Supporting Survivors of Sexual Assault: A Journey to Justice, Health, and Healing

A Publication of Jane Doe Inc., the Massachusetts Coalition Against Sexual Assault and Domestic Violence

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In 2008, additional updates were made to Chapter 18 *Support for the Survivor in the Medical Setting* and Chapter 19 *Implications of HIV/AIDS for Survivors*. These updates were done in extensive collaboration with the Massachusetts Department of Public Health, the Boston Area Rape Crisis Center, the Massachusetts Sexual Assault Nurse Examiner Program, and Jane Doe Inc.

Special thanks also go to all of the contributors to the original Massachusetts Rape Crisis Center training manual, *Reclaiming Our Lives* (DPH, 1985), whose work inspired this manual to a great extent. Gratitude is also due to all the individuals who provide support and resources to survivors in crisis, and especially to those who choose to commit themselves to the challenging, rewarding work of the rape crisis counselor. Finally, and most importantly, thank you to the many survivors who have informed this work through their courageous voices in their own journeys toward justice, hope, and healing.

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PREFACE

I am the woman offering two flowers
Whose roots are twin.
Justice and hope.
Let us begin.

– Alice Walker, “Horses Make A Landscape More Beautiful”

The journey toward justice, health, and healing for survivors of sexual assault and for the communities they live and work in takes place in many arenas. As a cornerstone of the movement to end sexual assault, publicly funded rape crisis centers provide leadership in our communities with regard to this important public health issue. Rape crisis counselors from all walks of life, who recognize and support the power of survivors to heal, have taken the important step of reaching out to help directly in this work.

Former U.S. Surgeon General C. Everett Koop has commented: “Violence is a major public health issue for all Americans. [It has] a clear and measurable impact on the physical and mental health of all our citizens. And every day, it also has a major impact upon our clinics, our hospital emergency rooms, and all of our health care facilities.” Sexual assault is not sex; it is a crime of violence and control acted out by sexual means. Rape and other sexual assaults can have a devastating, long-term effect on the lives and health of survivors. As with all crimes of violence, sexual assaults contribute to morbidity and mortality, and to social and economic problems such as rising health care costs and lower workplace productivity. Therefore, the prevention of sexual assault is an important part of the public health agenda.

The first rape crisis centers opened in the early 1970s, largely as grassroots, volunteer efforts by women concerned about the magnitude of sexual violence against women. Public funding for rape crisis centers (RCCs) in Massachusetts was initiated in 1982 when eight centers received $5,000 to $10,000 each from the Department of Public Health. In 1983, the state legislature allocated funding for an additional seven RCCs, and by 1985, 16 RCCs received funding from DPH. In the mid-1990s, three additional centers and a number of satellite sites, as well as a statewide Spanish-language hotline, were funded. In FY97, statewide DPH funding for RCCs increased to $2.3 million. Individual, community, and foundation support supplements the state funding for the wide range of services provided by RCCs. Many centers continue to rely on the commitment of trained volunteers to perform an array of essential services such as weekend and overnight medical advocacy and hotline coverage.

The overarching goals of the RCCs are to reduce the long-term negative effects on health and the societal costs of sexual assault and, ultimately, to reduce the incidence of sexual assaults. This requires a multifaceted approach: assisting survivors of sexual assault and their loved ones in the recovery process after the trauma of sexual assault; organizing training for professionals, volunteers, and community leaders so they can provide appropriate, supportive, and coordinated responses to survivors; and providing preventive education programs in order to change community norms and create a climate in which sexual assault is unacceptable. Survivor services, provided by trained rape crisis counselors, include 24-hour crisis intervention and information hotlines, short-term individual and group counseling, and advocacy for survivors in the medical, police, and legal systems.
This manual is designed to serve as the basic text for the Massachusetts Rape Crisis Centers’ Rape Crisis Counselor training programs. It is also intended to serve as a resource and reference for community members and professionals who may be in a position to contribute to a system of support for survivors, whether they are friends, family, or clients. Survivors themselves may find the information in this manual useful in the healing process, as well as in negotiating through the legal and medical systems.

In the context of a 35 - 70 hour Rape Crisis Center training course and ongoing supervision and in-service training, this manual will prepare rape crisis counselors to:

- staff a rape crisis intervention and information hotline
- accompany survivors to hospitals to provide support and to advocate for prompt, appropriate medical care and forensic exams in the aftermath of sexual assault
- explore counseling options with clients and refer them to appropriate therapies
- provide short-term individual rape crisis counseling for survivors and loved ones
- facilitate support groups (after additional training in group dynamics)
- assist survivors with safety planning
- provide support, information, and advocacy to survivors throughout legal processes

It is important for the rape crisis counselor to understand both the importance and the limitations of his or her role. The role of the rape crisis counselor (to provide short-term support, advocacy, and referrals around a specific crisis) is more limited than that of a therapist or other professional with a clinical background in treating survivors of sexual assault, even if the individual rape crisis counselor performs those roles in other settings (e.g. private practice). This underscores the value of understanding and respecting one’s own professional boundaries and limits, seeking appropriate supervision at your agency, and building and maintaining strong networks of appropriate local resources and referrals.
A NOTE ON LANGUAGE

**Pronouns.** While the majority of sexual assault survivors are female and the majority of perpetrators are male, it is true that males can be and are raped, and females can and do rape. Also, although the majority of rape crisis counselors are women, there are an increasing number of male rape crisis counselors, usually involved in providing support to male survivors who request a male counselor. To be as inclusive as possible, every effort was made to make language gender-neutral. However, where it is grammatically necessary to use a gender-specific pronoun, the pronoun appropriate to the majority of situations described was chosen. This is not intended to imply that other situations do not occur; it is simply for grammatical purposes.

**People of Color.** This term is used in the manual to describe a widely diverse group of individuals of African-American or Black, Hispanic or Latino, Asian, and other heritage of non-European origin. The phrase “of color” is not acceptable to all individuals; indeed widespread disagreement continues over whether any appropriate term to describe such varied identities exists. However, in this context, “of color” is used in reference to historical inequitable treatment of groups and individuals based on race and/or ethnicity. The basic premise is that an awareness of and respect for diversity and inclusion are major components of facilitating recovery from sexual assault, and that individuals’ preferences for self-identifying language should be respected.

**STI.** STI, or Sexually Transmitted Infection is used rather than VD (venereal disease) or STD (sexually transmitted disease) to reflect the current awareness that not all sexually transmitted infections are considered diseases.

**Survivor/Victim.** The term “survivor” is used most often throughout the manual. It is crucial to acknowledge that an individual who has been sexually assaulted has survived a traumatic event. Someone who is looking for help with a crisis that may be the hardest thing she or he has ever had to talk about is to be honored, respected, and supported for her/his courage and strength in striving to survive and heal. The term “victim” appears most frequently in discussions of the legal system because this term is used and understood in police and court processes. In the chapter on sexual harassment, the term “target” is used more often for the same reasons. Again, individuals’ preferences for self-identification should be respected.

Rape Crisis Counseling and recovery from sexual assault is a vital, evolving process, and language for this work will surely continue to develop.