitions
2:15-2:45 (15 minutes)

S: Rape Trauma

- We've just outlined some of the common reactions to victimization both from an individual and cultural perspective.
- At this time, we are going to spend some time talking about immediate and long term somatic, cognitive, psychological, and behavioral stress response patterns following sexual assault.
- These are common responses and do not necessarily constitute diagnostic criteria or symptoms of disorders. Remember, it is not your role as an advocate to assess and diagnose disorders. Be sure to refer the survivor to a therapist if necessary/requested.
- After a sexual assault, people can experience a wide range of reactions. It is extremely important to note that there is no one pattern or order of responses.

- Some respond immediately, others may have delayed reactions. Some are affected by the assault for a long time whereas others appear to recover rather quickly.
- Immediately following an incident (days to weeks), many survivors report feeling:
 - shock fear
 - confusion guilt
 - anxiety self-blame
 - numbness dulled senses
 - humiliation difficulty concentrating
 - embarrassment shame
- Physically, they may have somatic (body) complaints, eating disturbances, anxiety, difficult concentrating, and physical symptoms related to areas on their body affected by assault.
- Emotionally, they may be very expressive (anger, sadness), disoriented (disbelief, denial), or controlled (distant, calm).
- Cognitively, they may be unable to block out thoughts of the assault or forget entire parts of it. They may constantly think about things they should have done differently; emotion and intellect may be conflicted.
- Nightmares are common. So are thoughts of being in a similar situation and “mastering” the traumatic event.
- Long term reactions include healthy and unhealthy coping mechanisms, which may be beneficial (social support) or counterproductive (self-harm, substance abuse, eating disorders).

- Immediate reactions may persist and change the survivor's lifestyle. This adjustment stage (months or years) may include:
 - continuing anxiety
 - poor health
 - sense of helplessness
 - persistent fear
 - depression
 - mood swings
 - sleep disturbances
 - flashbacks
 - dissociation
 - panic attacks
 - phobias
 - relationship difficulties
 - withdrawal/isolation
 - paranoia
 - localized pain
- Some survivors may be diagnosed by a mental health professional as having Acute Stress Disorder or Post Traumatic Stress Disorder.
- These are normal reactions to a traumatic incident(s). If we look at these reactions through a "trauma lens" then the reactions make sense but are no longer useful to the healing process.
- Advocates play a large role in normalizing these common immediate and long term reactions and supporting survivors in resolving negative emotions, accessing medical and mental health services, and seeking social support systems.

Ask the participants what implications these reactions may have for their advocacy with survivors?

Discuss the following possible points:

- Survivors may miss appointments, be late, or not call back.
- Survivors may demonstrate "bizarre" behavior, dissociate, or avoid.

- Do not take it personally; these reactions are not about you they are in response to the rape trauma the survivor is experiencing.
- Although survivors have very individual experiences and reactions, there are common immediate and long term effects of trauma.
- Therefore one of the most helpful things you can do as advocates is to normalize their feelings and let them know they are not alone.
- Victimization shatters assumptions that many of us hold in order to function in the world:
 - That we are invulnerable
 - That the world is a meaningful place
 - That we are viewed in a positive light
 - That others are viewed in a positive light
 - That structure and routine create predictability
- These assumptions allow many of us to get up in the morning and function in life. For survivors, these assumptions no longer hold true.
- Because victimization shatters these assumptions, it therefore has a profound impact on the basic core of who a person is and the basic foundations for operating in the world.
- The process of healing may become about integrating these shattered assumptions into one's life in order to continue on.

Break 2:30-2:45

Lesson 7: Advocacy

Time: 2:45-3:15

Length: 30 minutes

Lesson(s): Definition, An Advocate's Role Is and Isn't

Learning Objective(s): To define advocacy, discuss the role of an advocate, and develop advocacy skills.

Participant Handout(s): none

**Lecture: Definition
2:45-2:55 (10 minutes)**

- This morning we've been talking about advocacy and how to advocate with or on behalf of a survivor of sexual assault. Now we are going to define that term, discuss the role of an advocate, and begin to develop advocacy skills.

Ask the participants, "Based on what you've learned so far, what do you think advocacy is?"

- An advocate is defined in the dictionary as:
 - a person who speaks or writes in favor, support or defense of a person, cause, etc.
 - a person who pleads for or in behalf of another
- Advocates in the anti-violence against women movement have traditionally *with or alongside* survivors, not necessarily speaking for survivors. However, systems and public policy advocacy do benefit from a unified representative voice.
- Additionally, advocacy can be considered as:
 - Being present in the moment

- Bearing witness to another's pain
- Taking in suffering and putting forth compassion
- Creating space for truth
- An honor to be earned

S: Advocacy

- Advocacy is an essential component in any sexual assault service provision. There are several types of advocacy support services:
 - Information and referral
 - Providing a survivor with the phone number to the local food bank
 - Crisis intervention
 - Assisting a survivor in finding safe shelter for the night
 - General advocacy
 - Listening to a survivor describe the impact of abuse
 - Legal advocacy
 - Helping a survivor fill out a sexual assault protection order
 - Medical advocacy
 - Accompanying a survivor to a forensic exam
 - Systems advocacy
 - Coordinating a community response
 - Specialized services such as support groups or therapy
 - Facilitating a support group or finding a sexual assault therapist

**Activity: An Advocate's Role Is and Isn't
2:55-3:15 (20 minutes)**

- 1. Place the flipchart entitled "An Advocate's Role Is..." on one side of the room and the other entitled "An Advocate's Role Isn't..." on the other side of the room.**
- 2. Divide the group in half.**
- 3. Have the groups line up in front of the two flipcharts. Give the first person a marker.**
- 4. Instruct the participants to quickly write down the first answer they think of.**
- 5. When they are done with one flipchart, have the participants go to the end of the other flipchart line. Give them 10 minutes total.**

Debrief the activity.

Discuss the following points:

- An Advocate's Role Is...
 - Support self-determination
 - Support safety
 - Serve as a liaison between the survivor and systems
 - Inform of their rights; defend their rights
 - Provide information to inform choices
 - Accompany through systems
 - Inform of other services available
 - Listen
 - Believe

- Focus on feelings
- Assist in regaining a sense of control
- Keep confidentiality
- Respect cultural differences
- An Advocate's Role is Not....
 - Make decisions
 - Rescue
 - Investigate
 - Be friends/mother
 - Be everything to everybody
 - Judge
 - Blame
 - Provide therapy
 - Take home
 - Loan money

S: Systems Advocacy

- Let's talk a little bit more about your role as a systems advocate. There are many systems in our society – legal, medical, political, economic, etc. Should they become involved in one of these systems, part of our job as an advocate is to help survivors navigate an often confusing process.

Ask the participants, "When we say 'systems,' what do we mean?"

- Making sure survivors have all the information they need to inform all their choices is important. It is also important for survivors to know their rights and for you to help defend them. Give an example:
- We are also there to help the people in those systems have a better understanding of SA dynamics and the needs of survivors.
- Systems advocacy can sometimes be direct and feel confrontational. When we are new, we may be uncomfortable advocating with or on behalf of survivors to people in positions of power.
- However, you will gain more knowledge and skills and with practice, it will become easier. Systems advocacy can take place in response to a single circumstance or be a coordinated effort at the organizational level.
- Keep in mind that you are seeking accountability and justice but that conflict with individuals or systems is not helpful to the survivor at that moment or to survivors or your organization in the long run.
- Systems advocacy can be framed as conflict resolution, with the emphasis on resolution.

S: Rescuing

- Let's also talk in depth about the tendency to "rescue" and how it is not within the role of an advocate.
- Rescuing includes:
 - Persuading the survivor to do something they don't really want to do because you think it is in their best interest.

- Doing things or going places with the victim without being asked, because you assume they cannot take care of themselves.
 - Not allowing survivors to ask for what they want or need themselves.
- Many of us become advocates out of an altruistic desire to help people. Our ability to help people can make us feel needed and important. However, advocacy is not about us and helping does not mean rescuing.
- When an advocate rescues a survivor, the survivor may stop putting any efforts towards problem solving or healing. If you are working harder than the survivor, then you are in rescue mode.
- In a moment of crisis, the victim may really want to be rescued. They may want someone to take over for a short period of time. They may ask you what to do.
- The advocate can provide information and access to services, but CANNOT make choices for the survivor. The truth is we don't know how a series of events will unfold or if a decision is "good" or "bad" for someone. The survivor is the one who has to live with the consequences. Not us.
- "The feeling of being a powerless victim is hellish and is only made worse by people who agree with one's powerlessness by rescuing." (Anonymous).
- It will take a concerted effort on the part of the advocate to avoid being a rescuer. The survivor will feel powerless and will often seem unable to make decisions.
- However, the advocate must believe in the survivor's power to do things for themselves – to take control of their own life. This is the only path to a cooperative, helping relationship.
- A better alternative to rescuing a survivor is to support their empowerment.

Lesson 8: Empowerment**Time: 3:15-3:30****Length: 15 minutes****Lesson(s):** Brainrush, Definition**Learning Objective(s):** To define empowerment.**Participant Handout(s):** none

- It's important to keep your role in mind at all times when providing effective advocacy. We will be practicing these skills later on. At this time, we are now going to focus on the cornerstone of effective advocacy: empowerment.

Activity: Brainrush**3:15-3:20 (5 minutes)**

- 1. Ask the participants to list as many words or phrases as they can think of that describe "empowerment."**
- 2. List their responses on a piece of flipchart paper.**

Lecture: Definition**3:20-3:30 (10 minutes)****S: Empowerment**

- The primary goal of advocacy is to support the empowerment of survivors through self-determination and safety. Empowerment is the foundation for healing.
- The dictionary definition of empower includes:
 - To give power or authority

- To enable or permit
- This term is used a lot and increasingly so in our consumer culture, as product choices are presented as empowerment. The term may need to be explained to survivors in the context of sexual assault advocacy.
- As advocates, we are not necessarily “giving” or “permitting” empowerment. Instead we are:
 - Promoting a sense of power from within by supporting a survivor’s self-determination and autonomy
 - Creating conditions for empowerment by supporting a survivor’s safety and healing
- Although the methods used by the anti-rape movement to support survivors have evolved over the years, at the core is still the belief that individual and community empowerment is the foundation for healing.
- Many rape crisis centers, including those in the State of Washington, use an “empowerment” model as their approach to providing sexual assault support services.
- People who help others using this model are interested in providing aid and resources that individuals deserve but do not have. The typical approach in this model is to “mobilize with or on behalf of the person” – at least for a time, until the diminished internal and external resources have been (re)established.

Lesson 9: Confidentiality

Time: 3:30-4:00

Length: 30 minutes

Lesson(s): Secrets Exercise, Definition

Learning Objective(s): To define confidentiality.

Participant Handout(s): none

Note to trainer: This exercise is designed to experientially acquaint the participants with the concept of confidentiality. The point is to help participants understand how scary it can be for survivors to tell people about the sexual assault. For many, it is a secret. It can also be scary to hold onto another's secret.

Group Activity: Secrets Exercise 3:30-3:40 (10 minutes)

Ask the participants: Think about a time when you told someone a secret and they kept your secret.

"How did it make you feel? How did you decide to tell your secret to that person?"

Ask the participants: Now think about a time when you told your secret to someone and you found out that they told other people your secret.

"How did that make you feel? Would you be inclined to confide in that person in the future?"

Ask the participants: Think about a time when someone told you their secret.

"How did it feel to be responsible for someone else's secret?"

Consider making the following points:

- Many survivors have kept their sexual assault experience a secret. Consider it an honor to receive and protect it. In fact, the process of building trust and rapport with a survivor is a process of earning that honor. You do not automatically have it just because you are an advocate.
- Trust has to be earned. One of the ways to earn trust is to keep your conversations and activities with survivors confidential.

Lecture: Definition
3:40-4:00 (20 minutes)

S: Confidentiality

- The most important work ethic you must observe as an advocate is the principle of confidentiality.
- Confidentiality is fundamental to providing services to sexual assault survivors. Ultimately it is your responsibility to protect the information that a survivor chooses to share with you.

Ask the participants why confidentiality is so important.

Discuss the following points:

- Survivor safety
- Trust and rapport building
- Positive organizational reputation
- Confidentiality means treating certain communications (or products of those communications, like paperwork and files) between two people in confidence –private matters that will not be shared with or disclosed to any third party.
- Confidentiality is important because it helps create and maintain the survivor’s trust and lays a foundation for healing.

- Confidentiality provides a safe, intimate space for a survivor to tell their story, uninhibited and free from being shamed and blamed for what has happened to them.
- Protecting confidentiality is dynamic. It is not a one-time act we engage in, but rather a series of acts over time that we engage. Every action that sexual assault advocates or rape crisis centers do is to ensure that a survivor's information is not shared with or disclosed to any third parties.
- There are many examples of actions that advocates and organizations do to maintain confidentiality. For example:
 - Paperwork policies
 - Not including verbatim statements made by the survivor in case there is a court subpoena.
 - We would never want our records to portray the survivor in a negative light or give the defendant/defense attorney material that negatively impacts the survivor's credibility in court.
 - Phone messages
 - Asking if messages can be left (for follow-up or on-going advocacy) and what exactly can be said.
 - Also, if a third party calls and asks if the survivor is receiving services, saying "I cannot confirm or deny that the person is receiving services."
 - Social networking practices
 - Following your organizations policies about emailing, texting, and friending clients.
 - If you happen to see a client in public, do not acknowledge them first. You do not know who they are with or who is watching. Let them make initial contact, if at all.

- Coordinated community services
 - Having a clearly stated approach to systems coordination and representing the rights and perspectives of survivors.
 - These working relationships should be developed and maintained by experienced, knowledgeable advocates.
- Confidentiality is about having policies procedures in place that are consistently upheld so that the survivor, advocate, and organization can assert privacy rights, and protected communication as granted by state statutes.
- Maintaining confidentiality requires that we continually evaluate how our actions and inactions serve to protect survivor's rights and protections.
- Confidential information can be disclosed under certain circumstances.

S: Exceptions to Confidentiality
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Ask the participants if they know under what circumstances confidentiality can be broken.

- Confidentiality can be broken if you suspect abuse or neglect of (a) child(ren) or a vulnerable adult.
- Washington law says that an advocate may break confidentiality to report an imminent threat to harm one's self or someone else. Advocates should inform themselves about crisis intervention, suicidal callers and intervention, and should limit these reports to emergency situations where harm is imminent.
- Confidentiality can be broken if there is a court order signed by a judge that requires you to release certain information.
- A subpoena is a formal request for information, not a court order. Subpoenas should go to the organization director. Your

organization should have a policy for responding to subpoenas. Most organizations will defend the right to maintain confidential and privileged information to the fullest extent possible. It is wise to discuss the subpoena with the client and weigh the consequences of willingly providing the court with client records.

- Confidentiality can be broken at the request of the survivor. This can only be done with the survivor's informed consent to release information. We will discuss when and how to do this on Day 4 when we discuss legal advocacy.
- Each center will have its own specific policies and procedures. However, the state constitution and administrative and revised codes (statutes) specifically address victim rights and protected communications.
- Remember, the information you hear and hold belongs to the survivor. Only they can release that information.
- Should confidentiality be broken:
 - The advocate may be terminated.
 - The client may take legal action against the advocate.
 - The client may take legal action against the organization.

Read each scenario to the participants.

Ask them if confidentiality was broken or not and whether it was the right action to take.

- After finishing a call on the crisis line, an advocate feels very upset and needs to talk about what happened to the survivor and how they handled the call as an advocate. They call their best friend and vent.
- When talking to a 14-year old the advocate determines that the child has been abused. The child asks the advocate not to tell. Determining that to report the abuse would mean to break confidence; the advocate decides not to report it.

- Upon concluding support of a survivor during a detective interview, the advocate is very tired but cannot go to sleep. The advocate feels they need to talk with someone so they call their supervisor at the agency and talk about the interview.
- After a sentencing hearing, the victim and advocate leave the courtroom. On the way to the advocate's car they see a friend of the advocate's in the parking lot. The friend, wondering why the advocate is there, asks if they have been involved in a case. The advocate tells the friend all about it since the case is over.

Lesson 10: Advocacy Skill Building

Time: 4:00-4:50

Length: 50 minutes

Lesson(s): Case Scenarios

Learning Objective(s): To demonstrate an understanding of mandatory reporting, advocacy, and confidentiality by practicing an advocate's roles and responsibilities.

Participant Handout(s): Mandatory Reporting Case Scenario, Advocacy Case Scenario, Confidentiality Case Scenario and Client Rights Information and Consent to Receive Services.

Activity: Case Scenarios
4:00-4:50 (50 minutes)

- 1. Divide the participants into groups of three.**
- 2. Pass out the worksheets on Mandatory Reporting, An Advocate's Role, and Confidentiality. Also pass out the Client Rights Information and Consent to Receive Services handout.**
- 3. Using the knowledge they've gained throughout the day, have them practice verbalizing a) mandatory reporting; b) advocacy; c) confidentiality as if they were describing these roles and responsibilities to a survivor.**
- 4. Have each person practice one of the scenarios. Instruct the other two people to provide additional suggestions and feedback. Give them 10 minutes for each scenario.**
- 5. Debrief the activity.**

Wrap Up

Lesson 11: Wrap Up

Time: 4:50 – 5:00

Length: 10 minutes

Lesson(s): Main Points, Wall of Wisdom

Learning Objective(s): To summarize the content that was covered and to prepare participants for the next two days of skill building.

Participant Handout(s): none

**Lecture: Main Points
4:50 – 4:55 (5 minutes)**

Today we discussed:

- Child sexual abuse, including the dynamics and effects of it, as well mandatory reporting
- Adult sexual assault, including intimate partner sexual violence and male survivors
- Effects of sexual assault, including rape trauma
- Roles and responsibilities of an advocate, including empowerment and confidentiality
- We hope that you have gained some insight into the dynamics and effects of sexual assault and your role as an advocate. At this time we would like to do a final exercise that will help you identify some of the key points that you have taken away from this part of the training.

Activity: Wall of Wisdom
4:55 – 5:00 (5 minutes)

- 1. Place a flipchart on the wall entitled “Wall of Wisdom.”**
- 2. Pass out colored post-it notes.**
- 3. Tell participants to think of 1-2 new things they learned and became more “wise” about and/or what can be brought back home with them.**
- 4. Have them write these on these on a post-it note and place it on the flipchart. This is now the “Wall of Wisdom.”**
- 5. Take a few minutes to have some participants review their responses. Tell them that they can also take some time to record some of the ones they feel most relevant to take with them for review later.**