Counseling Tools

For the Prevention and Reduction of Post-Traumatic Stress Reactions
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Preface

The purpose of this manual is to offer practical suggestions on how to counsel sexual assault survivors during one or several follow-up contacts. Following a brief introduction, the manual is divided into three modules. The first module, Psycho-education and Coping, is designed to help counselors conduct state-mandated follow-up crisis counseling. In other words, this module can be used for those contacts that are made within three working days of a survivor’s initial contact with a rape crisis center. This Module has been designed for incorporation into your agency’s sexual assault training manual and can be photocopied for use during your 40-hour sexual assault training. The second module, Challenging Beliefs, and the third module, Disclosure, introduce counseling tools that are typically used when multiple contacts with a survivor are possible.

Note that these counseling tools complement rather than replace basic principles of crisis intervention. Defining the survivor’s needs through passive and active listening and providing social support through an accepting and non-judgmental attitude remain central to any contact with a survivor. Moreover, many of the counseling tools presented here will not be relevant during an acute crisis when immediate medical care and/or safety is the focus of attention. Most rape crisis training manuals provide outstanding and comprehensive coverage on how to handle acute crisis situations (e.g., Hotline calls) and how to provide supportive counseling.

Similarly, the counseling tools presented here are not designed to replace or compete with psychotherapy services conducted by trained professionals. Indeed, an essential feature of crisis counseling is to determine if and when such services are needed. The counseling tools recommended here could best be thought of as early interventions that may reduce the need for additional services. When additional services are needed, the information provided could help the survivor better make those choices.

It’s important for you to remember that the goal of any post-trauma intervention is to reconnect and re-empower the survivor. This holds regardless of whether the survivor is female or male. Although the language in this manual reflects the reality that most survivors are female, most of the concepts and all of the suggestions apply to both female and male survivors.

Finally, all follow-up crisis counseling should be delivered in a supportive manner where the survivor is given control over her own recovery efforts. You as the sexual assault counselor can aid in this process by providing relevant information that the survivor can then choose to utilize. Although the counseling tools in this manual are presented in steps with “back-up” information provided, the timing and delivery of the tools will depend on the current emotional state of the survivor, her psychological sophistication, her immediate needs and wants, and the degree to which the survivor has formed a relationship with the rape crisis counselor. Other factors such as the survivor’s gender, ethnicity, culture, and sexual orientation will also affect the delivery of specific counseling tools (e.g., challenging specific beliefs about the assault). This training manual was reviewed and piloted at three rape crisis centers, which reflected the diversity of the state of California. These counseling tools were found to be effective with diverse populations. Although the structure suggested in this manual may provide some guidance, especially for new rape crisis counselors, it is ultimately the counselor’s judgment that will determine if and when a particular counseling tool should be used.

References

Counseling Tools for the Prevention and Reduction of Post-Traumatic Stress Reactions

Introduction

I. Importance of Follow-Up Crisis Counseling

There are at least two reasons why follow-up crisis counseling is important to rape crisis centers: First, some evidence suggests that intervention delivered shortly after a sexual assault may prevent or reduce the severity of post-traumatic reactions (1). Although some of these interventions may require a referral to a licensed therapist, trained rape crisis counselors can still deliver other types of interventions. For example, interventions that help survivors normalize their reactions to traumatic events; relieve irrational guilt they may have; and encourage disclosing or talking about the experience; are not only recommended “first-line” interventions for the prevention of rape-related posttraumatic stress disorder - PTSD (2); but also primary counseling activities used by rape crisis counselors on a day to day basis.

If you look at Appendix A at the end of the manual, you will notice a brief summary of studies that show the outcome and effectiveness of interventions for the prevention and treatment of rape-related Post-Traumatic Stress Disorder (PTSD). In all cases these interventions resulted in a better outcome than if no intervention was done at all, and still, in many cases they were better than the use of supportive counseling alone. Although it is not clear whether all of these interventions can be delivered effectively and ethically by paraprofessional counselors working in rape crisis centers, there are some components, such as psycho-education, that are easily adapted for use by paraprofessionals.

It is also possible that at least some of the benefits of the more intensive treatment components like cognitive therapy (formal therapy used to help survivors challenge the negative beliefs that may be causing problems) or exposure therapy (formal therapy used in helping survivors recount the traumatic events in order to help decrease fears about the assault), can be accomplished at a paraprofessional level. It is possible, for example, that you can help facilitate cognitive therapy by having a thorough and straightforward discussion with the survivor about her assault-related beliefs.

References


and concerns, along with the identification of common rape "myths" and encouragement of other accurate ways of thinking about sexual assault. Similarly, rather than conducting exposure therapy, rape crisis counselors may be able to enhance the natural process of exposure by helping her to stop avoiding the reminders of the trauma and supporting her in her efforts to talk about the experience with friends and family.

Secondly, there are also administrative reasons why follow-up counseling is important. Most states require that rape crisis centers offer follow-up crisis counseling services. These services are typically defined as either in-person or telephone contacts made within three working days of a survivor’s initial contact to the rape crisis center. In California, the service standard requires that a minimum of 45% of survivors receiving crisis intervention for the first time obtain follow-up crisis counseling within 3 working days (8). Typically, this includes an assessment of the survivor’s needs and appropriate referrals to additional services (e.g., long-term therapy, self-defense/prevention training). Although most rape crisis centers are able to meet or exceed this requirement, how the follow-up is done and to what extent, varies considerably.

Indeed, a recent focus group conducted by CALCASA with the directors of several rape crisis centers revealed certain obstacles in delivering follow-up crisis counseling (8).

Some of these obstacles they encountered were:

- Avoidance or denial by the survivor
- Disconnected phone numbers
- Homeless population
- Cultural issues
- Time and availability of staff to conduct follow-up contacts
- Lack of staff training in what to say or do during a follow-up contact

A brief study on follow-up counseling practices as presented in rape crisis counseling training manuals was also conducted. More specifically, 15 manuals were randomly selected and reviewed with regard to coverage of important counseling tools. Although all of the manuals included discussion of the importance of follow-up crisis counseling and the time frame in which it should be completed, no additional guidance was given on how to assess for topics in need of discussion and/or how to cover these topics during a follow-up contact. Furthermore, much of the information provided in the manuals was outdated (e.g., most of the references were from the 1970’s and 80’s) and consequently did not incorporate recent findings relevant to psycho-education and coping, challenging beliefs, and disclosure.

References


(8) California Coalition Against Sexual Assault (May, 2000). Current follow-up counseling practices. Conference call facilitated by CALCASA.
With regard to psycho-education about trauma and post-trauma reactions, all of the manuals gave considerable attention to the nature and prevalence of rape although several recent and prevalence of sexual assault were frequently omitted. All of the manuals included coverage of rape trauma syndrome, first studied and articulated by Burgess and Holstrom in 1974. This syndrome emphasizes two stages: the acute stage in which the survivor’s life is completely disrupted and the long-term process stage in which the survivor begins to re-adjust and re-organize her life. Although common reactions to trauma (e.g., nightmares, avoidance) were always included in these descriptions, no information was provided on the percentage of survivors struggling with these reactions over time. Fortunately, this information is now available and important for being able to normalize a survivor’s reactions to trauma. Furthermore, rather than the specific stages of Rape Trauma Syndrome, adjustment to trauma appeared to follow a particular pattern. Finally, most of the manuals provided information on different therapy approaches but few reported on the recovery process itself and the effectiveness of different interventions for reducing PTSD symptoms.

All of the manuals provided excellent coverage on frequently held beliefs or myths about rape and most provided strong counter-arguments for these beliefs. (This information was often presented in a “myth” versus “fact” format). Missing, however, was information on how to determine if a survivor held particular beliefs and how to challenge these beliefs in a constructive and empowering way. Similarly, it was not uncommon for manuals to provide information on different ways of coping, but most did not address ways in which these techniques could be addressed during a follow-up contact.

Finally, all of the manuals recognized the importance of disclosure. A few provided information on what to expect when talking about one’s experience and many provided information that could be given to friends and family members. Some of the manuals also encouraged disclosure in the form of writing or “journaling,” but none provided information on when disclosure might be introduced or the importance of repeated disclosure of both feelings and facts.
II. Encouraging Participation in Follow-Up

All initial contacts with a rape crisis counselor should end with a discussion of the importance of follow-up. Even in acute crisis situations where immediate medical, legal, or safety issues are paramount, the contact should end with a concrete plan for follow-up. In non-acute situations (e.g., first time callers with a history of assault), as a rape crisis counselor, you should first provide emotional stabilization, followed by a discussion of what can be gained by having the survivor participate in follow-up.

Here are two strategies to encourage survivors to participate in follow-up:

- Provide a reason why the survivor should participate
- Try to foresee possible reasons why a survivor might be reluctant to participate.

If the survivor agrees that participation is important, a plan should be made for how this can happen.

Here are three steps to help facilitate this process:

Step 1: Provide a reason for importance of follow-up counseling
- Let the survivor know that there is good evidence (research and your experience as a rape crisis counselor) that survivors find participation in follow-up helpful (e.g., opportunity to learn more, opportunity to take control back in their lives, opportunity to have someone to talk to during the process, etc.).

Step 2: Identify possible barriers to participation
- Avoidance - (e.g., “I just want to put it behind me”). Although this has short-term benefits, the long-term consequences include increased problems adjusting in her life. It may be helpful to remind the survivor that the more they try NOT to think about what happened, the more likely they are to think about it.
- Lack of resources - (e.g., no phone, no privacy, transportation). Identify ways around these obstacles (e.g., come into center; identify places where the survivor can take calls; money for transportation, pagers or private number).

Step 3: Make a plan
- Set up an appointment time.
- Obtain a commitment to attend the appointment.
- Call immediately if appointment is missed and reschedule another appointment.
Let the survivor know that there is also some evidence that participation can prevent or reduce some post-traumatic reactions.

III. About the Follow-up Crisis Counseling Modules

In the next section we will present three counseling modules:

Module 1

**Psycho-education and Coping**

Recommended as a starting point for all follow-up contacts. This module focuses on assessing common reactions to trauma, normalizing these reactions, and providing survivors with useful tools in dealing with different problem areas. Also covered are the most frequently used and effective techniques for coping with assault-related problems.

Module 2

**Challenging Beliefs**

Addresses frequently held beliefs about sexual assault and ways to challenge those beliefs.

Module 3

**Disclosure**

Provides information about the importance of disclosure as well as the process of disclosure.

The counseling tools in Modules 2 and 3 are a bit more difficult to deliver and often require additional training and supervision. They are also most appropriate for those situations where the rape crisis counselor has multiple contacts with the survivor.

Each module has accompanying handouts for the survivor (see Handouts following manual). It should be noted that these handouts require at least an 8th grade reading level and proficiency in English and/or Spanish. They include a lot of information that may require several readings and discussions to digest. In other words, they are not designed to use as “flash-cards” during a difficult time. Consequently, they may need to be introduced as something for the survivor to read and discuss with you when she is not in crisis.

Finally, a summary or “checklist” of the specific steps included in each module is available at the end of the manual (Appendix B). The sheet can be used as a prompt during a follow-up contact. For example, during a hotline call, the survivor tells you she is feeling overwhelmed. You can follow the steps under Psycho-education and Coping while you are on the phone; thus eliminating having to page through the entire manual to find the specific steps. Remember, the survivor might already be in crisis and being frantic about having to find what tools to use in the manual while on the phone may create unnecessary anxiety.
Module I: Psycho-education and Coping
The goal of the coping section of this module is to help you, as a rape crisis counselor, encourage a survivor to take practical steps to improve her ability to cope with assault-related problems.

**Module 1: Psycho-education and Coping**

The goal of psycho-education is to help a survivor recognize and understand common reactions to sexual assault, provide her with simple advice regarding coping, and encourage her to use counseling services, if necessary. Providing this information can help normalize her reactions, lessen her feelings of isolation, and increase her awareness of different coping options. Although some of the information in this section may have been provided during an initial contact, it is not uncommon for trauma survivors to still have difficulties with concentration and memory, especially during an acute crisis. Therefore, a more structured review of the information during a follow-up contact may be helpful.

The goal of the coping section of this module is to help you, as a rape crisis counselor, encourage a survivor to take practical steps to improve her ability to cope with assault-related problems. This includes helping her realize she should not avoid thinking about the trauma, as well as managing her anxiety and reducing the physical anxiety she may feel. Thus, this module may be especially important when the survivor reports excessive avoidance and/or tension.

### Module One - Steps

- **Step 1:** Conduct a brief assessment of post-trauma reactions
- **Step 2:** Normalize reactions and explain trauma “triggers”
- **Step 3:** Identify usefulness of specific recovery skills and psychotherapies
- **Step 4:** Review ongoing efforts at coping and managing anxiety
- **Step 5:** Discuss positive and negative coping responses
- **Step 6:** Address avoidance as a coping strategy (if applicable)
- **Step 7:** Discuss possibility of seeking formal help with recovery
- **Step 8:** Provide handouts for Module 1
- **Step 9:** End follow-up contact
Retrospective studies, in which women are asked to describe symptoms they experienced in the past, suggest that around 35% of assaulted women develop PTSD.

Step 1: Conduct a brief assessment of post-trauma reactions

One way you can introduce this information to a survivor, is to conduct a brief assessment of problems that she may be experiencing. This can be done both informally by asking her to describe how she has been since your initial contact, and more formally by reviewing a set of common problems. Sometimes a more structured review can help to direct attention to misunderstood reactions and to help organize them into different problem areas. Indeed, the goal of this step is to have the survivor recognize that her reactions fall into clusters that can be identified and labeled as common post-traumatic stress reactions.

Step 2: Normalize reactions and explain trauma “triggers”

After recognizing that the survivor is not alone in what she experienced (see Figure 2a for “back-up” information) and her reactions to this experience, it may be helpful for you to select the two or three most distressing reactions and provide normalizing information about these problems. Figure 2b provides information on the prevalence of these problems following a sexual assault that can be used as “back-up” information. Although it may not be necessary to provide exact percentages, the “take-home” points are that those are common and normal reactions, and that the survivor is not alone. In fact, certain studies that follow sexually assaulted women starting within days of their assault indicate that almost all women experience most of the symptoms of PTSD in the first weeks following an assault, and around 90% meet the criteria for a diagnosis of PTSD at three months post-trauma. Retro

References


If the survivor is not responding to your questions, try using a closed-ended approach to get the information.

**Figure 1 - Assessment of common trauma reactions.**

Best practices for asking questions should begin with an open-ended question. If the survivor is not responding to your questions, try using a closed-ended approach to get the information. Below are two examples of both types of questions.

**Open-ended:** How have you been doing since we last spoke? What kind of things or changes have you been noticing since we last spoke?

**Closed-ended:** Have you noticed any difficulties with:

**Re-experiencing the traumatic event**
1. _____ Unwanted thoughts or images about the trauma
2. _____ Bad dreams or nightmares about the trauma
3. _____ Feeling as though the event is happening again (sometimes called flashbacks)
4. _____ Extreme distress when encountering reminders of the trauma
5. _____ Extreme bodily reactions when reminded of the trauma (e.g., heart races, tense)

**Continual avoidance of reminders of the trauma**
1. _____ Avoidance of thoughts or feelings associated with the trauma, including avoidance of talking about the trauma with others
2. _____ Avoidance of situations or people that remind you of the trauma (e.g., affection or sexual relations)
3. _____ Having difficulty remembering important parts of what happened

**Detachment and numbing**
1. _____ Feeling less interested in activities that were important to you
2. _____ Feeling cut off from others or distant and unable to connect
3. _____ Feeling emotionally numb especially when it comes to positive feelings like love or joy
4. _____ Feeling like your life will be cut short or that you won’t live as long as you once expected

**Increased arousal**
1. _____ Continual problems falling or staying asleep
2. _____ Extreme irritability or outbursts of anger
3. _____ Continual difficulties concentrating
4. _____ Constantly feeling on guard or watchful (sometimes called hypervigilance)
5. _____ Feeling extremely jumpy and easily startled
In discussing these reactions, it is important for you to help the survivor understand that she is not to blame for her reactions.

assaulted women develop PTSD

It should be remembered, however, that many women continue to have distressing symptoms of PTSD even though they may not show the full set of symptoms. If the survivor is reporting reactions that are not so common, such as psychotic symptoms, or reactions that are too overwhelming for her, it may be necessary to refer her to a mental health professional.

In addition to providing normalizing information about specific problems, it will be important to recognize that many of these reactions lessen over time (see Figure 2b). This can help to instill a sense of hope and, if future contacts are made, serve as a useful “baseline” for comparison (e.g., explain that even though she is feeling depressed, she is no longer having the severe nightmares like she was 3 weeks ago; therefore she has come further along in the healing process than she may think).

It may also be important to recognize that problems following sexual assault often fall into two clusters that may occur simultaneously or alternate over time. In the first cluster, called “intrusive reactions,” the problems are very present for the survivor and hard to ignore. Examples of intrusive reactions include nightmares, frequent thoughts about the assault, and lots of physical arousal (e.g., increased heart rate when reminded of the event, difficulty sleeping or concentrating). In the second cluster, called “avoidance reactions,” the problems tend to involve “pulling away” from the experience and from other persons. Examples of avoidance reactions would include, but are not limited to, actively avoiding trauma reminders, depression, and a general sense of emotional and interpersonal numbness (i.e., the person feels disconnected from others and from her surroundings). One way to understand these responses is to recognize that traumatic experiences are hard to “digest” all at once. It is not possible to integrate them into one’s life in one sitting. Instead, we slowly integrate the experience little by little. Sometimes we are able to integrate more of the experience and at those times we are likely to experience intrusive reactions. On the same token, if things become too overwhelming, we’ll often begin to experience the avoidance reactions. In discussing these reactions, it is important for you to help the survivor understand that she is not to blame for her reactions. They are largely involuntary and difficult to control.

In addition to explaining and normalizing her different reactions, it is useful to help the survivor understand that anxiety and distress are often “triggered” by reminders of the traumatic experience, and that this is a common process that affects most trauma survivors. Such triggers include:

- Sight, sound, or smell associated with the sexual assault experience: Someone who looks like the person who committed the assault, the sound of a voice, hearing another woman describe her assault, a type of location similar to where the assault occurred.

References

Approximately 13% of adult women (over age 18) have been victims of completed rape at some point in their life.

- Physical sensation: Heart pounding, physical pain, physical touch by another person.
- Behavior of others that resemble the behavior of people who assaulted or abused the survivor: Asking personal questions, making a sexual joke, kissing, using an angry or controlling tone of voice.
- Themes related to sexual assault experiences (abuse of authority, abusive family relationships, loss of power).

**Step 3: Identify usefulness of specific recovery skills and psychotherapies**

Let the survivor know that there are certain recovery skills and more formal methods of psychotherapies that appear to be especially helpful for managing different types of trauma-related problems. These skills are:

1. **Information about trauma, coping, and recovery (Psycho-education):**

   One important skill in recovery is to learn as much as possible about the effects of sexual assault and the recovery process. This will be important for addressing all trauma-related problems and can be provided by a rape crisis counselor. Learning to use positive coping skills, avoiding negative ways of coping that may worsen problems (e.g., alcohol or drug use), and learning to use methods that help manage anxiety and tension, are the first steps in the survivor's recovery process. Some formal psychotherapies designed to reduce physical tension include anxiety management techniques such as muscular relaxation and deep breathing.

2. **Challenging beliefs about rape:** This involves learning to identify and challenge distressing attitudes and beliefs related to the assault. This may be especially effective for dealing with feelings of guilt and shame. When this recovery skill is tackled in more formal psychotherapy, it is called cognitive therapy.

3. **Disclosure:** This involves learning to talk about the traumatic experience and its personal impact. This may be especially helpful for survivors experiencing intrusive reactions. Exposure therapy is a form of psychotherapy in which the survivor talks about her sexual assault experience on a repetitive basis with a skilled therapist.

**Step 4: Review ongoing efforts at coping and managing anxiety**

Ask the survivor how she has tried to cope with problems related to her assault (including anxiety and tension). As she talks, look out for two important things:

- Positive coping methods (see pg. 19) that may be expected to be helpful and can be increased.
- Negative coping methods that may interfere with recovery or cause additional problems.

**Step 5: Discuss positive and negative coping responses**

It will be helpful to review a brief list of positive and negative coping steps that survivors can
One important skill in recovery is to learn as much as possible about the effects of sexual assault and the recovery process.

**Figure 2a:**

Frequency of sexual assault and assault-related problems

Prevalence of sexual assault and Post-Traumatic Stress Disorder (%):

- Approximately 13% of adult women (over age 18) have been victims of completed rape at some point in their life. (That is over 12,000,000 women!)

- The lifetime prevalence of rape related PTSD is 35%. That means that 35% of women who have survived a completed rape have, at some point in their life, experienced post-traumatic stress disorder.

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**Figure 2b:** Prevalence of trauma-related difficulties over time

<table>
<thead>
<tr>
<th>Problem</th>
<th>2-weeks</th>
<th>1-month</th>
<th>3-months+</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First Cluster: Intrusive</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Concentration problems</td>
<td>85 %</td>
<td>72 %</td>
<td>53 %</td>
</tr>
<tr>
<td>Dreams/Nightmares</td>
<td>69 %</td>
<td>50 %</td>
<td>38 %</td>
</tr>
<tr>
<td>Flashbacks</td>
<td>86 %</td>
<td>61 %</td>
<td>44 %</td>
</tr>
<tr>
<td>Guilt feelings</td>
<td>64 %</td>
<td>30 %</td>
<td>20 %</td>
</tr>
<tr>
<td>Hyperalert/Startled</td>
<td>97 %</td>
<td>92 %</td>
<td>80 %</td>
</tr>
<tr>
<td>Intrusive thoughts</td>
<td>73 %</td>
<td>42 %</td>
<td>39 %</td>
</tr>
<tr>
<td>Sleep disturbances</td>
<td>91 %</td>
<td>64 %</td>
<td>45 %</td>
</tr>
<tr>
<td><strong>Second Cluster: Avoidance</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avoidance</td>
<td>93 %</td>
<td>78 %</td>
<td>74 %</td>
</tr>
<tr>
<td>Detachments</td>
<td>85 %</td>
<td>63 %</td>
<td>50 %</td>
</tr>
<tr>
<td>Impaired activities</td>
<td>81 %</td>
<td>67 %</td>
<td>47 %</td>
</tr>
<tr>
<td>Numbing</td>
<td>70 %</td>
<td>51 %</td>
<td>29 %</td>
</tr>
</tbody>
</table>
Positive coping actions are those which help to reduce anxiety, lessen other distressing reactions, and improve the situation, in a way that does not harm the survivor further...

Positive Coping. Positive coping actions are those which help to reduce anxiety, lessen other distressing reactions, and improve the situation, in a way that does not harm the survivor further and which improves things not only today, but tomorrow and later. Coping methods that are likely to be helpful include:

- Relaxation methods (muscular relaxation, deep breathing, meditation).
- Exercise in moderation.
- Talking to another person for support (see Module 3-Disclosure).
- Rape crisis self-defense course/martial arts.
- Positive distracting activities, including positive recreational or work activities. Examples include: cooking, gardening, taking a walk, playing tennis, going to the park, drinking a cup of tea, etc.
- Support group participation.
- Calling a rape crisis center or hotline.

Negative Coping. Negative coping methods perpetuate the problems. They may reduce anxiety immediately, but "short-circuit" more permanent change. Actions that may seem immediately effective, like smoking or drug use, may later cause problems and lead to addiction. These habits can be difficult to change. Negative coping methods can include:

- Use of alcohol or drugs.
- Social isolation or withdrawal.
- Avoidance of thinking or talking about the assault or avoidance in seeking counseling (keeps away distress but prevents progress on coping with trauma and its consequences).
- Shutting down emotions.
- Anger or violence.
- Excessive eating (binging) or not eating as a coping tool.
- Self-injurious behavior, like cutting oneself or attempting suicide.

During your discussion with the survivor about positive and negative forms of coping, the aim should be to help the survivor consider coping options and from that, make her own decisions. Because avoidance is so frequently experienced, special attention and consideration may need to be given to this form of negative coping.

Step 6: Address avoidance as a coping strategy (if applicable)

Explain to the survivor that research on those exposed to traumatic events suggests that excessive avoidance of the trauma memories and situations may be a continuation of symptoms of post-traumatic stress disorder (PTSD). Make clear that excessive avoidance means fairly continuous avoidance of almost all thoughts and feelings associated with the sexual assault, and avoidance of many situations that might remind the survivor of her experience (e.g., conversations, places, people). It is important to emphasize that what may be harmful is excessive avoidance. It is not a problem if a survivor engages in some avoidance, as long as she is dealing with her problems on a regular basis.
and not restricting her lifestyle in extreme ways (e.g., remaining indoors for long periods of time, not going to work). It will be useful to note that one common form of avoidance is not talking about the experience and its effects. This may be a problem because talking to others - a close friend, family member, or counselor - about aspects of the sexual assault experience can sometimes play a helpful role in recovery (see Module 3 - Disclosure).

Ask the survivor if she is doing a lot of avoidance of the trauma reminders seen in Figure 1. Talk with her about ways to decrease avoidance in the following ways:

- Taking steps to get out of the house more often, if necessary with the aid of a friend or family member.
- Deliberately talking about some aspects of her experience that are less upsetting.
- Deliberately continuing to fulfill work and family roles.
- Deliberately not avoiding places or situations that are normally thought of as safe, but that remind her of the assault.
- Beginning to talk with a counselor about her experience.
- Accepting whatever feelings are coming up as having a time limit and manageable.

**Step 7: Discuss possibility of seeking formal help with recovery**

In some situations, referral to a professional therapist may be necessary. Figure 3 on pg. 21 identifies a few of these situations. Tell the survivor that formal treatment by a professional therapist is often helpful for those suffering with post-traumatic stress disorder and other problems related to sexual assault. Ask her whether she would like to have the opportunity to talk about her experience and reactions with a professional therapist. If she says “yes,” arrange to see her again and/or make a referral to a skilled therapist.

**Step 8: Provide handouts Module 1**

The handouts can be sent home with survivors once you have completed your initial follow-up contact. In many instances, you will not have enough information to be able to send out the handouts; however, this will give you a better tool to increase your chances of completing a follow-up if written materials are available for the survivor.

Once you familiarize yourself and begin to use the manual on a more frequent basis, you should give the survivor the handouts in person and review them together. The survivor may have questions regarding each of the handouts, and reviewing them together will allow you to utilize the skills you have learned in order to facilitate better communication with the survivor.

**References**

Step 9: End follow-up contact

Things you should consider when ending a follow-up contact:

1. Provide a summary of the discussion: “Today we talked about the common reactions to sexual assault and why it is important to challenge rape myths/disclose/have positive coping methods.” Be sure to mirror her language to ensure she understands you.

2. Ask about reactions to the discussion: “How did you feel about our discussion today?” “What do you think has been most helpful about it?”

3. Provide written materials: Ask if she would like written materials on what you covered (see Handouts at end of manual).

4. Schedule another follow-up contact: If the survivor is interested, schedule another appointment. Take the time to think about the possible obstacles she may have in making this appointment and obtain a commitment from her (see Introduction - Section II of this manual - Encouraging participation in follow-up).

To Reduce Dropout: It is commonly the case that a sexual assault survivor may miss an arranged follow-up phone call or meeting. This may be due to the difficulties of getting to a phone or an appointment, or a desire to avoid talking about unpleasant feelings or memories. A missed appointment often leads to dropout from counseling; nevertheless, dropouts can be reduced if the counselor telephones the survivor and reschedules another meeting.

Figure 3 - Considerations for additional counseling

- The survivor continues to experience severe distress as a result of her assault. Most survivors experience high levels of distress during the first weeks and months following their sexual assault, but by three months this distress lessens for many.

If distressing symptoms continue to cause serious problems for the survivor more than 3-6 months after the trauma, it is likely that formal treatment will be needed to achieve improvement.

- The survivor continues to be overwhelmed by strong emotions whenever she talks about her experience.

- The survivor finds herself consistently avoiding reminders of her assault.

- The survivor would like to talk about her thoughts and feelings but doesn’t feel able to do so with those close to her.

- The survivor experiences thoughts of suicide or homicide.

- The survivor finds herself drinking, using drugs, prescribed and/or non-prescribed medications as a way of coping.

- The survivor’s daily life functioning decreases dramatically.
Module 2: Challenging Beliefs About Sexual Assault
In discussing the role of thinking in recovery, it is important that survivors are not made to feel that they are being blamed for having negative beliefs.

Module 2: Challenging beliefs about sexual assault

The goal of this module is to help you work with survivors and identify and challenge the distressing beliefs that she may be holding about the assault— that sexual assault survivors too often blame themselves for the assault (10). In addition to such guilt, they often experience a variety of other negative beliefs, including thoughts related to the dangerousness of other people, inability to cope with symptoms, inability to protect themselves from future harm, and beliefs about what caused the rape (i.e., rape myths). Not surprisingly, these beliefs can affect post-traumatic stress reactions and worsen feelings of anxiety or depression.

For this reason, it is important for you as the counselor to facilitate a process of identification of distressing beliefs and examination of the evidence for and against those beliefs (10). The eventual aim is to encourage alternative ways of thinking which create less distress and are more helpful to the recovery process.

In discussing the role of thinking in recovery, it is important that survivors are not made to feel that they are being blamed for having negative beliefs. In fact, almost all survivors hold some of these beliefs. Many are taught by the culture in which we live. Such rape “myths” include the belief that most rapes are committed by strangers, that only certain types of women get raped, or that women provoke rape by dressing or acting in certain ways. Having negative beliefs is not a sign of stupidity or irrationality, or failure to recover from the assault. It is also important for you, as the crisis counselor, to realize that challenging or changing these beliefs is not easy. Beliefs usually seem like facts, not interpretations, to the person holding them. They are not usually changed by a brief discussion. In order to engage the survivor in a productive discussion about her beliefs, it is important that you listen closely and try to understand exactly what she thinks and why she has those beliefs. It’s important to let the survivor explain her reasons for drawing her conclusions; for example, why she feels she is to blame and what she believes she should have done differently. Armed with good understanding, it is more likely that you will be able to help her begin to explore different ways of thinking.

References


Step 1: Explain relationship between beliefs, distress, and recovery

Explain that as sexual assault survivors try to make sense of their experiences, they make interpretations and judgments, and that sometimes these interpretations and judgments are negative and distressing. Give some examples of distressing beliefs:

- **Beliefs about Reactions to the Assault:**
  - “I’m going crazy”
  - “There must be something wrong with me if it affects me like this”

- **Beliefs about Behavior Before, During, and After the Assault:**
  - “I should have fought back”
  - “I provoked the attack in some way”
  - “I caused the assault to happen”

- **Beliefs about Rape Itself (Rape Myths):**
  - “Men rape women because of biological drives”
  - “Only certain types of women get raped”
  - “Most rapes are committed by strangers”
  - “Being raped by someone you know is not as serious as being raped by a stranger”
  - “Rape doesn’t happen to men”

- **Beliefs about Personal Power and Ability to Cope:**
  - “I’m helpless to make this situation better”
  - “I can’t protect myself from other people”

- **Beliefs about Coping with Reactions:**
  - “The best thing to do is to pretend it never happened and move on”
  - “I do best if I just stay completely away from other people”

- **Beliefs about the Future:**
  - “My life is ruined forever”
  - “No one will want a relationship with me now”

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**Module Two - Steps**

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Step 2: Identify negative trauma-related beliefs

In addition to discussing the role of beliefs in general, it is important to help her identify exactly which beliefs may be causing her distress, by asking:

- “What have you been thinking about since the assault?”
- “What kinds of thoughts have been worrying you since the assault?”
- “What are you telling yourself about the assault?”
- “What have others been telling you about the assault?”

The counselor can focus the survivor on her own thinking, and identify those beliefs that may require challenging.

Step 3: Encourage alternative beliefs

Help the survivor identify alternatives to the negative beliefs that are causing her distress. Some questions that can facilitate this process are:

- “How else could you look at the situation that would be less upsetting and more helpful to your recovery?”
- “What’s another way of thinking about this?”
- “How might you respond if your friend/sister were saying this to you?”
- “What evidence do you have for this belief?”

In helping the survivor begin to look at things differently, it is important that you explain that thoughts and feelings are not the same things as facts. They are judgments, interpretations, beliefs or attitudes that the survivor and others have about the assault. It may be helpful for the survivor to hear that just because she thinks she is going crazy or that she is at fault does not mean that it is true. In fact, you can offer her some alternative ways of looking at the situation.

Step 4: Discuss possibility of seeking formal counseling in dealing with negative beliefs

Note that it is sometimes difficult for a survivor to successfully challenge her negative beliefs on her own or even with the help of a rape crisis counselor. Offer to make a referral for formal counseling by a professional therapist or encourage her to find a therapist who is skilled in cognitive therapy. See Module 1, Step 7 for other indicators that a referral may be warranted.
Step 5: Provide handouts for Module 2

The handouts can be sent home with survivors once you have completed your initial follow-up contact. In many instances, you will not have enough information to be able to send out the handouts; however, this will give you a better tool to increase your chances of completing a follow-up if written materials are available for the survivor.

Once you familiarize yourself and begin to use the manual on a more frequent basis, you should give the survivor the handouts in person and review them together. The survivor may have questions regarding each of the handouts, and reviewing them together will allow you to utilize the skills you have learned in order to facilitate better communication with the survivor.

Step 6: End follow-up contact

Things you should consider when ending a follow-up contact:

1. Provide a summary of the discussion: "Today we talked about the common reactions to sexual assault and why it is important to challenge rape myths/disclose/have positive coping methods." Be sure to mirror her language to ensure she understands you.

2. Ask about reactions to the discussion: "How did you feel about our discussion today?" "What do you think has been most helpful about it?"

3. Provide written materials: Ask if she would like written materials on what you covered (see Handouts at end of manual).

4. Schedule another follow-up contact: If the survivor is interested, schedule another appointment. Take the time to think about the possible obstacles she may have in making this appointment and obtain a commitment from her (see Introduction - Section II of this manual - Encouraging participation in follow-up).
Module 3: Disclosure
Module 3: Disclosure

The goal of this module is to educate the survivor about the importance of disclosure in recovering from sexual assault. This module may be especially important for survivors struggling with intrusive reactions (e.g., nightmares, unwanted memories) as well as avoidance of trauma memories or reminders. Figure 4 provides some relevant background information about the relationship between trauma and disclosure as well as the most common reasons for non-disclosure. Obtaining an understanding of why a survivor is keeping such a secret may clarify beliefs she holds about the assault and the disclosure process itself. It may also provide you more information about her social resources. Culture, background, religion and other factors may also play a large role in why she holds certain beliefs. Be aware of those factors in discussing disclosure with her.

Step 1: Assess survivor’s experiences with disclosure

Assessing the survivor’s experience with disclosure and reasons for non-disclosure can include both closed and open-ended questions. For example:

• “Have you considered telling anyone about your experience?”

• “Whom have you told?”

• “What did you tell them?”

• “What was that like?”

• “Whom would you like to tell?”

• “What prevents you from sharing this experience with _(name of person)_________?”

Step 2: Provide information about the importance of disclosure

Providing information to the survivor about the importance of disclosure can include sharing the work of James Pennebaker and others who have found that disclosure of traumatic experiences is both psychologically and physically beneficial. More specifically, survivors who confront their trauma either through written or verbal disclosure, appear to have improved physical and mental health. Indeed, several studies have found that trauma disclosure can result in decreased rumination (i.e., repeatedly thinking about the traumatic event) and improved physical health (28).

C A L C A S A
Counseling Tools for the Prevention and Reduction of Post-Traumatic Stress Reactions
Equally, if the survivor actively avoids thoughts and feelings about their traumatic event, excessive rumination and decreased physical health may result. This unexpected and contradictory effect of concealment can be shown by reminding the survivor that the harder she works at not thinking about the assault, the more likely she is to feel tense and re-experience the event through intrusive thoughts and nightmares. A concrete example of this phenomenon is to tell the survivor that the more she is told not to think about a pink elephant, the more likely she is to think about a pink elephant.

It is worthwhile to note that the benefits of disclosure are based on the assumption that the person doing the disclosing has a supportive confidant who is non-judgmental and willing to hear her story. Consequently, as a rape crisis counselor, you may need to review with the survivor what aspects of her experience can be shared with different people (see Step 4 on pg.30). With some people, she may be able to disclose general concerns and issues (e.g., concerns about symptoms, discomfort with situations that remind her of the assault, or worries about the future). With carefully selected others, she may be able to disclose the more private or more emotional details of the assault experience; of course, one such person always being a rape crisis counselor. It may be especially important to remind the survivor of this option. However, and in keeping with the spirit of empowerment, the survivor should always know she ultimately has the power to make the decision on when and with whom to disclose. Indeed, disclosure should not be pushed or forced by others.

It is also worthwhile to note that disclosure appears to be most effective when it includes emotional as well as factual

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Module Three - Steps

Step 1: Assess survivor’s experiences with disclosure
Step 2: Provide information about the importance of disclosure
Step 3: Identify sources of support
Step 4: Advantages and disadvantages of disclosure
Step 5: Discuss possibility of seeking formal counseling
Step 6: Provide handouts for Module 2
Step 7: End follow-up contact

Ask the survivor whether she would like to have the opportunity to talk about her experience and reactions with a professional therapist.
Survivors who confront their trauma either through written or verbal disclosure, appear to have improved physical and mental health.

disclosure of the event. A factual disclosure means all the information that is required by legal and medical personnel about the sexual assault. For the greatest psychological benefit, the story needs to include the survivor’s emotional reactions and beliefs about what she thinks caused the assault. Considering formal psychotherapy for trauma survivors highlights this point—the most effective psychotherapy for trauma encourages the survivor to tell her story in detail, often on a repetitive basis (i.e., exposure therapy) and to formally examine her beliefs about the assault (i.e., cognitive therapy).

Step 3: Identify sources of support

While the people close to a rape survivor are often the most helpful, it cannot be safely assumed that a woman’s partner, family, or friends will be supportive to her after the assault. Some family members may themselves react by becoming upset, blaming the survivor, or withdrawing emotionally. Of course, it is the decision of the survivor herself whom to tell about her experience, and whom to ask for help. She will be able to say whom among the people she knows can offer various types of help. As a rape crisis counselor, you can help the survivor consider which friends or family members can enhance her sense of safety, be a source of emotional support, and/or offer practical help.

Questions that may be helpful to ask the survivor include:

• “Do you have family or friends you can talk to?”

• “How is your partner reacting to your assault? How are other significant persons in your life—parents, siblings, adult children—reacting?”

• “How often do you see or talk to the people who are helpful to you?”

Finally, in addition to friends and family, there may be other potential sources of social support for the survivor. These can include physicians, mental health counselors, and members of the faith community (e.g., rabbis, priests, spiritual leaders) with whom she is already familiar. Sometimes, workplace employers may be supportive by offering time away from work or arranging temporary changes in work responsibilities.

Step 4: Advantages and disadvantages of disclosure

In order to motivate the survivor to share her experiences, it will be helpful to briefly examine the pros and cons of disclosure. Such an examination will also help make her aware that she will need to carefully choose those to whom she discloses. By asking the survivor to identify what she sees as the possible benefits and drawbacks of sharing her experience, you can help her to more carefully consider whether and with whom to talk.

RCC: “What do you see as the possible advantages and disadvantages of sharing your experience with ___(name)_______?”
As a rape crisis counselor, you may need to review with the survivor what aspects of her experience can be shared with different people.

**Step 5: Discuss possibility of seeking formal counseling**

Ask the survivor whether she would like to have the opportunity to talk about her experience and reactions with a professional therapist. If she says “yes,” arrange to see her again and make a referral. Encourage her to see a therapist who is familiar with sexual assault and exposure therapy, possibly within your own agency. If she says “no” or is not sure, review the suggestions made in Module 1, Step 7. This will help in considering whether or not to refer her to any additional counseling.

**Step 6: Provide handouts for Module 2**

The handouts can be sent home with survivors once you have completed your initial follow-up contact. In many instances, you will not have enough information to be able to send out the handouts; however, this will give you a better tool to increase your chances of completing a follow-up if written materials are available for the survivor.

Once you familiarize yourself and begin to use the manual on a more frequent basis, you should give the survivor the handouts in person and review them together. The survivor may have questions regarding each of the handouts, and reviewing them together will allow you to utilize the skills you have learned in order to facilitate better communication with the survivor.

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1. Provide a summary of the discussion: “Today we talked about the common reactions to sexual assault and why it is important to challenge rape myths/disclose/have positive coping methods.” Be sure to mirror her language to ensure she understands you.

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4. Schedule another follow-up contact: If the survivor is interested, schedule another appointment. Take the time to think about the possible obstacles she may have in making this appointment and obtain a commitment from her (see Introduction - Section II of this manual - Encouraging participation in follow-up).

**References**

In order to motivate the survivor to share her experiences, it will be helpful to briefly examine the pros and cons of disclosure.

To Reduce Dropout: It is commonly the case that a sexual assault survivor may miss an arranged follow-up phone call or meeting. This may be due to the difficulties of getting to a phone or an appointment, or a desire to avoid talking about unpleasant feelings or memories. A missed appointment often leads to dropout from counseling; nevertheless, dropouts can be reduced if the counselor telephones the survivor and reschedules another meeting.
Figure 4: Relevant information about trauma and disclosure

- 85% of trauma survivors say that they want to talk about their experience.

- Only 35% of sexual assault survivors report fully disclosing their experience.

- Concealment of traumatic events negatively affects physical health (i.e., it takes physical effort to keep things a secret).

- Concealment of traumatic events negatively affects mental health (i.e., trying not to think about a traumatic event increases the likelihood of “intrusive” reactions - nightmares, thinking about it, flashbacks).

- The most beneficial disclosure includes descriptions of the thoughts and feelings they had, as well as the facts of the assault.

- Writing as a form of disclosure has been shown to positively affect both physical and mental health.

- The most common reasons for non-disclosure include:
  - Fear of being emotionally overwhelmed (e.g., I won’t be able to stop crying).
  - Fear of social rejection (e.g., others will think badly of me or blame me).
  - Fear of upsetting others (e.g., others won’t be able to handle it and I will have to take care of them).
  - No confidant available (e.g., I don’t have anyone to tell).
Module Handouts:
English
Module 1:

Common Effects of Sexual Assault

Client Information - A

A: Effects of Sexual Assault - Intrusive and Avoidance Reactions
Effects of Sexual Assault-Intrusive and Avoidance Reactions

Before reading the list of reactions below, keep in mind several facts about sexual assault and its effects:

- Survivors (victims) who have post-traumatic stress (stress that can happen after the assault) are not going crazy. What is happening is part of a set of common reactions and problems that are connected with the traumatic event.

- These reactions are not a sign of weakness. Many people who normally function well experience a lot of post-traumatic reactions (reactions that can happen after the assault).

- By understanding post-traumatic reactions better, it is possible to become less fearful of them and better able to handle them.

- By recognizing the effects of trauma, and knowing more about reactions to sexual assault, you will be better able to decide if additional counseling is something that will help you.

Effects of Sexual Assault

Problems following sexual assault often fall into two groups of reactions that can occur at the same time or go back and forth between them over time. In the first group, called intrusive reactions, the problems are very present for the survivor and hard to ignore. In the second group, called avoidance reactions, the problems tend to involve not wanting to think about the assault and hiding from other people. Often survivors will go through different phases in which they will experience one group more than the other. One way to understand this is to recognize that traumatic experiences are hard to “digest” all at once. It is not possible to add the experience into one’s life in one sitting. Instead, we process the experience in bits and pieces. Sometimes we can take on more and at those times we are likely to experience intrusive reactions. When it becomes too much, we’ll often begin to experience the avoidance reactions.

Here are the major kinds of effects of sexual assault. Together they are often referred to as post-traumatic stress reactions.

Intrusive Reactions

1. Re-experiencing the traumatic event:

   Almost all survivors of sexual assault experience intrusive and distressing memories of the assault. The experience of these memories can include:

   - Unwanted distressing memories, images or other thoughts.
   - Feeling like it’s happening again (“Flashbacks”).
   - Dreams and nightmares.
   - Distress at reminders of the assault. Although these memories are upsetting, it can be seen as a positive step in trying to make sense of what has happened in order to gain control over the event.
2. Increased physical reactions:

Panic attacks as well as increased physical tension are common following a sexual assault. In panic attacks, a person feels a sudden rush of intense fear accompanied by lots of physical symptoms (e.g., pounding heart, rapid breathing, sweating, shaking or trembling). Often this occurs when reminded of the event. Physical tension is more likely to include muscular aches and pains and stomach distress. Signs of continuing physical tension are:

- Difficulty falling or staying asleep.
- Irritability (moodiness), anger, and rage.
- Difficulty concentrating.
- “Hyper vigilance” (remaining constantly on the lookout for danger).
- Exaggerated startle response or being “jumpy.”
- Anxiety and feeling jittery.
- Physical distress when reminded of the experience.

It is upsetting for most sexual assault survivors to have their body feel like it is overreacting or out of control. Again, on the positive side, these reactions are needed in order to be prepared for or to respond in emergency situations.

Avoidance Reactions

1. Continual avoidance of reminders of the trauma.

Intrusive memories and physical sensations of fear are frightening. It is only natural, then, to try and find ways to prevent them from happening. Survivors try to avoid anything that might act as a reminder of the assault, which includes:

- Avoidance of people.
- Avoidance of places.
- Avoidance of things.
- Avoidance of conversations.
- Avoidance of thoughts.
- Avoidance of emotional feelings.
- Avoidance of physical sensations.

This works in some ways, and can be very helpful if it is used in moderation (e.g., avoiding upsetting assault-related news or television programs). But if it used too much it can have two big negative effects:

First, it can reduce your ability to live your life and enjoy it, because you can become more and more isolated and limited in where you can go and what you can do. Second, it is likely that avoidance of thinking and feeling emotions connected with the assault may reduce your ability to recover from it. It is through thinking about your experience, and particularly, through talking about it with trusted others that you may best understand what has happened. By avoiding thoughts, feelings, and discussions about the sexual assault, this possibly helpful process is short-circuited.
2. Detachment and numbing.

When strong emotions are too much, the body and mind sometimes react by shutting down and becoming numb. You may find this numbness troubling and upsetting. You may, as a result, find yourself experiencing an inability to have loving feelings or feel different kinds of emotions. You may feel less and less interest in participating in daily activities. Like many of the other reactions to sexual assault, this emotional numbing may help protect you from emotional and physical pain.

3. Depression.

The experience of sexual assault creates much sadness and possibly, feelings of hopelessness for the survivor. It is natural to feel depressed when something so destructive happens. With time, feelings of depression usually become less intense. Signs of depression include:

- Crying.
- Feeling guilty and/or worthless.
- Losing interest in activities you enjoyed before the assault.
- Thinking about suicide.
- Having difficulty concentrating.
- Sleeping too little or too much.
- Loss of appetite or weight gain.
- Feeling tired all the time.

There is a sense of loss that often results from sexual assault, loss of one’s previous self, sense of optimism (hope), self-esteem and self-confidence. With time, and sometimes with the help of counseling, you can regain or even strengthen some of your self-esteem, self-confidence, and hope. It is important that you let others (including crisis counselors) know about feelings of depression, and of course about thoughts or feelings of harming yourself or others.
Module I:

Common Effects of Sexual Assault

Client Information - B

B: Other Common Effects
1. Self-blame, guilt, and shame:

Many sexual assault survivors, in trying to make sense of their experience, blame themselves for getting assaulted, for what they did or didn’t do during the attack, or for other parts of their experience. In fact, this guilt is so common that it is a central part of a “post-rape syndrome” (effects after a sexual assault). Unfortunately, parts of our society sometimes take a “blame the victim” attitude toward the survivor of a sexual assault, and this is wrong. It is important to recognize that responses at the time of an assault are done on “instinct,” geared toward survival, and never wrong. Whether the woman fought or froze at the time of the assault, it was the response automatically used for survival. Furthermore, no one ever deserves to be sexually assaulted, no matter what she has done. Whether she went willingly with the perpetrator, was acting sexually, was drunk or using drugs, or had previously had sex with the perpetrator, the responsibility for the assault lies with him. A woman cannot make a man rape her no matter what she does; he is in control of his own behavior.

One reason that so many women blame themselves for what happened is the need to feel some sort of control over the situation. It is a very scary idea that you were raped and there was no way to stop it. Accepting that you could not prevent the rape can make the world seem a very frightening place. You can feel like you are in constant danger and need to control everything around you. By thinking over the situation and deciding that you could have prevented the rape, you may regain some of your sense of control.

Self-blame doesn’t really help the situation. It can cause you to feel upset, stressed out, and can prevent you from reaching out for help. Therefore, despite any feelings of blame or shame that you may have, it is very important that you talk about guilt feelings with a counselor or someone else who knows about sexual assault and in a position to help.

2. Effects of sexual assault on relationships:

Not surprisingly, the many changes noted above affect relationships with other people. Sexual assault may lead to relationship problems between a woman and her partner, family, friends, or co-workers. For example:

- Others may respond in ways that worsen the problem rather than help recovery. They may become angry, blame you for the assault, minimize your problems, talk about their own experiences and feelings, communicate poorly, or otherwise fail to provide support in recovery.

- Some common reactions to sexual assault may increase tension with others. The survivor who is experiencing high levels of irritability and anger may now have more tension and not be able to handle it as well.

- Especially in close relationships, the emotional numbing and feelings of being disconnection from others that are common after a sexual assault may create tension and come between the survivor and her family or close friends.

- In intimate relationships, the loss of interest in physical intimacy or sex that is associated with sexual assault may create relationship problems.

- Survivors who avoid different kinds of social situations may annoy those close to her. Sometimes avoiding those situations results in a high level of withdrawal from others and can impact your relationships in a negative way.
• Sexual assault survivors often find it hard to trust other people, and this loss of trust in others can affect the survivor’s ability to get close to and trust counselors and others on whom she must rely on for help.

These problems in relationships are upsetting. Just as you can benefit from knowing more about sexual assault and its effects, other people who are important to you will need to learn more as well. As you become more aware of your reactions to the assault and how to cope with them, you will be able to reduce the effects on your different relationships. As you talk about your sexual assault experience and how it has affected you, you may find that it has less effect on your behavior with others.

3. Physical symptoms and health problems.

Among the reactions to the crisis of sexual assault, physical health symptoms and problems must also be included. Because many assaults result in physical injury, pain is most often part of the experience of survivors. This physical pain often causes major emotional distress, because in addition to its physical dimension, it functions as a trauma reminder. Because stress affects physical health, survivors often experience stress-related physical symptoms (e.g., headaches, nausea or stomach problems, and skin problems). You will need to care for your health and seek medical care when necessary, in order to limit the effects of the assault. You will need to resist the impulse to avoid medical examinations; although these may sometimes act as trauma reminders, they are important to self-care. Often, sexual assault counseling can improve physical symptoms and health. If you do not have health insurance, talk with a rape crisis counselor about possible alternatives (e.g., victim compensation, low-cost women’s clinics).
Module I:

Common Effects of Sexual Assault

Client Information - C

C: Positive and Negative Coping
**Positive and Negative Coping**

Positive coping methods are those which help to reduce anxiety, lessen other distressing reactions, and improve the situation, in a way that does not harm you further and which improves things not only today, but tomorrow and in the future. Positive coping methods can include:

- Muscle relaxing exercises, meditation, hot baths, stretching, yoga, and so on.
- Breathing exercises - slow, deep breaths.
- Exercise in moderation, including walking, jogging, or swimming.
- Talking to another person for support.
- Taking a self-defense training or martial arts.
- Positive distracting activities, including positive recreational or work activities. Examples include: cooking, gardening, taking a walk, playing tennis, going to the park, drinking a cup of tea, bowling, watching a movie, writing a letter, phoning a friend, listening to music, cleaning the house, doing a craft or cultural activities.
- Joining a support group.
- Call the rape crisis center hotline.

Negative coping methods only make the problems worse. They may reduce your anxiety immediately, but “short-circuit” more permanent change and cause additional problems. Negative coping methods can include:

- Continuing to avoid thinking about the assault.
- Use of alcohol or drugs.
- Social isolation. (Keeping to yourself)
- Aggressive or violent actions.
- Avoiding counseling.
- Binge eating. (Overeating)
- Cutting or hurting oneself.
- Workaholism. (Working too much)

**Ideas for Controlling Memories of Sexual Assault**

Here are some steps to help you actively stay in the present or “here-and-now.”

- Keep your eyes open and actively look around you. Look around the room or area where you are. Turn the light on if it is off.
- Say a “safety statement:” “My name is _ (name)_; I am safe right now. I am in the present, not the past. I am at (location); the date is _ (date)_ .”
- Say a coping statement: “I can cope right now.” “This feeling will pass.”
- Touch objects around you (e.g., a pen, your purse, a book, your clothing, your chair) and notice how they feel.
- Run water over your hands.
- Carry something in your pocket or purse (e.g., a ring) that you can touch whenever you have thoughts of the assault.
- Jump up and down.
- Stretch.
- Eat something and notice how it tastes. (Be careful not to overeat)
- Think of people you care about (e.g., look at photographs of your child).
Module I:

Common Effects of Sexual Assault

Client Information - D

D: The Process of Healing
The Process of Healing

Understanding the Healing Process

Knowing how healing happens puts you in more control of the process:

• Healing is a slow ongoing process. It doesn't happen suddenly or overnight.

• Some level of continuing reactions is normal and reflects a normal body and mind. Healing doesn't mean forgetting your sexual assault experience or having no emotional pain when you think about it.

• Healing may mean fewer and less intense reactions to reminders of the sexual assault, greater confidence in your ability to cope with your memories, and/or greater ability to manage your emotions.

• When people are able to talk about their painful experiences and memories, something helpful often results.

• Most benefits of talking don't usually result from just one discussion; usually they result from many discussions of the assault. An important first step is to identify people who can provide general support and/or serve as a close friend.

• Through talking about sexual assault, many people can slowly reduce their physical responses to the memories and increase their ability to tolerate their painful emotions. One way is to talk with a rape crisis counselor.

You should strongly consider additional counseling if:

• You continue to experience severe distress as a result of the assault. Most survivors experience high levels of distress during the first weeks and months following their sexual assault, and by three to six months this distress lessens for many. If distressing symptoms are continuing to cause serious problems for you, formal treatment (e.g., therapy) may be needed to help you improve.

• You continue to have very strong emotions whenever you talk about your experience.

• You find yourself always avoiding reminders of the assault.

• You would like to share your thoughts and feelings about the assault, but don't feel able to do so with anyone close to you.

• You experience thoughts of suicide or self-harm (e.g., cutting yourself).

• You find yourself drinking too much, using drugs, or non-prescribed medications (pain killers, etc.) as a way of coping.
Module 2:

Rethinking Common Negative Beliefs About Sexual Assault

Client Information - A

A: Reactions to Assault; Behavior Before, During, and After the Assault
Reactions to Assault; Behavior Before, During, and After the Assault

Throughout our lives we are taught many things about sexual assault - about who does it, what causes sexual assault, and so on. Some of what we are taught may not be accurate. More importantly, many of the negative messages that we have been given may be harmful, not helpful, to you as you work on coping with what has happened.

Here is a list of common negative beliefs about sexual assault that often create much distress for survivors, followed by comments written to help you rethink and deal with these messages that we’ve sometimes been given by friends, family, or society.

**Reactions to Assault:**

- I shouldn’t be feeling like this, it was only a rape
- There must be something wrong with me if it keeps affecting me like this so long afterwards
- I’m going crazy
- I’m not handling this well

People are placed in difficult situations everyday, and how they will respond to them is very hard to judge. No experience can prepare one for an assault, much less a sexual assault. It’s natural for survivors to wonder how they’re doing after an assault, as well as how surprised they are by the strong emotional reactions they are having, and how long the reactions are lasting.

There is a tendency for many people (including many survivors) to think that sexual assault is not a very traumatic experience. They may think “you weren’t harmed” or “it’s not as if you were about to be killed.” In fact, a sexual assault is an extremely traumatic event that causes lots of distress and other problems for survivors. Almost all women have some continuing problems they must struggle with following their assault.

It is easy to worry about going crazy, but you are not crazy. You’re experiencing many unpleasant and frightening things that other survivors also experience.

**Behavior Before, During, and After the Assault:**

- I should have fought back
- I shouldn’t have fought back
- I should have known better
- I shouldn’t have been drinking
- I provoked the attack in some way (flirting, being rude, or aggressive)
- I shouldn’t have been out (alone) (late at night) (at that place)
- I shouldn’t have been dressed like that
- I caused the assault to happen
- I should have reported the assault
- I shouldn’t have felt sexually aroused
- There must be something about me that made him choose me
- Why me?

After an assault has occurred, it’s part of the natural coping process to go over it again and again to figure out what happened and why. In this process, it is natural for survivors to think about how they could have acted differently, for example to prevent the assault from taking place. Unfortunately, many survivors of sexual assault blame themselves for what happened and feel guilty for causing it. However, no matter what a person does - whether she is drunk, invites
the perpetrator into her home, or wears revealing (short or see-through, etc.) clothes - the person responsible for the assault is the perpetrator (attacker).

When a person is drunk, it does not cause others to assault her. If she is naked, that does not cause others to rape her. No matter what decision a woman makes, she cannot know that she will be assaulted and she is not responsible for bringing the assault on herself.

During the assault itself, the survivor is faced with impossible choices. She can fight back and possibly be hurt more seriously or killed. She can go along with the perpetrator, and possibly miss the chance to call for help or “get away.” Whatever she does, she will most likely blame herself. This is not fair. She could never know what would have happened if she had acted differently. It could have turned out better or it could have turned out even worse.

These “no-win” choices often continue after the sexual assault. If a woman does not report her assault to the police, she gives up power, lets the perpetrator “get away with it,” and misses the chance to put him behind bars. If she does report the assault, she exposes herself to long-lasting stress, has to deal with a legal system that can be very hard on survivors, loses her privacy, may not be believed by others, and has no guarantee that the perpetrator will be put in jail. Whichever choice she makes, she may feel she has made the wrong choice and believe something negative about herself.

Sometimes women are shocked by their experience of sexual arousal or orgasm during a sexual assault. They may feel confused by the way their bodies responded and feel betrayed by them. This may make it even harder to talk about the experience. However, this response can occur and does not mean that she has enjoyed the assault. Sometimes, the body reacts automatically, even though there were feelings of fear and even hate towards the perpetrator.

The experience of sexual assault is one in which a survivor has very little control over her emotions, her actions, and her physical reactions. She also does not have control over her perpetrator’s actions, what he does during the attack and why he chose to assault her in the first place. The choice of a victim depends almost completely on things that are out of the survivor’s control. It means being in the wrong place at the wrong time. There is no way of really knowing that a person is intending to commit a sexual assault. The perpetrator makes his choice based on things that have more to do with him than with the person being assaulted.
Module 2:
Rethinking Common Negative Beliefs About Sexual Assault
Client Information - B

B: Rape Myths; Personal Power and Ability to Cope; Coping with Reactions
Rape Myths; Personal Power and Ability to Cope; Coping with Reactions

Rape Myths:

- Men rape women because of biological drives (They can't help themselves)
- Only certain types of women get raped
- Most rapes are committed by strangers
- Being raped by someone you know is not as serious as being raped by a stranger
- Men don't get raped

The cultures in which we all live often teach us things about rape that are wrong and that may cause sexual assault survivors to be stressed out. Often, these myths are kept alive because they give the false sense that sexual assault is easy to predict and control. The rape myths in our culture listed above are just a few of these incorrect “facts” about rape that we learn from television and from people around us. Many of these myths make it more likely that a woman will blame herself for the attack rather than the rapist who committed the crime. In fact, being “turned on” or “aroused” is never an excuse for raping someone. Male sexual arousal is not an uncontrollable urge that happens when a man sees a woman or she behaves in a certain way and he has no choice but to commit rape. Those who rape are not driven by sexual needs, but more by a need to feel power and control, and to humiliate a woman. They usually have disrespect for women and view them as objects. In fact, any woman can get raped, not just those who are young and attractive or who are “sexually active.” Rape happens to women of all ages, all ethnic groups, and all sexual orientations. Most women are raped by someone they know - for example, a husband, boyfriend, or other friend; and the most common place that rape happens is in a woman’s own home. Being raped by somebody that you know is every bit as serious as being raped by a stranger.

Finally, men can also be survivors of sexual assault. Those who are raped are not necessarily gay themselves as many people might think; in fact, most are not. Some may be thought of as gay and, because of the hatred and need to overpower someone thought of as gay, may be sexually assaulted. When this type of hatred leads to a sexual assault, it is called a hate crime. The topic of hate crimes is a large and complicated issue that in no way can be covered completely in this manual; however, it deserves a basic discussion and explanation. A hate crime is a crime in which a person intentionally selects a victim because of actual or perceived race, color, national origin, ethnicity, gender, disability, or sexual orientation. A hate crime may be the perpetrator’s way of making himself “feel” like he is worth more than the victim he is assaulting. Therefore, you can see that because someone may be perceived as different, he or she may become the target of a hate crime (e.g. women, gays and lesbians, Jewish people, etc.). As a survivor of sexual assault, understanding that different things motivate perpetrators to sexually assault means you in no way caused it to happen. The hatred associated with hate crimes as a motive to sexually assault means you in no way caused it to happen. The hatred associated with hate crimes as a motive to sexually assault someone.

On the other hand, men are sometimes sexually assaulted not because of a hate crime, etc., but for many other reasons unrelated to sexuality (e.g. to instill fear during a robbery). Therefore we can see that why a man decides to rape another man is motivated by the same reason a man decides to rape a woman - the need to feel power and control, and to humiliate. Male sexual assault is
not done because of “sexual urges” or “needs” as one might think, in fact, in a study, 93% of perpetrators of male sexual assault were found to be “straight,” thus, the myth that only gay men are perpetrators is incorrect.

**Personal Power and Ability to Cope:**
- I can’t do anything right
- I’m helpless to make this situation better
- I can’t protect myself from other people
- I can’t understand other people at all
- The system is so messed up I’ll never get it to work for me
- I must control other people or they will control me

All traumatic experiences involve a loss of control and a sense of feeling helpless. After a rape or other sexual assault, survivors often question their ability to do things: to keep themselves safe in the future, to judge and understand people, to cope with the assault, to build a new life. Sometimes they believe they need to control everything (e.g., “I must control other people or they will control me”). These thoughts are understandable and normal, given what the survivor has experienced and what she is now facing. What is wrong about the statements listed above is that they are so extreme?

“I can’t do anything right” is not accurate.
It is fairer and more realistic to say, “I’m having a hard time doing some things right now, but I am also doing some helpful things to improve my situation.”

It is not true that “I’m helpless to make this situation better.”

A more realistic statement might be: “This situation is bad and it’s hard to make it better, but I can do some things to improve it at least, and I need to focus on what I can do right now.”

“I’ll never get the system to work for me” might be better said as, “I’ll probably have both bad and good experiences with the system and I can get help in coping with it.”

While it is true that “there’s nothing anyone can do to change what happened,” it is also true to say that “there are things I and others can do about what happens from here on.”

Survivors of sexual assault, like all human beings, have strengths and weaknesses in their ability to cope. Their strengths and abilities are still there, even though they were assaulted.

**Coping with Reactions:**
- The best thing to do is to pretend it never happened and move on
- Alcohol or drugs really help me (feel better) (forget) (sleep) (face the world)
- I do better if I just stay completely away from other people
- I’d feel better if I could humiliate, hurt, or kill him

Some beliefs about coping can get in the way of recovery or actually hurt the survivor. It is likely that avoiding thoughts about the assault makes it more stressful. It is also likely that continuing to avoid contact with most other people will worsen the effects of the assault. It is almost certain that drinking alcohol or using drugs to cope will create many more problems than they solve. The urge to hurt the perpetrator is a very common thing. Actually hurting the person is unlikely to get rid of emotional distress or to reduce problems caused by the assault; it may, in fact, create new problems with the law.
Module 2:
Rethinking Common Negative Beliefs About Sexual Assault

Client Information - C
C: About the Future; About Yourself; About Other People
About the Future; About Yourself; About Other People

About The Future:

• My life is ruined forever
• No one will want a relationship with me now
• I’m always going to be alone
• There’s no point in living
• Life is just pain and suffering

Expecting bad things in the future leads to feelings of anxiety, depression, and hopelessness. Beliefs about the future like those listed above drain energy, pleasure, and hope away from the survivor and weaken efforts to cope. The future is uncertain and no one can know what will happen. However, believing bad things about the future can make it more likely that they will happen. A person who gives up trying to build her life because she doesn’t expect to succeed is only making her life worse.

Many survivors of sexual assault have gone on to achieve many good things in life. Many have successful relationships, great jobs, and help other survivors of sexual assault. They have bad times, but also good times. Most of those who go on to experience some success in rebuilding their lives have trouble, at times, with the kinds of beliefs listed below:

About Yourself:

• I’m bad
• I’m worthless
• I’m damaged goods
• I’m not important
• I’m weak
• I’m a coward

All these beliefs, and other negative things that survivors say about themselves, are common after a sexual assault. The depression that almost always results from sexual assault leads many survivors to see themselves in a bad way, to find faults with themselves, and to have feelings of low self-esteem. This is part of the reaction to assault, not how the world is.

Although we all often do it, it is not really fair for a person to label herself and say “I am.......” All persons are so many things. We’re sometimes sure, sometimes scared, sometimes correct, sometimes wrong, sometimes we make mistakes, sometimes we succeed. After a rape or other type of sexual assault, survivors tend to focus on the bad things about themselves. This is a natural part of depression and can be expected. However, it isn’t fair, because it doesn’t give one the chance to see the good things about themselves.

Many of these words we use to describe ourselves are loaded with negative judgments, many of which are unfair, rough, wrong, or one-sided. When we use the word “weak” or “coward,” for example, we’re saying more than just “I was afraid and panicked during the attack.” We’re also adding, “and I shouldn’t have reacted that way, because a more normal way to react would have been to (remain calm; fight off my attacker; and/or talk to him and get him to listen).” In fact, most people, when attacked, react with great fear. In other words, they respond as if their life is in danger, which it is.

About Other People:

• No one believes me
• Everyone blames me for what happened
• People will be able to tell just by looking at me
No one understands what I’m going through
Other people can’t be trusted
Men are always out to take advantage of me
People in authority or who are in positions of power will try to hurt me (e.g. boss, bus driver, police, teacher, etc.)
I can’t get good relationships, only bad ones
My partner will blame me for what happened
My partner won’t want to have sex with me anymore

Other people - perpetrators, those in the legal system, family members - are all part of the sexual assault experience. When others attack and hurt the survivor, do not believe her story, or do not support her in healing; her views of other people can be greatly challenged and become very negative.

It is easy to see how the bad, difficult or crazy beliefs listed above might arise out of the experience of being assaulted.

However, the statements as listed are too general and extreme to be correct. Put this way, they may lead a survivor to hide from other people, stop trying to have relationships, or stop trying to share her experiences with anyone else.

There may be other ways that the survivor’s healing can be understood without having beliefs that may cause more problems or pain.

For example, some beliefs, like “No one understands what I’m going through,” may be true at one time and false at another.

Indeed, the survivor may very well meet people who won’t understand or believe her. However, if the survivor takes steps to contact other places or people that can offer her support, she is likely to find that “some people do seem to understand at least some of what I’m experiencing.” This is especially true if she talks with other sexual assault survivors or with skilled counselors.

As another example, “Other people can’t be trusted” is a reasonable, yet extreme conclusion to make when someone she trusts takes advantage of her. A more realistic and less upsetting conclusion might be “Some people can’t be trusted, and it’s hard to know who to trust.”

“I can’t have good relationships, only bad ones” is a judgment about the future that is based on what has happened in the past. However, people can change the way they act and their luck can change, too. Therefore, the beliefs stated are too strong and extreme and can cause more distress for the person than if “I’ve had bad experiences with my past relationships” was said. The belief that “My partner won’t want to have sex with me anymore” is a judgment about the future, and the future hasn’t happened yet.
Module 3:

Disclosing Traumatic Experiences

Client Information - A

A: Traumatic Experiences – The Importance Of Talking About Them;
Covering Up Traumatic Experiences- Common Reasons Why
Traumatic Experiences
The Importance Of Talking About Them; Covering Up Traumatic Experiences- Common Reasons Why

Disclosure:
Talking or telling someone about the experience or the assault.

Traumatic Experiences:
The Importance Of Talking About Them

Many who work with people who suffer from traumatic stress believe that it is especially important for survivors to find ways to talk to others about their experiences. This may be especially important for those struggling with:

- Nightmares and unwanted memories, etc. (Intrusive reactions).
- A great desire to not think about or remember the trauma. (Avoidance reactions)

Sometimes, the harder you work at not thinking about your experiences, the more likely you are to feel tense and re-experience the event through “intrusive thoughts.” If someone tells you to try hard not to think about a pink elephant, the more likely you are to think about a pink elephant.

There is proof that hiding traumatic experiences can negatively affect both your physical and mental health, and is connected to more long-term health problems.

Most trauma survivors (85%) indicate that they want to talk about their traumatic experiences. However, only 35% of sexual assault survivors say they tell anyone about the experience to a friend or family member.

Covering Up Traumatic Experiences:
Common Reasons Why

Four of the most common reasons for covering up information about traumatic experiences include:

- Fear of being emotionally overwhelmed. (e.g., “This is too much pressure, I can’t handle it!”)
- Concern that the information will be too upsetting for other people. (e.g., “This will be too much for others to handle”)
- Fear of social rejection. (e.g., “Nobody will want to be around me anymore”)
- Lack of a confidant to tell. (e.g., I don’t have anyone to talk to about this)

These reasons often lead a survivor to avoid talking to others about the sexual assault. By not telling others, these things may be avoided. However, by carefully choosing whom to tell, it may not have any negative consequences. Covering up your experiences from others means that any possible gains from talking to them will certainly be missed.
Module 3: Disclosing Traumatic Experiences

Client Information - B

B: Benefits of Talking To Others; Disclosure – When and How
Benefits of Talking To Others; Disclosure - When and How

Benefits of Talking to Others (Disclosure)

Talking about the traumatic experiences may be both psychologically (mind) and physically (body) helpful. More specifically, people who face their trauma either through writing or talking to others about it, appear to have better physical and mental health. Indeed, several studies have found that talking to others about the assault can reduce your chances of thinking about the trauma over and over again, and improve your overall health.

Possible benefits of disclosure include:

- Reducing the amount of emotional stress related to the memories.
- Changing some of the upsetting beliefs about your assault (e.g., “not blaming yourself”).
- Making sense of what happened.
- Finding support or understanding from others.
- Finding out that you’re not crazy and you’re not alone.

Below is a list of some benefits and drawbacks of disclosure, from the survivor’s point of view.

<table>
<thead>
<tr>
<th>Benefits (Pros)</th>
<th>Drawbacks (Cons)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Get it off my chest</td>
<td>Upset myself more</td>
</tr>
<tr>
<td>Get rid of secrets</td>
<td>Get a bad reaction from someone</td>
</tr>
<tr>
<td>Hear reactions of others</td>
<td>Prevent myself from dealing with problems</td>
</tr>
<tr>
<td>Feel less alone</td>
<td>Others will tell me what to do</td>
</tr>
<tr>
<td>Get ideas on how to cope</td>
<td>Others know my private business</td>
</tr>
<tr>
<td>Feel understood</td>
<td>Feel misunderstood</td>
</tr>
<tr>
<td>Feel good about facing my fears</td>
<td>Have people think I’m crazy</td>
</tr>
<tr>
<td>Feel accepted by others</td>
<td>Rethink some of my attitudes</td>
</tr>
<tr>
<td>Rethink some of my attitudes</td>
<td>Feel rejected by others</td>
</tr>
<tr>
<td>Feel like I’m taking action to recover</td>
<td></td>
</tr>
<tr>
<td>Possibly improve how I feel</td>
<td></td>
</tr>
</tbody>
</table>

What do you see as the possible benefits and drawbacks of sharing your experience?
Disclosure: When and How

The decision of whether, when, and with whom to disclose should be made by you. If you are seeing a counselor about the effects of your assault, it will be important to consider what they say in making your decision.

Disclosure appears to be most helpful, as you tell your story, to include emotional and factual information about the assault. That is, to better help you, your story should include how you felt, what you believe about it and what happened in the assault. Today, the best treatments for Post-Traumatic Stress Disorder (PTSD) - effects after the trauma that cause nightmares, “flashbacks,” etc. - is to encourage the survivor to tell her story over and over in detail, and to thoroughly look at and rethink her beliefs about the assault.

If you decide to talk to others, it is important to think about what parts of your experience can be shared with different people in your life:

- General concerns and issues (e.g., concerns about symptoms, discomfort with situations that remind you of the assault, or worries about the future).
- The more private or more emotional details of your assault experience.

Sometimes, possible sources of general emotional support can include:

- Rape crisis center counselors.
- Mental health professionals (e.g., therapists, psychologists).
- Members of the clergy (e.g., priests, rabbis, spiritual leaders).
- Your doctor.

Who can offer:

- General emotional support?
- Sensitive support related to the hardest parts of your experience?

Other questions to consider:

- Do you have family or friends you can talk to about the assault?
- How often do you see or talk to the people who you find helpful?

Which of your family members or friends are likely to be:

- The best listeners?
- Accepting of what you have to say?
- Calm and supportive in discussing upsetting experiences?

Would it be helpful to talk to a skilled helper - a rape crisis center counselor or mental health professional - who will be able to discuss your upsetting experience with:

- Expert knowledge about trauma and PTSD?
- Help in learning to cope with your memories and emotions?
- A guarantee of privacy?
- Skills they have learned in working with other survivors like you?
Module Handouts: Spanish
Módulo I

Effectos comunes del asalto sexual

Información para el Módulo I: Folleto A

A: Effectos de asalto sexual- reacciones intrusivos y reacciones de evasión.
**Effectos de asalto sexual- reacciones intrusivos y reacciones de evasión**

Antes de revisar la lista de reacciones que se proporciona a continuación, tenga en mente algunas de las realidades sobre el asalto sexual y sus efectos:

- Las/os sobrevivientes (víctimas) que tienen problemas de estrés post-traumático, no se están volviendo locas/os.
- Lo que les sucede es parte de las reacciones comunes y de los problemas relacionados con el trauma.
- Estas reacciones no son muestra de debilidad en la persona. Muchas personas que funcionan muy bien, notan muchas reacciones post-traumáticas después de un asalto.
- Entendiendo las reacciones traumáticas un poco mejor, es posible llegar a temerlas menos y a manejarlas mejor.
- Al reconocer los efectos del trauma y al saber más sobre las reacciones ante un asalto sexual, usted podrá decidir si necesita consejería adicional.

**Efectos del Asalto Sexual**

Los problemas que se presentan después de un asalto sexual, con frecuencia caen en dos grupos de reacciones que podrían ocurrir al mismo tiempo o poco a poco. En el primer grupo, llamado reacciones intrusivas, los problemas están muy presentes y son difíciles de ignorar. En el segundo grupo, llamado reacciones de evasión, los problemas están relacionados al deseo de darle la espalda al problema y también a las personas que le rodean. Con frecuencia las/os sobrevivientes pasarán por distintas fases en las cuales podrán notar un grupo de síntomas más que el otro. Una forma de comprender esto, es aceptar que las experiencias traumáticas son difíciles de “entender” todas al mismo tiempo. No es posible integrar la experiencia traumática a nuestra vida de un golpe. Lo que sucede, es que procesamos tales experiencias poco a poco. Algunas veces podemos procesar más cosas al mismo tiempo y es entonces cuando notamos reacciones intrusivas. Cuando estas reacciones van más allá de lo que podemos manejar, es cuando tratamos de evitar o ignorar tales reacciones.

Aquí se presentan los efectos principales del asalto sexual. En conjunto, son conocidos como reacciones de estrés post-traumático.

**Reacciones Intrusivas**

1. **Experimentando de nuevo el evento traumático:**
   - Casi todas/os las/os sobre-vivientes tienen recuerdos intrusivos y angustiantes sobre el asalto sexual y entre ellos se pueden incluir:
     - Recuerdos no deseados en forma de imágenes u otros pensamientos
     - Sentir que está sucediendo otra vez (flashbacks)
     - Sueños o pesadillas
     - Nerviosismo al recordar el asalto

   Aunque tales recuerdos son muy incómodos, el lado positivo de los mismos es que significan que la persona está tratando de ordenar su mente para así poder manejar la situación más fácilmente.

2. **Incremento de reacciones físicas:**

   Los ataques de pánico, así como algunas reacciones físicas aumentadas, son reacciones comunes después de un asalto sexual. En los ataques de pánico, la persona tiene una sensación repentina de miedo, acompañada de muchos síntomas físicos (ej. latidos rápidos del corazón, respiración acelerada, sudoración, temblores.) Esto ocurre con frecuencia cuando se le recuerda el evento. La tensión física con frecuencia incluye dolores musculares y molestias del estómago.
Algunas señales de tensión física constante son:

- Dificultad para dormir o para permanecer dormida/o
- Irritabilidad, enojo y coraje.
- Dificultad para concentrarse.
- “Hiper vigilancia” (estar constantemente al tanto de los posibles peligros.)
- Respuestas exageradas o “brincando” por cualquier cosa.
- Ansiedad e inquietud
- Tensión física cuando se recuerda la experiencia sufrida.

Es muy incómodo para la mayoría de las/os sobrevivientes de asalto sexual cuando su cuerpo se siente fuera de control y exagerando constantemente. Una vez más, el lado positivo de tales reacciones es que éstas son necesarias para poder estar preparada/o en situaciones de emergencia.

Reacciones de Evasión

1. Evitar constantemente lo que le recuerda el trauma.

Los recuerdos intrusivos y las sensaciones físicas de miedo pueden asustar a la persona. Por lo tanto, es natural que se traten de encontrar formas para evitar tales recuerdos y sensaciones. Una de las formas en que muchos sobrevivientes tratan de hacerlo, es evitando cualquier cosa que les pueda recordar el asalto. Por ejemplo:

- Evitar ciertas personas.
- Evitar ciertos lugares.
- Evitar ciertas cosas.
- Evitar conversaciones
- Evitar los pensamientos
- Evitar los sentimientos
- Evitar las sensaciones físicas.

Todo esto funciona a ciertos tiempos y puede ayudar mucho si se utiliza con moderación (ej. si se evita ver cosas relacionadas con asaltos en la televisión.) Pero si se utiliza demasiado, podría tener dos efectos muy negativos:

Primero, puede reducir su habilidad para vivir y disfrutar la vida, porque podría llegar a aislarse al punto de no poder ir a ningún sitio ni ver a nadie. En segundo, es posible que evitando los pensamientos y los sentimientos relacionados con el asalto, pueda reducir su habilidad para recuperarse. No es sino a través de pensar en la experiencia que tuvo y particularmente, a través de hablar al respecto con personas de confianza, que usted puede llegar a comprender lo que le ha sucedido. Si constantemente se evitan los pensamientos, los sentimientos y las pláticas respecto al asalto sexual, se puede poner en peligro este proceso.

2. Separación y adormecimiento:

Cuando nos sentimos confundidos por la fuerza de nuestras emociones, el cuerpo y la mente reaccionan apagándose y adormeciéndose. Usted podría encontrar este adormecimiento molesto e incómodo y como resultado, podría usted notar una cierta incapacidad para tener sentimientos de amor o para sentir distintas emociones. Usted podría sentirse cada vez menos interesada en participar en las actividades diarias. Al igual que las demás reacciones al asalto sexual, este adormecimiento emocional quizá le esté protegiendo tanto de dolores físicos como emocionales.
3. Depresión:

La experiencia del asalto sexual trae consigo mucha tristeza y, posiblemente, sentimientos de desesperanza para la/el sobreviviente. Es natural sentirse deprimida/o cuando sucede algo tan destructivo. Con el tiempo, los sentimientos de depresión usualmente llegan a ser menos intensos. Los señales de depresión incluyen:

- Llanto
- Sentirse culpable o que no vale nada

- Pérdida de interés en actividades que antes disfrutaba
- Pensamientos suicidas
- Dificultad para concentrarse
- Dormir muy poco o en exceso
- Pérdida del apetito o aumento de peso
- Sentirse cansada/o todo el tiempo.

Existe un sentimiento de pérdida después de un asalto sexual, la pérdida de quien usted era antes, del sentido de optimismo y esperanza, de la autoestima y de la confianza en sí misma/o. Con el tiempo, y algunas veces con la ayuda de consejería, usted puede recuperar o incluso aumentar su autoestima y la confianza en sí misma/o, así como la esperanza. Es importante que usted deje que otras personas (incluyendo a la consejera de crisis) conozcan sus sentimientos de depresión y por supuesto, de cualquier pensamiento o sentimiento suicida que usted pueda tener.
Módulo 1

Effectos comunes del asalto sexual

Información para el Módulo 1: Folleto B

B: Otros effectos comunes.
Otros efectos comunes

1. Autoacusarse, culpabilidad y vergüenza:

Muchas/os sobrevivientes de asalto sexual, al tratar de comprender su experiencia, se culpan a sí mismas/os por haber sido asaltadas/os, por lo que hicieron o por lo que dejaron de hacer durante el ataque o por otros aspectos de su experiencia. En realidad, esta culpa es tan común que es la base del “síndrome pos-violación”. Desafortunadamente, partes de nuestra sociedad a menudo tienden a “culpar a la víctima” cuando se trata de un sobreviviente de asalto sexual, lo cual es un error. Es muy importante reconocer que las respuestas en el momento de un asalto, donde una/o está buscando la sobrevivencia, son completamente instintivas y nunca son equivocadas. Ya sea que la persona haya peleado o se haya paralizado al momento del asalto, lo hizo para sobrevivir. Más aún, nunca nadie merece ser asaltado sexualmente, sin importar lo que haya hecho. Ya sea que haya salido voluntariamente con el atacante, que haya actuado provocativamente, que haya bebido hasta emborracharse o que haya estado bajo la influencia de drogas o que en ocasiones previas haya tenido sexo voluntariamente con el atacante, la responsabilidad del asalto la tiene el atacante únicamente. Una mujer no puede hacer que un hombre la viole, sin importar lo que ella haga; él tiene el control de su propio comportamiento.

La razón para que muchas mujeres se culpen a sí mismas por lo que sucedió, es que sienten la necesidad de tener algún control sobre la situación. Da miedo pensar que una fué violada y que no había manera de evitarlo. Aceptando que usted no podría haber evitado la violación, puede hacer que el mundo se vea como algo completamente amenazante. Usted podría sentir que está en constante peligro y que necesita controlar todo que está a su alrededor. Pensando en la situación y decidiendo que usted pudo haber evitado la violación, puede sentirse un poco más en control.

Autoculparse no ayuda para nada. Causa mucho nerviosismo, puede hacer las reacciones de estrés más fuertes y puede evitar que la persona busque la ayuda que necesita. Por lo tanto, a pesar de los sentimientos de culpabilidad o vergüenza que pueda usted tener, es muy importante que hable sobre estos sentimientos con un consejero o con alguna persona que tenga conocimientos sobre asalto sexual y que esté en posibilidades de ayudarle.

2. Los efectos del asalto sexual en las relaciones interpersonales:

De manera poco sorprendente, los muchos cambios mencionados anteriormente, afectan las relaciones con otras personas. El asalto sexual podría dificultar la relación entre la mujer y su pareja, familia, amistades o compañeros de trabajo. Por ejemplo:

- Otras personas podrán responder en formas que empeoren el problema en vez de ayudar en la recuperación. Quizá se enojarán, le culpen por el asalto, minimicen sus problemas, resalten sus propias experiencias y sentimientos o que no sepan comunicarse claramente y, por lo tanto, que no le puedan ofrecer el ambiente de apoyo que necesita para su recuperación.

- Algunas reacciones comunes al asalto pueden aumentar el conflicto con otras personas. La/el sobreviviente que nota altos niveles de irritabilidad y enojo, puede tener dificultades manejando los posibles conflictos con otras personas.

- Particularmente en las relaciones

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muy cercanas, sentiéndose emocionalmente dormida/o, desconectada/o y separada/o de otras personas, puede crear el nerviosismo y tal vez, crear una pared entre la sobreviviente y su familia o amigos cercanos.

- En las relaciones íntimas, la pérdida de interés en las relaciones sexuales, como resultado de un asalto sexual, puede crear problemas en la relación.

- Las/los sobrevivientes que tratan de evitar las situaciones sociales, pueden molestar a otras personas. Algunas veces, esto termina en altos niveles de aislamiento con impactos negativos en las relaciones de tipo social.

- Las/los sobrevivientes de asalto sexual con frecuencia presentan dificultad para confiar en los demás y este problema de confianza puede afectar su habilidad para acercarse a otras personas o para confiar en consejeros o terapeutas que pueden ser de gran ayuda.

Estos problemas en las relaciones son muy molestos. De la misma manera en que usted se beneficia al saber más sobre el asalto sexual y sus efectos, otras personas, que son importantes para usted, necesitarán también informarse al respecto. Conforme usted esté más consciente de sus reacciones y de cómo puede manejarlas, mejor podrá reducir los impactos negativos de las mismas. Mientras más hable de su asalto sexual y del efecto que causó en usted, se dará cuenta que cada vez el asalto tendrá menos efecto en su comportamiento con otras personas.

3. **Síntomas físicos y problemas de salud:**

Entre las reacciones de la crisis después de un asalto sexual, se encuentran los síntomas físicos y los problemas de salud. Ya que muchos asaltos tienen como consecuencia daños físicos, el dolor es parte de la experiencia de la/el sobreviviente. Este dolor físico causa, con frecuencia, dolor emocional significativo puesto que además la parte física funciona también como un recordatorio del trauma sufrido. Como el estrés afecta la salud, las/os sobrevivientes notan con cierta frecuencia síntomas físicos relacionados con el estrés (ej. dolores de cabeza, náusea o molestias del estómago, problemas de la piel, etc.). Para poner límite a los efectos del asalto, necesitará cuidar su salud y buscar atención médica cuando sea apropiado. De alguna manera, debe combatir el impulso de evitar los exámenes médicos, pues aunque éstos le pueden recordar el trauma, son importantísimos para el cuidado de su salud. Con frecuencia, la consejería especializada en asalto sexual podría mejorar tanto los síntomas físicos como su salud en general. Si usted no cuenta con seguro médico, hable con una consejera del Centro Contra la Violación más cercano sobre las posibles alternativas (ej. compensación para víctimas, clínicas de bajo costo para mujeres, etc.)
Módulo I

Effectos comunes del asalto sexual
Información para el Módulo I: Folleto C

C: Maneras positivas y negativas de manejar un asalto sexual.
Maneras positivas y negativas de manejar un asalto sexual

Las formas positivas son aquellas que ayudan a reducir la ansiedad, el nerviosismo, y a mejorar la situación en una forma que no le afecte y que mejore las cosas no sólo en el presente, sino también en el futuro. Entre las formas positivas se encuentran:

- Métodos de relajamiento - estirar el cuerpo, meditación, baños calientes, yoga, etc.
- Ejercicios de respiración - inhalaciones lentas y profundas.
- Ejercicio moderado, que incluye caminar, correr o nadar.
- Hablar con una persona que le pueda dar su apoyo.
- Artes marciales o cualquier sistema de defensa personal.
- Actividades que le distraigan de manera positiva, incluyendo actividades positivas recreativas o de trabajo. Por ejemplo: cocinar, cuidar su jardín, salir a caminar, jugar tenis, ir al parque, tomar una taza de té, jugar bolos, ver una película, escribir una carta, telefonear a un/a amigo/a, escuchar música, limpiar su casa, hacer trabajos manuales, etc.
- Participar en un grupo de apoyo.

Las formas negativas ayudan a perpetuar los problemas. Probablemente reduzcan su ansiedad de manera inmediata, pero a la larga pueden tener efectos permanentes que causarán problemas adicionales. Entre los métodos negativos se encuentran:

- Evitar continuamente pensar en el asalto sexual
- Usar drogas y/o alcohol.
- Aislarse de su grupo social
- Acciones agresivas o violentas.
- Comer demasiado
- Cortarse o herirse a sí misma/o.
- Trabajar horas excesivas.

Ideas para Controlar los Recuerdos del Asalto Sexual

He aquí algunos pasos que le ayudarán a poder estar presente en todo momento y a poder concentrarse en lo que hace:

- Mantenga sus ojos abiertos analizando conscientemente todo lo que se encuentra a su alrededor. Encienda una luz si está a obscuras.
- Llamar a un Centro Contra la Violación.
- Diga algo reafirmante: “Me llamo ___(nombre)___; estoy a salvo en este momento. Esto es el presente y no el pasado. Me encuentro en ___(lugar)___ y la fecha de hoy es ___(fecha)___.
- Diga una frase positiva: “Puedo manejar ésto” “Esta sensación pasará pronto”
- Toque los objetos a su alrededor (Ej. una pluma, su bolsa, un libro, su ropa, su silla) y observe cómo se siente.
- Deje correr agua entre sus dedos.
- Traiga algo en su bolsa o bolsillo (Ej. un anillo) que pueda tocar y que le haga sentirse segura, cada vez que le venga un recuerdo a la mente.
- Brinque.
- Estiércese.
- Coma algo y note su sabor. (Teniendo cuidado de no comer demasiado)
- Piense en las personas que quiere (Ej. ver fotos de sus hijos).
Módulo 1

Effectos comunes del asalto sexual
Información para el Módulo 1: Folleto D

D: Comprendiendo el proceso de recuperación.

Counseling Tools for the Prevention and Reduction of Post-Traumatic Stress Reactions
Comprendiendo el proceso de recuperación

El entender el proceso de recuperación, le pone en una mejor situación para controlarlo:

• La recuperación es un proceso continuo y gradual. No sucede de repente ni es una "cura" milagrosa.

• Un cierto nivel de reacciones continuas es normal y refleja un cuerpo y una mente normal. La cura no significa olvidar el asalto sexual o no sentir ninguna emoción al respecto.

• Curarse significa tener reacciones menos intensas y recuerdos menos frecuentes del asalto sexual, mayor confianza en su habilidad para manejar los recuerdos del mismo y una mayor habilidad para manejar sus emociones.

• Cuando las personas pueden hablar de su experiencia y de sus recuerdos dolorosos, siempre se obtiene un efecto positivo.

• Los beneficios de hablar al respecto, no se dan después de una sola conversación; usualmente se dan después de muchas conversaciones sobre el asalto. Identificar a las personas que le pueden dar apoyo en general y a quienes le pueden servir de confidencias, es un paso muy importante.

• Al hablar del asalto sexual, muchas personas pueden reducir poco a poco sus respuestas físicas e incrementar su tolerancia a los recuerdos dolorosos. Una oportunidad para hablar de su asalto sexual, puede ser con una consejera del Centro Contra la Violación.

Considere la posibilidad de tener consejería adicional en los siguientes casos:

• Si usted continúa notando problemas severos a causa del asalto. Muchos sobrevivientes notan problemas severos durante las primeras semanas y meses después del asalto y esto es normal. Después de tres o seis meses, estos problemas severos son menos intensos para la mayor parte de las/os sobrevivientes. Si tales síntomas continúan causándole problemas serios, probablemente necesite un tratamiento más formal (ej. terapia, etc.) para lograr una mejoría.

• Si usted continúa muy confundida/o por fuertes emociones siempre que habla sobre su experiencia.

• Si presenta pensamientos suicidas o quisiera lastimarse físicamente (ej. cortarse o herirse).

• Si ha notado que está bebiendo alcohol, usando drogas o utilizando medicinas no recetadas para poder manejar los sentimientos relacionados con el asalto.
Módulo 2

Análisis de las creencias negativas comunes asociadas con el asalto sexual.

Información para el Módulo 2: Folleto A

A: Reacciones ante un asalto sexual; el comportamiento antes, durante y después de un asalto.
Reacciones ante un asalto sexual; 
el comportamiento antes, durante y después de un asalto

Durante nuestra vida, se nos han enseñado muchas cosas sobre el asalto sexual - sobre quién lo hace, cuáles son las causas, etc. Algunas de las cosas que se nos han enseñado pueden estar equivocadas. Más importante aún, son los mensajes negativos que se nos han dado y que nos pueden lastimar o en el mejor de los casos, no nos ayuda a manejar lo que ha sucedido.

A continuación presentamos una lista de los pensamientos relacionados al asalto sexual, que crean mucho estrés para las/os sobrevivientes, los cuales van relacionados con comentarios que tratan de ayudarle a comprender y a cambiar estos mensajes que hemos obtenido de nuestros amigos y de la sociedad en general.

**Reacciones ante un asalto:**

- No me debería sentir así, finalmente no fue más que una violación.
- Seguramente hay algo mal en mí, pues esto sigue afectándome después de tanto tiempo.
- Me estoy volviendo loca
- No sé manejar esta situación.

Es muy difícil juzgar cómo se debe responder ante un abuso sexual. Después de todo, la mayor parte de las personas no han tenido la experiencia antes y la mayor parte tampoco han estudiado de la manera en que las personas reaccionan ante esta situación. Es natural, para las/os sobrevivientes, preguntarse cómo lo están manejando y sorprenderse por la intensidad de sus reacciones y por el tiempo que les toma superarlas.

Existence una tendencia para muchas personas (incluyendo muchas/os sobrevivientes) de pensar que el asalto sexual no es una experiencia muy traumática. Probablemente piensen “no sufriste ningún daño” o “no llegaron a matarte.” En realidad, un asalto sexual es un evento extremadamente traumático, que causa mucho nerviosismo y otros problemas relacionados. Casi todas las mujeres tienen problemas después del asalto.

Es muy fácil creer que se está volviendo loco/a, pero la verdad es que no es cierto. Usted está pasando por muchas cosas desagradables y por miedos por los que otras/os sobrevivientes también han pasado.

**El comportamiento antes, durante y después de un asalto:**

- Debi haber peleado más
- No debí haber peleado
- Si ya sabía lo que me podía pasar...
- No debí haber bebido
- De alguna manera yo lo provoque (por estar coqueteando, por ser grosera o agresiva)
- No debí haber salido (sola) (de noche) (a un sitio solitario)
- No debí haberme vestido así
- Yo tuve la culpa de que me asaltara
- Debi haber reportado el asalto
- No debía haberme sentido excitada sexualmente
- ¿Porqué a mí? Debo tener algo que lo hizo escogerme.
Después de que ha ocurrido un asalto, es completamente normal pensar en lo que pasó una y otra vez para comprender qué fue lo que sucedió y porqué. Durante este proceso, es natural para las/os sobrevivientes de pensar en qué manera hubieran podido evitar el asalto. Desafortunadamente muchas/os sobrevivientes de un asalto sexual se culpan a sí mismas/os por lo que sucedió y sienten que ellas/os lo causaron. Sin embargo, no importa lo que una persona haga (si está borracha, si invita al atacante a su casa, si usa ropa provocativa) la persona responsable de cometer el asalto es el atacante. Cuando una persona está intoxicada (con drogas o alcohol) no está causando que otros la ataquen. Si está desnuda, el estarlo no es la causa de que alguien la viole. No importa la decisión que tome la/el sobreviviente, no puede saber cuando va a ser atacada/o y por lo tanto no es responsable por provocar el asalto.

Durante el asalto, la sobre- viviente se enfrenta con decisiones imposibles de tomar. No se puede resistir, porque probablemente puede resultar herida o muerta. Puede aceptar hacer lo que quiere el atacante y posiblemente no tener la oportunidad de pedir ayuda o escapar. Haga lo que haga, podría después culparse por haberlo hecho. No es justo. No se puede saber lo que hubiera sucedido si se hubiera actuado de forma distinta. Probablemente hubiera sido bueno, pero también quizá las cosas hubieran resultado peor de lo que fueron.

Esta circunstancia de “no ganar” con frecuencia continúa hasta después del ataque. Si la mujer no reporta el asalto, renuncia a su poder, deja que el atacante “se salga con la suya” y pierde la oportunidad de meterlo a la cárcel. Si reporta el asalto, se somete a un estrés prolongado, tiene que lidiar con un sistema legal que puede ser muy duro, pierde su privacidad, puede que otras personas no le crean y no tiene garantía de meter al atacante a la cárcel. Cualquier decisión que tome la sobreviviente puede llegar a pensar que tomó la decisión equivocada y reforzar la impresión negativa que tal vez ya tiene sobre sí misma.

Algunas veces las mujeres se sorprenden al sentir excitación y a veces hasta un orgasmo durante el asalto. Se pueden sentir confundidas por la forma en que responde su cuerpo. Esto puede hacer que se vuelva más difícil todavía hablar sobre la experiencia. Sin embargo, esta respuesta puede ocurrir y no significa que la persona haya disfrutado del ataque. Algunas veces, el cuerpo reacciona automáticamente, aunque el miedo y el odio al atacante estén presentes. La experiencia del asalto sexual hace que la sobreviviente sienta muy poco control sobre sus emociones, sus acciones y sus reacciones físicas. Tampoco tiene control sobre las acciones de su atacante, lo que él hace durante el ataque y su razon por haberla/o asaltado. La elección de una víctima depende casi completamente de cuestiones que están fuera del control de la sobreviviente. Significa que la persona estuvo en el sitio incorrecto en el momento equivocado. No hay manera de saber cuando una persona está planeando cometer un asalto sexual. El atacante toma la decisión basándose en cosas que tal vez tengan más que ver consigo mismo que con la persona a la que está asaltando.
Módulo 2

Análisis de las creencias negativas comunes asociadas con el asalto sexual.

Información para el Módulo 2: Folleto B

B: Mitos sobre la violación; Fuerza interna y habilidad para manejar la situación; cómo manejar las reacciones.
Mitos sobre la violación; Fuerza interna y habilidad para manejar la situación; cómo manejar las reacciones

Mitos sobre la violación:

- Los hombres violan a las mujeres a causa de sus deseos biológicos (no lo pueden evitar).
- Únicamente algunos tipos de mujeres son violadas.
- La mayor parte de las violaciones son cometidas por desconocidos.
- Ser violada por una persona conocida no es tan grave como ser violada por una persona desconocida.
- Los hombres no son violados.

Las culturas en las cuales nos desenvolvemos, con frecuencia nos enseñan ciertas cosas sobre la violación que no son correctas y que pueden causar que las sobre-vivientes de un asalto sexual se sientan muy nerviosas. Con frecuencia, estos mitos continúan porque dan una idea falsa de que el asalto sexual es fácilmente predecible y controlable. Los mitos sobre la violación en nuestra cultura, de los cuales anotamos algunos anteriormente, son sólo unos cuantos ejemplos de las mentiras que aprendemos sobre la violación ya sea en la televisión o a través de las personas que nos rodean. Muchos de estos mitos hacen que las mujeres se culpen a sí mismas por el ataque en vez de culpar al violador. En realidad, el “excitarse” o “gozar” con un hombre o con una mujer, no es razón suficiente para violar a esa persona. La sexualidad de los hombres no es una urgencia incontrolable que tiene un hombre cuando ve a una mujer o cuando ella se comporta de cierta forma y que el hombre no se puede controlar y no le queda otra opción más que violarla. Las personas que violan a otras/os no lo hacen en base a una necesidad sexual, sino en base a una necesidad de sentirse poderosos, en control y para humillar a la mujer. Regularmente no tienen ningún respeto por las mujeres y las ven como si fueran objetos. En realidad, cualquier mujer puede ser violada, no únicamente aquellas que son jóvenes y atractivas o las que son “sexualmente activas.” Una violación le puede suceder a las mujeres de cualquier edad, de cualquier grupo racial y de todas las orientaciones sexuales. La mayor parte de las mujeres son violadas por alguna persona que conocen - por ejemplo, un esposo, novio u otro amigo y el lugar en que con más frecuencia ocurren las violaciones, es en la propia casa de dicha mujer. Ser violada por una persona conocida es tan serio como ser violada por un desconocido.

Finalmente, los hombres también pueden ser víctimas de un asalto sexual. Aquellos que lo son, no son necesariamente homosexuales, como muchas veces se asume; en realidad, en la mayor parte de los casos, no lo son. Algunos pueden ser percibidos como homosexuales y por esa razón, son asaltados. Cuando esto sucede, se le llama un crimen (delito) de odio. El tema de crímenes de odio es un asunto muy complicado, que no puede ser cubierto completamente en este folleto, sin embargo, se proporciona una explicación básica sobre el tema. Un crimen de odio es cuando una persona selecciona a su víctima basándose en realidades o percepciones sobre la nacionalidad de la misma, su cultura, su sexo, sus capacidades físicas o mentales o su orientación sexual. Al cometer un crimen de odio, el atacante está demostrando que se siente superior a su víctima. Por lo tanto, usted puede ver que alguna persona, sólo por ser distinta, puede convertirse en el blanco de un crimen de odio (ej. las mujeres, los homosexuales y las lesbianas) Como sobre-viviente, el comprender las distintas razones que motivan a los atacantes, significa el comprender que no existe ninguna manera en que usted haya podido causar el ataque. El odio asociado con los crímenes de odio como el motivo...
de un asalto sexual, de ninguna manera le da al atacante el derecho de cometer un abuso sexual.

Por otra parte, los hombres también son atacados no únicamente por crímenes de odio, etc., sino por muchas otras razones no relacionadas a la sexualidad (ej. un robo). Por lo tanto podemos ver que un hombre decide violar a otro por las mismas razones que ataca a una mujer: la necesidad de sentirse poderoso, en control y el deseo de humillar a la otra persona. El abuso sexual de un hombre no se lleva a cabo por las “urgencias sexuales” o las “necesidades” como uno puede pensar.

En un estudio realizado, el 93% de los atacantes en los asaltos sexuales a hombres se encontró que eran heterosexuales, o sea, que el mito de que los homosexuales son quienes atacan a los hombres, es incorrecto.

Fuerza interna y habilidad para manejar la situación

- No puedo hacer nada bien
- No tengo ninguna posibilidad de mejorar la situación
- No me puedo proteger de otras personas
- No puedo comprender a otras personas

- El sistema está tan mal que nunca podré lograr funcionar bien dentro de él
- Debo controlar a otras personas o, si no, ellos me controlarán a mí.

Todas las experiencias traumáticas conllevan una pérdida de control y una sensación de desprotección. Después de una violación o de cualquier asalto sexual, las/os sobrevivientes con frecuencia se cuestionan sobre su habilidad para hacer las cosas: para mantenerse a salvo en el futuro, para juzgar y comprender a las personas, para sobreponerse al asalto, para construir una nueva vida. Algunas veces ellos creen que necesitan controlar todo (ej. “Debo controlar a otras personas, si no, ellos me controlarán a mí”). Estos pensamientos son comprensibles y normales, dado lo que ha pasado el/la sobreviviente y a lo que se está enfrentando.

Lo que está equivocado en los comentarios anteriores es que son muy exagerados. “No puedo hacer nada bien” - no está apegado a la realidad.

Es más justo y más realista decir: “Me está costando trabajo hacer algunas cosas en este momento, pero al mismo tiempo estoy haciendo algunas otras cosas para mejorar mi situación presente”.

No es verdad que: “No puedo hacer nada para mejorar esta situación."

Algo más realista sería: “Esta situación es mala y es difícil mejorarla, pero puedo hacer algunas cosas para lograr algo por lo menos y me necesito enfocar en lo que puedo hacer por el momento.”

“No puedo lograr que el sistema funcione como quiero” se podría decir de otra manera “Probablemente tendré experiencias buenas y malas con el sistema y trataré de obtener la ayuda necesaria para poder manejarlas.”

Si bien es cierto que “no hay nada que las personas puedan hacer para cambiar lo que sucedió” también es cierto cuando decimos que “hay cosas que se pueden hacer de aquí en adelante.”

Las/os sobrevivientes de un asalto sexual, como cualquier ser humano, tienen puntos fuertes y también debilidades para poder salir adelante. Esos puntos fuertes y esas debilidades están ahí todavía, aún después del asalto.
Mitosis sobre la violación:

Cómo manejar las reacciones:

- Lo mejor que se puede hacer es pretender que nada ha sucedido y seguir adelante
- El alcohol y las drogas en realidad me ayudan (a sentirme mejor) (a olvidar) (a dormir) (a enfrentar al mundo)
- Me siento mejor al estar alejado de las personas
- Me sentiría mejor si pudiera humillar, herir o matar a quien me asaltó.

Algunas de estas creencias pueden interferir en la recuperación o en realidad hacerle daño a la sobreviviente. Es muy posible que tratar de no pensar en el asalto, contribuya a hacerla sentirse más nerviosa. Es también muy posible que al evitar el contacto con otras personas, aumente los efectos negativos del asalto. Es casi seguro que beber alcohol o usar drogas para poder manejar los sentimientos, puede crear muchos más problemas de los que puede resolver. La urgencia de herir al atacante es una cosa muy común. En realidad, sin embargo, el hecho de herir a la persona muy poco puede ayudar a que los problemas emocionales desaparezcan o a que los problemas causados por el asalto se reduzcan; esto podría, sin embargo, crear problemas con la ley.
Módulo 2

Análisis de las creencias negativas comunes asociadas con el asalto sexual.

Información para el Módulo 2: Folleto C

C: Sobre el futuro, en relación a usted; en relación a otras personas.
**Sobre el futuro:**

- Mi vida está destruida para siempre
- Nadie querrá tener relaciones conmigo
- Siempre estaré sola/o
- No tiene sentido vivir
- La vida es únicamente sufrimiento y dolor

Esperar que el futuro nos traiga cosas malas nos lleva a tener sentimientos de ansiedad, depresión y desesperanza. Las creencias negativas que se mencionaron anteriormente acaban con la energía, el placer y la esperanza del sobreviviente y debilitan sus esfuerzos para superar el problema. El futuro es incierto y nadie puede saber lo que sucederá.

**En relación a usted:**

- Soy mala/o
- No valgo nada
- No sirvo para nada
- No soy importante
- Soy muy débil
- Soy muy cobarde

Todas estas creencias y otras cosas negativas que las/os sobrevivientes dicen sobre sí mismas, son muy comunes después de un asalto sexual. La depresión que casi siempre viene después de dicho asalto, lleva a muchos sobrevivientes a verse a sí mismos en una forma negativa, buscando sus propios errores y teniendo sentimientos de baja auto-estima. Esto es parte de la reacción ante un asalto y no la realidad.

Aunque con frecuencia todos lo hacemos, no es justo para una persona el etiquetarse a sí misma y decir “Yo soy...” Todas las personas son muchas cosas al mismo tiempo. Algunas veces somos muy seguras y otras veces somos miedosas, algunas veces estamos en lo correcto y otras veces cometemos errores. Después de una violación o de cualquier otro tipo de asalto sexual, las/os sobrevivientes tienden a enfocarse en el lado negativo de su personalidad. Esto es normal cuando existe una depresión. Sin embargo, no es justo, porque no le da la oportunidad a la persona de ver las cosas buenas que tiene.

Muchas de estas palabras que utilizamos para describirnos a nosotros/os mismos/os están cargadas con juicios negativos, muchos de los cuales son injustos, fuertes, equivocados o demasiado simples. Cuando utilizamos la palabra “débil” o “cobarde,” por ejemplo, estamos diciendo más que sólo “Tuve mucho miedo y me dio pánico durante el ataque”. Estamos también aceptando “Y no debí haber reaccionado de esa forma, porque lo más lógico hubiera sido reaccionar (con más calma o pelear con el atacante y/o hablar con el atacante y lograr que me escuchara)”. En realidad, la mayor parte de las personas, cuando son atacadas, reaccionan con mucho miedo. En otras palabras, responden como si su vida estuviera en peligro, lo cual es cierto.
Sobre el futuro:

En relación a otras personas:

- Nadie me cree
- Todos me culpan por lo que sucedió
- Los demás se van a dar cuenta sólo con mirarme
- Nadie comprende por lo que estoy pasando
- No se puede confiar en nadie
- Los hombres siempre quieren aprovecharse de mi
- Las personas con autoridad o quienes están en posiciones de poder, tratarán de hacerme daño (ej. el jefe, el chofer del camión, la policía, el maestro, etc.)
- No puedo tener relaciones positivas, sólo negativas
- Mi pareja me culpará por lo que sucedió
- Mi pareja no querrá tener sexo conmigo después de esto

Otras personas - los atacantes, personas dentro del sistema legal, miembros de la familia - también son parte de la experiencia del asalto sexual. Cuando otros atacan y hieren a la sobreviviente, no creen su historia o no le apoyan para que supere el asalto, los puntos de vista de otras personas pueden dañar mucho a la/el sobreviviente.

Es muy fácil ver cómo las creencias malas, duras o raras que se han mencionado anteriormente, pueden llegar a afectar la experiencia de una sobreviviente. Sin embargo, las frases listadas son muy generales y muy exageradas para ser correctas. Pongámoslo de esta forma: pueden llevar a una sobreviviente a esconderse de otras personas, a no querer establecer nuevas relaciones o a no compartir sus experiencias con los demás.

Debe haber otras formas de comprender a una/un sobreviviente sin tener las creencias que pueden causar más problemas y dolor. Por ejemplo, algunas creencias como "Nadie comprende por lo que estoy pasando" puede ser cierta en ciertos momentos y falsa en otros. Por supuesto que la/el sobreviviente puede conocer personas que no comprenderán o que no le creerán. Sin embargo si la/el sobreviviente trata de contactarse con otras personas o lugares y éstas le pueden ofrecer su apoyo, es posible que ella/el se de cuenta de que "algunas personas si pueden entender por lo menos parte de lo que le está ocurriendo." Esto es especialmente cierto si ella habla con otras sobrevivientes de un asalto sexual o con una consejera.

Otro ejemplo: "No se puede confiar en otras personas" es una conclusión razonable pero extrema, a la que se llega cuando alguien en quien ella confía se aprovecha de una situación. Una conclusión más realista y menos molesta sería "No se puede confiar en algunas personas y es muy difícil saber en quién si se puede confiar." "No puedo tener ninguna relación positiva, sólo negativas" es un juicio sobre el futuro y está basado en lo que sucedió en el pasado. Sin embargo, las personas pueden cambiar la manera en que actúan y su suerte también puede cambiar. Entonces, las creencias pueden ser muy fuertes o muy extremas y pueden causar más problemas para la persona. Sería distinto decir "He tenido malas experiencias en mis relaciones anteriores". La creencia sobre "Mi pareja no va a querer tener sexo conmigo" es un juicio sobre el futuro y el futuro no ha llegado todavía.
Módulo 3

Discutiendo Experiencias Traumáticas
Información para el Módulo 3: Folleto A

A: Experiencias traumáticas – La importancia de hablar sobre las mismas; encubriendo las experiencias traumáticas.
Experiencias traumáticas - La importancia de hablar sobre las mismas; encubriendo las experiencias traumáticas

Revelación:

Díctele a alguien sobre lo que paso

Experiencias Traumáticas:

La importancia de hablar sobre las mismas.

Quienes trabajan con personas que sufren de nerviosismo traumático creen que es especialmente importante para las sobrevivientes encontrar la manera de hablar con otras personas sobre sus experiencias. Esto puede ser especialmente importante para quienes están luchando con:

- Pesadillas y recuerdos no deseados, etc. (reacciones intrusivas)
- Un gran deseo de no pensar en el trauma o de no recordarlo (reacciones evasivas)

Algunas veces, cuando más se trata de no pensar sobre las experiencias, tanto más tensa se va a sentir la persona y va a tener más estos “pensamientos intrusivos.” Si alguien le dice que trate de no pensar en un “elefante color de rosa”, más va a tenerlo presente.

Hay pruebas de que el hecho de esconder las experiencias traumáticas puede afectar de manera negativa tanto su salud mental como la física y que esto está conectado, a la larga, a problemas fuertes de salud.

Muchos sobrevivientes de un trauma (85%) indican que desean hablar de sus experiencias traumáticas. Sin embargo, sólo el 35% de los sobrevivientes de un asalto sexual le dicen a alguna otra persona (amigo o pariente, etc.) sobre lo que les pasó (revelación).

Estas razones con frecuencia llevan a las sobrevivientes a evitar el hablar con otras personas sobre el asalto sexual. Al no decírselo nada a los demás, todo esto se puede evitar. Sin embargo, al escoger cuidadosamente a las personas a quienes se les va a decir, puede que no haya ninguna consecuencia negativa. Encubrir sus experiencias significa que se perderán todas las posibles cosas positivas que pueden resultar al hablar sobre el tema.

Miedo de una carga emocional muy fuerte (ej. “Esto es mucha presión, no la puedo manejar”)

Preocupación de que la información puede ser muy incómoda para la otra persona (ej. “Esto será demasiado para los demás”)

Miedo al rechazo social (ej. “Nadie va a querer estar conmigo de ahora en adelante”)

Falta de un confidente (ej. “No tengo a quien decirle lo que me pasó”)

Encubriendo las experiencias traumáticas:

Cuatro de las razones más comunes para encubrir la información sobre las experiencias traumáticas son:

- Miedo al rechazo social (ej. “Nadie va a querer estar conmigo de ahora en adelante”)
- Falta de un confidente (ej. “No tengo a quien decirle lo que me pasó”)
- Miedo de una carga emocional muy fuerte (ej. “Esto es mucha presión, no la puedo manejar”)
- Preocupación de que la información puede ser muy incómoda para la otra persona (ej. “Esto será demasiado para los demás”)

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Módulo 3

Discutiendo Experiencias Traumáticas
Información para el Módulo 3: Folleto B

B: Beneficios de decirle a otras personas; Revelación – cómo y cuándo.
Beneficios de decirle a otras personas; Revelación - cómo y cuándo

A continuación se presenta una lista de algunos beneficios, así como de algunos posibles efectos negativos de una revelación, desde el punto de vista del sobreviviente.

¿Qué ve usted como posibles beneficios y posibles efectos negativos si se decide a compartir su experiencia?

### Beneficios

- Sacarlo de mi pecho
- No tener secretos.
- Escuchar las reacciones de otros.
- Sentirme menos sola/o
- Obtener ideas sobre cómo superarlo
- Sentirme comprendida/o
- Sentirme bien por enfrentar mis miedos
- Sentirme aceptada/o por los demás
- Pensar dos veces mis actitudes
- Sentir que estoy haciendo algo por recuperarme
- Posiblemente me sentiré mejor

### Efectos Negativos

- Enojarme más
- Que las personas reaccionen negativamente
- Evitar que yo misma luche con mis problemas
- Los demás me van a decir qué hacer
- Otros sabrán mis cosas personales
- Sentirme incomprendida/o
- Que la gente crea que estoy loca
- Sentirme rechazada/o por los demás
- Posiblemente me sentiré peor

### Beneficios posibles al hacer una revelación:

- Reducir la carga emocional relacionada con los recuerdos
- Cambiar algunas de las creencias sobre su asalto (ej. no culparse a sí misma)
- Comprender lo que sucedió
- Encontrar apoyo y entendimiento en otras personas
- Darse cuenta de que no está loca/o y de que no está sola/o
Revelación: Cómo y Cuándo

La decisión de revelar, cuándo y con quién, la debe tomar usted misma/o. Si está viendo a una consejera sobre los efectos del asalto, será importante que considere lo que ella le diga para tomar una decisión.

La revelación parece ser mejor si incluye información tanto emocional como real sobre el asalto. Esto es, su historia deberá incluir cómo se sintió, lo que cree sobre lo que pasó y lo que en realidad sucedió durante el asalto, es decir, los hechos. Hoy, los mejores tratamientos para el Desorden del Estrés Post-Traumático, (por ejemplo los efectos que aparecen después del trauma y que causan las pesadillas) son los que animan a la sobreviviente a decir su historia una y otra vez en detalle, para analizarla a fondo y cambiar, en su caso, las creencias sobre el asalto.

Si usted decide hablar con otras personas, es importante pensar sobre qué partes de su experiencia se pueden compartir con las distintas personas en su vida:

- Preocupaciones generales (ej. síntomas, incomodidad con las situaciones que le recuerden su asalto o preocupaciones sobre el futuro).
- Los detalles más privados o más emotivos sobre su asalto

Algunas veces, entre las posibles fuentes de apoyo emocional se encuentran:

- Consejeras del Centro Contra la Violación
- Profesionales de la Salud Mental (ej. terapeutas)
- Miembros de la iglesia (ej. sacerdotes, rabinos, líderes espirituales)
- Su doctor

¿Quién le puede ofrecer....

- Apoyo emocional general?
- El apoyo en relación a las partes más difíciles de su experiencia?

Otros puntos a considerar:

- ¿Tiene familiares o amigos con quienes puede hablar sobre su asalto?
- ¿Con qué frecuencia ve o habla con las personas que le pueden ayudar?

¿Quiénes son los amigos o miembros de su familia que pueden....

- Ser los que mejor saben escuchar?
- Aceptar lo que se les dice?
- Hablar sobre asuntos incómodos de manera calma?

Sería útil hablar con una persona hábil en el arte de escuchar (una consejera del Centro Contra la Violación o un profesional de salud mental) con quien usted podrá platicar sobre su experiencia:

- Que tenga amplia experiencia con trauma y con desórden de estrés post-traumático
- Que le ayude a superar los recuerdos y las emociones
- Que le garantice discreción
- Que tenga experiencia trabajando con otras/os sobrevivientes como usted
References & Appendices
References


## Appendix A:

**Review of assault-related treatment outcome studies since 1990**

<table>
<thead>
<tr>
<th>Author/Year</th>
<th>Sample</th>
<th>Treatments Studied</th>
<th>PTSD Measures</th>
<th>Findings</th>
</tr>
</thead>
</table>
| Resnick et al. (3)  | 48 rape victims seen in the emergency room  
15 T group  
33 C group | 17 minute education video on forensic rape exam and common post-trauma reactions | SUD ratings  
BAI  
PSS-SR  | SUD: T < C  
BAI: T < C  
PSS-SR: not administered |
| Foa et al. (2)      | 20 recent physical or sexual assault victims  
10 T group  
10 C group | 4 2-hour weekly meetings:  
1. education  
2. anxiety management  
3. imaginal exposure  
4. in-vivo exposure | PSS-SR  
PTSD dx | PSS-SR:  
Intrusion: T < C  
Avoidance: T < C  
Arousal: T < C  
Total: T < C  
PTSD dx: T < C |
| Foa et al. (15)     | 45 rape victims with PTSD  
10 SIT grp  
10 PE grp  
11 SC grp  
10 WL | 9 2-hour biweekly meetings | PSS-I | PSS-I:  
Intrusion: SIT = PE < SC = WL  
Avoidance: SIT = PE < SC = WL  
Arousal: SIT = PE < SC = WL  
Total Severity SIT < PE < SC < WL |
| Foa et al. (16)     | 96 victims of physical or sexual assault with PTSD  
23 PE grp  
19 SIT grp  
22 SIT+PE  
15 WL | 9 2-hour biweekly meetings | PSS-I  
PTSD dx | PSS-I:  
Total severity: PE = SIT = PE < SIT < WL  
PTSD dx: PE = SIT = SIT + PE < WL |
| Resick & Schnicke (13) | 39 rape victims  
19 CPT grp  
20 WL group | 12.15 hour weekly sessions | PTSD subscale (total PTSD) | PTSD symptoms  
CPT < WL |
| Echeburua et al. (17) | 20 rape victims  
10 CR/C  
10 PMR | 5 1 hour weekly sessions | PTSD-SI  
Intrusion  
Avoidance  
Arousal | Intrusion  
CR/C < PMR  
Avoidance  
CR/C = PMR  
Arousal  
CR/C = PMR |

**Abbreviation Key:**

- **T** = treatment;  
- **C** = control;  
- **PE** = prolonged exposure;  
- **PSS-SR** = PTSD symptom scale - self-report;  
- **SC** = supportive counseling;  
- **SUD** = subjective units of distress;  
- **PTSD dx** = PTSD diagnosis;  
- **WL** = waitlist;  
- **CPT** = cognitive processing therapy;  
- **PMR** = progressive muscle relaxation;  
- **BAI** = Beck Anxiety Inventory;  
- **SIT** = stress inoculation treatment;  
- **PSS-I** = PTSD symptoms scale - interview;
Appendix B:

Counseling Tools for the Prevention and Reduction of Post-Traumatic Stress Reactions:

Step by Step Guide

Encouraging follow-up participation

Step 1: Provide a rationale for participation

• Other survivors have found it helpful.

• Evidence that participation can prevent or reduce common trauma reactions.

• Provides an opportunity to take back control.

Step 2: Identify possible barriers

• Avoidance of the trauma - most common barrier. Short-term gain but long-term loss. Pink elephant example.

• Resources available (e.g., no phone, no transportation).

Step 3: Make a plan

• Commitment to participate.

• Date and time (preferably written down).

Psycho-education and Coping

Step 1: Obtain assessment of trauma reactions

• Open-ended questions - e.g., what kinds of things have you been noticing since the assault?

• Systematic (closed-ended) inquiry into "groups" of reactions (intrusive, avoidance, hyper-arousal).

   See Figure 1 Pg. 15.

Step 2: Provide information about reactions.

   See Table 2a and 2b

• 1 in 4 women have experienced a sexual assault (survivor is not alone).

• Rarely do sexual assaults conform to stereotypes (e.g., back alley/stranger).

• Most common responses fall into two groups: intrusion and avoidance.

• Responses often occur simultaneously or in phases. Part of natural course.

• Recovery takes time!

• Things you can do to increase likelihood of positive recovery.

Step 3: Provide information on recovery skills

• Better recovery if you know what to expect.

• Better recovery if you can identify and challenge beliefs you may hold about the assault.

• Better recovery if you can share your experience with carefully selected others (or even write about it).

• Better recovery if avoiding negative coping efforts (e.g., excessive drinking, avoidance) and engaging in positive coping efforts (e.g., self-care, talking).

• Better recovery if you know when to seek professional help and what kind of help may be most useful.

Step 4: Identify and discuss current efforts at coping

• Identify positive coping (praise efforts at positive coping).

• Examine implications of negative coping.

• Address avoidance as a coping strategy.
Appendix B:  
Counseling Tools for the Prevention and Reduction of Post-Traumatic Stress Reactions:  

**Step by Step Guide Continued**

**Step 5: Discuss possibility of formal/professional help**

- Determine if there are indicators for additional counseling (see Figure 3).

**Step 6: Provide/send written material and schedule additional contacts**

**Challenging Negative beliefs**

**Step 1: Explain the relationship between beliefs and feelings**

- What you think determines how you feel.
- Example: interpreting a noise in the night. What are possible reasons for noise and what interpretations produce fear?

**Step 2: Identify negative beliefs**

- "What have you been thinking about since the assault?"
- "What kinds of thoughts have been worrying you since the assault?"
- "How does your rape change your view of yourself or about the world around you?"

**Step 3: Encourage alternative interpretations**

- **Reviewing the evidence**
  - What evidence do you have to support your belief?
  - What evidence leads you to believe that?
  - So, by your logic, if you left your keys in your car, it’s ok for the car to be stolen?

- **Exaggerating**
  - So a person should be so strong that no experience, even threat of death or harm should upset them?
  - So you are completely helpless, you have no power, no ability, no source of help, no way of improving things at all?

- "The rape has erased all things about you that anyone may have ever liked, it has erased your friendliness, your skills at____, your interests and knowledge about______, etc."

- **Switching Roles**
  - "If you had a friend or family member who had been assaulted and believed the same thing, what would you say to her?"
  - "How might you respond if your friend/sister were saying this to you?"

- **Directly challenge beliefs**
  - No one deserves to be raped.
  - Nothing you did or didn’t do provides justification for rape.
  - It’s a myth that most rapists involve:.____ (a stranger, weapon, etc.).

**Step 4: Explore possibility of seeking formal help (i.e., cognitive therapy)**

**Step 5: Provide/send written materials and schedule additional contacts**
Appendix B:

Counseling Tools for the Prevention and Reduction of Post-Traumatic Stress Reactions:

Step by Step Guide Continued

Encouraging Disclosure

**Step 1: Assess survivor’s experience with disclosure**

- Have you considered talking with anyone about your experience?
- Whom have you told and what was that like?
- Is there anyone you would like to tell?
- What prevents you from sharing your experience?

**Step 2: Provide information on the importance of sharing**

- Mental health benefits (can decrease re-experiencing reactions).
- Physical health benefits (requires physical work to keep a secret).

See Figure 4.

**Step 3: Identify possible sources of social support**

- Identify people who can/cannot be good confidants.
- Identify people who can provide practical versus emotional support.

**Step 4: Identify advantages/disadvantages of disclosure with a particular person**

**Step 5: Explore possibility of seeking formal help (i.e., exposure therapy)**

**Step 6: Provide/send written materials and schedule additional contacts**
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