

*Sexual Assault
Training Curriculum
for New Counselors
and Advocates*

Facilitator's Guide

2003

This publication was supported by Grant # VF1/CCV119898-01, Violence Against Women Act, Rape Prevention Education Funding, from the Centers for Disease Control and the Massachusetts Department of Public Health.

The content of this publication is the responsibility of the Jane Doe Inc. and does not necessarily reflect the opinions of MDPH and CDC.

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Acknowledgements

Jane Doe Inc. would like to thank our partners in this project. The process of developing *The Sexual Assault Training Curriculum for New Counselors and Advocates* involved many months and years of planning, discussion, dreaming and debate. We are indebted to the member organizations of Jane Doe Inc. from whose experience we draw much of the content, tone and style that is represented in this final product. Many organizations provided support and guidance through participation on the advisory group, as reviewers of multiple drafts, in discussions with caucuses and committees and as participants in pilot testing the training program across the state.

We are also indebted to the authors and editors of two invaluable resources: *Supporting Survivors of Sexual Assault: A Journey to Justice, Health and Healing*, published by Jane Doe Inc., the Massachusetts Coalition Against Sexual Assault and Domestic Violence, with funding from the Massachusetts Department of Public Health, and *For Shelter and Beyond*, a training manual for domestic violence counselors and advocates published by the Massachusetts Coalition of Battered Women Service Groups. Each of these manuals helped to inform much of the content and substance reflected in each of the sessions.

There were many other partners and collaborators on this project. We thank the California Coalition Against Sexual Assault for their cooperation and assistance in giving us permission to adapt sections of their facilitator's guide, *Support for Survivors*. We are also very appreciative of the support and guidance from the Massachusetts Department of Public Health, which provided funding as well as expertise and direction as reviewers and members of the advisory group. In particular, we thank Marci Diamond, Director of Sexual Assault Prevention and Survivor Services at the Massachusetts Department of Public Health, for her ongoing support and vision. We are very fortunate to have had this project lead by Marianne Winters, former Associate Executive Director of Education at Jane Doe Inc., and current Executive Director at the Rape Crisis Center of Central Massachusetts. The completion of this project could not have happened without her expertise and leadership.

The Sexual Assault Training Curriculum for New Counselors and Advocates was a collaborative effort and for all of those involved, we are deeply appreciative of the time, effort and thought given to creating this resource as we work together to end violence in all forms.

– The Membership and Education Department, Jane Doe Inc.

Jane Doe Inc. Member Organizations

Alternative House
Asian Task Force Against Domestic Violence
Battered Women's Resources, Inc.
Boston Area Rape Crisis Center
Brockton Family and Community Resources
Cape Cod Center For Women
Casa Myrna Vazquez
CCHERS (Center for Community Health
Education, Research, and Services)
Child and Family Service of Pioneer Valley
Daybreak / YWCA of Central MA
Deana's Fund
Domestic Violence Victim Assistance
Program
DOVE Inc. (DOMestic Violence Ended)
Elizabeth Freeman Center
Elizabeth Stone House
Everywoman's Center
FINEX House
Greater New Bedford Women's Center, Inc.
HarborCOV
HAWC (Help for Abused Women and
Children)
Independence House, Inc.
Jewish Family and Children's Service
The Mentors in Violence Prevention (MVP)
Program
NELCWIT (New England Learning Center
for Women in Transition)
The Network/La Red: Ending Abuse in
Lesbian, Bisexual Women's, and
Transgender Communities

Network for Women's Lives
New Hope, Inc.
North Shore Rape Crisis Center
Our Deaf Sisters' Center
Our Sister's Place
Portal to Hope
Rape Crisis Center of Central Mass, Inc.
Rape Crisis Services of Greater Lowell
Renewal House
RESPOND, Inc.
Roxbury Multi-Service Center Inc.
Safe Passage
A Safe Place
Scattered Sites
The Second Step
South Shore Women's Center, Inc.
Spanish American Center
SSTAR (Stanley Street Women's Center)
Support Committee for Battered Women
Supportive Care Inc.
Transition House
Voices Against Violence
Wayside Trauma Intervention Services
Womanshelter/Compañeras
Womansplace Crisis Center
Women's Crisis Center
Women's Educational and Industrial Union
Women's Resource Center Inc.
Women's Rights Network
Women's Support Services
YWCA of Greater Lawrence

Introduction

This Facilitator's Guide was created to help coordinators of sexual assault counselor/advocate trainings develop and deliver effective training for new counselors in their programs. Within this guide, you will find suggestions that we hope will enhance your existing skills and methods, incorporate innovative techniques, and provide up-to-date information and resources. It is meant to serve as a companion to the series of training modules developed for agencies in Massachusetts that provide comprehensive services to survivors of sexual assault. We hope you will be inspired, challenged, and validated by many of the ideas here, and we look forward to your feedback and contribution to our movement's ongoing commitment to ending sexual violence.

How to Use This Guide

This guide includes the overarching information that will help you develop and implement a training program for new counselors. It includes information that covers important aspects of the development and coordination of a sexual assault counselor/advocate volunteer training. It is designed as a companion guide for facilitators, with content provided in the series of training modules that make up the New Counselor Standardized Training Program.

Using the Training Modules and Facilitator's Guide

Each training module is written for use by trainers of each session. Portions of the trainer's guide that are written in *italics* are meant as guidance and instructions for trainers. Portions written in regular type are meant as content material. Trainers of each session should have experience in working with survivors in relation to the topic of each session. Each trainer should know this material through the content presented as well as through experience so that they can field questions, offer additional examples, and provide participants with the benefit of their expertise. Trainers are encouraged to read the material in advance to summarize the main points in their own words, and to avoid reading the material verbatim to trainees. Within the training modules, you will find references to various learning activities, case studies, and role-plays. These are found within the facilitator's guide and should be distributed to participants as needed. The order of sessions that is proposed is based on the following overarching goals of the project:

1. To provide enough basic information at the beginning to allow participants to understand the general dynamics of sexual assault.
2. To order sessions in such a way that each session builds on information already presented.
3. To help new counselors/advocates understand the needs of diverse communities and develop basic skills necessary to work with diverse populations.
4. To help develop skills using real-life examples through case studies and role-plays.

Handouts

Handouts and required reading materials are listed within each module. We suggest that you prepare a notebook for each participant with a copy of the handouts. Once the training has begun, encourage participants to read the materials in advance of the next session. Much of the reading material is provided to lay the groundwork for and reinforce concepts presented within the training. Participants will likely find it helpful to read the materials before each training session and return to the materials later for reinforcement and review. Throughout some of the sessions, you will be instructed to refer to certain handouts that will help illustrate the relevant content.

Facilitator's Guide

Section I

*Developing and Preparing
Your Training*

Project Description

The New Counselor Standardized Training Project is a training program designed to meet the needs of new counselors at sexual assault programs. It consists of a series of training modules that are designed to provide the basic outline and content for a training series for new counselors/advocates working in sexual assault programs. The training program consists of a series of sessions that are either 1.5 hours or 3 hours each. A detailed outline and list of sessions for a sexual assault training is included later in this document.

This project is developed with the needs of sexual assault programs in Massachusetts in mind. It is designed as a pre-service training program and fulfills the initial requirements for training for counselors based in Massachusetts law that establishes privileged communication for counselors working within these programs. As this project is implemented, new counselors can receive this training through local programs that offer this training series or through the Jane Doe Inc. Training Institute.

Receiving a Certificate

One component of this project will be the provision of a “Certificate of Completion” of the training. At Jane Doe Inc., we will develop and maintain a database of all individuals who have completed the training, based on information we receive from each program. A new counselor will be able to get this certificate by going through a full series of sessions, either at their local program or as they are offered by Jane Doe Inc. This will not mean that participants are necessarily qualified to work within a program. This will only mean that they have completed the required hours of initial training within the overall structure of this project. People completing the training program may need to repeat certain components as information is updated or tailored to particular sites where they may be seeking to work.

Scope of this Project

The following is a summary of the primary goals of this project.

1. To set up a structure for a training program that meets the basic minimum needs of new counselors in sexual assault programs as they begin their work.
2. For programs that do not have the capacity to provide their own sexual assault training, to provide a mechanism for new counselors in these programs to get the training needed to begin their jobs.
3. To model ways to include diversity issues throughout the entire training, including issues related to race, sexual orientation, religion, disabilities, language, gender, gender presentation, and other issues related to oppression.
4. To build the capacity for training within local community agencies that work with sexual assault survivors.
5. To offer a structure for new counselor training that does not create an “additional” set of qualifications that people need to have before they are hired within programs. The training program is intended to be utilized after staff are hired or volunteers recruited, to provide the core basic information that they will need as a starting point to do their jobs

as staff members or volunteers. Agencies will not be required to hire only people who have already been trained, nor will Jane Doe Inc. recommend that they do this. However, most programs have legal requirements that appropriate training is completed prior to any type of contact with clients.

What is Not Within the Scope of this Project

1. This project does not address in-service training issues or on-the-job training needs of counselors and other staff members, although modules may be used as a basis for in-service “refresher” trainings or cross-training of staff.
2. As a training program, it is not within the scope of this project to address how agencies address personnel issues such as supervision, job descriptions, job qualifications, recruitment, or hiring.
3. It is also not within the scope of this program to recruit new workers and assign them to work within local programs.

Materials Provided

Each agency that is designated as a recipient of services by the Massachusetts Department of Public Health, the major funder of this project, receives one copy of all materials at no cost. The materials developed through this project will be:

1. A facilitator's guide including general information on the project, information on training skills, description of exercises, and a series of case studies and role-plays to be used within the various sessions.
2. A complete series of training modules for new counselor training. Each module will contain detailed trainer's notes, handouts and a series of slides for use throughout the session.
3. A list of the goals of each session, materials and supplies needed, training techniques, and a list of required reading material and handouts.
4. A copy of handouts for each session for distribution to training participants.
5. Suggested exercises and learning activities, as well as a list of suggested films, that trainers can draw from for use in their training program.

Cost to Programs

Each Massachusetts program that is served through Jane Doe Inc's Department of Public Health contract in fiscal year 2003 receives one free copy of all materials. If you would like additional hard copies of materials from Jane Doe Inc., you will be charged a reasonable fee to cover this additional expense. Rape crisis centers will continue to receive free copies of the required accompanying text, *Supporting Survivors of Sexual Assault*.

Structure of the Training Program

The structure of the training program will vary depending on the type of training offered and the structure of the agency. The proposed order of the training for each type of agency is summarized below.

Training Outline

Session	Title	Hours
1	Introduction to Sexual Assault	3
2	Meeting the Needs of Survivors from Diverse Communities, Part I	3
3	Counseling and Crisis Intervention Theory	3
4	Counseling and Crisis Intervention Skills	3
5	Meeting the Needs of Survivors from Diverse Communities, Part II	3
6	Child and Adolescent Sexual Abuse	3
7	Adult Survivors of Child Sexual Abuse	3
8	Medical Advocacy for Sexual Assault Survivors	3
9	Legal Advocacy for Sexual Assault Survivors / Stalking	3
10	Working with Survivors in Emotional Distress	3
11	Suicide Prevention and Intervention	1.5
12	Privacy Rights, Confidentiality, and Record-Keeping	1.5
13	Agency Policies and Protocols	1.5
14	Caring for Ourselves	1.5
Total training time:		36 hours

Preparing for the Training Program

Training of Trainers

In order to assist agencies to deliver this training, Jane Doe Inc. offers periodic capacity building sessions through the Jane Doe Training Institute. We highly recommend that a representative from each agency attend this session before delivering this training locally. The training of trainers will be offered periodically in different regions of the state. Your agency may wish to use this as part of your staff development strategy for directors, volunteer coordinators, counseling program coordinators, and others who may have responsibility for new counselor training. It is recommended that attendees have completed a new counselor training course themselves prior to participating in the Training of Trainers.

Preparation of Materials

Review the list of materials and equipment required in advance. Check to make sure that any equipment is working, that the overhead projector has an extra bulb, and that you know how to operate any video or audio equipment. Locate any easels, newsprint, markers, and other supplies.

Choosing Trainers

It is important to determine who is the best person to facilitate each section of the training. In many programs there is an assumption that the training coordinator is also responsible for facilitating most, if not all, of the training segments. As the facilitator, your job is to *coordinate* the overall training, not necessarily teach every session. It is important that everyone in your program views the new staff and volunteer training as an agency-wide initiative. If you work for a large program, or if you are part of an umbrella agency, you may have access to teen counselors, child therapists, and legal advocates, who can all learn to facilitate a workshop session or at least share their insights about specific populations. You may need to mentor staff who are uncomfortable presenting, but ultimately the training will be much more effective if you have a variety of speakers who are specialists in their topics and who understand the role of the rape crisis counselor and the training session goals set forth by your program.

If you work in an agency where one person serves multiple roles, (e.g. the volunteer coordinator is also the community educator and hotline counselor) you will have fewer in-house opportunities to share the training facilitation. However, there are a variety of outside professionals who may be excellent guest speakers/trainers (e.g. SANE regional coordinators, lawyers, social workers, survivors). If you are a small program you may also want to inquire at other sexual assault agencies. Share your trainers and even consider coordinating trainings. Also, don't be shy. If you see a speaker from your community who you think is particularly effective, ask this person to present at your counselor training. Most people would be flattered that you appreciate their talent. There are suggested speakers listed throughout the training modules for you to consider. Another advantage of including guest speakers is that it will help build relationships between your agency and your community partners. Consider inviting the people you work with from law enforcement, the courts, the District Attorney's office, hospitals, and social service agencies. These same individuals will often become the referral sources for future clients of your training group. Be sure you have provided a thorough orientation to any potential trainers and that they understand and are able to help you achieve the specified training session goals for your program.

Another important aspect of your training will be to help your participants process the information they are receiving. Check-in and check-out circles (sometimes called opening and closing circles) are effective facilitation tools to help open and close individual training sessions. Check-ins are a way to focus participants, get them ready to learn, and set the stage for the session. An expanded check-in process can be a way to process homework assignments or initiate discussion, or it can be part of an exercise. Check-outs are a way to process the session, provide information about homework or reminders about the following

session, and ground participants so they can transition back to their lives outside the training. Expanded check-outs are similar to expanded check-ins in that they can be used to facilitate a discussion or be used as a closing exercise. Both types of check-outs give closure to the session. Some check-in and check-out questions are included within each training module. See “Section V – Learning Activities” for more suggestions of opening and closing questions and activities.

Although not mentioned specifically in the training modules, it is very important to schedule breaks into your training sessions. One break every hour to hour-and-a-half is a good rule. Encourage your volunteers to get up, move around, and/or get out of the room for a few minutes. This will benefit everyone, as they will hopefully come back more refreshed and ready for the remainder of the session. Therefore, if your session includes three hours of material, you will need to schedule the entire training time to account for breaks. Most trainers have found that a 3.5-hour period of time is enough to cover three hours of material and include time for breaks.

Finally, a variety of exercises have been included within “Section V – Learning Activities.” It will not be possible to include all of the exercises from this section into your training. They are provided for you to choose exercises based on the needs of your particular group. Some exercises may be useful for on-going training, in-services, staff and/or volunteer meetings, or in your community education programs.

Selecting and Preparing the Site

During the training, you and the participants will be working long and hard. Much of the stress and fatigue is inevitable, but the physical environment can either aggravate or alleviate the strain. Some programs have a meeting space large enough to hold training sessions. Others need to use community centers, classrooms, or public meeting rooms. Regardless of where your training is held, it is important for you to make the facility conducive to training. Consider the following:

- *Accessibility.* Your site should be wheelchair accessible. Don’t rely simply on what you may have been told. Check it out before you reserve the space. Even a single, shallow step can make it impossible for someone in a wheelchair to enter. Doorways and hallways too must be wide enough to accommodate a person who uses a wheelchair. Restrooms must also be accessible. Also, determine what other accommodations your participants will need, such as materials in large print or an ASL interpreter. Know any specific instructions for people with disabilities on parking their vehicles or entering the building. Plan all these details out well in advance.
- *Location.* Don’t assume participants can find the facility easily. Be sure participants are given written directions as well as an address and telephone number prior to the first session. Include information on parking as well. It’s a good idea to give participants a specific telephone number of someone who will be near a phone or cell phone in case they have trouble finding the location.

- *Seating.* Arrange the seating in a way that is conducive to discussion. A circle or semi-circle allows participants and the facilitator to make eye contact and helps equalize everyone's position. Leave appropriate spaces for wheelchairs and service animals if necessary. Traditional classroom row seating tends to separate you from the group and disconnect participants from one another. Also, many people do not fit in seats with arms, so have a variety of types of chairs on hand.
- *Temperature and ventilation.* Adjust the temperature for comfort and make sure there is adequate airflow. If you know that the space tends to run hot or cold, let your participants know to bring a sweater or wear light clothes.
- *Atmosphere.* Even the starkest room can be warmed up. Bring a vase of flowers or a potted plant to put near the facilitator or guest presenter. Throw a quilt over a chair. Plug in a radio and have some background music playing as participants arrive. A comfortable setting is not only conducive to learning, it is an essential part of making staff and volunteers feel welcomed, recognized, and appreciated for their commitment.

Suggested Pre-Training Activities

Application Process

It is up to your agency to develop and implement a process for recruitment. Your program will have a staff hiring process that is different from a volunteer recruitment process. For programs that utilize volunteers within their counseling programs, most rely on an application process. A sample application form is included within this guide.

Communication with Trainees

Your agency needs to determine, based on your needs and policies, its requirements and expectations for new counselor training. You will need to clearly explain the requirements to each potential volunteer prior to screening and training so that they are able to make an informed decision. A useful information packet for prospective volunteers might contain the following:

- agency description
- explanation of the kind of training your agency is offering and the focus or purpose of the training
- list of prerequisites for enrollment in the training course, including age requirements, agency policy about criminal history checks, agency policy about perpetrators, agency policy about recent sexual assault survivors, etc.
- dates, times, and locations of the training
- course content, expectations, and requirements
- course overview, including a description of the intensity of the subject matter, attendance and competency requirements

- requirements for counselors, including a basic job description, extent of commitment (e.g. shifts per week or month), agency in-service training attendance, mandatory meetings, etc.

Screening Process

People enroll in counselor training for a myriad of reasons. For staff, it may be a job requirement. Some participants are interested in “women’s issues.” Many have friends or family members whose lives have been affected by sexual assault. Some may be survivors themselves and want to use their experience in order to help others. Volunteers may also be motivated by reasons less directly connected to the issue of sexual assault. They may be interested in learning about the medical or criminal justice systems, pursuing a career in counseling, earning education credits, or simply increasing their knowledge base. They may be intending to make new friends or merely fill some hours each week. Finally, there are those who enroll in training in lieu of seeking counseling.

Different participants’ purposes may indeed be fulfilled through your training series; however, it is absolutely essential that you, the facilitator, clearly explain your agency’s goal in conducting new counselor training and your expectations for participants during and after its completion. One way to ensure that your agency’s goals and a prospective volunteer’s goals mesh is through an effective screening process.

Rape crisis centers employ a wide variety of screening processes prior to training. They range from a very short enrollment form to a multi-tiered process involving a written application, an interview, and a police background check. Most experienced trainers are adamant about the need for pre-training screening. A pre-training screening process:

- Clarifies for potential trainees your goals, objectives, requirements, and expectations. It helps avoid disappointment and misunderstandings down the road.
- Helps screen out people who are not well suited to the work. It avoids hurt feelings and embarrassment for the candidate, the facilitator, and the agency. It can also be a time for the facilitator/screener to suggest alternative volunteer opportunities.
- Helps screen out people who are not ready to be in training or do the work. Although training may be therapeutic, it is not a replacement for counseling. The screening may be a sexual assault survivor’s first experience disclosing the assault or abuse. The screening interview can be an excellent opportunity to provide validation, support, and gentle redirection to the appropriate resources both inside and outside the agency.
- Alerts the facilitator to potential problems, issues, attitudes, or behaviors that may pose a challenge during the training.
- May reveal a trainee’s particular experience, background, contacts, or skills that may be a valuable resource during training, and throughout their work with the agency.
- Allows for fine tuning the training, if necessary, by giving the facilitator a sense of the upcoming training group.
- Helps potential trainees understand the seriousness and importance of the “job” for which they want to train.

- Can serve as a starting point from which to chart a trainee's growth and development.
- Reduces anxiety and increases interest and excitement about the training for the trainee. May encourage increased enrollment if a potential trainee shares a positive first impression (of you and your program) with others.
- Helps the trainee feel connected to a person and not just a program. Increases the trainees' comfort level at the first session because each knows someone in the group.
- Helps the agency screen participants for abusive and assaultive behaviors.

Pre-Training Interview

Oral interviews are usually conducted in person. However, due to transportation issues, geographic limitations, time constraints, or financial or other issues, interviews are sometimes conducted by phone. The majority of experienced trainers favor an in-person interview at their program and find it difficult to elicit the same quality of information by phone.

The oral interview allows the trainer to follow up on any concerns about the written application, give a more in-depth description of the training, and provide an opportunity for the applicant to ask questions. An in-person interview has the added benefit of allowing the facilitator to observe and assess the applicant's nonverbal communication skills.

Suggested Post-Training Activities

Exit Interviews

Exit interviews provide an excellent opportunity to assess the readiness of your staff and volunteers and to further screen out and/or assist volunteers. Exit interviews can:

- Address any areas of concern that you observed during the training and offer suggestions for additional training.
- Allow the participant to ask for further help, assistance, or counseling.
- Give participants the opportunity to bow out of the volunteer program if it is not right for them.
- Help you determine the best placement for your new volunteer.
- Offer you a way of guiding inappropriate volunteers to other opportunities if appropriate.

You will want to state during pre-training screening, during the training, and at the exit interview that volunteering is not based solely on the completion of the training, but will occur only after both the individual *and* the agency feel that the volunteer is ready. For paid staff, you will want to consult your agency's personnel policies for guidance on trial periods or staff orientation. Preparation to begin providing services is assessed after both the training and the exit interview are completed. Consider setting up individual meetings with each volunteer a week or two after the training.

It is important to always inform potential volunteers that it is okay not to be ready to do this work and that your agency values that personal insight. Encourage them to be honest with themselves and your program.

Individual Role-Play

Many training coordinators require that the new counselor complete trial role-plays individually with the coordinator or the supervisor, if different. These role-plays provide an opportunity for the new volunteer or staff member to have any specific questions addressed, and gives the supervisor a sense of the counseling style and competency of the new staff member or volunteer.

Mentoring/Shadowing

Another technique used at many programs is a mentoring/shadowing period. During this time, the new staff member or volunteer receives individual assistance in skill-development without having to be the primary one responsible for the call or interaction. If your agency uses a mentoring or shadowing technique, find out the time required and the means that your agency uses to evaluate this period. Be sure to include this information regarding requirements in pre-training information and orientation as well as the exit interview. It will also be important to inform each survivor, whether on the telephone or in a counseling session, of the purpose of the mentoring or shadowing period, and get their informed consent for this to occur. If the survivor you are serving is uncomfortable being in this role, honor that request and do not force them to participate in this learning activity.

Role-Specific Training

This training program provides general information for new counselors and advocates. Your agency is still responsible for training specific to each person's roles and set of responsibilities. Each agency should have an orientation program for new staff that provides role-specific training and more in-depth information regarding agency specific protocols.

Evaluation

It will be important for you to receive feedback from your participants concerning your training. We have included several evaluation forms within this guide to help you evaluate the individual sessions as well as the overall training. Agencies who provide this training are required to participate in the evaluation of the program by distributing the evaluation forms to participants. Each participant will be asked to complete a one-page form for each session as well as an overall training evaluation form. Trainers will also be asked to give feedback on each session and on the overall training. Copies of these forms should be sent to Jane Doe Inc. The results of the comments from participants will be tracked in a summary form and will not be reported by individual trainer or specific program or agency. They will help Jane Doe Inc. and all agencies to continue to improve this training program and to track the results of the program. The project evaluation is essential to the success of this project since it will help continue to build and improve this training program. The forms include the following:

- a participant feedback form for each session
- a participant feedback form for the overall training
- a trainer feedback form for each session
- a trainer feedback form for the overall training.

Facilitator's Guide

Section II

Case Studies

Introduction

Sexual assault survivors can often present complicated and challenging life situations. Case studies allow for an in-depth, focused discussion about particular issues and provide advocates the opportunity to develop their knowledge base and advocacy skills. While role-plays help new counselors practice specific skills, case studies provide for large- and small-group brainstorming, discussion, and collaboration around particularly difficult cases. Advocates may find case studies a less stressful introduction than role-plays to understanding the needs and concerns of sexual assault survivors.

There are a variety of ways that you can use case studies. You can:

- Read the case study to the larger group and have a discussion on ways to aid and support the survivor.
- Break participants up into groups of three or four, have them discuss the case studies and report back their findings.
- Assign a case study as “homework” and ask participants to report back at the beginning of your next session.

Whatever the scenario, the *Case Study Questions* will serve as an excellent guideline for processing and discussing any of the cases. Feel free to add questions as they pertain to your particular community or situation.

Case Study Questions

- What do you know about this person?
- Was there a recent assault or abusive incident?
- What do you know about the assault/abuse?
- What unique issues do you need to be aware of in assessing the situation?
- Is there immediate danger?
- Who is the perpetrator; are they a caretaker; and are they living in the same household as the survivor?
- What are some safety planning suggestions for this person?
- Are there complicating factors to consider before taking any actions?
- What is the person asking for at the moment?
- What can you offer to this individual immediately?
- What community resources are available to this person?
- What are the longer-term challenges and possibilities for this person?

Session 1 – Introduction to Sexual Assault Case Study

Pam is a 49-year-old divorced woman with a son away at college. She grew up in a Portuguese Catholic family and is one of three daughters. Pam always knew she wanted to be a nurse and studied hard while in nursing school. She was married and divorced within a five-year time frame. After the divorce she threw herself into her work and raising her son. She quickly advanced and currently works as the nurse manager at a large urban hospital.

Several months ago an orderly stopped by Pam’s office to introduce himself. His name was Rich and he said he had seen Pam around the hospital. She was cordial and thought Rich was sweet for saying hello. Rich continued to stop by Pam’s office to the point where Pam was annoyed. She told the other nurses that Rich was turning into a pest and they teased her that Rich just had a crush on her.

Several weeks later one of the staff accused Rich of stealing money from a patient’s room. When the money was found in Rich’s locker he was immediately fired. Instead of leaving, Rich went to Pam’s office to plead his case to her. Pam said there was nothing she could do to help him and Rich became enraged. He accused her of leading him on and then not helping him when he needed it. He grabbed her by the arm and told her he was going to give her what she wanted all along, then proceeded to tear her clothes off and rape her. During the rape Rich grabbed Pam by the throat and said, “If you ever tell anyone, I’ll kill you. I know where you live and where your son goes to college.” Then he fled. Pam immediately called security. Security contacted the police and they quickly apprehended Rich. Pam had a forensic exam at a medical hospital where she works and felt humiliated by the experience.

It has been two weeks since the rape and Rich is still in jail. Pam is terrified Rich will get out and is not sure if she wants to go through with the whole trial process. She has heard how rape victims get treated and is very worried that the judge or jury will think she was leading Rich on. She is devastated and feels like her career is over. She has only told her sisters and doesn’t want her aging parents to know what happened.

Session 2 – Meeting the Needs of Survivors from Diverse Communities, Part I Case Study

Wanda is a 42-year-old woman living in a small close-knit Puerto Rican community. Wanda came from a very strict household in Puerto Rico where the women in the family were responsible for taking care of the men. Wanda learned from her family and her community that her job was to make her man happy, feed him dinner, and provide him sex whenever he wanted.

Wanda's father was very controlling and Wanda dropped out of school at fifteen and married Juan in order to get out of the house. Wanda was a virgin on her wedding night and very scared. Juan said nothing to her as he got on top of her and penetrated her. Wanda was scared but remained silent.

Wanda and Juan moved to the U.S. ten years ago. Wanda speaks very limited English. She is currently pregnant with her fourth child. Juan has been forcing nightly sex on Wanda for the course of their entire marriage. Wanda tells no one what is happening but she feels very ashamed and dirty. Sex does not feel good to her and she hates submitting to Juan's demands. Once, Wanda tried to protest and Juan simply said, "mi mujer," meaning, "you're my wife, my woman," and that was that. Lately, Wanda has had a lot of vaginal itching and painful urination. She is worried something might be wrong with the baby.

Session 3 – Counseling and Crisis Intervention Theory Case Study

Jim and Beth are a married couple with a 14-year-old son named Greg. Beth is a social worker, and Jim is a high school guidance counselor. They work hard at maintaining an open and honest relationship with their son and pride themselves on their parenting skills.

Three months ago Greg’s baseball coach was arrested for molesting several boys on the team. Since that time over twelve victims have come forward claiming that they were abused as well. Beth and Jim immediately asked Greg if the coach had molested him, and although Greg refused to share the details, he did admit to being molested by the coach. Upon hearing the news, Beth started to cry and Jim paced across the floor saying how he planned on killing the coach. After they calmed down, Beth and Jim told Greg that they really thought it was best if the whole family went into counseling to deal with the situation. Greg does not want counseling and does not want to talk about the abuse.

Beth and Jim are at a loss about what to do. They are both currently seeking counseling, individually and as a couple, but Greg wants to ignore the abuse altogether. They are concerned because all Greg wants to do is sit in his room and listen to music. Greg has quit baseball and doesn’t seem to be interested in much of anything lately.

Beth and Jim feel very guilty for not having forced the baseball team to run criminal checks on the coaches. They also feel guilty because they think their initial reaction may have been really stressful for Greg. They want to support their son but feel like they are doing everything wrong.

Session 4 – Counseling and Crisis Intervention Skills Case Study

Claire is a 44-year-old closeted lesbian who has been dating her partner Leslie for four years. Claire and Leslie own a home together but maintain separate bedrooms in case any of their family ever stops by. Claire works as an admissions officer at a college and Leslie owns a wallpaper hanging business.

Claire and Leslie were out to dinner one night when two male students from Claire's college saw them. The students stood outside the restaurant and stared at them through the window making obscene gestures. Leslie got up to go confront the youth but they ran off.

Over the next month, Claire received harassing phone calls and letters calling her a dyke and threatening to, "Rape her straight." Claire assumed it was the same boys. Claire is not out as a lesbian at work and did not report the incidents to campus police.

Claire lives close to campus and often rides her bike to and from work. One night while she was struggling to get her bike up her front steps Claire was grabbed from behind and pushed through her front door. Two men wearing masks proceeded to rape her. Claire believes they were the same men who harassed her and Leslie outside of the restaurant. They were calling her "dyke" and saying, "We'll give you what that bitch girlfriend of yours can't."

Against Leslie's wishes, Claire did not seek medical attention. Claire is willing to go to counseling but only if they can find a lesbian therapist in a town about an hour away.

**Session 5 –
Meeting the Needs of Survivors from Diverse Communities, Part II
Case Study #1**

Leslie is a 22-year old woman with mild Cerebral Palsy. She has also had an ongoing struggle with controlling her weight. She lived with her mother and father until she was 18 years old. Her parents neglected her by abandoning her for days and nights at a time. Her neighbors were aware that Leslie was left home alone and called Disabled Persons Protection Commission to report the situation.

Leslie was placed into adult foster care and ended up living with a single woman in her 40s in a small apartment. At first, Marie was very nice to Leslie. She cooked for Leslie and supported her as much as she could while paying close attention to Leslie's weight problem. Leslie became very attached and depended on Marie for her physical needs and emotional needs.

Eventually Marie started dating Chuck. Chuck spent a lot of time at the apartment with his friends drinking and using drugs. Chuck would yell at Leslie and criticize her about her weight and her disability. Chuck and his friends would get Leslie and Marie to join them in their partying. Leslie would get so drunk that she would not be able to remember what had happened that evening, but she would wake up with bruises, pain in her genitals, and hickeys all over her neck and breasts. Chuck eventually moved in with Marie and Leslie and the abuse became even more severe. Leslie drank and smoked to ease her emotional pain. The sexual abuse by Chuck's friends became more frequent and violent and she tried to fight back.

Leslie is taking classes at a local Community College and finally sought the help of the Psychologist located on campus. Leslie explained the situation to the Psychologist and after a discussion the Psychologist reported the situation to the Disabled Persons Protection Commission.

**Session 5 –
Meeting the Needs of Survivors from Diverse Communities, Part II
Case Study #2**

Kevin is an 18-year-old freshman in college who is just coming out as a gay man. Kevin attends a medium-sized school and has attended the gay student group for a few months. Kevin wants to date but there isn't anyone on campus he is interested in so he frequents the off-campus bars using his fake I.D. It was at one of these bars that Kevin met David, a 37-year-old investment banker. Kevin was very impressed with David's money and car and the fact that David was so much older than he was. They immediately clicked and Kevin went home with David that night.

After seeing each other for a few months, David recently asked Kevin to move in with him. Kevin said he wasn't ready for that. David became upset and started verbally berating Kevin saying, "You are a child. Do you think anyone else would give a kid like you this kind of offer?" Since David has a job and a car, he usually decides where they go and what they do. He has also started to demand sex in ways that make Kevin feel really uncomfortable, but he's afraid to say no. Kevin often feels like he has no say in the relationship but figures David knows what he's doing. Plus, Kevin is slightly overweight and he thinks that there aren't a lot of gay guys who want to be with someone who isn't "perfect."

David has become increasingly hostile. During one fight he slammed Kevin up against the refrigerator and then forced him to have sex.

All of Kevin's friends are telling him not to screw a good thing up.

Session 6 – Child and Adolescent Sexual Abuse Case Study #1

Child Sexual Assault

Jesse is an 8-year-old boy in third grade. He lives with his parents and his older brother Jack. Each morning Jesse and Jack walk to school together. Jack plays after-school sports, so three days a week Jesse walks the four blocks back to his house by himself.

Carl is a 23-year-old man who lives five houses down from Jesse. Every time Jesse walks home by himself, Carl is outside and says hello. Carl is very nice and often offers Jesse a soda or something to eat. Jesse says no because he has to go straight home. One day Carl was out front throwing a baseball up in the air. Carl called Jesse's name and when Jesse turned, Carl tossed him the ball and said, "That's a present for you." Jesse thanked him and kept walking. The next time Carl offered Jesse a soda, Jesse said okay and went into Carl's house with him. Since that time Jesse and Carl have become good friends and Jesse often stops by on his way home.

One afternoon when Jesse was alone with Carl, Carl put his hands down Jesse's pants. Jesse felt confused and scared. Carl played with Jesse for a while and then gave him a baseball glove as a present. Jesse started to cry and Carl got angry and said, "Don't cry and don't tell anyone. If you breathe a word, I'll tell your parents you've been stopping by here all along."

Carl has been fondling Jesse for several weeks now and recently made Jesse watch a dirty movie with him. Jesse is terrified to tell anyone because he knows he will get in trouble. He has started to wet his bed and his parents are angry.

Session 6 – Child and Adolescent Sexual Abuse Case Study #2

Adolescent Sexual Abuse

Gina is a 15-year-old girl living with her mother, Rose, and stepfather, Dan. Gina's mother married Dan when Gina was ten and Gina and Dan have gotten along well. When Gina reached puberty, Dan began commenting about Gina's breasts and how beautifully she was developing. Gina tried to ignore the comments but grew increasingly uncomfortable with the way Dan looked and acted around her. Gina tentatively brought up the way she was feeling about Dan's comments with her mother and Rose's response was, "Gina, you're thirteen, you think everybody's looking at you funny."

For two years Dan has been sexually inappropriate with Gina. He often "accidentally" brushes his crotch up against her in the kitchen or runs his hand along her breasts when reaching for something. On several occasions Dan has walked in on her in the shower. Gina once woke up and found Dan at the foot of her bed masturbating. Dan is also very jealous about Gina's boyfriends. He asks her intimate questions about whom she is dating and what she is doing with them sexually. Dan will often refuse to let Gina leave the room until she answers his questions. Gina will make up stories in order to get away.

Gina decided that if she looks bad Dan would stop bothering her. She has stopped showering and only wears big baggy clothes. She tries never to be alone in the house with Dan and has begun to stay away for as long as possible. Gina is starting to feel like she might be crazy because no one seems to notice what Dan is doing. She thinks she might be better off dead.

Session 7 – Adult Survivors of Child Sexual Abuse Case Study

Kim is 38 years old and has been married for eight years to Steve. They have a five-year-old daughter. Kim works as a paralegal in a law firm and Steve owns his own business. Their daughter recently started school, so Kim was able to up her hours at work.

Kim is the oldest of five children and was sexually abused by her father from the time she was five until she was thirteen. The sexual abuse stopped right around the time Kim reached puberty. She assumed that her father went on to abuse the younger children, and at the time was overwhelmed with guilt that she could not protect them. Kim married at eighteen to get out of the house and was divorced three years later. It was during the divorce that Kim began to have flashbacks about the abuse. She was in a men's clothing store, and the smell of the clothes suddenly "transported" her back to her father's bedroom. She felt panicked and nauseous and thought she was going to die. The incident was terrifying and spurred Kim to seek counseling.

Kim spent several years in intense counseling that culminated with Kim confronting both her mother and father about the abuse. During the confrontation, Kim's father sat silently with his arms crossed. Kim's mother said, "Maybe this therapist is planting ideas in your head. Maybe this was just some scary nightmare you had. This certainly never happened in our house." Although her father never took responsibility, Kim's counseling helped her deal with the pain and trauma and move on. She met Steve, fell in love and is now a strong advocate in her community for child sexual abuse awareness and prevention.

Recently Kim has started to have flashbacks again. She is feeling incredibly vulnerable and shaky and is terrified to let her daughter go to school. Last month Kim's brother finally confided in her that he was sexually abused too. Kim is frustrated because she thought she was over the worst of her hurdles and now she feels thrust back into the center of the trauma. Although very supportive, Steve feels lost about how to help his wife. They haven't had sex in months. Kim's mother called last week to invite them to Thanksgiving dinner.

Session 8 – Medical Advocacy for Sexual Assault Survivors Case Study #1

Maria is a 47-year-old woman from a suburban community. Maria went to the emergency room and stated that she had been raped an hour earlier in the parking lot of the hotel where she worked. Maria has worked at the reservations desk of the hotel for twelve years and is popular with the staff.

Her 49-year-old husband, her 25-year-old son, his wife, and her 22-year-old daughter accompany Maria to the hospital. The family is distraught and clinging onto Maria as they cry. Maria appears calm and tries to comfort her family members as best she can. Maria is scared about the number of tests that the doctors want to perform. Maria had three drinks in the hotel bar after work and is currently on anti-anxiety medication.

The nurse on duty assures Maria that the more information they collect the better. The nurse goes on to say, “If I were you I’d want to catch that creep and keep him from doing this to other people. You’re doing the right thing.” The nurse also states that she does very few rape examinations.

The nature of the assault left a tear in Maria’s vagina. The police have asked to photograph the tear. Maria’s husband flies into a rage and refuses to allow them to photograph his wife.

Case Study #2

Jane, a medical advocate arrives at a non-SANE hospital to accompany a 26 year old female survivor. She is greeted by Grace, a staff nurse who tells her that the survivor had gotten herself into a bad situation by drinking with a few different men. Grace thinks that the survivor was probably asking for trouble because she was wearing a very suggestive dress and was the only woman out with three male “friends.” Grace comments that the survivor needs a lesson on how to pick better friends.

Grace takes Jane to meet the survivor who is talking to the police. An officer asks Jane who she is and wants to speak with her away from the survivor. The police officer tells Jane that he thinks the survivor is lying and believes that she doesn’t have a case. He asks Jane if she can convince the survivor to tell the truth about what happened. Jane asks for some time to speak with the survivor alone. When she is alone with the survivor, she hears Grace and the police officer talking loudly in the hallway. Both Jane and the survivor hear Grace tell the officer that if they wait long enough to start the kit, the survivor will most likely just leave.

Session 9 – Legal Advocacy for Sexual Assault Survivors

Case Study

Sue is currently a 21-year-old college senior. When she was a freshman, Sue went to a party at a popular fraternity house. Sue had a lot to drink and remembers very little of the evening after her second drink. She woke up at the fraternity house the next day in some stranger's bed. Her clothes were disheveled, her hair felt like someone had poured beer on it, and she felt light-headed and confused. Sue's body felt bruised and in pain. Sue went immediately to the emergency room of the hospital where they collected evidence and notified the police. Drug tests proved that someone had slipped a sedative into Sue's drink. Sue reported the crime to the campus administration as well. They said they would investigate and get back to her.

With the help of the rape kit, eyewitness testimony, and the police investigation, three suspects were arrested in the case. Over the next three weeks, four other women came forward saying the same thing had happened to them at the same fraternity house.

The three students are currently out on bail and attending classes at the school pending the trial. Citing "lack of credible evidence" the administration placed no judicial sanctions on the students. In fact, the general belief on campus is that Sue is making the story up. The three students even held a party in the same house the rape took place to raise money for their defense. Sue heard they made signs that said, "We Never Screwed Sue."

Sue has heard that she could pursue civil action against the students as well as the school, but she also has a pending criminal case. Sue is exhausted from the daily trauma of attending school with her rapists and what feels like the endless delays of the criminal process. She had a Victim-Witness Advocate, but that person resigned recently, and now she doesn't know who to talk to about the court proceedings. She can't believe the injustice of it all – she was raped and still has to walk across campus with them. She doesn't understand why there are so many court delays and why the judge can't kick the students out of school.

Sue's parents are very supportive and want her to transfer to a college closer to home. Sue has started to smoke a lot of marijuana to deal with the anxiety. She has a very strong core of six friends who support her around the clock, but her friends are starting to feel really stressed out too.

Session 10 – Working with Survivors in Emotional Distress Case Study

Jen is a 32-year-old trainer for a large technology company. Her job recently relocated her across country, and she is having difficulty settling into her new surroundings. She grew up in an abusive home and witnessed her mother and father fighting constantly. Her mother verbally and emotionally berated both her father and the children, and Jen's father physically battered all of them. Jen has never sought counseling for the child abuse she suffered and witnessed and firmly believes that if you just work hard you can overcome anything.

Jen's focus in life is her job and working out. She exercises seven days a week for at least two to three hours a night. Jen is very proud of her body and all of the hard work she puts into staying physically fit and healthy.

Since she was new to the area, Jen's co-worker set her up on a blind date. During the course of the date, Jen was raped. Scared and alone, Jen went home and took a shower and went to bed. The next morning she decided that she would just move on and forget about the rape. Jen never told anyone about the incident.

In the weeks and months that followed Jen was unable to sleep for longer than three or four hours at a time. She would wake up at 3:00 in the morning in a panic and to calm down would do one of her video exercise tapes. She started to eat less and spend long hours at work. When she wasn't at work she would go to the gym. Jen has lost her appetite, and friends at work have commented about what they see as a dramatic weight loss. Jen thinks they are overreacting and that some of them are jealous.

Jen feels nervous and jumpy most of the time. She finds herself thinking a lot about her childhood lately and how crazy it really was.

Session 12 – Privacy Rights, Confidentiality, and Record-Keeping Case Study

Carmen volunteers to work two hotline shifts per week at the local rape crisis center. She is known for her supportive listening skills and is valued by the staff for her work on the phone.

Carmen finds that she gets easily confused on the phone so she keeps the paperwork she needs to fill out right in front of her. As the caller discloses information, Carmen writes it down. That way she can have most of her paperwork completed when she gets off the phone and have notes to refer to during the course of her conversation.

Carmen is also a part-time student and often brings her schoolwork with her to work on during her phone shifts. Last week, after a particularly long shift, Carmen accidentally took her client records home with her along with her schoolwork. When she went out to breakfast the next morning, Carmen's 22-year-old son was reading her client notes. Carmen isn't sure what to do and is afraid she may lose her volunteer position. She is considering not telling her supervisor and just slipping the notes back into the client files at the office.

Session 14 – Caring for Ourselves Case Study

Lynn is a 63-year-old woman currently volunteering at a crisis center. Lynn was in an abusive marriage for ten years and moved across country with her two daughters to flee her abuser. She has lived in a small community for almost twenty years and is known for her volunteer work. Lynn is on a limited income but donates much of her time to domestic violence and sexual assault causes as well as work for needy children. Lynn started volunteering at the crisis center two years ago. She began as a hotline volunteer and eventually picked up two nights a week providing childcare during groups.

Lynn has begun to feel overwhelmed by the stress of answering the hotline and providing childcare, but since the center is understaffed she knows she can't cut back her hours. Plus, Lynn loves her work and feels very competent. She has been at the program longer than any other volunteer has and the staff relies on her for a variety of things. Sometimes Lynn feels like she's the only one who knows what she's doing. Last week she was overheard telling a client, "I don't know what they'd do without me."

Lynn's doctor is considering putting her on high blood pressure medication. Her daughters think it is related to the amount of time that she is spending volunteering and want her to take a break for a while. Lynn is a very dedicated and caring volunteer and because of that the staff ask her to do things they normally wouldn't ask a volunteer to do. The annual center fundraiser is coming up and the volunteer coordinator has asked Lynn to chair the silent auction committee.

Facilitator's Guide

Section III

Role-Plays

Introduction

The following role-plays are included for you to use within training sessions and to give you a framework upon which to create your own. You will find that many of these role-plays can be used with few or no modifications to help participants practice active listening, crisis counseling, information sharing, and other basic skills. However, we hope you will enhance their effectiveness as learning tools and tailor them to reflect the types of calls, clients, issues, and challenges faced by sexual assault advocates in your agency and your community. Role-plays are titled by topic with the caller's identity in parentheses.

Except for "Session 1 – Introduction to Sexual Assault," end each session with one or more role-plays. Use these guidelines throughout the entire training.

Before beginning, present participants with the following general guidelines:

- There is no wrong way to approach a role-play; they are intended to be used as practice only.
- The role-play may feel awkward and contrived – that's okay; it will still provide useful material for discussion.
- Try your best to keep track of questions as they come up.

Instructions:

- Have participants separate into groups of three, where one person takes the role of counselor, the second the role of client, and the third the role of observer.
- Refer to this guide for a list of suggested role-play scenarios. Refer to the list of suggested role-plays for each session.
- Copy the selected role-play scenarios and distribute them to the persons playing the role of client.
- Participants should role-play their scenarios for five minutes, then switch roles and repeat. Be sure to leave time after each role-play to address questions and give feedback. Some useful questions for discussion might include:
 - For those who played the role of survivor:
 - What was helpful?
 - Do you think the counselor has all the information needed to help?
 - What might have been more helpful?
 - For those who played the role of counselor:
 - What do you think was helpful?
 - Did you feel stuck?
 - At what point?
 - What strategies can you think of now that might help?
 - For those who observed:
 - What did you notice about what worked or did not work in this counseling session?

List of Suggested Role-plays for Each Session

Below you will find a listing of each of the training modules in the new counselor standardized training program as well as several suggestions for role-plays. This section is meant to provide you with a quick and easy reference for role-plays. Role-plays are listed by their order number in the *Role-Plays* section. Feel free to review all the role-plays in this guide and choose ones that best suit your needs.

Session 1 – Introduction to Sexual Assault

Role-plays are not recommended until after advocates have completed “Session 3 – Counseling and Crisis Intervention Theory,” and “Session 4 – Counseling and Crisis Intervention Skills.” Advocates usually do not have the necessary skills and information to successfully complete role-plays until that time. Consider using the Session 1 case study listed in the “Section II – Case Studies” section of your manual in role-play.

Session 2 – Meeting the Needs of Survivors from Diverse Communities, Part I

Since this session is presented before the sessions on counseling theory and counseling skills, you may need to introduce the concept of role-plays during this session. You may wish to use this role-play as a beginning point for discussion or as a trainer demonstration.

Role-play Suggestion:

36. Person with a Disability, Recent Sexual Assault (Survivor)

Session 3 – Counseling and Crisis Intervention Theory

Role-play Suggestions:

4. Nightmare (Survivor)
5. Acquaintance Rape (Survivor)
8. Recent Sexual Assault (Survivor)
9. Recent Sexual Assault (Survivor)

Session 4 – Counseling and Crisis Intervention Skills

Role-play Suggestions:

2. Recent Sexual Assault, Family Issues (Survivor)
7. Significant Other (Survivor)
15. Marital Rape, Domestic Violence (Survivor)

Session 5 – Meeting the Needs of Survivors from Diverse Communities, Part II

Role-play Suggestions:

17. Elder, Recent Sexual Assault (Significant Other)
27. Recent Sexual Assault (Survivor – Male)
28. Recent Sexual Assault, S and M Issue (Survivor)
29. Prostitute, Recent Sexual Assault (Survivor)
37. Person with a Disability, Mandated Reporting (Significant Other)
38. Elder, Recent Sexual Assault (Survivor)
39. Elder, Recent Sexual Assault (Survivor)
41. Lesbian, Recent Sexual Assault (Survivor)

Session 6 – Child and Adolescent Sexual Abuse

Role-play Suggestions:

6. Date Rape Drugs (Survivor)
12. Child Sexual Abuse/Incest, Mandated Reporting (Survivor – Minor)
14. Child Sexual Abuse/Incest, Mandated Reporting (Perpetrator – Minor)
32. Acquaintance Rape, Mandated Reporting (Survivor – Minor)

Session 7 – Adult Survivors of Child Sexual Abuse

Role-play Suggestions:

13. Adult Survivor of Child Sexual Abuse (Survivor)
23. Adult Survivor of Child Sexual Abuse, Male Sexual Assault Counselor (Significant Other – Male)
24. Adult Survivor of Child Sexual Abuse (Significant Other – Male)

Session 8 – Medical Advocacy for Sexual Assault Survivors

Role-play Suggestions:

9. Recent Sexual Assault (Survivor)
19. Medical/Legal Exam, Recent Sexual Assault (Survivor)
30. Hospital Call (Significant Other – Male)
31. Hospital Call (Significant Other – Male)

Session 9 – Legal Advocacy for Sexual Assault Survivors / Stalking

Role-play Suggestions:

1. Criminal Justice System (Survivor)
22. Acquaintance Rape, Domestic Violence, Law Enforcement (Survivor)

Session 10 – Working with Survivors in Emotional Distress

Role-play Suggestions:

11. Feeling “Crazy,” Recent Sexual Assault (Survivor)
16. Alcoholism, Recent Sexual Assault (Significant Other)

Session 11 – Suicide Prevention and Intervention

Role-play Suggestions:

34. Stranger Assault, Suicide (Survivor)
35. Suicide, GLBT (Survivor)

Session 12 – Privacy Rights, Confidentiality, and Record-Keeping

Role-play Suggestions:

12. Child Sexual Abuse/Incest, Mandated Reporting (Survivor – Minor)
13. Child Sexual Abuse/Incest, Mandated Reporting (Perpetrator – Minor)
32. Acquaintance Rape, Mandated Reporting (Survivor – Minor)
37. Person with a Disability, Mandated Reporting (Significant Other)

Session 13 – Agency Policies and Protocols

There are no suggested role-plays for this section since it deals with a large number of community resources and agency policies. If time allows, you may wish to do more practice with role-plays based on the sessions involving advocacy issues.

Session 14 – Caring for Ourselves

There are no suggested role-plays for this section since its focus is on counselors and not survivors.

Some general role-plays that can be used in several sessions:

3. Self-Defense Class (Survivor)
10. Acquaintance Rape (Survivor)
18. Self-Defense Class (Significant Other)
20. Significant Other (Survivor)
21. Acquaintance Rape (Significant Other)
25. Acquaintance Rape (Survivor – Male)
26. Caller – Male
33. Sexual Assault Counselor, Attempted Rape (Survivor)
40. Therapist Abuse (Survivor)
42. Hotline Caller

Role-Plays

1. Criminal Justice System (Survivor)

You were raped a year ago and reported to law enforcement. The District Attorney filed the case, and a trial was held two weeks ago. You were on the stand for three hours. You have just found out that a not-guilty verdict was returned, and you are *very* upset.

Suggestions for your role:

- You were raped by someone you knew casually.
- You are a lesbian survivor.
- Your relationship with your girlfriend ended a couple of months ago.
- At the beginning of the call you are crying.
- As the call progresses, you become angrier and begin to talk about getting a gun or doing something to get revenge on the assailant.

2. Recent Sexual Assault, Family Issues (Survivor)

You are thirty-six years old and have been dealing with your feelings after being raped three months ago. It is almost time to go home for the holidays, and you would like to talk with your family about what happened to you, but you don't know how to bring it up. You're not sure if they will be supportive.

Suggestions for your role:

- Your family consists of your mother, stepfather, two brothers, a sister-in-law, and a female cousin and her husband, plus assorted children.
- You are the oldest of your siblings, and you are not very close to your married brother.
- Holidays and having everyone together and happy is a big deal in your family.
- You have a twelve-year-old son who does not know about the assault.

3. Self-Defense Class (Survivor)

You are calling the rape crisis center to ask about self-defense classes.

Suggestions for your role:

- You are a Latina woman.
- You were mugged one night last month and your purse was taken.
- Since then you have been having nightmares about the assailant a couple of times a week.
- You feel jumpy all the time.

4. Nightmare (Survivor)

You have just woken up from a terrifying nightmare. You call the hotline to get support. You were raped six months ago, and you have been having nightmares ever since. You don't know how to deal with your situation. You are scared to go to sleep, and it's getting harder to go to work in the morning.

Suggestions for your role:

- No one at work knows you were raped.
- When you are upset, you come across to others as being impatient and abrupt.
- You want the sexual assault counselor to give you practical things to do to stop the nightmares.
- You are an African-American woman in your late fifties.

5. Acquaintance Rape (Survivor)

You were raped two days ago by someone you dated a few times. You feel it was your fault. He works for the same company you do.

Suggestions for your role:

- You are twenty-three.
- You thought this man, Michael, was really sophisticated.
- You did a few lines of cocaine with him.
- You have had only one sexual experience prior to the assault.

6. Date Rape Drugs (Survivor)

You went to a party last night and got really drunk. You passed out, and when you woke up you felt as though someone had raped you. Your clothes were off, and there were bruises on your thighs.

Suggestions for your role:

- You have no idea who may have done this.
- You are worried about sexually transmitted diseases and HIV.
- You are confused about what to do and scared that no one will believe you.

7. Significant Other (Survivor)

Your best friend was sexually assaulted two weeks ago. You are also a survivor. You want to support your friend, but it's hard because your own issues come up. You call the rape crisis center for support and ideas.

Suggestions for your role:

- You are physically disabled and use a wheelchair.
- You were raped when you were sixteen by your boyfriend's uncle. You did not tell anyone about it at the time. You are now thirty-seven.
- You have been separated from your husband for the past six months.
- You have a two-year-old son.
- Your friend is very needy right now, and you feel overwhelmed and guilty about not being more supportive.

8. Recent Sexual Assault (Survivor)

You were raped two hours ago. You want to know what to do next.

Suggestions for your role:

- You are calling from a pay phone.
- You don't want to go home, because you live with an older sister and you and she don't get along that well.
- You are experiencing some vaginal pain.
- You have epilepsy.

9. Recent Sexual Assault (Survivor)

You were raped two weeks ago, and you have called the hotline for advice. You did not report the assault to the police.

Suggestions for your role:

- Your voice has a slightly whiny quality to it.
- You can't seem to make any decisions on your own.
- You keep asking the sexual assault counselor what he or she thinks you should do.
- You have a live-in boyfriend who does not know about the assault.

10. Acquaintance Rape (Survivor)

You are wondering if the rape crisis center has counseling services available. You were raped two weeks ago.

Suggestions for your role:

- You deny that there is a crisis going on in your life. This was just something very unpleasant that happened, and you want to take care of it and get on with your life.
- You are a graduate student. You have finals starting next week.
- You are Vietnamese and recently immigrated to the U.S under a student visa.
- The assailant was your ex-boyfriend.

11. Feeling “Crazy,” Recent Sexual Assault (Survivor)

You were raped six months ago, and it feels as though your life has fallen apart. You do not feel at all like yourself; it feels as though you're going crazy.

Suggestions for your role:

- You started a new job after the assault, and you are worried that you won't make it through the probationary period.
- You have trouble sleeping.
- You had a fight with your best friend, who thinks you should just snap out of this funk you're in.

12. Child Sexual Abuse/Incest, Mandated Reporting (Survivor – Minor)

You are fourteen years old. You call the rape crisis center because your father has been molesting you since you were ten. You don't know who to turn to, and you are scared for your two younger sisters. You feel that your mother won't believe you.

Suggestions for your role:

- You do not give your real name or your phone number.
- Your parents have been arguing a lot this past year.
- You are Latina.
- You love your dad when he is not abusing you. He is very encouraging of you and your sisters to be the best you can be. He is teaching you to play tennis.
- You want to know how to get him to stop without having to tell the police.

13. Adult Survivor of Child Sexual Abuse (Survivor)

For the past two years you have been living with the knowledge that as a child your mother's brother molested you. You feel you are now ready to confront your uncle, but you want to talk the idea over with someone first.

Suggestions for your role:

- You are twenty-seven.
- Both your parents are dead.
- You are bisexual.
- You have done a lot of reading about adults molested as children, but you have never talked to a counselor about your issues.
- If the sexual assault counselor suggests a face-to-face meeting with you, or that you meet with a long-term counselor, you are resistant to the idea.
- You are concerned that your uncle may be molesting his young grandchildren, and you wonder about reporting this.

14. Child Sexual Abuse/Incest, Mandated Reporting (Perpetrator – Minor)

You have a problem that you have been trying to deal with on your own. You want help, but you don't want to admit what you have done. Two months ago, while you were baby-sitting for some neighbors, you fondled their two-year-old son while he was sleeping. You have baby-sat for him several times since then and nothing happened, although you are aware of having to push down the urge to fondle him.

Suggestions for your role:

- You are a seventeen-year-old girl.
- You do not tell the sexual assault counselor your real name or phone number.
- You also baby-sit on a regular basis for three other couples. You have not done anything inappropriate with any of these children.
- You do not have any memories of being sexually abused yourself.

15. Marital Rape, Domestic Violence (Survivor)

You have just been battered and raped by your husband. This has been going on for some time. You have a five-year-old daughter, and you are six months pregnant. Your husband has left for the moment, but you are scared of what he might do when he comes home.

Suggestions for your role:

- You are crying. Your daughter is crying in the background.
- You are Japanese and you speak very little English.
- You do not have access to a car.
- You are afraid of what your husband will do if you call the police.
- You are unsure if you need medical attention.

16. Alcoholism, Recent Sexual Assault (Significant Other)

Your sister was raped two days ago. You are very upset with her because you had warned her about going to the Blue Moon Bar alone. You are calling to vent about her actions.

Suggestions for your role:

- You have not spoken to your sister since she called to tell you about the assault.
- You feel that your sister depends on you to help her whenever she gets in a jam.
- You are a recovering alcoholic.
- You had a message on your answering machine tonight from your aunt saying that your sister came to see her today and was acting strangely.

17. Elder, Recent Sexual Assault (Significant Other)

Your elderly mother (age seventy-eight) was raped last week. She does not want to report the assault, and she has not yet seen a doctor. You don't know how to support her.

Suggestions for your role:

- Your mother is widowed.
- You live an hour away from her.
- You are in your fifties.
- You are uncomfortable talking about rape and sexual activities.

18. Self-Defense Class (Significant Other)

You call the center to ask about self-defense classes for your best woman friend, who was raped six months ago.

Suggestions for your role:

- You are in your late thirties, married, with a daughter.
- You have been married for five years. In the past year, your husband has slapped you around several times.
- Reject the idea if the sexual assault counselor tries to label you a "battered wife."
- You have spent a lot of time supporting your friend as she deals with being assaulted.

19. Medical/Legal Exam, Recent Sexual Assault (Survivor)

You were raped earlier tonight, and the thought of having a medical exam is really scary.

Suggestions for your role:

- Keep pressing the sexual assault counselor for different options.
- You were raped by your jealous boyfriend, who pushed his way into your apartment.
- You are not sure you want the sexual assault counselor to know that the reason you are concerned about the exam is because you had consensual sex with another man earlier in the day.
- It's 2:30 A.M. Apologize a lot for waking the sexual assault counselor.
- You have been diagnosed by a psychiatrist as having a bipolar disorder. When under stress you have a hard time remembering to stay on your medication.

20. Significant Other (Survivor)

Your best friend was sexually assaulted two weeks ago. You want to support her, but it's hard. You call the rape crisis center for ideas about what to do.

Suggestions for your role:

- You are also a survivor, having been raped eight years ago.
- Dealing with your friend's assault is bringing up your own issues.
- You have noticed that you've been more irritable than usual with your live-in boyfriend.

21. Acquaintance Rape (Significant Other)

A long time coworker (whom you do not particularly like) has confided to you that her boyfriend sexually assaulted her last month. She is clearly in deep distress over this and seems to think of you as a sympathetic ear.

Suggestions for your role:

- You don't have any interest in being this woman's friend, but you feel guilty about backing away when she is clearly in need of help.
- Try to get the sexual assault counselor to agree to call your coworker.
- You also have some resentment toward your coworker for dumping her problems on you rather than on one of her friends.

22. Acquaintance Rape, Domestic Violence, Law Enforcement (Survivor)

You were raped and battered last night by your boyfriend, with whom you live. He has raped you one time in the past, about six months ago. The first time you were sure that you did not want to report to the police. After last night, you don't know what to think. Your best girlfriend wants you to report.

Suggestions for your role:

- You have been drinking heavily when you place the call to the hotline.
- Your boyfriend is at work now.
- Only if the sexual assault counselor specifically asks you about physical injuries should you mention that you think your wrist may have been sprained during the assault.
- You are calling from a public phone two blocks from the rape crisis center. It is 4:30 P.M.

23. Adult Survivor of Child Sexual Abuse, Male Sexual Assault Counselor (Significant Other – Male)

You are the father of a twenty-five-year-old son who has just disclosed to you that he was sexually abused by one of his teachers in high school. You want to talk to a male sexual assault counselor because you just don't feel comfortable talking to a woman about sex. You are unsure whether or not this means your son is gay. You really didn't think that this happened to boys, and you don't know how to support him.

Suggestions for your role:

- You and your wife divorced five years ago and are not speaking.
- You are calling from your office during the day.
- You have two other children that are currently attending your older son's high school.

24. Adult Survivor of Child Sexual Abuse (Significant Other—Male)

Your twenty-five-year-old girlfriend has told you that she was sexually abused as a child. She is really reluctant to talk about what happened. It is affecting your relationship both emotionally and physically. You are very frustrated and don't understand what she is going through.

Suggestions for your role:

- You are thirty-one years old.
- Your idea of a great time is going to a sports bar to watch the Seattle Seahawks get beaten.
- You are a computer hardware and software salesman.
- Until she disclosed her abuse to you, you felt this was the best relationship you'd ever had. You want things to go back to the way they were before.

25. Acquaintance Rape (Survivor – Male)

You and a friend went to the movies last night. After the movie, you both went out and did a lot of drinking. When you got back to his dorm room, he attacked and raped you anally.

Suggestions for your role:

- You are a nineteen-year-old male, heterosexual college student.
- You are totally freaked out about this assault. You don't want to use your real name.
- Your attacker lives in the dorm next to yours.
- You feel ashamed because you ejaculated during the attack.
- You're not 100 percent sure, but you think you *don't* want to report to the police.
- You are fearful of contracting HIV.
- If the sexual assault counselor suggests talking to a male sexual assault counselor, hang up the phone.

26. Caller – Male

You call the rape crisis center to find out how you might get involved in the center. You are a twenty-five-year-old man who wants to know how he could help.

Suggestions for your role:

- Your best woman friend was assaulted five years ago.
- Your career goal is to become a police officer.
- You feel very strongly that women should always report rape to law enforcement.
- *Feminism* is a "dirty word" to you.

27. Recent Sexual Assault (Survivor – Male)

You are a male exotic dancer who was followed home and assaulted by a client. You would like to go to the police, but you are afraid that they won't believe you. Your partner is out of town and will be home within the hour. You don't know if you should say anything.

Suggestions for the role:

- You have been dating your partner for a few years.
- Your partner has been joking around about your job making you a sex object.
- You are wondering what your rights are.
- You are concerned about STDs and AIDS.

28. Recent Sexual Assault, S and M Issue (Survivor)

You are a twenty-one-year-old woman who routinely practices S and M. At a club last week, a man that you were involved with raped you. You would like to tell your friends and family, but you are afraid that they won't understand or will think that is what happens at "those kinds of clubs." Your sister has been trying to get you to stop your involvement with S and M.

Suggestions for the role:

- You are considering going to the hospital. You do not want to go to the police.
- You have recently begun dating someone new and are concerned about his reaction.
- You have made plans to go to the same club this weekend and are worried that the assailant will be there.
- You feel the assault was your fault.

29. Prostitute, Recent Sexual Assault (Survivor)

You are a female prostitute who was assaulted last night by one of your clients. You are very confused and upset. You do not want to talk about it and were put on the phone by your roommate, who called the rape crisis center so that you could speak with a counselor.

Suggestions for the role:

- You had agreed to have vaginal sex with the client, but the client raped you anally.
- It made you bleed, and you are scared of long-term damage.
- You have been in trouble with the law before for shoplifting.
- You are an IV drug user.

30. Hospital Call (Significant Other – Male)

Your sixteen-year-old daughter was raped after school today. When you got home from work, you found a message on the answering machine from your wife telling you what happened and that she is with your daughter at the hospital. She asked that you *not* come to the hospital and said that they'd be home in a while. You don't know what is going on.

Suggestions for your role:

- You are the minister of your church and do not want this information to get around.
- You are a Vietnam-era veteran who suffers from post-traumatic stress disorder.
- You cannot believe this is happening and are filled with a lot of strong emotions.
- You are African-American.

31. Hospital Call (Significant Other – Male)

You are at the hospital with your partner, who was assaulted. You don't understand why the medical exam is taking so long. You can't wait until "this is all over so things can get back to normal."

Suggestions for the role:

- You came home and found your partner after the assault.
- You have been at the hospital for four hours now.
- The police haven't told you anything.
- Your partner is extremely upset, and you don't know how to cope with all of this.

32. Acquaintance Rape, Mandated Reporting (Survivor – Minor)

You are a thirteen-year-old girl living at a teen shelter. You were sexually assaulted last week by a female teen that also lives at the shelter. Your assailant has warned you that if you tell, no one will believe you and that she will beat you up.

Suggestions for your role:

- You have a reputation at the shelter for being a "difficult" case.
- You are African-American.
- Your family lives about an hour away. Your parents have pretty much washed their hands of you.
- Your twenty-two-year-old boyfriend has been encouraging you to run away and be with him.
- Become *very upset* if the sexual assault counselor tells you she is required by law to reveal what you have shared with her.

33. Sexual Assault Counselor, Attempted Rape (Survivor)

You are a current sexual assault counselor. You went on a date last night with a close male friend. At the end of the evening he attempted to rape you. You want to talk to someone on the hotline but are afraid that the on-call sexual assault counselor is someone you know. You are also trying to convince yourself that it is not that serious.

Suggestions for the role:

- You are twenty-three years old.
- You live with two roommates.
- You have been a sexual assault counselor for six months.

34. Stranger Assault, Suicide (Survivor)

You call the hotline and are very depressed. You were raped five months ago by a stranger. You are thinking about killing yourself. You don't come right out and say it, but you do say things like, "I can't sleep, eat, or get out of bed," and "I don't think I can do this anymore."

Suggestions for your role:

- You have been smoking a lot of marijuana since the assault (more than you did before).
- You have stopped going to your aerobics class, which you used to do three or four times a week.
- You moved to a different apartment two months ago but are still living out of boxes.
- If the sexual assault counselor suggests a no-suicide contract to you, agree only to a twenty-four-hour time frame.
- You are a lesbian.

35. Suicide, GLBT (Survivor)

You are feeling suicidal and have made a contract with a counselor at the rape crisis center. You are calling to renegotiate the contract but are hesitant to do so.

Suggestions for your role:

- You were assaulted one month ago by a close friend of the family.
- You feel it would be easier to commit suicide than to deal with all of these feelings.
- You haven't told anyone.
- Your sister committed suicide two years ago.
- You identify as a female to male transgender person.

36. Person with a Disability, Recent Sexual Assault (Survivor)

You are a twenty-five-year-old woman with cerebral palsy. A man broke into your apartment last night and raped you. You feel you should probably report to the police, but you are afraid to do so. You are angry with yourself for not being able to fight off the attacker. You have not yet seen a doctor.

Suggestions for your role:

- You live alone.
- Your mother is on her way over after she sensed something in your voice.
- You are afraid to report to the police.

37. Person with a Disability, Mandated Reporting (Significant Other)

You are a staff member at a home for people with disabilities. You have a strong suspicion that one of the women in the home is being assaulted by another staff member. You don't know what to do and call the hotline for support.

Suggestions for your role:

- You have heard the woman crying.
- You are afraid to falsely accuse someone out of fear that you may lose your job.
- You are wondering what the warning signs of someone being assaulted are.
- You were recently reprimanded by your boss for being late.

38. Elder, Recent Sexual Assault (Survivor)

You are a seventy-year-old woman who was assaulted last night in your house. You got the hotline number from the phonebook. You are in pain but don't know what to do. You are embarrassed to go to your doctor because he has been a friend of yours for thirty years and you do not think that he will understand. You do not want to tell your daughter what happened, but she is your only support system.

Suggestions for your role:

- You can't remember what the assailant looked like.
- You do not want to burden your daughter; she has a family of her own to care for.
- You're afraid that your daughter will insist that you move in with her.
- You can't believe that this is happening to you.
- You are Latina.

39. Elder, Recent Sexual Assault (Survivor)

Yesterday, as you were bringing in the mail, a young man you had never seen before pushed his way into your house and raped you. You don't understand why anyone would do this to you because you're sixty-five years old. You haven't told anyone about what happened. You are embarrassed to talk about it.

Suggestions for your role:

- You are very reluctant to talk about the assault.
- You are afraid to leave your house and have checked the doors and windows every hour to make sure that they are locked.
- Your son lives in San Francisco and is too busy to be bothered.
- You don't know what kind of resources are available for people who have been assaulted – you feel this just didn't happen in your day.

40. Therapist Abuse (Survivor)

You were sexually abused by a massage therapist that you have been going to for a number of years. You want to know what your rights are. You also are having trouble trusting people.

Suggestions for your role:

- The assault occurred in your house.
- You are concerned for your safety, as well as the safety of your friends who also see this massage therapist.
- You have a thirteen-year-old daughter who lives with you.
- You are considering calling your ex-husband to come and take your daughter.
- You are unsure whether you wish to report this incident to the licensing board but you think that this massage therapist should not be in practice.

41. Lesbian, Recent Sexual Assault (Survivor)

You were raped two weeks ago. You would like to talk about what happened to you. You feel a need to tell the details of the assault over and over again. You would also like to talk about how you can deal with telling your partner. You are a lesbian.

Suggestions for the role:

- You have been dating your girlfriend for a year.
- You are very close to your brother and sister.
- Your girlfriend works for a civil attorney.
- You want to know if you can report to the police without using your name and being contacted.

42. Hotline Caller

You are intoxicated and call the hotline every Friday night. You are sad and lonely and slurring your speech. You have been banned from every hotline in town.

Suggestions for the role:

- You are a survivor of childhood abuse.
- You are reluctant to talk about your abuse, let alone any details, and you just need to hear someone's voice.

Facilitator's Guide

Section IV

Learning Activities

Introduction

The following selection of icebreakers, discussion questions, exercises, workshops, and role-plays encompasses a wide range of learning activities, from the simple and uplifting to the more challenging and enlightening. Some, such as “The Alligator River Story”, have been used in training programs for decades; others are published here for the first time. When used effectively, exercises can turn concepts and ideas from abstract theories into practical applications and understanding. As you consider using the learning activities, remember to:

- select appropriate activities
- familiarize yourself with the activity
- prepare for contingencies
- resist using too many activities
- give clear instructions
- determine and clarify your own role during the activity
- monitor the exercise
- process the experience
- evaluate the effectiveness of the activity

In general, it is beneficial to include a non-participation option in the directions for any activity. Given the choice to partake in or pass on an activity, group members are more likely to feel respected and supported and will gain valuable insights by experiencing the activity from a different perspective.

Permission Slips

Suggested Use: Any session where you want to create ground-rules, expectations, or boundaries.

Directions:

Pass out a list of prepared guidelines and ask participants to sign and hold onto them for the duration of the session. Some suggested guidelines include:

I give myself permission to learn new information that may challenge old information.

I give myself permission to participate fully today.

I give myself permission to ask any question I need the answer to.

I give myself permission to be right or wrong at some point during the session.

I give myself permission to have FUN!!

Signed: _____ Date: _____

Openings and Closings

Suggested Use: Any Session.

Openings

- *Check-in:* An old reliable is to go around the room asking, "How are you feeling? But keep it positive!"
- *Expectations:* In go-around style have participants state their expectations of the group, the session, and so on.
- *Significant News Event:* Anything in the news that affected you positively!
- *Cultural Event:* Anything happening in your area, coming up, or something that someone has attended.
- *Name Game:* Everyone shares nickname, titles, and so on from childhood on – very funny and a good way to remember your group members.
- *Physical Exercise and Stretching:* Keep this simple, but get the blood flowing!
- *What Comes to Mind:* Place an object on the table, and ask the group to write down all their reactions to it in one minute; share the reactions.
- *What's My Line:* This takes preparation. Ask trainees to jot down on paper their names and a secret hobby or interest and hand them in to the group facilitator. At the next session compile the list of hobbies, and ask the group to match who goes with what hobby. Then read off the names and the hobbies.
- *Names and Numbers:* Have trainees put their names and phone numbers on a piece of paper. Put them in a hat, and have each person draw one. Each person calls the number picked that week for a 3-5 minute conversation; report on that to the group. Only do this after the fourth session when people feel more comfortable.
- *Guided Relaxation Story:* You're on a desert island...
- *Continuing Story:* Everyone contributes up to three sentences to a story the facilitator starts; keep it funny, positive, and dramatic!

Closings

- *Check-out*: This can take many forms, such as naming something you're looking forward to in the next week; if you could do one thing to make you happy what it would be; something you enjoyed in today's session; and so on.
- *Secret Assignment*: At the beginning of the session, hand each person a slip of paper with the name of another group member, and ask each person to observe that person during the session. At the end, each person should tell what good things he or she noticed (e.g. a comment or behavior).
- *Discussion of Group Process*: Exactly what this says, body language, behaviors, process.
- *Moment of Silence*: Try a centering, silent moment of meditation.
- *Exercise*: Stretch, shake and so on; this is particularly good after a tense session.
- *Names and Numbers*: See Openings list.
- *Brainstorming*: Use all your senses to describe an object, a feeling, or something else.
- *Color Your Mood*: Get crayons or markers, and have trainees choose the color that best suits their mood; do a mood scribble on paper and then, in a go-around, hold up and describe.
- *Reading*: Read a short poem or an inspiring quotation.

Quick Closing Questions

Suggested Use: These questions may be used in many of the modules as part of an extended check-out to help participants feel more centered after a particularly intense session. They are not intended to make light of a subject but are instead intended to lighten the mood. These questions are generally grouped by subject, although some questions could work for more than one issue.

Directions: Go around the circle, ask each participant to answer the chosen closing question.

Body Image

- Name one thing you love about your body.
- If you could magically transform your hair, for only a few minutes, just to see how you would look, what would you do (style, color, length/bald, texture)?

Child Abuse

- What was your favorite childhood food or candy?
- What was your favorite television show when you were a child?

Crisis Intervention

- What are two self-caring, nurturing things you will commit to doing for yourself before the next class?

Disability Awareness

- Name one thing you love about your body.
- Name one thing you are able to do well.

Domestic Violence/Partner Abuse

- What are two qualities that make you a good friend or partner?
- Name something you love about your best friend or partner.

Elderly

- Name one thing you enjoy about getting older.
- What will you be able to do when you are older that you may not be able to do now?

Homeless

- If you could live anywhere in the world, where would you live?
- Name one thing you appreciate about your home.

Sexual Harassment

- What would be your idea of the perfect job?
- What would you think would be the best occupation someone could have?
- What is the most unusual job you have ever had?

Suicide

- List two reasons for you to get out of bed tomorrow.

Closing Session

- If, as of tomorrow, sexual assault no longer existed, what would your life be like?

Homework

Suggested use: These activities are short, simple tasks to help participants assimilate or incorporate information from the preceding session. They may also be used to prepare participants for an upcoming session. Process the homework activities at the beginning of the following session. Activities are generally grouped by subject, although some activities could work for more than one issue.

Opening Session

- Tell three people you are taking the rape crisis center sexual assault counselor training. Note how you feel about telling them and their reactions and responses.

Dynamics of Sexual Violence

- Walk on the sidewalk without “giving space.” Observe how women will tend to move out of your way. Observe what happens when a man is in your path.

Sociocultural Aspects of Sexual Violence

- Write one letter, send an e-mail, or make one phone call expressing your disapproval of a sexist, racist, or otherwise offensive advertisement or television show.

Cultural Competency and Ally Building

- Read and/or subscribe to a newsletter or magazine geared primarily to a group with which you usually don’t identify. For example if you are heterosexual, read a copy of *Out* or *The Advocate*, two gay and lesbian magazines.

Crisis Intervention

- Call another participant in the training group. Practice two role-plays.
- Do at least one or two self-caring, nurturing things for yourself before the next class.

Disability Awareness

- For the next twenty-four hours, as you move through your daily routine, notice if or how your own home, workplace or school, and means of transportation are accessible. How easy would it be to enter, move around in every room, and exit your home using a wheelchair unassisted?

Self-Defense

- In front of a mirror, say “No.” Repeat the exercise until you can say “No” without smiling or laughing.
- Ask one friend or family member to take a self-defense class with you sometime within the next three months.

Sexual Harassment

- In front of a mirror say, “I’m uncomfortable with your behavior, and I want you to stop.” Repeat the statement or a similar comment until you can say it without laughing or smiling.

Scavenger Hunt

Suggested use: Opening session/icebreaker. This is an icebreaker exercise designed to help participants become acquainted.

Direction: Direct participants to move around the room and talk with one another. Instruct them to try to get the name of a different person for each of the categories and fill in as many blanks as possible. Give a small prize for the person who has filled in the most.

Time: 15 minutes.

See worksheet on the following page.

Worksheet

Scavenger Hunt

Find a person who matches each of the following categories:

Loves chocolate: _____

Has livestock where he or she lives: _____

Has lived in the county less than a year: _____

Knows who Susan B. Anthony is: _____

Has lived in the county more than ten years: _____

Doesn't own a computer: _____

Has the same astrological sign as you: _____

Is a grandmother: _____

Plays an instrument: _____

Has served on jury duty in the last twelve months: _____

Knows who Harriet Tubman is: _____

Likes rap music: _____

Lives with cats: _____

Buys lottery tickets: _____

Took his or her mother out to eat on Mother's Day: _____

Has more than four children: _____

Has an Associates degree: _____

Has traveled out of the United States other than to Canada or Mexico: _____

Played or plays a sport: _____

Knows which amendment gave women the vote: _____

Extended Name Tags

Suggested Use: Opening session/icebreaker.

Materials: Blank, stick-on name tags.

Time: 5 minutes to create tags, additional minute per person for “mixing time.”

Directions: Hand out name tags and ask people to fill them out as follows:

- In the middle of the tag, write your first name.
- Around the edge of the tag, write four “ing” words that describe things you like doing.
- In the top-left corner, write your favorite color.
- In the top-right corner, write your favorite movies.
- In the bottom-right corner, write your birthday.
- In the bottom-left corner, write your favorite food.

Tell participants that if they forget a step or need to borrow a pen, they should ask another person for help. Add the “rule” that they cannot ask someone for help until they learn that person’s name.

After participants have completed their name tags, direct them to move around the room and “mix” with other participants.

Every minute or so, tell participants to “switch” and talk with a different person.

Inspirational Reading

Suggested Use: Opening session/icebreaker.

Directions: Read the short story aloud.

Time: 5 minutes

From *It Was on Fire When I Lay Down On It*, by Robert Fulghum

At the end of a two-week seminar, Alexander Papaderos, a doctor of philosophy, teacher, politician, and resident of Athens, asked, “Are there any questions?” Robert Fulghum recounts the following:

“No questions?” Papaderos swept the room with his eyes.

So I asked, “Dr. Papaderos, what is the meaning of life?”

The usual laughter followed, and people stirred to go. Papaderos held up his hand and stilled the room and looked at me for a long time, asking with his eyes if I was serious and seeing from my eyes that I was.

“I will answer your question.”

Taking his wallet out of his hip pocket, he fished into a leather billfold and brought out a very small round mirror, about the size of a quarter, and what he said went like this:

“When I was a small child, during the war, we were very poor and lived in a remote village. One day, on the road, I found the broken pieces of a mirror. A German motorcycle had been wrecked in that place.

“I tried to find all the pieces and put them together, but it was not possible, so I kept the largest piece. This one. And by scratching it on a stone, I made it round.

“I began to play with it as a toy and became fascinated by the fact that I could reflect light into dark places where the sun would never shine – in deep holes and crevices and dark closets. It became a game for me to get light into the most inaccessible place I could find.

“I kept the little mirror, and as I went about growing up, I would take it out in idle moments and continue the challenge of the game. As I became a man, I grew to understand that this was not just a child’s game, but a metaphor for what I might do with my life. I came to understand that I am not the light or the source of the light. But light – truth, understanding, knowledge – is there, and it will only shine in many dark places if I reflect it.

“I am a fragment of a mirror whose whole design and shape I do not know. Nevertheless, with what I have, I can reflect light into the dark places of this world – into the black places in the heart of men – and change some people. Perhaps others may see and do likewise. This is what I am about. This is the meaning of life.”

“The Really Bad Day”: An Exercise About Anger

Suggested Use: Historical, psychological, and sociocultural aspects of sexual assault.

Time: 5 Minutes

Directions: Read the following story to participants.

“The Really Bad Day”

Imagine that it is the end of a really bad day. Everything that could have gone wrong did go wrong. You are hungry, tired, and very happy to be on your way home. You pull up in front of your house, get out of your car, and another car drives by and splashes you head to toe. The driver laughs as he sees you trying to wipe the mud from your face and calls you a horrible name. You are wearing a borrowed or new outfit that has to be dry-cleaned. You are furious.

Ask participants to think of the word or phrase that they might say in response or want to say to the driver in the story. Acknowledge that in a real-life scenario participants might either shout something at the driver or keep the thought to themselves. Ask participants not to say their word out loud at this time.

Now ask participants to answer the following questions by raising their hands:

- How many of you thought of a word or phrase that has to do with a sexual act?
- How many of you thought of a word or phrase that has to do with a body part?
- How many of you thought of a word or phrase that has to do with a bodily function?

Discuss the concept of sexual violence as an expression of anger using sex as the weapon. Discuss how sexual language is used to express anger and how we have become desensitized to the meaning of some words – they are often merely an expression of our feelings, not our literal thoughts – just as offenders have become desensitized to acts of violence and use sexual assault to express their feelings of rage, anger, and frustration.

Assure participants that although some of us may use sexual language or swear to express our anger, it does not mean we are bad or wrong or that we are accusing them of being offenders.

Listening Skills Exercise 1

Suggested Use: Crisis intervention techniques.

Purpose: To introduce participants to the principles of crisis intervention and to listening techniques.

Time: 30 minutes

Directions: Have the group break up into pairs. They will be taking on the roles of Listener and Talker. Each will get a turn at being in each role. Ask them to decide who will be the Talker first.

Instruct the Talkers to talk about themselves for 3 minutes – who they are, where they live, what they do for a living – just your usual light small talk (instruct the group that this is not the time to share heavy emotional stuff, no assault, incest stories, etc.). Instruct the Listeners to listen with no expression. They are not to nod, smile, or make encouraging or discouraging body movements. The object is to simply listen and take notice of your impulses.

Switch roles and repeat the exercise.

Ask participants to briefly jot down three things that impressed them the most about this experience.

Going around the room, ask each participant how it felt to be the Listener. What were their impulses? How comfortable or uncomfortable was it to do this exercise? Ask each participant how it felt to be the Talker. What was good or helpful about talking to a listener who exhibited no expression? What didn't feel good about it? How was the experience overall?

Follow-up exercise or homework:

The point of this exercise is to help crisis counselors-in-training to pay attention to their usual listening habits and to focus in on what we want or need from a listener. For most of us, this happens on an unconscious level. Ask participants to pay attention to their listening habits for the next week and to note when they feel heard and when they don't feel heard. Have them ask themselves, "What do I do when I listen?" and "What do I want or need from a listener?"

Listening Skills Exercise 2

Suggested Use: Crisis intervention techniques.

Purpose: To introduce participants to a structured, low-risk crisis call.

Time: 45 minutes

Directions: Have the group break up into pairs. They will be taking on the roles of Listener and Talker. Each will get a turn at being in each role. Ask them to decide who will be the Talker first.

Instruct the Talkers to talk about a current problem. It's best if the problem is something without much emotional content like, "Should I plant the daffodils in pots or in the garden?" or "What should I have for dinner?" Instruct the Listeners as follows:

- Listen for a minute *without saying anything*.
- Next, experiment with a few *reflecting statements* like, "It sounds as though you don't know where to plant those daffodils," or "You sound confused about the best planting techniques."
- Next, have the Listener try one or two *feeling statements* like, "When you talk about your daffodils you look joyful. It seems working in the garden makes you happy."
- Next, have the Listener briefly *summarize* up to that point. "It sounds as though you don't really know how you want your finished garden to look, but it gives you lots of pleasure in the process."

After running through the initial sequence of listening, reflecting statement, feeling statement, and summarizing, have the Talkers and Listeners continue for a while longer.

Have the pairs practice this for 5 to 7 minutes and then switch roles.

Follow with group discussion.

Suggestion: Have participants write down the four steps of the exercise or write it out on the board so that they can look at them during the exercise. The directions for this exercise may seem complicated to participants, so take extra time explaining it before you begin. This exercise is worth the time it takes to make sure people get it. It essentially creates a structured, low-risk crisis call. You may want to go back to this exercise a couple of times during the course of the training, each time instructing the Talker to bring up a problem of slightly more significance.

Expressing Concern Using “I” Messages

Suggested Use: Crisis intervention techniques.

Purpose: To help trainees become more comfortable expressing their concern without negative evaluation or judgment.

Time: 10 minutes

Materials: Index cards with vignettes

Directions: Give each trainee a vignette. Have them respond to the vignettes after two minutes of reflection.

Sample vignettes:

A woman who has been the victim of grave physical and sexual abuse calls you on the hotline while intoxicated. She tells you, “Hey, it doesn’t hurt as much this way.” Respond to this woman using “I” messages.

A survivor of a violent crime is using a prescription medication to help with anxiety and the fear of facing the perpetrator in court. When you talk with her, her speech seems slurred, and she is running out of her medication. Respond to this woman using “I” messages.

A rape victim has not come out of her house since the rape occurred. You have talked to her many times by phone and encouraged her to attend support groups and/or to see a counselor. It becomes very clear that she is too afraid to do either. Use an “I” message to express your concern.

Building Blocks of Communication: Elements That Help and Hinder

Suggested Use: Crisis intervention techniques.

Purpose: To provide trainees with a hands-on experience illustrating what goes into effective communication.

Time: 30 minutes

Materials: Packets of 7-10 blocks and/or other small toys/objects

Directions: Have trainees form pairs, and ask them to sit back-to-back. Each person should receive an identical packet of toys/blocks.

Instruct one person to assemble the blocks/toys in any way. Once the structure is complete, the other person has to construct the same model. However, the pair can only ask yes or no questions and is limited to five minutes.

Next, have the trainees switch roles. This time, allow the second trainee to ask open-ended questions in order to construct a copy, and do not impose a time constraint.

After completion of the exercise, use group discussion to identify those elements that help and hinder communication.

Recognizing Self-Destructive Thinking Patterns

Suggested Use: Crisis intervention techniques.

Purpose: To help trainees identify ways of thinking that can undermine recovery from violence. Because these patterns often become automatic, it may be helpful to identify these patterns independent of specific content.

Description: After introducing frequently held beliefs about sexual assault and ways in which thinking can affect recovery, make the distinction between the *content* of one's thoughts and *patterns* of thinking. The focus of this exercise is to identify patterns of thinking. This is a "quiet time," introspective exercise in which participants write about their own patterns of thinking. It may be conducted during class time or as a homework activity.

Directions: Direct participants to try to find examples in their own life for each thinking pattern:

- Drawing conclusions when evidence is lacking or even contradictory
- Exaggerating the meaning of an event
- Disregarding important aspects of a situation
- Oversimplifying events as good or bad, right or wrong
- Over-generalizing from a single incident

Coping with Overwhelming Emotions

Suggested Use: Crisis intervention techniques.

Purpose: To enable trainees to practice helping a survivor learn to cope with strong emotional distress.

Materials: Overhead projector or worksheet

Directions: Ask trainees to role-play a discussion with a survivor who reports having trouble being overwhelmed with strong emotions. The counselor can review the list (below) of possible ways of staying present and see which ones the survivor believes may be helpful.

See worksheet on next page.

Worksheet

Coping with Overwhelming Emotions

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 _____; I am safe right now. I am in the present, not the past. I am located in _____; the date is _____.”

Say a coping statement

“I can cope right now.”

“This feeling will pass.”

Touch objects in the immediate environment (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, like a ring, that you can touch whenever you feel triggered.

Jump up and down.

Stretch.

Eat something and notice how it tastes.

Think of people you care about, like your family, and look at their photographs.

What's Your Background

Suggested Use: Cultural competency and ally-building.

Desired Outcomes: Participants will have thought about their own cultural background and the effect (or lack thereof) it has in their daily lives. Each participant should acknowledge that we all make assumptions about people based on their appearance that may or may not be true. Participants will have a desire to be more careful in separating factual information from assumptions based on an individual's appearance.

Why is this activity helpful in providing the above outcomes?

We have found that class participants (who are generally fairly enlightened) still make assumptions based on appearance. In the large group discussion, there were many people who admitted to having made incorrect assumptions about individuals in their group. We have also found that many white participants (especially those whose families have been in this country for generations) do not think of themselves as having a cultural background. This lack of cultural identity can impede their ability to relate to the importance of cultural identity for many who have immigrated to this country more recently. Talking about their own cultural heritage creates greater sensitivity for others.

Time: 20–30 minutes

Directions: Divide the class into small groups. Small groups should have no fewer than four but no more than six participants.

Ask participants to introduce themselves to the group in relation to their cultural identity and discuss the importance it has in their lives.

After the small groups have completed the instructions, bring the attention back to the large group. Facilitate a discussion about what participants learned from the exercise.

Cultural Altar

Suggested Use: Cultural competency and ally-building.

Purpose: To give participants an opportunity to share information about their own culture and learn about the culture of other participants.

Materials: Large table or area covered by a tablecloth or large piece of fabric.

Time: 15–30 minutes, depending on group size.

Directions: Explain the purpose of the exercise.

Ask participants to bring something to the next session that represents their “culture.”

For purposes of this activity, cultural identity includes, but is not limited to, ethnicity, language, sexual orientation, class, age, ability, religion, and gender.

One at a time, ask participants to put what they have brought on the “altar” and explain how it is significant to their culture.

Facilitate group discussion. The following questions may be helpful for facilitating group discussion:

- How did you choose your “offering” to the group?
- Name one other thing that your culture “offers” or contributes to all of us.
- What did you learn about your own culture by doing this?
- What did you learn about another person’s culture?

Speaking Truths and Lies

Suggested Use: Homophobia.

Purpose: To give participants an opportunity to help identify and explore homophobic feelings and to get in touch with some of the feelings that may be held by sexual minorities.

Time: 10–15 minutes for exercise; additional time for discussion

Directions: Explain the purpose of the exercise.

Ask participants to stand in a circle, holding hands. If a member of the group is unable to stand, ask all participants to sit closely together, holding hands.

Tell participants that you are going to give them the opportunity to experience how it feels to speak the truth or tell a lie about their sexual orientation. Explain, “For those of us who may be heterosexual, this will be an opportunity to experience how it feels to lie about our sexual orientation. For those of us who may be lesbian, this is one brief opportunity to speak the truth without fear of reprisal.”

One person at a time, going around the circle, ask each participant to say, “I am a lesbian.” Male participants are instructed to say, “I am gay.”

Ask the group to repeat the exercise a little differently – slowing it down and spending a few moments experiencing their feelings. Ask them to first make eye contact with the person standing across from them in the circle, and then say, “I am a lesbian,” and, finally, take a deep breath and exhale slowly.

Repeat the exercise a third time if it feels necessary.

Direct participants to return to their regular seating. Process feelings in a way that does not “out” lesbians who do not choose to be out. For example, ask the group, “How does it feel to tell a lie about yourself?” as opposed to “How did it feel to lie (in this exercise)?” Non-lesbians will describe their experience doing the exercise, and lesbians will be able to describe their experience of feeling closeted or invisible.

The Heterosexual Questionnaire

Suggested Use: Homophobia.

Purpose: To help participants increase their understanding of homosexuality and the oppression of heterosexism, to increase empathy for lesbian, gay, bisexual, and transgender people, and to explore heterosexist assumptions and homophobic attitudes.

Time: 10–15 minutes for exercise; additional time for discussion.

Description: There are several methods for using the Heterosexual Questionnaire.

Method A

- Explain the purpose of the activity.
- Tell participants that for the purposes of this exercise you will “assume” they would be “willing” to “pretend” to be heterosexual. Thank them for their willingness to risk disclosing their heterosexuality.
- Going around the circle, ask each participant to answer a question.
- After all questions have been answered, discuss the exercise.

Method B

- Explain the purpose of the activity.
- Tell participants that for the purposes of this exercise you will “assume” they would be “willing” to “pretend” to be heterosexual. Thank them for their willingness to risk disclosing their heterosexuality.
- Read each question aloud and facilitate group discussion.

Method C

- Explain the purpose of the activity.
- Give participants a copy of the questionnaire, and ask them to complete it for homework.
- Process the exercise at the next session.

Method D

- Explain the purpose of the activity.
- Ask participants to complete the questionnaire, and then divide them into groups for discussion.

See worksheet on next page.

Worksheet

The Heterosexual Questionnaire

This questionnaire, created by California psychiatrist Martin Rochlin, reverses the questions that are sometimes asked of gay men and lesbians by heterosexual people.

1. What do you think caused your heterosexuality?
2. When and how did you decide that you were a heterosexual?
3. Is it possible that your heterosexuality is just a phase that you may grow out of?
4. Is it possible your heterosexuality stems from a neurotic fear of others of the same sex?
5. If you've never slept with a person of the same sex, is it possible that all you need is a good gay or lesbian lover?
6. To whom have you disclosed your heterosexual tendencies? How did they react?
7. Why do heterosexuals feel compelled to seduce others into your lifestyle?
8. Why do you insist on flaunting your heterosexuality? Why can't you just be what you are and keep quiet about it?
9. Would you want your children to be heterosexual, knowing the problems that they'd face?
10. A disproportionate number of child molesters are heterosexual. Do you consider it safe to expose your child to heterosexual teachers?
11. With all the societal support marriage receives, the divorce rate is spiraling. Why are there so few stable relationships among heterosexuals?
12. Why do heterosexuals place so much emphasis on sex?
13. Considering the menace of overpopulation, how could the human race survive if everyone were heterosexual like you?
14. Could you trust a heterosexual therapist to be objective? Don't you fear he or she might be inclined to influence you in the direction of his or her own leanings?
15. How can you become a whole person if you limit yourself to compulsive, exclusive heterosexuality and fail to develop your natural, healthy homosexual potential?
16. There seem to be few happy heterosexuals. Techniques have been developed that might help you change if you wanted to. Have you considered aversion therapy?

Who Am I and Where Did I Come From?

Suggested Use: Anti-oppression and Ally-Building.

Purpose: This exercise is intended to help participants learn about how their history affects their perceptions. It helps them examine their own cultural identity, learn about other peoples' cultural identification, and explore some of the relationships between race and power.

Format: These questions may be used to stimulate group discussion, as the foundation for small group discussions, or as a personal, introspective take-home exercise to be processed in subsequent sessions. If used as a small-group activity, have participants break into small groups (3, 4, or 5 members). The greater the diversity in each group, the better. Homogeneous groups will limit the learning process. Have each member share her answers to all of the questions before going to the next person. Others are to listen and not interrupt.

Time: 45-60 minutes

See worksheet on next page.

Worksheet

Who Am I and Where Did I Come From?

Questions

What is your background (ethnicity, religion, socio-economic status, etc.)? What has it meant to belong to your ethnic group? What are the beliefs, values, and biases of your ethnic group? How has your ethnic background been an asset in life? How has your ethnic background been detrimental to you?

Where did you grow up (country, state, region, type of neighborhood, etc.)? What other ethnic groups resided there? Did you associate with them? How and why? What other social classes resided there? Did you associate with them? How and why? What are your earliest memories about race, gender, religious and sexual identity?

How did your family feel and think about people who were different from you? What lessons were you taught? By whom? How many generations did those lessons go back? How were you taught to deal with racial, gender, religious, and sexual identity issues?

Discuss some of your experiences as a person having or lacking power in the following areas: ethnic identity; racial identity; socio-economic class identity; gender identity; sexual-orientation identity, religious identity, and professional identity.

Elderly and Aging Sensitivity Exercise

Suggested Use: Providing culturally competent services to specific populations.

Purpose: To give participants a sense of some of the issues faced by older individuals. To help participants develop a sensitivity around aging issues.

Background: Many older adults experience a series of losses as they age. These losses can include a loss of career, partner, sense of identity such as “Mom,” “Great cook,” “Excellent pianist,” etc. It is often beneficial for younger individuals to understand these issues in working with older adults. The goal of the training is to identify one’s own “self identities,” and the feelings that can be associated with those losses. Hopefully, the participants will be able to help individuals reestablish their sense of self-worth and purpose.

Time: 15 minutes for the exercise, additional time for discussion.

Materials: Five 3 x 5 index cards and a pencil for each person.

Directions: Ask participants to write down five qualities that define them as individuals (activities they enjoy, things they do well, things that make them who they are). Write one example per card. Give participants permission to list very personal or private qualities. Assure the participants they will not be asked to read their cards aloud.

Have members number the cards 1 to 5. Place cards face down with 1 being the most important. 1 will be at the bottom of the pile. Say to the group, “As people age, some abilities may be compromised or even eliminated.”

Direct the participants to turn over card 5. Ask them to get a sense of that part of themselves. What does it feel like? Who are the persons who are involved with that part of you? Ask them to put that card aside. “That is no longer a part of you.”

Repeat this with each card, pausing about 5 seconds to let the emotions be felt.

As they turn over card 1 remind them that this is the aspect that they sense as being the most important part of them. Have them put it aside.

Now stop for a couple of minutes. Then ask the group to share their feelings about the process. Ask them how it could be likened to the aging process. Discuss how it feels to lose abilities or identities.

Ask participants to describe how they feel about their own aging process, if they feel comfortable doing so.

Now give participants the opportunity to reorder the cards in priority, if they choose. Often as individuals put cards aside, they find that some parts of their identity are more difficult to let go of than others.

Have participants place the cards face down with 1 being at the bottom. One at a time, have the participants look at the card as they turn it over. Treasure it, feel it, and give it back to themselves.

As they turn over card 1 (the last card), remind them that the last card is the one they have numbered as being the most important. It is close to the core of who they are, and is rarely truly lost.

Discuss special considerations learned through this exercise as we work with elderly survivors. How can the participants help the older adult gain a sense of identity and purpose?

Source: Patricia L. Wheatley, Santa Barbara, California

Disability Awareness Exercise

Suggested Use: Providing culturally competent services to specific populations.

Purpose: To give participants a brief glimpse of how it might feel to live with a disability. To help participants better understand some of the needs of a survivor with a disability.

Method: Guided imagery.

Time: 10 minutes for completion of the guided imagery; allow at least an additional 5 minutes per person to process the exercise. Additional time will be needed to facilitate the session about working with survivors with disabilities.

Directions: Explain the purpose of the exercise.

Give participants the option to not participate in the exercise, and tell them they may “drop out” of the exercise at any time.

Ask participants to close their eyes, breathe deeply, and relax. Read the scenario on the next page in a steady, slow voice. When you are finished reading, wait several seconds and then ask people to open their eyes.

Ask each person to describe their “chosen” disability and what they found most difficult.

Participants tend to imagine having a visible disability. Discuss why this might happen. Discuss “hidden” disabilities, including mental disabilities.

Discuss special concerns and needs of survivors with different disabilities.

Close the session with a brief grounding exercise so people can get “back into” their own bodies, and/or a closing question about people’s abilities.

Disability Scenario

Close your eyes. Breathe deeply.

- You wake up in the hospital. You have a permanent disability.
- The doctor has just told you that you are lucky to be alive after what happened and that people with “your disability” can lead normal lives, “just like everyone else.”
- Imagine how you feel.
- Who comes to visit you in the hospital?
- Do they know by looking at you that you have a disability?
- Do you tell them about your new disability?
- What do you tell them?
- When you are finally released from the hospital, who takes you home?
- Do you drive home on your own?
- Are you able to enter your own home unassisted?
- Can you cook for yourself?
- Dress yourself? Shower? Get into bed?
- Turn on the CD player?
- Feed your cat?
- Help your child with her homework?
- When Monday rolls around, how do you get to work?
- Do you keep your job?
- What do your coworkers say to you?
- What do you want them to say?
- When you go to the grocery store, how do people respond to you?
- Do they respond to you?
- What will you say when they offer to help you?
- When your friends call to see how you're doing, what do you tell them?
- Do you talk about your disability?
- Pretend it's not an issue?
- What do you do for recreation?
- Go to the movies? The beach? Take an aerobics class? Read? Walk?
- Go to your favorite restaurant?
- Make love?
- How do you feel when people tell you
that you are “so brave”?
that you're probably a stronger person than you were “before”?
that everything happens for a reason?
that there's always hope?
that you're “still the same person” they've always known?
- What do you say to them?
- What do you want to say to them?
- What do you want them to know?
- How would your life be different if you had a disability?

Facilitator's Guide

Section V

Sample Documents

Information Letter

[Date]

Dear Friend,

Thank you for expressing an interest in our Sexual Assault Advocate Training Program.

The training covers the psychosocial, emotional, medical, and legal aspects of sexual assault and other related issues. The 36-hour course is intended to prepare volunteers to provide services which may include crisis intervention, counseling, accompaniment, and advocacy services to survivors of sexual assault, as well as their non-offending friends and family. It is a prerequisite for anyone interested in working or volunteering at our center.

Our next training will be held *[include schedule of training, including dates, times, and locations]*.

If you are interested in joining our upcoming training, please read the enclosed information and return the completed application to our office before May 15. Upon receipt of your application, we will call you to schedule an orientation interview.

Please feel free to call me with any questions about the training or other volunteer opportunities at our center. I look forward to hearing from you soon.

Sincerely,

[Name]

Volunteer Training Coordinator

Counselor/Advocate Training Qualifications

Because of the nature and intensity of the training program, applicants must meet the following qualifications:

1. Applicants must have an interest in assisting sexual assault survivors, as well as their non-offending friends and family.
2. Applicants must be 18 years of age.
3. Survivors of past violence must be emotionally ready to assist other survivors and be no less than a year past their own assault/abuse experience.
4. Past or present perpetrators of sexual or physical abuse and/or any violent crime are not eligible to participate in the training.
5. Applicants must provide consent for a criminal background check.
6. Applicants with a history of chemical dependency must be clean and sober for at least one year prior to training.
7. Applicants must attend all training sessions.
8. Applicants must be able to attend monthly case management meetings.
9. Applicants must commit to one year of volunteering.

Staff reserves the right to refuse enrollment to anyone whom they feel is not suitable to the program. Participation in training does not guarantee certification as a sexual assault counselor, nor does it guarantee a volunteer assignment.

Counselor/Advocate Training Application

This application is confidential and will be read only by agency staff.

Thank you for your interest in the Sexual Assault Advocate Training Program. We welcome prospective volunteers from diverse backgrounds and experience and hope you will consider joining in our work. Please return this completed form to our office at: 1234 Main St., Your Town, MA 01234.

Name: _____ Date of birth: _____

Address: _____

Daytime phone: _____ Evening phone: _____

What is your interest in training to become a sexual assault advocate?

Describe some of your life, educational, and/or work experiences that may be helpful in your work as an advocate.

What qualities, expertise, or other skills do you have that may be helpful in your work as an advocate? What do you feel are your strongest assets?

Have you been involved with any other volunteer organization? Please list organization, dates, general duties, and name of supervisor.

Are you a survivor of sexual assault? If yes, when did the assault or abuse happen? Did you seek counseling or other support services?

Have you ever perpetrated any form of sexual abuse or interpersonal violence? Explain.

Can you commit to attend all of the training sessions?

Have you ever done anything you or someone else considered to be abusive? Please explain.

Can you commit to attend monthly volunteer meetings?

Can you make a one-year commitment?

How did you learn about the Advocate Training Program?

_____ Newspaper

_____ T.V. ad

_____ Radio ad

_____ Posted flyer

_____ Friend

_____ Community Presentation

Other _____

Is there anything else you would like to tell us?

Please list three references:

Name: _____

Relationship to applicant: _____

Address: _____

City, State, ZIP: _____

Phone: _____

Name: _____

Relationship to applicant: _____

Address: _____

City, State, ZIP: _____

Phone: _____

Name: _____

Relationship to applicant: _____

Address: _____

City, State, ZIP: _____

Phone: _____

I have read and understand the requirements for Sexual Assault Advocate Training.

Signature

Date

Counselor/Advocate Pre-training Interview

Explain the purpose of the interview.

- Please tell me a little about yourself.
- How did you come to know about the training program?
- What is your motivation for wanting to enroll in this training?
- What special strengths and skills do you have that will make you an effective advocate/counselor?
- Do you speak any languages other than English?

Discuss the role of the advocate. Clarify expectations.

- What past or current experience do you have that might help you in this work?
- How do you think you work in crisis situations?
- How do you think you would interact with law enforcement? With hospital personnel?
- We work with a diverse client base, including people who are homeless; people with mental and physical disabilities; people from different religious, ethnic, and cultural backgrounds; people of different sexual orientations; children; and men. What concerns do you have about working with any of these individuals?
- What experience do you have with sexual assault? Are you a survivor of abuse?
- Have you ever perpetrated any form of violence?

Review the training agenda and requirements. Clarify expectations.

- Can you commit to attend all of the training sessions?
- Can you commit to attend monthly volunteer meetings?
- Can you make a one-year commitment?
- Is there anything else you would like to tell us?

Counselor/Advocate Pre-training Screening

Applicant Name: _____ Phone: _____

Reviewed by: _____ Date: _____

Decision: ___ Interview Interview scheduled: Date _____ Time _____

 ___ Don't interview Notified by letter/call: Date _____

References Checked by: _____ Date: _____

Interviewed by: _____ Date: _____

Decision: ___ Accept Acceptance letter/call: Date _____

 ___ Deny Notified by letter/call: Date _____

Considerations

- Does the applicant seem genuinely interested in the work?
- Does the applicant demonstrate emotional maturity?
- Does the applicant demonstrate a willingness to learn?
- Does the applicant have any background, experience, or special skills that would contribute to being in training?
- Do the references support the applicant's participation in training?
- Can the applicant commit to attending all training sessions?
- Can the applicant make a one-year commitment to the job?
- Is the applicant at least 18 years of age?
- Does the applicant have any survivor issues that could interfere with the ability to do this work?
- Does the applicant have any history as a perpetrator of sexual assault or domestic violence?
- Other observations, concerns, comments:

Training Session Preparation Checklist

Because of the nature of our work, facilitators often find themselves with little or no time between their regular, day-to-day work involving crisis and a training session. You need to *expect* this and plan accordingly.

A session guide or checklist for each session can help you organize necessary preparations as well as remind you about key activities during a session. It also provides a written record of tasks that might be shared by a co-worker or volunteer. A sample Session Guide and Checklist follows. You are encouraged to customize it for your own program and training style.

Counselor/Advocate Training Session Guide and Checklist

Day/Date: _____

Session #: _____

Topics:

- Check-in Exercise
- Homework from Last Session
- Guest Presenter(s)
- Video(s)
- Visual Aids
- Role-playing
- Manual Sections
- Other Materials/Supplies
- Room Setup
- Site Reservation
- Discussion/Lecture Notes
- Issues/Topics Leftover from Previous Session(s)
- Handouts
- Reminders for Next or Upcoming Sessions
- Homework for Next Session
- Check-out Exercise

Facilitator's Guide

Section VI

Evaluation Forms

Training Session Evaluation

FOR PARTICIPANTS

Session Title: _____

Date: _____

<u>Content Evaluation</u>	Poor		Average		Excellent
The material presented was informative and is relevant to the topic.	1	2	3	4	5
The content was easily understood.	1	2	3	4	5
The handouts offer additional useful information.	1	2	3	4	5
There were opportunities to participate and ask questions.	1	2	3	4	5
The material presented included a multicultural perspective, including issues of culture, disability, sexual orientation, etc.	1	2	3	4	5
The exercises and/or role-plays demonstrated important concepts and skills.	1	2	3	4	5

<u>Presenter Evaluation</u>	Poor		Average		Excellent
The presenter(s) effectively communicated concepts.	1	2	3	4	5
The presenter(s) were knowledgeable about the content.	1	2	3	4	5
The presenter(s) were prepared and organized.	1	2	3	4	5
The presenter(s) encouraged participation.	1	2	3	4	5

<u>Overall Evaluation</u>	Poor		Average		Excellent
How would you rate this workshop overall?	1	2	3	4	5

Comments:

What was the most important thing you learned or liked about this workshop?

How might this workshop be improved for future presentations?

Overall Training Evaluation

FOR PARTICIPANTS

<u>Content Evaluation</u>	Poor		Average		Excellent
The training series provided a good overview of sexual assault issues for new counselors/advocates	1	2	3	4	5
The trainings were interactive and provided opportunities to participate and ask questions.	1	2	3	4	5
The trainings provided me with a foundation which will enable me to begin working with clients.	1	2	3	4	5
The overall material presented included a multicultural perspective, including issues of culture, disability, sexual orientation, etc.	1	2	3	4	5

<u>Presenter Evaluation</u>	Poor		Average		Excellent
The presenter(s) effectively communicated concepts.	1	2	3	4	5
The presenter(s) helped me feel prepared to work with clients.	1	2	3	4	5
The presenter(s) effectively facilitated exercises and/or role-plays.	1	2	3	4	5

Comments:

What skills and knowledge have you gained that will assist you in working with clients?

Do you have any major questions or concerns that were not addressed in this training?

Are there any training issues that were not addressed that might impact your ability to work with clients?

Training Session Evaluation

FOR TRAINERS

Session Title: _____

Date: _____

	Poor	Average	Excellent		
The materials supplied prepared me adequately to facilitate this session.	1	2	3	4	5
The handouts/exercises were relevant and useful for this session.	1	2	3	4	5
This session included an adequate mix of lecture, visual, and interactive learning styles.	1	2	3	4	5
The material presented included a multicultural perspective, including issues of culture, disability, sexual orientation, etc.	1	2	3	4	5

What additional materials would you use to enhance this session?

Were there any sections that lacked clarity? If so, which sections, and how should they be changed?

Other Comments:

Overall Training Evaluation

FOR TRAINERS

	Poor	Average	Excellent		
The materials were comprehensive and provided an adequate foundation for training new counselors/advocates.	1	2	3	4	5
The handouts/exercises were relevant and useful, and a good mix of information and skills development.	1	2	3	4	5
The training format was easy to use.	1	2	3	4	5
The overall material presented included a multicultural perspective, including issues of culture, disability, sexual orientation, etc.	1	2	3	4	5

What issues do you think are best addressed in the overall training?

What sessions were the most difficult for you to train on? Why? What changes would you suggest?

What sessions were the most difficult for participants? Why? What changes would you suggest?

Other Comments:

Facilitator's Guide

Section VII

Addenda

Including Men in Rape Crisis Counselor Training: Technical Considerations

Regardless of how overtly feminist a Center may be in its program development and analysis, the issues of male volunteers appears to be one with which many centers struggle. There are no easy answers to working with male volunteers. For me personally, it was one of the most moving and profound experiences of my life. I can honestly say that working at that Center changed my life in ways that I can never hope to fully comprehend – much less explain. But is the purpose of rape crisis programs to change the lives of men?

Rus Ervin Funk

While it may prove beneficial to a rape crisis center to have male volunteers in a position to provide community education or to fill counselor duties, including men may present specific challenges for particular aspects of rape crisis counselor training. The following are suggestions for a center to consider if it is going to include men in its counselor training. They are based primarily upon personal observations and experiences during my time as a volunteer rape crisis counselor, particularly during the training. While this is by no means meant as requirements or guidelines, some trainers may find it useful, more so if it is the first time that men are being included in the training. Establishing expectations early for how men will function in a rape crisis center will make it easier for men in future trainings to model their behavior after the men who have preceded them.

Please use your discretion when following the below guidelines and deviate whenever necessary/appropriate.

Screening

In addition to the required CORI checks (and, if possible, SORI checks through the Sex Offender Registry Board), rape crisis centers benefit from using a standard screening tool to assess all potential training participants' level of interest and suitability to complete rape crisis counselor training. Included on the tool should be questions that ask about past abusive and controlling behaviors toward a loved one and the context for that. Many questionnaires with specific examples are available from certified Batterer Intervention Programs or the Massachusetts Department of Public Health and can be modified for use at centers (contact Nikki Paratore at 617-624-5497). As with the results of CORI checks, the information gained from the interview tool should be factored into any decisions about an individual's appropriateness for rape crisis counselor training. An additional tool rape crisis centers may wish to consider for all potential participants is a partner contact, to confirm non-intimate partner abusiveness.

Current and Historical Roles of Women and Men in the Movement

Whenever any topic is being addressed that any individual man or woman shows knowledge of, be sure to validate the *individual*. Women have done virtually all the work to create and

sustain the rape crisis center field, and it is important not to over-emphasize (nor ignore) the current efforts of men.

Many people give special praise to men for working in the rape crisis field and single them out while giving no thanks at all to the many women who sustain and advance the movement. Conversely, some people make negative comments about men being at rape crisis centers. However, if it is the decision of the center to have men involved, this needs to be appropriately supported by the rape crisis center staff. (See Rus Ervin Funk's "What To Do With Men? A Training For Rape Crisis Centers Addressing Men" for a more thorough analysis of considerations for rape crisis centers prior to including men in training, as well as supervision considerations). As noted by Rus Funk and others, men working in the rape crisis movement often feel intense isolation from other men, as well as from the women taking part in the same training or by the facilitators themselves. Thus, it becomes more important to address any gratuitously negative comments directed at men generally in the training, to show intolerance for such comments and to support men's role in the larger organization. This should not be done at the expense of clearly delineating the actual demographics of perpetrators (the majority of whom are males), but should instead focus on avoiding generalizations (e.g., most males are not rapists).

While doing any presentation around the history of rape crisis centers, be sure to instill in all counselors that they are continuing the work of *women* who have gone before them. This is important for two reasons. First, it creates a context for women and men in the training to see their work as it connects to past (and current) women advocates, placing them historically and bridging the gap between what's been done in the past and what they as new counselors/educators are going to do in the future. Secondly, it sends a message to the men and women that men do not hold a positive place, historically, in doing this work and that this movement is women-centered and women-driven. Any and all work done by men within the rape crisis movement is necessarily set in the broader context of the feminist movement. Men who wish to be involved in doing rape crisis work should be aware of this and supported in processing this and forwarding this agenda.

Favoritism

Men and women will likely be highly attuned to any favoritism or discrimination that is shown or perceived toward either group. To avoid feelings of exclusion and to promote the value of all participants, use gender-neutral language when possible and appropriate and use examples that reflect a diversity of people. In addition to demonstrating the value of all trainees, this will model for and encourage participants to consider their language and the assumptions that are generally made about who is and is not a survivor of sexual assault.

Participation

Certainly, male trainees should be allowed to participate in discussions within the context of rape crisis counselor training. Nevertheless, trainers should be prepared for several potential dynamics.

As with any prevention education group done in any general audience setting, because of common socialization experiences, many men are likely to speak out often and repeatedly about whatever topic is being discussed (this has been humorously identified in the popular media as “Male Answer Syndrome”). In addition, even in rape crisis center training, some women may be less likely to participate because of the men present, especially (but not only) if the men are particularly vocal. It is important not to let this situation continue, if it arises. First, establish ground rules that would help prevent such a situation before it occurs. If someone does begin to dominate or appear to be silenced, male or female, respectfully point out what you are observing to the larger group and allow them to be consciously aware that it is occurring and that it commonly occurs in other places, usually due to gender socialization. This will, hopefully, raise the awareness of all in the group and is a teaching example in and of itself.

If one prefers, at this time the trainer can impose upon the group in a number of ways to “track” this situation. One way is to divide the group into “halves” with the men on one side of the room and the women on the other, provided there are at least a few men. Another way to address it more directly is to tell the men (and women) to be aware of how much space they take up in the group: physically, verbally, and in any side conversations or comments. How much are they seeking to be heard, rather than to hear? Do they have something essential to the current topic to contribute? Are there other people who have not contributed yet who equally deserve to be heard? How much of the group’s time are the men taking up? These are each important questions that the men can be asking themselves before they speak up or raise their hand.

Another strategy to deal with trainees who are dominating the discussion is to give everyone three (or more/less) index cards and allow everyone to ask three questions, putting their card into something or passing it forward for each question. When they are out of cards they then need to wait until everyone has used up their cards before the cards are all redistributed and they start over. This may not work for all groups but is a potential way to address excessive zeal in the group participation process.

Talking about the inclusion of all voices at this time is also important and can be reinforced later in the training if educational presentations (and who does and does not participate) are discussed. This core feminist value (inclusion) may be difficult for some men to incorporate into their thinking, but will be a vital piece of their transition to working in an inclusive and validating setting. Entitlement and privilege (and oppression) may be better to address earlier in the training to lay the groundwork in case they are consciously or subconsciously employed by men during the training. Presenting this piece at the beginning may also allow some men (particularly those who identify with an oppressed group) to feel more connected to the group earlier on.

If you chose, the related issue can also be addressed to the women in the group, asking if they are “deferring” time to the men. It is important not to be finger pointing, but to raise awareness in participants of how they, and many groups they may present to, may have been socialized as women and men to participate in discussions.

Content

No omissions or additions should be made to the curriculum because men are being included in the training. If there are times during the training when participants are broken into smaller groups, try to maintain typical group breakout style, if possible. If participants are broken down into pairs, try to maintain the normal breakout system (i.e., the person sitting next to you, etc.), unless the topic area suggests otherwise or there is particular concern for a participant's comfort. Whenever the regular system is not used, be sure to explain the reasons why, as appropriate. If the curriculum is being slowed because of men's questions in particular, refer them to the *Supporting Survivors of Sexual Assault* manual, other feminist/women's history texts, or to speak with the instructor after class, if possible and appropriate.

Finally, it may be that some men are not ready to work at a rape crisis center, either for emotional reasons (all survivors of violence must be emotionally ready to work with other survivors) or because they may have more internal work to do themselves around the issue of rape and its profound, complex impact. Some options to consider may be: to have the man audit the training (as an observer), then take it in the future after demonstrating some understanding of core concepts; to recommend that the man take a college course (or courses) on feminism, particularly if there are courses that address violence against women; or to have the man go through certified batterer intervention training as precursors to rape crisis center training. If there are clear indications of abusiveness, appropriate referrals to certified batterer intervention programs should be recommended in a supportive manner, with acknowledgement of their interest in working positively on sexual assault issues.

Alternately, men who do successfully complete rape crisis counselor training will need to be supported in their work by their supervisors. Male volunteers will benefit by having male and female colleagues to share their experiences with and validate any feelings of discomfort, awkwardness, or isolation they may experience (in addition to the required clinical supervision they will receive if functioning as a counselor). Like female volunteers, male volunteers will feel more valued and more included the more useful they are able to be.

Respectfully,
Mark Bergeron-Naper
November 13, 2003