CHAPTER 6
Counseling and Empowerment in the Aftermath of Sexual Assault

LEARNING OBJECTIVES:
♦ Explain empowerment, as it relates to rape crisis counseling.
♦ State the key assumptions needed for effective counseling of sexual assault survivors.
♦ Describe possible reactions a survivor may have.
♦ Explain the variety of ways a counselor can help survivors of sexual assault.

The main goal for the rape crisis counselor is to empower the survivor. A counselor’s job is to help survivors regain a sense of control and well-being in their lives – a sense that sexual assault often destroys. Although survivors are a diverse group, many experience common reactions and feelings. Counselors can help survivors understand and cope with the often intense and confusing emotions associated with the aftermath of rape.

Fundamental Counseling Assumptions

Counseling is most effective when the counselor has a basic understanding of the sociological and psychological implications of sexual assault, and applies this awareness to each individual counseling relationship. Counselors need to remember, and to share with survivors, some key assumptions:

- The perpetrator, not the survivor, is responsible for the assault – always.

- Survivors have made the best choices and decisions possible – given the constraints, fears, feelings, and circumstances at the time. (This includes decisions made before, during, and after the rape.)

- No one “deserves” to be raped. Sexual assault is not about something that was “wrong” with the survivor – or anything that she or he did, said, wore, or thought.

- Issues of culture, race, and socioeconomic background may be involved in the healing process. Counselors should know about cultures that are different from their own, without making broad assumptions about a survivor based on those differences. (See Chapter 5: Working Cross-Culturally.)

- Survivors have strength and healing capacity. Although it may take time and be difficult, every survivor can move through an individual process and recover from sexual assault.
The Crisis of Rape and Stages of Recovery

A crisis is a change in a person’s life for which her or his current coping mechanisms are not sufficient. Events such as the death of a loved one, losing one’s job or home, a divorce, or a natural disaster are what people typically think of as crises. (In fact, sometimes a crisis can come about through an event usually perceived as joyous or positive, such as a new relationship, the birth of a child, a promotion at work, or buying a house.)

As familiar coping mechanisms fail, a sense of disorientation may result. Someone in crisis experiences strong and often conflicting emotions, tension, and anxiety. Thinking may become illogical, confused, or fragmented; feelings may become so intense that they overshadow the thought process itself and alter the behavior of the individual.

Rape is indeed a crisis for survivors. Those who call a rape crisis center are experiencing severe stress in an overwhelmingly difficult situation. A counselor’s job is to help the survivor identify the issues and develop mechanisms for coping.

Surviving rape is frequently a private crisis; for a variety of reasons, survivors may experience their emotions in isolation. Rape crisis counselors provide survivors with the opportunity for reflection on, and resolution of, their reactions to the high stress of sexual assault. For many survivors, this counseling experience is a first step toward empowerment in the aftermath of rape.

Many survivors of trauma experience recovery in stages. The time frames presented here are general guidelines only and may vary depending on related circumstances such as stalking by the rapist, insensitive treatment, childhood sexual abuse, or other related experiences – and other issues specific to the individual survivor’s situation. It is sometimes helpful for survivors to learn that a range of reactions is “normal” and to be prepared for their feelings over time.

The first three to six weeks following sexual assault are the acute period of crisis, during which shock, nightmares, flashbacks, and other intense emotional reactions are quite common.

After this acute phase, survivors may begin to feel diminishment of many of the symptoms earlier experienced. This stage, sometimes called repression, generally lasts one to two years. It can be interrupted by acute-type episodes, often triggered by events related to the assault. A survivor may experience acute-type symptoms around an anniversary date, change in life, or other specific event – or simply when the mind has “decided” it is strong enough to more deeply process and integrate the original incident(s), so that the survivor can think more holistically about how the assault fits into and will affect the rest of her life.

This period of integration may begin with a relatively brief period of flashbacks or other acute-type symptoms, perhaps experienced even more intensely than during the initial phase. Survivors and significant others may think there is something wrong with them – that they are moving backward or will never “get past” the event or regain control of their lives. It is
important to remind them that breakthroughs to integration commonly are preceded by such periods; these are thus part of the healing process and of moving forward, as painful as they may be to experience.

Common Reactions of Sexual Assault Survivors

A wide range of reactions is common to those who have been raped. None of these means that there is something inherently the matter with the survivor; rather, she is coping with a difficult situation that never should have happened in the first place. As the survivor moves through a healing process, different reactions may intensify or may diminish. The counselor should be able to recognize the common reactions, reassure, and work on ways to empower the survivor during her struggle.

- **Self-Blame, Shame**
  
  “I feel as though it was all my fault; I never should have worn that dress to the party.”

Feelings of shame and self-blame (responsibility for what happened) can make it difficult for the survivor to talk about the sexual assault because of fear of being disbelieved, criticized, or rejected. She may think that her actions were either wrong or inadequate and led to the assault. Or she may feel shame or embarrassment over what she was forced or coerced to do, or by her defensive behavior in the face of assault (such as making a survival decision during rape to pretend she enjoyed it).

- **Anger, Rage**
  
  “I feel angry all the time, even toward people who had nothing to do with the rape, like my kids and my coworkers.”

It is natural for someone who has been assaulted to feel angry. This emotion can become difficult to handle for survivors – especially for women who have been socialized to be “nice” or not to feel anger. Since directing anger toward the perpetrator may feel too threatening or unrealistic, survivors may direct rage toward others in their lives. While this can be confusing for loved ones, it is a normal reaction. Anger can occur in a generalized way, where everything seems to provoke the survivor; or it may be that irritations that would not have angered the survivor before now cause an intense reaction.

- **Isolation**
“I can’t think of anyone to trust or talk to; I just want to be by myself, even though I feel lonely.”

Survivors may feel that no one can possibly understand how they feel, or be embarrassed that their healing process is taking so long. Family members may be encouraging them to “just put it in the past” or “get on with life,” while the survivor’s feelings are still very troubling. Survivors may choose to not discuss the rape because of fear of being disbelieved, blamed, or rejected, or because the event is so humiliating or horrible to think or talk about.

- **Fear, Terror, Feeling Unsafe**

  “When I am home, I’m afraid someone will break into the house; when I go out, I’m terrified I’ll be attacked. My guard is always up.”

Intense fear, another common and normal reaction, may enter many aspects of a survivor’s life. She may be afraid that the perpetrator will return to again attack her or those close to her. She may worry that a new rapist will appear. Fear and terror may become generalized to other areas (such as distrust of all males), or to situations that are reminiscent of the assault.

- **Loss, Grief**

  “I feel like a part of me died – like my life will never be the same.”

Survivors experience loss in many ways. Rape or abuse may have contradicted their idea of whom they can trust, or where they are secure. Survivors may sense grief over parts of their lives that they feel are missing. They may feel a loss of innocence. Indeed, the discovery that rape can happen to anyone often feels like a loss for those who were not assaulted as well as for survivors.

- **Sadness, Anger Turned Inward**

  “I barely manage to function; I feel there is a dark cloud following me around, and I can’t remember what it’s like to be happy.”

Sadness is often related to grief and anger. When anger is not expressed, and therefore turned inward, survivors may feel intense sadness that could lead to depression. They may find it difficult to function in daily activities, such as going to work, shopping, or interacting with friends and family. Medical help should be sought when signs of depression are long-lasting and do not seem to be alleviated with counseling, since some depression can lead to suicidal thoughts or acts. (See Chapter 24: Suicide Prevention.)
• **Loss of Control, Powerlessness**

   “My life is not my own anymore; what’s the use of making decisions when I have no power to change my life?”

Following an assault, survivors can feel robbed of their control and will. This physical and emotional violation is sometimes broadened to a feeling of powerlessness in general, and a lack of will to focus on the process of healing.

• **Flashbacks, Nightmares**

   “I close my eyes to go to sleep, and all I can see is the rape; I feel as though it’s happening to me over and over.”

Vivid remembering of the assault is a common reaction for survivors. A *flashback* is a memory experienced with one or more of the physical senses. A *nightmare* is a dream that sometimes involves aspects of the rape, but it also can be combined with other events or aspects of the person’s life. Flashbacks and nightmares can be frightening and even overwhelming to a survivor.

• **Triggers: Seasons, Smells, Circumstances**

   “Every year around this time, I start to feel sad. Because my rape happened in springtime, the signs that make everyone else happy make me feel depressed.”

Survivors remember being raped with all of their senses. *Triggers* are circumstances that are the same as or similar to those occurring during the rape, which bring up memories and feelings related to the rape. Certain smells, sights, places, or times of the year or day may recall the assault. Triggers can make a survivor feel that she is reliving the rape; this can lead to a loss of faith about any healing that has taken place.

• **Changes in Sexuality, Intimacy**

   “I want my partner’s support, but I can’t stand the idea of having sex, even though it has been almost a year since the rape.”

Changes in the level of interest in sexual activity are common for survivors. Some women experience fear of and aversion to sex and intimacy. Others may react to the loss of control during the assault by engaging in sex with less concern and caution than before. Such reactions may change throughout the survivor’s healing process.
• Physical Concerns: Pregnancy, Sexually Transmitted Infections, Other Injuries

“My body just isn’t the same. I have back pain, and I am always on the alert for signs of sexually transmitted infection.”

There may be a variety of physical issues. Some survivors are concerned about pregnancy as a result of the rape. While prevention medication may be administered during a post-rape examination, not every survivor receives medical treatment in time for this to work effectively; also, some decline treatment because of potential side effects, or for ethical or religious reasons. HIV and other sexually transmitted infections are a concern for many survivors. Again, some of these can be addressed at the hospital, but others, including HIV, require an incubation period before knowing whether infection has been transmitted and follow-up with medical care. (See Chapter 19: Implications of HIV/AIDS for Sexual Assault Survivors.)

A wide range of other physical problems can result from a sexual assault such as lacerations, bruises, broken bones, and sprains. Back and neck injuries are possible. Survivors may experience vaginal, oral, or anal soreness or bleeding. They may have difficulty sleeping, or want to sleep too much and have trouble getting up in the morning. Survivors may eat considerably more or less than before the assault. (See Chapter 22: Coping Patterns of Sexual Assault Survivors.)

• Spiritual Crisis

“The God that I believed in would never allow something like this to happen. I’ve lost my faith and sense of who I am.”

The stress of rape often creates an intense spiritual crisis, especially for people who operated within a religious or other spiritual framework before the assault. Some survivors may feel angry with a supreme being or lose their faith. Others may believe that the rape was a punishment for sins. Survivors may feel that in addition to suffering great physical and emotional pain, they have been spiritually assaulted.

How Counselors Help Empower Survivors

The counselor and the survivor form a partnership: two people actively involved in the survivor’s healing process. Keeping the goal of empowerment in mind, there are a number of general ways a rape crisis counselor can help survivors recover and gain a sense of control:

• Validate and believe. A counselor should show respect for the individual and her crisis. If the survivor feels guilty or ashamed, the counselor should reiterate that the rape was not her fault and that her emotions are normal.
• **Dispel untruths and misconceptions.** A counselor can empower a survivor by explaining society’s myths about rape. (See *Chapter 1: Understanding Rape – Myths, Facts, and Realities.*) This should be done with sensitivity to the survivor’s feelings and emotional state; it would not be an appropriate time for this, for example, if the survivor is crying intensely or is dealing with a specific concern.

• **Normalize.** Survivors often feel there is something wrong with them, and that their reactions are abnormal. A counselor should explain that these feelings are commonly experienced; this may help the survivor feel less alone and out of control.

• **Establish a working relationship.** Because survivors are in the process of regaining trust, little things become important. Counselors should take care to keep appointments and follow through with what they have agreed to do. Establish healthy boundaries for the relationship by discussing when and where you will meet or talk on the telephone, and whom to call if either the counselor or survivor needs to cancel an appointment. During a session, keep track of the time and draw the meeting to a close sensitively. Finally, be clear about confidentiality and explain the agency’s policies and procedures – including any situations that must be reported, such as suicide attempts or child abuse.

• **Create a safe environment.** It is the responsibility of the counselor to ensure that counseling sessions are “safe.” This means many things. Be clear about physical touching; any touch or closeness must be appropriate and occur only with clear permission of the survivor. The space used for sessions should be private and clean. The counselor should arrive before the survivor, to ensure that the space will be ready, with tissues and drinking water available if appropriate.

• **Offer options, not advice.** Survivors may be struggling with important and complex decisions. A counselor’s job is to help identify all of the options available and help the survivor to decide which is best. This should be done in a nonjudgmental way, with the counselor acting as a sounding board and not providing personal opinions.

• **Let the survivor express a full range of feelings.** Counselors should be comfortable with allowing emotions of all types to be expressed safely in sessions. This might include crying, animated talking, yelling, shaking, silence, yawning, etc. Pay close attention; be compassionate but not personally involved in these emotions. If the survivor has expressed feelings intensely, make sure before the end of the session that no emotional “loose ends” have come up or not been discussed. One way to do this is to ask the survivor what her plans are for the rest of the day and, if needed, help her develop a strategy to get through the day.

• **Be culturally sensitive.** A survivor and counselor may have cultural, racial, religious, or socioeconomic differences. Counselors need to learn as much as possible about cultures that are different from their own, and be thinking about how differences may have an impact on the healing process. (See *Chapter 5: Working*...
Cross-Culturally.) While it is important to learn about cultures, it is not appropriate to assume that every survivor from a certain group will have the same set of reactions. If necessary, ask about the survivor’s background to better understand ways in which her culture influences her life and the way she perceives her rape.

- **Help build a long-term support network.** One area of concern for survivors is disclosing the assault to, and connecting with, their family, friends, and other potential advisors, such as spiritual leaders. A counselor can help the survivor identify and develop a long-term strategy and support network. Talking through who is “safe to tell,” as well as how and when, may be important; role-playing can be used as a tool. Once a survivor decides on disclosure, the counselor should help the survivor make arrangements for continual support, and offer help that may be available to family members or friends. Often family or friends have personal reactions that change over time – so the counselor can be very important to the survivor for providing a consistent level of support. (See Chapter 8: Counseling Significant Others.)

- **Develop constructive ways of coping.** Some common coping patterns are not trusting anyone, alcohol or other substance abuse, suppression of feelings, overeating or not eating, sleeping too much or not enough, and staying busy or focused on others. At some point, these mechanisms stop “working,” and the feelings behind them begin to emerge. A counselor needs to recognize this, explain the phenomenon to the survivor, and offer support in trying new, positive ways of coping. Often the counseling relationship is the first place where these new mechanisms – such as trusting or expressing feelings – are tried. Certain destructive coping mechanisms (substance abuse, eating disorders, self-inflicted violence, etc.) signal the need for help from additional providers. While it may be appropriate to stay in touch with the survivor in such circumstances, it is very important to help her get the specialized assistance needed. (See Chapter 22: Coping Patterns of Sexual Assault Survivors.)

- **Advocate.** Advocacy by the counselor – ensuring that a survivor’s rights are upheld in a related system or institution – occurs most often within the medical, legal, school, and social service contexts. (See Chapter 20: Legal Advocacy – Helping Sexual Assault and Domestic Violence Survivors through the Criminal Justice System, Chapter 18: Care of the Survivor in the Medical Setting, and Chapter 2: Sexual Harassment at Work and School.) A counselor might accompany a survivor to the hospital, court, or agency, or call on the survivor’s behalf. The counselor’s interaction with anyone else must be agreed upon in writing by the survivor, who should be given a choice about what information is being shared. Notable exceptions are reporting suicide, homicide, and child abuse. (See Chapter 15: Child Sexual Abuse.)

- **Provide information, education, and referral.** Counselors can offer information about the legal or medical systems, community resources, and sexual assault. Within the context of the counseling relationship, it is appropriate to share this information – provided it is accurate, up-to-date, easily understood by the survivor, and sensitive to
her emotions. Some survivors prefer to read brochures or books, then discuss them in a counseling session; others choose to digest the material at their convenience. When community referrals are needed, the counselor should have a local resource guide or get supervision regarding appropriate resources. (See Chapter 26: Further Support for Healing.)

- **Clarify the counseling period.** The counselor and survivor should agree on a schedule and time limit for the course of rape crisis counseling. As the conclusion approaches, the counselor should bring this up and open conversation about recontracting or terminating, as appropriate. When the relationship ends, it should be done in a way that allows both participants to “say goodbye.” A survivor may want to express appreciation or reflect on how she has grown through the counseling. Termination can be difficult for the survivor, recalling feelings of rejection or fear of being unable to cope on her own. If appropriate, the counselor can discuss a follow-up call or session, or offer ongoing telephone work through the rape crisis center’s hotline.

Throughout the rape counseling experience, the counselor should help the survivor maintain the vision that empowerment is possible and survivors have strength. Respect for the individual’s unique needs, abilities, and pace is essential. At the same time, the counselor must be self-aware and reflective – to understand her or his own feelings about rape, relationships, the legal system, and other areas, and to separate these personal feelings from the survivor’s emotions, life, and needs.

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