



SEXUAL ASSAULT ADVOCACY MANUAL

Wisconsin Coalition Against Sexual Assault

2018



The Wisconsin Coalition Against Sexual Assault (WCASA) is dedicated to creating the social change to end sexual violence. Through these efforts, WCASA supports 56 Sexual Assault Service Providers (SASPs) to improve services to survivors. Additionally, WCASA is committed to the development of new services — particularly those programs focused on providing community-based, culturally-specific programming.

In order to be designated a SASP, programs are required to provide core services, including: 24-Hour Crisis Line; Follow-up Services; Advocacy (legal, medical); Supportive Services; Support Groups; Peer Support; Community Education and Prevention Education; Information & Referral; Safe & Accessible Services. For more information about becoming a SASP, please see www.wcasa.org

This document — first published in 1997, then again in 2004 — was developed to compliment staff and volunteer training offered by SASPs. WCASA also offers a 40-hour training for new advocates. You can find more information about the Sexual Assault Victim Advocacy School (SAVAS) and other training opportunities on the [events calendar](#).

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INTRODUCTION

Sexual assault is a pervasive form of violence that impacts thousands of individuals in Wisconsin every year and millions more in the nation and throughout the world. It impacts a victim/survivor's life in many different ways and the effects can be long lasting. It is preventable and healing from it is possible. While victims/survivors of sexual violence come from all walks of life, all survivors benefit from high-quality services.¹

Victims/Survivors have access to 56 Sexual Assault Service Providers (SASP) throughout the state of Wisconsin. SASP's provide the following core services:

- 24 Hour Crisis Response -The caller will have immediate access to a person trained in providing sexual violence crisis counseling/intervention, information, and referrals.
- Personal Advocacy – Victim/survivor needs are self-identified through an ongoing supportive process of listening, providing emotional support, identifying options, problem solving, and skills development.
- Systems Advocacy- Advocates and SASP's can act on behalf of and in support of victims/survivors of sexual violence to ensure their interests are represented and their rights upheld. This includes legal and medical accompaniment/advocacy, as well as the development of cooperative relationships with community partners in order to improve systems response to all survivors.
- Information and Referral – SASP's provide and maintain current information pertaining to appropriate community resources.

PREVALANCE DATA:

Rape/Women: Nearly 1 in 5 in their lifetime

Rape/Men: 1 in 71 in their lifetime

Sexual Violence/Women: More than 1 in 4 have experienced contact sexual violence, physical violence or stalking by an intimate partner. 27.3% of women have experienced unwanted sexual contact.

Sexual Violence/Men: More than 1 in 10 have experienced contact sexual violence, physical violence or stalking by an intimate partner. 10.8% of men have experienced unwanted sexual contact.

<http://www.cdc.gov/violenceprevention/NISVS/index.html>

¹ See WCASA's [Burden of Sexual Violence in Wisconsin Report \(2010\)](#), which compiles data from a variety of sources to help articulate the impact sexual violence has at a state level, as well as in each of Wisconsin's 72 counties.

The Burden of Sexual Violence in Wisconsin. Wisconsin Coalition Against Sexual Assault, 2010, *The Burden of Sexual Violence in Wisconsin*, www.wcasa.org/file_open.php?id=750.

- Support Groups – SASP's provide facilitated groups for victim/survivors of sexual violence that have a supportive and educational focus.
- Accessible Services – SASP's adhere to policies, procedures, attitudes, communications and accessible physical space (according to ADA guidelines) for all members of the community. Agency continues to identify and work towards removing barriers to services
- Community Outreach and Prevention Education – SASP's work to increase awareness and understanding about sexual violence through community outreach and engagement.

There are culturally specific SASP's and culturally specific programs throughout Wisconsin that provide services to sexual assault victims/survivors that come from historically marginalized populations.

It is vitally important that services are provided in a person centered, trauma informed way and that advocates are receiving the necessary training in order to provide all core services from a victim/survivor centered perspective and practice.

It is WCASA's intention that this manual be utilized as a training resource for new advocates. It is also recommended that new staff advocates attend WCASA's Sexual Assault Victim Advocacy School (SAVAS).

THE ANTI-SEXUAL VIOLENCE MOVEMENT

How is the history of the anti-sexual violence movement relevant to your day-to-day work? Understanding where we come from provides a context for where we are and where we are going, both as advocates and as a movement.

There have been dramatic changes in public opinion and laws in the last several decades. But these changes did not happen quickly, nor did they “just happen”. They were brought about by the cumulative efforts of many courageous individuals who were willing to use their voices and actions to challenge the status quo.

HISTORY

The anti-sexual violence movement does not stand alone, and its history is inextricably interwoven with the history of all those who have worked against all forms of injustice and violence. The history of this movement, therefore, is also the history of the civil rights movement, the suffragist movement, the child welfare movement, the feminist movement, the battered women’s movement, the gay rights movement, and many others.²

There has been tremendous change and growth within the movement in recent years. Leadership is broadening to reflect more perspectives. More resources have been developed and more services are being made available within communities. But as we grow, it can be a challenge to maintain a unity of purpose.

One current challenge is the tension inherent in relying on outside funding. Compared to the early days of the movement when funding was non-existent and rape crisis centers operated out of activists’ living rooms, most agencies now receive, and rely on, outside funding. This money has dramatically increased our ability to serve greater numbers of victims and to educate our communities, but some have questioned the cost to the movement. Not only must more time be spent on administration, but some autonomy is also lost as funders become increasingly proprietary over how money is spent.

Even with more diverse sources of funding, resources are still limited. We struggle to balance the need to improve services for survivors with the need to work towards preventing future victims through primary prevention. The two purposes are both critical, and too often, competing for the same time, money, and energy.

Perhaps the biggest and most exciting opportunity for the movement today is the openness to new leadership. Many in the movement have begun to recognize that it is not enough simply to work towards improving services for people of color, for people who are LGBTQ, for individuals from marginalized communities, if the movement does not also embrace, learn from, and become enriched by leaders from these communities. While still honoring its feminist roots and the voices of the courageous women who have gained so much ground, many in the movement have also begun to welcome men as critical allies and partners. All of our voices must be heard, our contributions honored, and our communities represented if we are going to achieve our goal of ending sexual violence.

² See WCASA’s [History of the Anti-Violence Movement \(2017\)](#)

Societal and institutional change is a slow, often frustrating process. By seeing how far we've come, we can better recognize the power of our collective voices. We are not only building on the foundations of those who have gone before us, we are also building foundations for those who come after us. It can be helpful for us to remember that our work as individuals fits into this larger context. Each one of us has a place in this proud and strong movement and a part in leading it forward.

SYSTEMIC/INSTITUTIONAL OPPRESSION

Systemic/Institutional Oppression defined: Systemic mistreatment of people within a social identity group, supported and enforced by society and its institutions, solely based on a person's membership in a social identity group.

Systemically oppressed survivors face tremendous, overwhelming barriers to seeking advocacy and justice. A survivor-centered response to sexual violence thus requires advocates to recognize the strengths, challenges, and history of institutional oppression of those seeking support. These historical underpinnings include events that took place in the past which impact how an individual or community perceives events or reacts to issues in the present. Additionally, mainstream organizations are not designed for or by systemically oppressed peoples. Thus, it is critical that advocates understand historical trauma and its impacts as systemically oppressed peoples are particularly vulnerable to offenders and more likely to be victims of sexual violence because, due to institutionalized racism and discrimination, they are least likely to report a sexual assault. When they do report, they are often re-victimized by not being believed or lack safety within the system as well as not receiving culturally-relevant support.

It's important for advocates to recognize that the impacts of racism, homophobia, transphobia, prejudice, discrimination, sexism, and oppression experienced by ones' ancestors is passed on to descendants. This experience is defined as transgenerational trauma and manifests itself in the form of mental and physical health disparities, depression, violence, silence, mistrust of each other and systems, PTSD, suicide, self-harm, feelings of worthlessness, and more. Internalized oppression as well as past overt forms of oppression directly impacts a victim's responses and choices regarding safety and healing as well as distorts a victim's self-image and shapes their continued behaviors. Thus, in order to ensure the health and well-being of a systemically oppressed survivor, the advocate must understand how these dynamics interface with each other.

We must use knowledge as a lens to provide a holistic approach to service provision, knowing that even if you address the presenting needs of the victim, there is still pain and trauma present that relates to the oppression the individual faces in daily life. Culturally relevant responses require a deep understanding of each individual story and how different every context is, paying close attention to where each victim has been and what they have survived.

WCASA believes that to achieve our mission of ending sexual violence, we must also end all forms of oppression. Anti-oppression work is, in fact, also sexual violence prevention

work. Recognizing that women of color³ face multiple layers of marginalization with race/ethnicity and gender, WCASA commits to focusing on all forms of oppression while keeping women of color at the center.⁴

³ “Term ‘Women of Color’” *The Women of Color Network (WOCN)*, n.p., n.d., Web. 23 January 2018. <http://www.wocninc.org/about-wocn/term-women-of-color/>

⁴ “Anti-Oppression Framework” *WCASA | Wisconsin Coalition Against Sexual Assault*. n.p., January 2017, Web. 23 January 2018. <https://beta.wcasa.org/who-we-are/vision-mission-philosophies>

SEXUAL ASSAULT BASICS

What is sexual assault? How often does it occur? Who are the perpetrators and who are the victims? This section will cover the basics of sexual assault, examine some of the commonly held beliefs around sexual assault, and provide a foundation for the following sections.

SEXUAL VIOLENCE

There are many different definitions for sexual violence. For the purposes of training individuals who may be new to the topic, here is a definition and accompanying graphic that WCASA developed with feedback from sexual assault survivors and SASP program staff members:

Sexual violence is any act or behavior (verbal or physical) that is sexual in nature and conducted through force, threats, coercion, manipulation, or abuse of power. Sexual violence is a tool of oppression often used to intimidate, target, and exploit historically marginalized communities and populations. However, sexual violence affects people of all identities, ages, and abilities. Perpetrators of sexual violence come from all walks of life and identities. They can be acquaintances, family members, intimate partners, trusted individuals, or strangers. Sexual violence is never the fault of the victim/survivor. Perpetrators are fully responsible for their actions. Sexual violence can have a profound effect on a person's well-being and the healing process is different for everyone. Experiences with institutionalized racism may make it difficult for victims and survivors of color to trust the systems and institutions that are supposed to help them. Some survivors find support from local sexual assault programs, family, friends, and other sources.



Sexual violence can be thought of as a continuum of verbal and/or physical acts that break a person's trust and/or safety and are sexual in nature. Behaviors on the continuum include non-physical offenses, such as sexual harassment, exposure, voyeurism, and exposing a child to sexually explicit materials. Physical offenses include behaviors such as unwanted touching and forced intercourse.

The terms sexual assault, rape, and sexual abuse are commonly used to describe sexual violence and many people use them interchangeably. The term used in Wisconsin's

statutes, however, is sexual assault. For more information on the Wisconsin sexual assault statutes and definitions, refer to the Criminal Justice System.

MYTHS AND FACTS

This section will explore some of the most commonly held misconceptions about sexual violence and establish a context for understanding the reality of the situation, the origins of these false beliefs, and the consequences for survivors and society.

Myth #1: Sexual assault doesn't happen very often.

Fact:

- 1 out of 4 females is sexually assaulted in her lifetime. ⁵
- 1 out of 6 males is sexually assaulted in his lifetime. ⁵
- Up to 70 % of sexual assaults are never reported to law enforcement. ⁶

The reality is that sexual assault occurs with disturbing frequency in all of our communities. Many victims do not report assaults for a variety of reasons, including fear of being blamed or not believed, fear of retaliation, shame about the nature of the crime, or pressure from family or friends.

Myth #2: Rapists are usually strangers.

Fact:

- In up to 90% of reported cases, perpetrators are known to their victims. ⁷
- 33% of reported assaults occur in the victim's own home. ⁸

The idea that rapists are strangers hiding in dark alleys is appealing because it allows us to feel safe as long as we stick to well-lit areas and lock our doors. The reality is that most sexual assaults are perpetrated by people their victims know – people for whom they would not have hesitated to unlock the door. They may be friends, neighbors, dates, cousins, babysitters, spouses/partners, parents, teachers, coaches, therapists, or anyone else the victim knows.

Because of the relationship that exists prior to the assault, victims are generally more trusting and do not suspect that this person could hurt them. This dynamic can lead to an increased sense of guilt for victims who may blame themselves for not recognizing the potential threat and for not taking more action to prevent the assault. It also adds to

⁵ National Sexual Violence Resource Center, Enola PA, Press Release, September 2000, Overall Crime Victimization Rate Decreases 10% but Rape Increases 20%

⁶ Bureau of Justice Statistics, National Crime Victimization Survey, 2003, 2011, and 2012
Truman, Jennifer L., et al. "Criminal Victimization, 2012." *Bureau of Justice Statistics*, 24 Oct. 2013.

⁷ Black, Michele C., et al. "The national intimate partner and sexual violence survey: 2010 summary report." *Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention* 19 (2011): 39-40.

⁸ United States, Congress, Office of Justice Assistance. "Sexual Assaults in Wisconsin 2010." *Sexual Assaults in Wisconsin 2010*, Wisconsin Office of Justice Assistance, Statistical Analysis Center, 2011.
wilenet.org/html/justice-programs/programs/justice-stats/library/sexual-assault/2010-sexual-assaults-in-wi.pdf.

confusion for the victims who may feel that, because the assault did not fit the “stranger in an alley” scenario, it was not a “real” rape. These factors, among others, contribute to the fact that sexual assaults by acquaintances are much less likely to be reported to law enforcement than sexual assaults by strangers.

Myth #3: Once sexually aroused, men can't control their behavior.

Fact:

The implication of this idea is that every male, given the right situation, could and would commit sexual violence. Not only is this untrue, it is also insulting to men. While it is a fact that the majority of sexual assaults (approximately 95% or higher) are committed by males⁸ it is not true that the majority of males are rapists.

The reality is perpetrators rape because they feel they can rape and get away with it, not because they can't help but rape. Sexual assault is not a crime of spontaneous passion; it is a crime of power that is very often pre-meditated. It is about one person feeling entitled to use another person for their own sexual gratification and believing they can get away with it.

Myth #4: Victims bring it on themselves when they do things like flirt, wear sexy clothing, or get drunk.

Fact:

These beliefs build on the idea that perpetrators cannot control themselves, and place the locus of control, and the blame, with the victims. It is believed that if only the victim hadn't been drunk (or wearing a revealing outfit, or gone to his room, or accepted the offer for a ride home, or gone out after dark, or flirted with him...), then this never would have happened. The victim is attributed with the power to make others commit crimes. The perpetrator is again, not held accountable for their actions, and is in some ways seen as a “victim of circumstance.”

Another consequence of this belief is that people's (especially women's) freedoms are restricted. They are not able to, without fear of judgment, behave in certain ways or express their individuality.

Myth #5: Women say 'no' when they really mean 'yes'.

Fact:

When someone says no, it means no. The absence of a “no” should not be presumed to be “yes”. Many states have changed laws to reflect this – commonly referred to as *affirmative consent*. In either case, the stakes are high enough that it's inappropriate for one person to presume to interpret another person's 'no,' whether verbal or non-verbal. Basic respect dictates that if at any time, any question arises as to whether both parties are fully willing to continue, then all sexual activity must stop until those doubts have been addressed and clarified. Consent is an ongoing, active process. Even if consent is initially given, it can be taken back at any point.

Myth #6: False allegations of rape are common.

Fact:

The idea persists that people commonly make up stories of rape for petty revenge or personal gain. While the exact percentage of reports of sexual assault that are untrue can be difficult to establish, a review of the literature makes it clear that false allegations are only a small percentage of the total reports. Estimates put the number between 2 and 8 percent.⁹

The National Sexual Violence Resource Center (NSVRC) reported in 2012:

“A review of research finds that the prevalence of false reporting is between 2 percent and 10 percent. The following studies support these findings.

- A multi-site study of eight U.S. communities including 2,059 cases of sexual assault found a 7.1 percent rate of false reports.
- A study of 136 sexual assault cases in Boston from 1998-2007 found a 5.9 percent rate of false reports.
- Using qualitative and quantitative analysis, researchers studied 812 reports of sexual assault from 2000-2003 and found a 2.1 percent rate of false reports.”¹⁰

One factor accounting for the discrepancies is that law enforcement, and even individual officers within the same department, may use different methods for determining how cases are coded. Incorrect and inconsistent application of the “unfounded” code has been demonstrated to be a common error. Another contributing factor is that of some officers may hold the belief themselves that sexual assault victims are lying.

If the police do not believe the victim, they may directly or indirectly make this known to them, perhaps by excessive questioning that focuses on an absence of obvious injury or some delay in reporting the incident. The victim, in turn, may become upset and withdraw their cooperation. Though the victim may have been an actual survivor of rape, their lack of cooperation is itself considered sufficient grounds for marking a case as unfounded in most jurisdictions.¹⁰

It is also important to understand the distinction between unfounded reports and unsubstantiated reports. Unsubstantiated reports are those in which there is simply not enough evidence to definitively prove the allegations. Many sexual assault cases are difficult to prove; often coming down to one person’s word against another’s; where neither party denies that sexual contact occurred, but the question revolves around whether the contact was consensual. In these instances, physical evidence establishing that sexual contact occurred is of little use, and unless there is some outside corroboration of

⁹Lonsway, Kimberly A., Joanne Archambault, and David Lisak. “False reports: Moving beyond the issue to successfully investigate and prosecute non-stranger sexual assault.” *Prosecutor, Journal of the National District Attorneys Association* 43.1 (2009): 10-22.

http://www.ndaa.org/pdf/the_voice_vol_3_no_1_2009.pdf.

¹⁰ “False Reporting Overview” *False Reporting Overview | National Sexual Violence Resource Center (NSVRC)*, 2012, PDF File. 26 October 2017.

https://www.nsvrc.org/sites/default/files/Publications_NSVRC_Overview_False-Reporting.pdf

the victim's claim, the case may be dropped for lack of evidence. This does not mean that the sexual assault did not happen or that the allegation was false.¹¹

Myth #7: Children, who are by nature imaginative and impressionable, are inclined to fabricate stories of sexual abuse.

Fact:

People who sexually abuse children use two facts to their advantage; children rarely tell about the abuse, and if they do tell, they are not likely to be believed. People are naturally reluctant to believe that a trusted teacher, coach, babysitter, clergy member, or even family member could molest a child. In addition to this natural reluctance, there is a widespread belief that children often make up stories of abuse or are manipulated into making false accusations.

Significant work has been done to improve our understanding of children's reactions to abuse, the accuracy of their testimony, and the interviewing techniques used with children. Standards for maintaining the integrity of children's testimony have undergone a great deal of scrutiny by child researchers, psychologists, and attorneys. Even skeptics now agree that children can supply excellent information if asked in the correct manner by a skilled interviewer.

"Despite research showing that children rarely make up stories of abuse, offenders often convincingly argue that their accuser has falsely accused them."

Stephanie J. Dallam,
Leadership Council for Mental Health,
Justice and the Media¹¹

Myth #8: Rape cannot occur between two people who have had prior consensual sexual contact.

Fact:

Each person has the right to decide if, when, with whom, and to what extent they wish to be sexual. If each party involved in sexual activity does not have that autonomy to freely choose whether or not to participate in the activity, then it is not only abusive but illegal regardless of whether the individuals are married, partnered, have had sex previously, have been dating a long time, or if one has spent a lot of money on the other.

Myth #9: Once consent to sexual contact is given, it cannot be withdrawn.

Fact:

Consent is not a binding contract that relinquishes all subsequent decision-making power and gives a person complete control over another's body. In order for sexual contact to be truly consensual, each party must have the complete and unimpaired right to decide, from moment to moment, what they are comfortable doing. If a person consents to kissing

¹¹Dallam, Stephanie J. "Crisis or creation? A systematic examination of false memory syndrome." *Journal of Child Sexual Abuse* 9.3-4 (2002): 9-36.

http://leadershipcouncil.org/research/trauma_memory/epidemic/epidemic.html

and fondling, but does not consent to intercourse, or if a person consents to intercourse but then changes their mind for whatever reason, that decision must be immediately respected.

Myth #10: LGBTQ people are more likely than heterosexual people to sexually abuse children.

Fact:

- 98% of child sexual abuse is perpetrated by heterosexual males.¹²

This assumes that if the victim and the perpetrator are both male or both female, then the perpetrator must be gay. The majority of perpetrators, however, are merely “opportunistic”, meaning that given the opportunity to force or coerce another person into sexual contact, they will do so, regardless of the gender or age of the victim. These predators are aroused by the power they enjoy over the other person, and by the belief that they can dominate the other person and get away with it.¹²

A subcategory of child molesters are pedophiles, or individuals who are sexually attracted specifically to children. Pedophiles are aroused by the sexually immature and undifferentiated body-type common to children of both genders. While many pedophiles exhibit a preference for boys or girls, gender is often less important than age and given the opportunity, most pedophiles will molest children of either gender.¹³

It is also true that individuals who identify as LGBTQ experience sexual violence at equal or higher rates than non-LGBTQ individuals. Approximately 1 in 8 lesbian women (13.1%) and almost half of bisexual women (46.1%) have reported been raped in their lifetime. Four in 10 gay men (40%) and almost half of all bisexual men (47.4%) have experienced SV other than rape in their lifetime.¹⁴

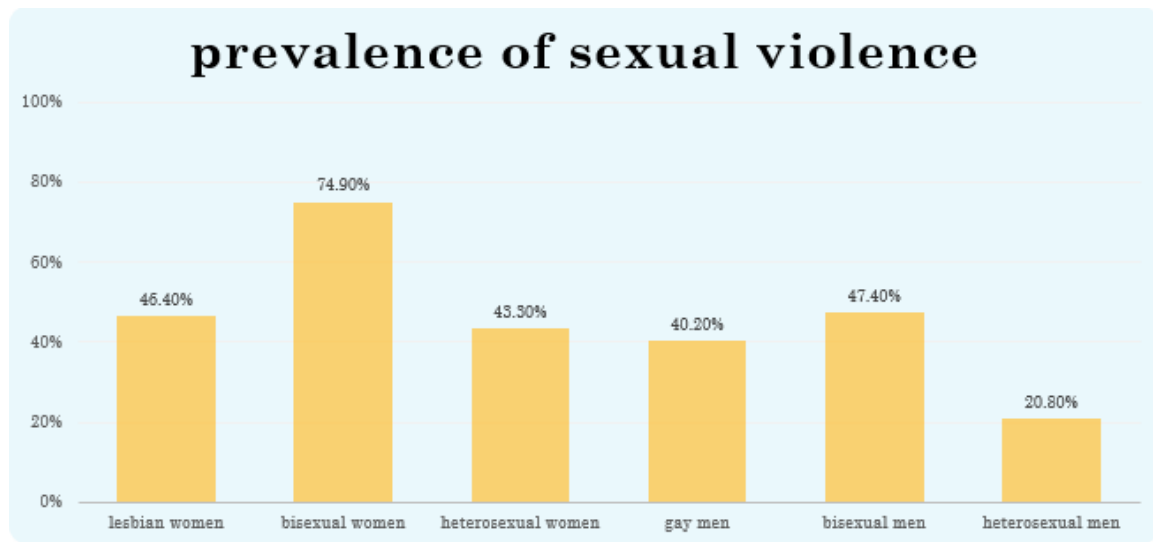
¹² Jenny, Carole, Thomas A. Roesler, and Kimberly L. Poyer. "Are children at risk for sexual abuse by homosexuals?." *Pediatrics* 94.1 (1994): 41-44.

¹³ Salter, Anna C. *Predators: Pedophiles, rapists, and other sex offenders: Who they are, how they operate, and how we can protect ourselves and our children*. Basic Books, 2003.

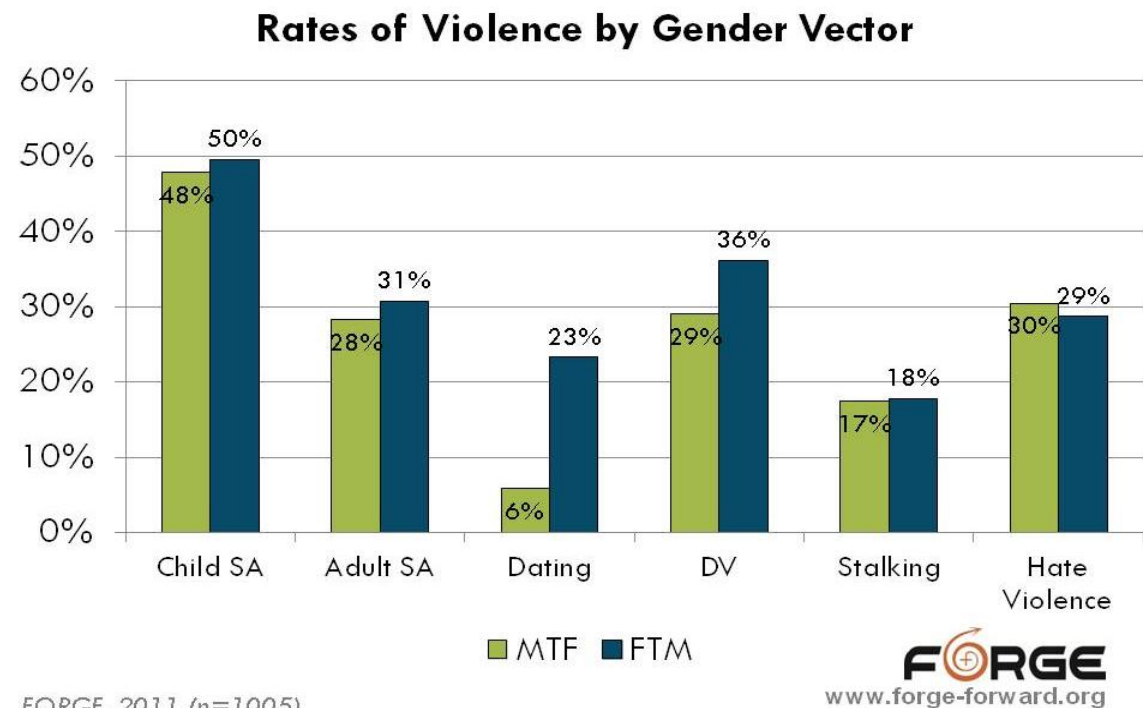
¹⁴ Walters, Mikel L., Jieru Chen, and Matthew J. Breiding. "The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 findings on victimization by sexual orientation." *Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention* 648.73 (2013): 6.

https://www.cdc.gov/violenceprevention/pdf/nisvs_sofindings.pdf

Sexual Assault Data in the LGB Population (TQ not included in data-set)^{14,15}



Sexual Assault Data in the Transgender Population¹⁶



FORGE, 2011 (n=1005)

¹⁵ "Sexual violence and individuals who identify as LGBTQ." *National Sexual Violence Resource Center (NSVRC)* |, 2012, www.nsvrc.org/.
http://www.nsvrc.org/sites/default/files/Publications_NSVRC_Research-Brief_Sexual-Violence-LGBTQ.pdf
 (accessed 11/20/17)

¹⁶ "FORGE Empowering. Healing. Connecting." *FORGE*, forge-forward.org/. <http://forge-forward.org>

Myth #11: Black men who rape typically rape white women.

Fact:

- 83.3% of sexual assaults against Caucasian-Americans are perpetrated by Caucasian-Americans.¹⁷

This myth has its roots in the deliberate efforts of white slaveholders to dehumanize black slaves and legitimize violence against them. In fact, the vast majority of sexual assaults are intra-racial, meaning that the perpetrator is of the same race as the victim. Of those assaults that are inter-racial (where the perpetrator and victim are of different races), black women are more likely to be assaulted by white men than white women are to be assaulted by black men.

Myth #12: Women can't or don't commit sexual assault.

Fact:

- 29.8% of sexual assaults against males are committed by females.¹⁷
- 1.5% of sexual assaults against females are committed by females.¹⁷

Our society has difficulty recognizing that women are capable of sexual violence and we tend to define sexual violence as something done to women by men. Female sex offenders, like their male counterparts, may prey on victims they can assert power over.

As in any other relationships, sexual violence can also occur within lesbian relationships. The perpetrator in these relationships may wield the power to “out” their victim or they may use the victims’ own internalized oppression to make them feel that they deserve to be abused. Isolation is another common tool used in both heterosexual and homosexual relationships to increase the perpetrators’ power over the victim.

MYTHS AND FACTS SUMMARY

Sexual assault is commonly misunderstood to be a crime of passion. A crime where men, who are presumed to be biologically unable to control their own sexuality, are provoked into violent lust by women who “ask for it” by wearing skimpy clothing and behaving in a sexy manner.

In examining the situations in which sexual violence occurs however, there is always a perceived or real power differential. The perpetrator feels entitled to take advantage of another person and believes that they can get away with the crime either because the victim will be unlikely to tell, or because the victim is unlikely to be believed if they tell.

Why would someone be unlikely to tell? What makes someone less likely to be believed? Both questions elicit long lists of factors that lie at the heart of vulnerability. Each of the

¹⁷ United States, Congress, Office of Justice Assistance. “Sexual Assaults in Wisconsin 2010.” *Sexual Assaults in Wisconsin 2010*, Wisconsin Office of Justice Assistance, Statistical Analysis Center, 2011.
(<https://wilenet.org/html/justice-programs/programs/justice-stats/library/sexual-assault/2010-sexual-assaults-in-wi.pdf>)

myths examined in this section serves to protect perpetrators, disempower victims, and make all of us more vulnerable.

Discussion Questions

How do rape myths impact survivors of sexual violence?

How do rape myths support perpetrators of sexual violence?

How might rape myths influence common responses to sexual assault reports?

SEXUAL VIOLENCE IN CONTEXT

There are two important factors that contribute to a perpetrator's decision to commit sexual violence:

- The perpetrator has (or believes they have) more power than the victim.
- The perpetrator feels entitled to the victim.

Power can be defined in many ways. It may be personal power such as physical strength, family leadership, charisma, greater credibility, or more respect. It may be social power such as race, gender, class, or privilege. People have social power on the basis of whether or not they belong to a powerful social group. Usually, people have little choice about group membership. For example, one is born a particular gender and race, and into a family that is of a particular class and which practices a particular faith. Objectively speaking, none of these categories are better or worse than any other. But many of these categories of identity and/or affiliation are assigned more social power than their counterparts, leading to power differences between social groups and between individuals who are members of different groups.

Feelings of entitlement arise out of justifications for the structure of power. For example, slavery was justified with arguments that European-Americans were morally and intellectually superior to African slaves. Based on this justification, the European-Americans felt they had a right to exploit the slaves and rape the women. Hiding behind these justifications, European-Americans were able to deny the full horror of what they were perpetrating against their fellow human beings.

Racism, sexism, homophobia, and other forms of oppression all fulfill similar roles – treating some individuals as inferior and not fully deserving of basic human rights. This has been linked inextricably to the perpetration of sexual violence in our society.

SOCIAL NORMS & SEXUAL VIOLENCE

While research on the root causes of sexual violence is limited, WCASA – through a review of the research, along with experiential lessons – identified five key components: **gender socialization; objectification and sexualization; normalization of violence and power; limited concepts of health & sexuality.** Recognizing that **systems of oppression** reinforce these norms, we aim to address the ways privilege, power, and entitlement contribute to all of the norms.



Understanding the root causes of sexual violence also has important implications for prevention. One theory on how to prevent violence is to seek to impact social norms that are believed to contribute to the problem. Social norms are the attitudes, values, and beliefs that exist in our culture that contribute to sexual violence.

SEXISM AND “RAPE CULTURE”

Since the late 1960's, feminists have been exploring the many connections between sexism and rape. The prevalence of sexism in our culture and the direct links between our cultural attitudes and rape led feminists to coin the term “rape culture.”

In their book, *Transforming a Rape Culture*, Buchwald, Fletcher, & Roth (1993) cite the following definition of rape culture:

*It is a complex set of beliefs that encourages male sexual aggression and supports violence against women. It is a society where violence is seen as sexy and sexuality as violent. In a rape culture women perceive a continuum of threatened violence that ranges from sexual remarks to sexual touching to rape itself. A rape culture condones physical and emotional terrorism against women as the norm. In a rape culture both men and women assume that sexual violence is a fact of life, inevitable as death or taxes. This violence however is neither biologically nor divinely ordained. Much of what we accept as inevitable is in fact the expression of values and attitudes that can change.*¹⁸

This definition illuminates the pervasive presence of sexual violence at every level of society. As we begin our investigation into the origins of societal attitudes, we must start with how society socializes young children. What do we tell girls and boys about “appropriate” behavior for their gender? How are men viewed? What do we expect of “real men” and what do we teach boys is “okay behavior”?

¹⁸ Buchwald, Emilie, Pamela R. Fletcher, and Martha Roth. *Transforming a Rape Culture*. Minneapolis, MN: Milkweed Editions, 1995. Print.

One cultural message that has contributed significantly to sexual violence against women is the idea that women “belong” to men. Even in the context of the legal system, women were historically considered to be the property of their fathers and then their husbands. Despite the fact that many studies have shown that women in the United States are far more likely to be assaulted, raped, or murdered by a male partner than by any other type of perpetrator, women had little legal protection until very recently. Up until the 1970s in the United States, it was perfectly legal for a husband to force his wife into unwanted sexual contact. It wasn’t until July 5th, 1993 that marital rape was made a crime in all 50 states.

Even outside of the context of marriage, sexist beliefs have often left female victims with little recourse against male perpetrators. Victim-blaming messages often characterize victims as seductive or overly sexual – causing the perpetrator to “lose control.” Women are seen as innately sexual, and holding that sexual power over men. Similarly, men are seen as innately violent and the use of force by men is normalized in many cultures. These stereotypes about gender lead to an environment conducive to rape.

SEXUALIZED VIOLENCE

The belief that women are objects for men’s sexual gratification is promulgated in pornography as well as in a significant amount of mass media.¹⁹ Much of the full humanity of individual women and women as a group is lost in the process. The message is that women are not fully people, but a compilation of sexualized body parts that men are encouraged to use.

In earlier, but extensive studies (Malamuth & Donnerstein, 1984; Russell, 1988) established a chilling correlation between the use of pornography and men’s attitudes towards women and rape:

- College men (specifically selected for the study because they possessed “not hostile” personalities) were shown pornographic material in which women were portrayed as enjoying rape. After exposure to this pornography, it was found that these men were more likely to believe the myths that “women really want to be raped,” and “no means yes.”^{20 21}
- After being repeatedly exposed to pornographic material over a two-week period, the subjects perceived violent pornography to be less and less violent. The subjects also became less offended by the material.^{20 21}

Studies have linked pornography consumption to an acceptance of sexual violence against women, suggesting that exposure to violent sexual images does indeed desensitize us to violence and rape. The notion that “boys will be boys,” “she must have been asking for it,” or “she wanted it,” along with many other similar myths add up to condoning sexual violence within our culture. Furthermore, pornography has been associated with increased

¹⁹Jensen, Robert, and D. Okrina. “Pornography and sexual violence.” VAWnet: *The national online resource center on violence against women*. Retrieved on November 12 (2004): 2009.

<https://vawnet.org/material/pornography-and-sexual-violence>

²⁰ Mosher, Donald L. “Pornography and Sexual Aggression by NM Malamuth and E. Donnerstein. Orlando, Florida: Academic Press, 1984, 333 pp.” (1986): 225-228.

²¹ Russell, Diana EH. “Pornography and rape: A causal model.” *Political Psychology* (1988): 41-73.

verbal aggression toward female partners during sex, sexual coercion and overt acts of sexual aggression.²²

²² Morczek, A. (2018). "All women are whores": Examining misogyny within XVideos.com. (Unpublished doctoral dissertation). Washington State University, Pullman, Washington.

THE IMPACT OF SEXUAL VIOLENCE

“Victimization represents a profound crisis of identity and meaning, an attack on oneself as an autonomous but related individual in an orderly world.”

— Howard Zehr, *Transcending; Reflections of Crime Victims*

The trauma of sexual violence is something that goes far beyond physical wounds. According to Howard Zehr, the experience of violence is an attack on the most fundamental assumptions about who we are, whom we can trust, and what kind of world we live in.²³ Sexual violence represents a shattering of our sense of control over our lives, our sense of safety in the world, and our ability to trust others. This is deeply demoralizing and can have far-reaching implications for a survivor’s life. In this section, we will discuss the different ways survivor’s lives may be affected and the process by which survivors learn to cope with and heal from sexual victimization.

DEALING WITH SEXUAL TRAUMA

First and foremost, each person’s experience is unique. Although sometimes responses to a trauma experience can look similar in different survivors, as an advocate, it’s important to know why they are having these reactions and how you can meet each survivor where they’re at in regard to processing through their traumatic experience.

The Acute Phase (or Crisis Phase)

During the acute phase, which may last anywhere from a few days to a few weeks after the assault (or following the recovery of repressed memories of abuse), survivors commonly experience a complete disruption of their lives. Normal coping mechanisms are overwhelmed and the survivor may be at a loss about what to do. This phase is also commonly referred to as a “crisis state.”

Some of the feelings survivors may experience in the aftermath of sexual violence are disorientation, helplessness, shame, self-blame, panic, anger, irritability and a sense of being isolated from others by the experience. Rapid mood swings are also common. Some survivors openly express these emotions, some keep the assault at an emotional arms-length by keeping tight control over their demeanor, and others may feel only a sense of shock.

As with physical trauma, shock is very common in the immediate aftermath of an emotional trauma. Shock serves as an emotional circuit breaker – protecting the individual until the survivor is able to begin to regain control and cope with what has occurred. The assault

²³ Zehr, Howard. *Transcending: reflections of crime victims: portraits and interviews*. Good Books, 2001



may seem distant or unreal and emotions may be muted or completely numbed. Survivors who are in shock may behave as if the assault had not occurred or minimize its effects. A survivor's response to sexual violence may vary greatly. All types of responses are normal, but, because they may not fit with how we have come to expect a rape victim "should" act, it is not uncommon for people to make judgments about whether a rape "really happened" based on the victim's behavior. Advocates can help survivors and those around them (loved ones, medical personnel, law enforcement) by providing information and a context for understanding the various ways in which individuals may react to trauma.

The Reorganization Phase

For many, this stage means beginning the process of sifting through the experience, regaining their personal power, and rebuilding. After the initial shock wears off, survivors are left with the task of figuring out how to cope with the sexual assault and get on with their daily lives. The length of this stage is different for each survivor, and may last anywhere from a few months to several years. The hallmark of this stage is a return to daily routine. This routine, however, may look very different from the survivor's routine prior to the assault. Significant life changes – such as dropping out of school, switching schools or jobs, moving, or ending relationships – are relatively common during this time.

The Resolution Phase

Resolution is an active, not passive, process that starts when a survivor begins to make the connection between the sexual assault and its effects in their life. Beyond simply surviving the experience of sexual violence, many survivors reach a point in which they find resolution and healing. This does not mean they return to who they were prior to the assault. That simply is not possible. Instead, healing involves integrating the experience into one's personal history as significant event, but one that does not control or diminish the survivor's present life. Survivors learn to replace strategies that helped them simply survive with ones that help them grow and thrive.

The decision to start the healing process can be both empowering and terrifying. It starts with choosing to stop running from the painful, frightening past. It means turning around to face it, to wrestle with it, and eventually to come to terms with it. It takes courage to face the unknown, to claim one's right to heal, to get the help one needs, and to deal with the pain involved.

For some, the process of healing involves reaching out through writing, speaking, or lending support to others. For others, healing involves reaching inward through meditation, introspection, and self-awareness. It is important to remember there is no 'recipe' for healing, no timetable to chart the progress. It is a process that is unique for each person.

FACTORS INFLUENCING THE HEALING PROCESS

There are a number of factors that can influence the healing process. Below are some factors that may contribute to a more difficult healing process and others that may have a positive impact.

Factors that contribute to a more difficult healing process:

- Lack of support from family and friends (disbelief, blame)
- Close relationship between the victim and perpetrator (increased sense of betrayal)
- Younger age/developmental stage at the time of the assault(s)
- Increased duration and frequency of the assault(s)
- Use of force or threat of force
- Assault(s) involving penetration
- Experience of sexual arousal or pleasure response by the victim
- Prior experience(s) of sexual abuse/assault
- Social/cultural/religious environment that promotes shame
- Concurrent stressful or traumatic life events
- Pre-existing mental health or substance abuse issues
- Disbelief or blaming by responding professionals (law enforcement officers, medical professionals, advocates)

Factors that contribute to a more positive healing process:

- Belief and support of family and friends
- Supportive social/cultural/religious environment
- Respectful treatment by responding professionals (law enforcement officers, medical professionals, advocates)
- High self-esteem and positive self-image
- Pre-existing positive coping skills
- Spiritual beliefs/practices
- Contact with other survivors of similar sexual violence

POTENTIAL LONG-TERM IMPACT

For individuals who have positive coping skills and who receive support and understanding from their families and communities, the long-term impact of a sexual assault may be minimized. For others, however, sexual violence may continue to disrupt their lives far beyond the immediate aftermath, undermining achievement, destroying relationships, shattering self-esteem, and eroding physical health.

Sexual assault and abuse have been linked to problems across the lifespans of survivors/victims. Below are examples of some concerns that survivors may face.

EMOTIONAL & BEHAVIORAL HEALTH CONCERNS

Self-esteem and one's sense of personal power are often impacted by incidents of sexual violence. Victims frequently feel shame and self-blame—believing that the assault was somehow their fault. Feelings of helplessness and an inability to prevent the attack can result in the victims feeling less control over their lives. Difficulties with trust and intimacy are also common. This may be especially true for individuals who were abused or assaulted by someone close to them whom they trusted. For some individuals, emotional turmoil may find expression through internalizing and externalizing behaviors.²⁴

Compared to their non-abused peers, young people who have been victimized report having “voluntary” sex at an earlier age, higher numbers of sexual partners, and decreased use of condoms or other forms of protection. These youths frequently report not wanting to engage in the sexual behavior, but report feeling powerless to say “no” or to assert their desire to use protection. These behaviors not only have implications for an individual's emotional health, but also on physical health, increasing the risks for sexually transmitted infections, HIV/AIDS, and unplanned pregnancies.

PHYSICAL HEALTH CONCERNS

Many of the coping methods mentioned have clear health implications. Epidemiological research has also linked adverse childhood experiences (or ACEs) to lifelong concerns with physical and mental health.²⁵ This research displayed that the more adverse experiences an individual deals with earlier in life (one of which is sexual abuse), the more physical and mental health problems they experience as an adult. Stress from traumas experienced by survivors can exacerbate these health concerns by leading to negative coping methods like excessive alcohol and drug use, eating disorders, self-harm, and high-risk sexual behavior. These negative coping strategies that include adopting health-risk behaviors to deal with toxic levels of stress can lead to further physical health concerns later in life such as chronic illness, heart disease, obesity, and even early death.

It's important as advocates to be aware of the impact of toxic stress on physical health in order to normalize reactions to sexual violence, as well as empower victims to reach out for support from health and mental health professionals. It's also important for advocates to understand the impact of intersectionality on health, and how adverse childhood experiences, gender identity, sexual orientation, race, ethnicity, ability, and class all have impacts on the way a victim responds to sexual violence as well as to the advocate. Therefore, a fundamental component is to understand that the individual or community is the expert and teacher on the content of their personal culture and identity. Only they can

²⁴ “Sexual Violence and Health: Research Brief.” *National Sexual Violence Resource Center (NSVRC)*, 2012, http://www.nsvrc.org/sites/default/files/publications_nsvrc_researchbrief_health-sexual-violence.pdf,

²⁵ Centers for Disease Control and Prevention. “About the CDC-Kaiser ACE study.” *Centers for Disease Control and Prevention* 8 (2016). <https://www.cdc.gov/violenceprevention/acestudy/about.html>

define what health and healing look like. It's up to the advocate to create a safe space free from judgment for this healing to occur.

Another type of health concern for survivors may be psychosomatic complaints. These are real physical problems that are manifestations of emotional distress. Especially common for childhood abuse survivors, these may include chronic pain, gastrointestinal problems, and respiratory disorders.

INCREASED VULNERABILITY

Many of the behavior patterns precipitated by a sexual assault, such as the use of alcohol and other drugs, high-risk sexual behavior, low self-esteem, and a low sense of personal power can in turn increase a person's vulnerability to sexual assaults. It is not surprising; therefore, that having been sexually assaulted in the past is a significant risk factor for future sexual assaults. This does not mean that victims cause the sexual assaults, but rather that perpetrators look for and exploit these vulnerabilities.

MENTAL HEALTH CONCERNS

For some survivors, the trauma of sexual abuse or assault can result in the development of psychological disorders. Some of the more common of these are Post-Traumatic Stress, anxiety, and depressive disorders. Far from indicating that the individual is abnormal or crazy, these are all normal reactions to abnormal circumstances.

While diagnosing and treating these conditions should only be done by licensed mental health professionals, it can be helpful for advocates to have some familiarity with the symptoms that survivors may experience. Not only can it provide a more complete picture of the possible far-reaching effects of sexual assault, it can also be a useful in validating survivor's experiences. For survivors, who often feel as if they are going crazy, just recognizing that their reactions are normal is often tremendously powerful and healing. For this reason, some basic information about symptoms – remember, this list is not all-inclusive – is provided here:

Symptoms may include:

- Re-experiencing or reliving the event through intrusive recollections, flashbacks, and/or nightmares
- Avoidance behaviors such as emotional numbing, feeling detached or estranged
- Feeling hyper aroused or having anxiety that interferes with daily life
- Racing heart, tightness or pain in chest
- Shortness of breath, dizziness, muscle weakness
- Headache
- Difficulty swallowing

- Irritability, anger
- Inability to concentrate
- Feelings of being outside oneself (depersonalization)
- Persistent sad mood
- Loss of interest or pleasure in activities that once were enjoyed
- Change in appetite or weight
- Difficulty sleeping or oversleeping
- Energy loss/Fatigue
- Agitation, difficulty with concentration or thinking
- Recurrent thoughts of death or suicide
- Feelings of worthlessness

PARTNERS IN HEALING – THERAPISTS AND ADVOCATES

As advocates, it is useful to have an understanding of the variety of normal coping responses people may experience in response to trauma. An important goal of advocacy is helping survivors build strong networks of support systems that can foster a healthy healing process. Therapists can be one avenue of mental health support that can aid in the healing process. By making referrals to therapists, advocates can help ensure that survivors receive appropriate professional treatment while at the same time helping to decrease the isolation many survivors feel by establishing a wider network of support.²⁶

SECONDARY VICTIMS

The victim of a sexual assault is not the only person who is affected. Parents, partners, siblings, friends, and others in the survivor's community may also feel the impact. These secondary victims also need support in working through their feelings and healing from the trauma that the sexual assault has inflicted.

Some common reactions by secondary victims include:

- **Fear:** Secondary victims may feel less safe in the world and generally more fearful, or may specifically fear for the survivor's safety. Individuals who share characteristics with the perpetrator (especially gender) may fear being associated with the perpetrator. Intimate partners may be afraid to initiate physical intimacy with the survivor.
- **Grief:** Loved ones may grieve for the pain that a victim has suffered. They may also grieve for their own violated sense of trust in other people and safety in the world.

²⁶ "What Advocates Need to Know About Therapy with Considerations for Children, Teens and Families" Washington Coalition of Sexual Assault Programs, 2016. <http://www.wcsap.org/what-advocates-need-know-about-therapy-considerations-children-teens-and-families>

- **Anger:** Secondary victims often experience feelings of intense anger towards the perpetrator and may consider seeking revenge. Anger and blame may also be directed at the survivor.
- **Helplessness:** It can be frustrating for loved ones to watch survivors struggling with the healing process. Many have a strong desire to “make it all better” and feel frustrated and helpless when they can’t.
- **Impatience:** The survivor’s recovery can be a long, slow process. Those surrounding the survivor may become impatient with the pace of healing and feel overwhelmed or drained.
- **Guilt:** Friends and family may experience a great deal of guilt for having “failed” to protect the survivor and prevent the assault/abuse. They may also feel guilty if they experience thoughts that are critical or blaming of the victim—or of wanting the victim to just “get over it.”
- **Shame:** In particular cultures, there may be even more stigma associated with sexual violence. This can lead to shameful feelings by the family who may feel the survivor is to blame or that they have tarnished the family name/image with their disclosure.

POTENTIAL IMPACTS ON INTIMATE PARTNERS

Intimate relationships can be particularly impacted by the sexual victimization of one partner. Many survivors of sexual violence experience some challenges in building or maintaining healthy relationships after an assault. This is a normal and understandable reaction given the degree of violation the survivor has experienced at the hands of another human being.

Survivors can have difficulty in establishing/reestablishing trust and intimacy, positive sexual relationships, and healthy interpersonal boundaries (neither too withdrawn nor too dependent). Survivors may come to feel that they no longer belong in the relationship. Partners may also be witness to aspects of the coping or healing process that are frightening or frustrating – such as depression, self-harm, suicidal thoughts, and other unhealthy coping behaviors. All of these factors can increase the level of stress an intimate partner feels in reaction to the assault.

Partners may also feel that since they are not “the victim,” they do not have the right to be upset, and that taking care of their own needs would be selfish. Because of this perception, it can be powerful for these loved ones to have their feelings recognized and validated. When partners have the support they need to work through their own healing, they can in turn become stronger allies for survivors.

Suggestions for Intimate Partners:

- Let the survivor know you believe them and that you still love them.

- Let the survivor know that you will be there to listen whenever they are ready to talk about it.
- Educate yourself about sexual violence and the potential impact on victims.
- Ask for permission before touching or holding the survivor.
- Let the survivor decide when and at what level the survivor feels able to resume sexual intimacy.
- Recognize that while you can't "make it all better", your support and validation can make a difference and are important in helping the survivor heal.
- Make sure that you have someone with whom you are able to talk through your feelings. Feelings of guilt, grief, impatience, etc. are normal reactions.
- Moderate your stress levels through activities with other friends and/or "alone time."

STRENGTH AND RESILIENCY

Healing from a sexual assault can be a scary, frustrating process – with gains and setbacks, periods of little progress and periods of rapid growth. The road through recovery may sometimes seem unbearable; survivors may feel as if they are riding an emotional roller coaster or walking on shifting sand.

It is a testament to the strength and resiliency of survivors that, despite everything, people can and do survive and heal. Honoring their strength and ability to survive, and even thrive, in the face of traumatic and painful events, many survivors find new resources within themselves and become stronger and more confident in the process.

SEXUAL ASSAULT SURVIVOR ADVOCACY

This section explores what it is that advocates do, the theory and principles that guide advocacy, and the essentials of providing peer support.

ROLE OF THE ADVOCATE

Advocates can have a variety of different job responsibilities depending on the requirements of their particular agency. Some advocates may only be available for crisis calls, whereas others may have additional responsibilities, such as: accompanying survivors to the hospital, court, or campus; leading support groups; providing community education; and/or coordinating community response teams. Whatever the specific responsibilities, the heart of the advocate's role is providing compassionate crisis intervention and ongoing support to survivors and their friends and loved ones.

This support can take many forms, the most fundamental of which is simply being there with the survivor so they don't have to go through the experience alone. More than just being physically present, 'being there' means being mindfully present and actively engaged in listening. It means being someone with whom the survivor may safely talk through thoughts and feelings, at their own pace, without fear of being judged.

Advocates also provide support in the form of information. Survivors are often faced with difficult decisions and bewildering systems about which they may have little knowledge. Advocates can act as allies and guides – helping survivors to explore their options, understand their rights, find answers to their questions, and connect with other resources and people to build a network of support.

Advocacy is not about 'fixing' people or problems, nor is it about having all of the answers. Advocacy is about providing a safe space where survivors can feel, share, and be heard without being judged. Advocacy is about empowering survivors with information so that they are able to make informed decisions for themselves.

EMPHASIS ON EMPOWERMENT

“No intervention that takes power away from survivors can possibly foster recovery, no matter how much it appears to be in their best interest.”

– Judith Herman, *Trauma and Recovery*

It is important to recognize the difference between “rescuing” a survivor and supporting a survivor in an empowering way. “Rescuing” or “fixing” is rooted in an underlying assumption that survivors lack the strengths, skills, or internal resources to help themselves. Not only does this approach show a lack of respect for the survivor, it is ineffective and ultimately damaging.

Discussion Questions

Think about a time when you were extremely hurt and upset . . .
Did you talk with anyone about it? Who did you talk to and why?

Was talking to that person helpful for you at that time?
What did that person do that was helpful or not helpful?

How have you expressed your most painful feelings?

This emphasis on empowerment is especially critical when it comes to sexual assault survivor advocacy. During a sexual assault, the victim is robbed of their power and control. It is important that we do not perpetuate this powerlessness by trying to take a dominant role in the healing process.

The journey from victim to survivor is one that each person must walk for themselves and it is one that no survivor should have to walk alone. As advocates, we must start from the assumption that all survivors are capable of helping themselves. Our challenge is to find ways to offer support that are respectful and empowering, ensuring that the survivor has ultimate control over their own path of recovery.

This section is intended to help provide advocates with an introduction to power and privilege. As you read through it, challenge yourself to reflect on the ways that you experience privilege and oppression and the ways that survivors you support might experience privilege and oppression.

Power and Privilege

Advocates have the potential to enforce oppression, either intentionally or unintentionally, via their everyday interactions with survivors. Prejudice is one way this oppression manifests. Prejudice is any preconceived opinion or feeling toward a person or group that is either favorable or unfavorable. Prejudice can be subtle or blatant, and while sometimes people are aware of their prejudices, oftentimes prejudices go unchecked because they have been so ingrained due to institutionalized oppression. Our lives are shaped by multiple identities: race, ethnicity, sex, sexual orientation, gender identity, socio-economic status, religious affiliation, ability status, etc. Institutionalized oppression privileges certain identities and oppresses others.

What is privilege? Unearned advantages and benefits to members of dominant culture at the expense of members of oppressed groups. In the United States, privilege is granted to people who have membership in one or more of these social identity groups. [1]

Who experiences privilege in this country? Those who are white, male, middle-class or “well off” economically, heterosexual, cisgender, Christian, able-bodied and of able mind, middle-aged, thin, or a U.S. citizen.

Individuals may experience both oppression and privilege. For example, a white male who identifies as gay experiences privilege in regard to his race and his sex, and

experiences oppression in regard to his sexuality. An able-bodied black woman who identifies as straight experiences privilege in regard to her ability and sexuality, and experiences oppression in regard to her race and sex.

The term intersectionality is very useful in thinking about the inherent complexity of identity. Intersectionality is a “multi-level analysis which takes into account race, sex, gender identity, sexual orientation, ability, socio-economic status, religion and spirituality, and other dimensions of an individual.” ²⁷

ACTIVE LISTENING

There is power in speaking about the unspeakable. At the moment that survivors break their silence, the power the event holds over them can begin to diminish, thus increasing their own power. As advocates, we can nurture this process by bearing witness to their stories. The ability to listen is therefore absolutely fundamental to meaningful advocacy. Listening involves far more than simply hearing. It means being fully present with the survivor, focusing on what the individual is saying rather than on what to say next, providing constructive feedback, and being aware of any potential barriers to communication and working to overcome them. Listening is an active process.

Barriers to Communication

All survivors have a right to a safe place where they can express themselves and be heard. Because this is the very heart of advocacy, mitigating barriers to communication is an essential component of the work.

While barriers to communication can be obvious and easy to mitigate, they can also be subtle and more challenging, requiring reflection on the part of advocates and the agencies they are a part of. The following list includes barriers to remain cognizant of, along with key questions to guide your advocacy provision.

Accessibility

If your agency receives federal funding, then it is required to provide accessible services for all people who are served by the agency. It is important to respect the wide range of accessibility needs of survivors and to provide the appropriate accommodations and support.

Discussion Questions

How is your agency accessible to people who are deaf or hard of hearing?

How is your agency accessible to people with physical disabilities?

How is your agency accessible to people who don't speak English?

²⁷ LaGrone, Tandra, et al. *Shades of Change: A Guide for Domestic Violence and Sexual Assault Service Providers Working with Lesbian, Gay, Bisexual, and Transgender People of Color*. In Our Own Voices, Inc., 2011, www.ccasa.org/wp-content/uploads/2015/06/Shades-of-Change-LGBT-Best-Practices-Guide.pdf.

Language Barriers

The advocate and the survivor may not share a common language, or they may have limited proficiency in a common language – enough to discuss basics, but not enough to express their full range of feelings, needs, and concerns. Language is power. If survivors do not have access to advocates that can speak the language that is most comfortable for them, then they could have disempowering experiences. Be cognizant of the different languages spoken within your community.

Discussion Questions

Are your agency's materials available in multiple languages?

Are advocates available who speak multiple languages fluently?

What is your agency's plan for accessing professional interpreters when fluent advocates are not available?

Displaying Discomfort vs. Emotional Expression

The advocate has the potential to display discomfort either verbally or non-verbally, in response to what survivors share. This perceived discomfort could shut down the lines of communication and feel disempowering for survivors. There is a difference, however, between displaying discomfort and expressing emotion. While it is acceptable to express emotion as an advocate, it is unacceptable to express discomfort, which could come across as judgmental. If you are expressing emotion while supporting the survivor, provide an explanation that demonstrates your support. For example, "It sounds like you are angry that charges are not being pressed against the person who hurt you. I'm angry, too". The advocate's expressed emotion should be for the sake of supporting the survivor, and should not overpower the survivor's emotions. Be aware of what topics may either cause you discomfort or cause you to have an emotional response.

Explore what could be challenging for you emotionally as an advocate and reflect. Self-awareness is an ongoing process. Actively remain reflective regarding what may be challenging for you emotionally, and process this with co-workers and/or supervisors if necessary.

Distractions

Distractions are anything that takes the advocate's focus away from the conversation, such as worrying about personal problems or thinking about what needs to be done at home that evening. Distractions are also commonly a factor for the survivor. Those in crisis or those who have experienced a recent assault may have an especially difficult time concentrating or absorbing information.

Take a moment to consider what internal and external distractions may be present for you and for the survivor. Try to let go of any personal concerns for the time that you are with the survivor and minimize any external distractions by finding a quiet, private location if this is possible. Anticipate that the survivor may have difficulty concentrating or remembering details; provide written information that can be reviewed at a later time, and/or offer to follow-up either in person or on the phone.

REFLECTIVE LISTENING TECHNIQUES

Reflective listening is a technique where the listener provides feedback to the speaker in a way that conveys that s/he is listening, encourages the speaker to continue, and helps the speaker clarify her or his own thoughts or feelings.

Open-Ended Questions

Open-ended questions are questions which are worded in such a way as to encourage the recipient to respond freely. In contrast, closed-ended questions limit the types of answers the recipient can give. Consider the different types of answers invited by the following two questions:

Example: QUESTIONS

Closed-ended: “Did you feel sad when that happened?”

Open-ended: “How did you feel when that happened?”

Restatement

Restatement means simply repeating what the survivor has said using their own words. This provides verbal feedback that the survivor can use to judge if you have heard the intended message. It also encourages the survivor to add more to what has been said.

Example: RESTATEMENT

Survivor: “My sister has been really supportive”.

Advocate: “Your sister has been really supportive to you”.

Paraphrasing

Paraphrasing means repeating what the survivor said but in your own words. It is typically a shorter version of what they have told you but it still captures the essence and does not attempt to add anything new.

Example: PARAPHRASING

Survivor: “I was at the hospital for at least three hours. I was so exhausted because I was there in the middle of the night. I’m glad the advocate was there so I didn’t have to be alone”.

Advocate: “You were glad the advocate was there in the middle of the night for your lengthy exam”.

Summarizing

Summarizing is an attempt to put together several elements of what the survivor has told you. It includes the content (what the survivor has told you), feeling (how it was said), and process (where the survivor is in the healing process and in what direction they would like to continue).

Example: SUMMARIZING

Survivor: “I can’t believe it. It feels surreal. I don’t know what to do next, but I know I need to do something...part of me just wants to pretend it didn’t happen”.

Advocate: “It sounds like you may be in shock, which is normal after experiencing trauma. I can provide you with possible next steps, if that would be helpful for you right now”.

Clarification

Clarification helps bring vague information into focus. When using clarification, the advocate interprets or explains what they believe the message to be. It is ok to let survivors know when you do not understand something. It is better to let them know this than to continue with inaccurate information. Use “I” statements when clarifying in order to take ownership for your perceptions.

Example:
CLARIFICATION

“What I hear you saying is...”

“I’m not sure that I understand...”

Reframing

An advocate may offer the survivor an alternative interpretation or way of thinking about the situation. This is done to offer additional information and ideas or possibilities that the individual might not have considered. In using reframing, be careful to offer possibilities without discounting the survivor’s story.

Example:
REFRAMING

Survivor: “I wish I would have fought back, but I felt like I couldn’t move. I was terrified for my life”.

Advocate: “It is very normal and common to freeze during a sexual assault. You were terrified for your life, and you did what you could to survive”.

Silence

Not talking may not seem like a technique, but learning to allow silence rather than rushing in to fill it with words is another important skill for advocates. Sometimes survivors need more time to overcome fears or formulate thoughts. Sometimes there are feelings that simply can’t be expressed in words and silence can speak what words cannot. The skill of silence comes in conveying a sense of presence. An occasional use of an encourager such as “uh-huh” can convey a sense of presence without trampling the potential value of silence. The body language of the advocate can also indicate supportive listening and openness.

W.A.I.T.

As the quote at the beginning of this section illustrates, it is important be conscious of our own motivations for speaking. Before saying anything, stop and take a moment to consider how speaking will benefit the client. “W.A.I.T.” is a helpful acronym that stands for “Why am I talking?” If the answer to the question is that you want to express your own opinion, wait. If it is to satiate your own curiosity, wait. If it is to talk through your own feelings or experiences, wait. If it is to rush to fill a silence, then wait.

TIPS AND CONSIDERATIONS FOR ADVOCACY

- Address what the survivor wants, not what you think they need. Ask the survivor how you can be of help.
- Be non-judgmental. You may be the first person with whom the survivor has spoken about the assault. Your response could set the tone for how the survivor feels about themselves and about the assault. A caring, non-judgmental response can help support recovery.
- Believe them. Due to the nature of trauma, it is normal for a survivor's account to seem disorganized or confused. Survivors may also be reluctant to reveal details about which they feel shame or self-blame. A story that does not seem consistent is not necessarily an indication that it is untrue. Additionally, it is not the role of the advocate to establish the truth of the survivor's account—it is the advocate's role to listen. Survivors commonly fear that they will not be believed and the advocate's response at this vulnerable time is especially critical.
- Reinforce that the assault was not their fault. Tell them that they did nothing to cause the assault/abuse.
- Reflect the survivor's choice of words. Your role is not to define the experience but to help them clarify how they feel about it.
- Avoid using the word "why." If obtaining the information is necessary, try rephrasing the question. For example, "why didn't you call the police right away?" can be rephrased as "what made you decide to call the police when you did?"
- Take time to think if you need to. There is no need to give an immediate response. Try to relax. If you are talking on the phone, you may want to take notes.
- If you don't have the proper information, say so. It is okay to say, "I don't know, but I can find out for you."

A SEXUAL ASSAULT ADVOCACY MODEL²⁸

Each conversation with clients is different, and every advocate will develop their own approach. The following framework, however, can provide some basic guidance for the advocate.

1) Establish a Relationship

Once the contact has been initiated (face to face or over the phone), the advocate should introduce themselves, express concern for the survivor, explain the role of the advocate, and ascertain the survivor's safety.

- I'm glad you called.
- Are you in a safe location right now?
- Would you be comfortable sharing your first name with me?
- I'm an advocate, which means I'm here to listen. If you have any questions, I can try to help you find answers to them.
- This service is confidential.²⁹ Whatever you share here will stay with me.

²⁸ Adapted from New York State Coalition Against Sexual Assault's Advocacy Manual

²⁹ In the case of minors, the conversation may not be confidential. For more information, refer to the next section, "Working with Child Victims."

2) Focused Exploration

The advocate listens to the survivor's account and helps to clarify what the survivor's needs are. The advocate should encourage the expression of emotions as well as a description of events, and help the survivor identify feelings such as anger, disbelief, guilt, etc. as they are expressed. If the survivor indicates a history, desire, and/or intent to self-harm, then the risk of further self-harm should be assessed.

- What would you like to talk about?
- Was there something that prompted you to make this call?
- How do you feel about that?
- I'm hearing a lot of anger with your parents for not protecting you.
- It sounds like the reason you called tonight is that you're having trouble sleeping because of images that are coming into your mind, is that right?
- Have you had any thoughts about hurting yourself?

3) Provide Support

The advocate is emotionally present with the survivor, offering companionship and communicating verbal and/or nonverbal communication of warmth and empathy. The advocate may also normalize and validate the survivor's reactions and address issues of self-blame with reframing and exploration of the dynamics of sexual violence.

- I'm sorry this happened to you.
- I believe you.
- The edginess you're describing is a perfectly normal reaction and a lot of people I've talked to have said they've experienced similar reactions.
- I hear you saying that it was your own fault for getting in the car, but when you got in that car, you were just looking for a ride. What happened to you was in no way your fault.
- Often people who were sexually abused as children feel like they should've been able to stop it, but consider how much more sophisticated adults are compared to children.

4) Provide Information

The advocate finds out what questions or concerns the survivor may want to have addressed, discusses medical, legal, or other options, and provides referral information.

- If you would like, I can tell you about what you can expect if you decide to go to the hospital or report to the police.
- I could meet you at the hospital if you would like someone to be there with you.
- What are some questions you have?
- If you're interested, we offer support groups every Wednesday where you can come and talk to other people who've had similar experiences.
- Many survivors find that working with a therapist can be helpful. I can give you information if you think you might like to look into that.

5) Develop an Action Plan

Working as team, the advocate and the survivor can work to identify any concerns or obstacles and make an action plan for addressing them. The plan might include discussion, contacting health and/or legal services, and helping the survivor decide "what next."

"Safety plan" is another term that is sometimes used to describe an action plan—especially in reference to survivors who are fearful or who are in potentially unsafe

situations. The advocate helps the individual consider “what next” by asking questions which specifically address those issues of emotional and physical safety. What will help the individual feel safer? How can the survivor attempt to increase safety in the future if a potentially dangerous situation arises?

- Have you felt this way before? What types of things have you tried in the past?
- Would you like to talk about what you’ll do when we get off the phone?
- To summarize, you’re planning to tell your roommate what happened and ask her to take you to the hospital?
- What do you think would make you feel safer right now?
- Who do you think you could talk to about this?
- So it sounds like you’re going to call to set up an appointment with your counselor in the morning, and in the meantime, you’re going to try to relax by taking a bath and watching your favorite movie.
- What else would you like to talk about right now?

TRAUMA-INFORMED APPROACH³⁰

The advocacy field has used the term “survivor-centered” for years to describe how we approach our work. Survivor-centered approaches use many of the concepts of trauma-informed approaches. The trauma-informed approach seeks to approach survivors from the standpoint of the question “What has happened to you?” rather than “What is wrong with you?” A trauma-informed organization is one which all components have been reconsidered and evaluated in light of a basic understanding of the role violence plays in the lives of survivors.³¹ A trauma-informed approach also integrates an understanding of a survivor’s history and the entire context of their experience.

What is trauma?

Sexual assault trauma is a physical and emotional violation that might result in feelings of intense fear, powerlessness, and hopelessness. “Trauma” refers to both the event and the particular response to the event. The experiencing of, understanding of, and healing from trauma varies among individuals because we all are unique and bring our histories, challenges, and strengths to our experiences.³²

Trauma begins when an event or experience overwhelms normal coping mechanisms. Physical and psychological reactions, which are normal, often result in response to the traumatic event. Re-experiencing occurs when an environmental cue related to the trauma (e.g., a sound or smell) triggers a fight, flight, or freeze response in the survivor.³² While it is not possible to eliminate all environmental cues, it is important that sexual assault services programs create environments where survivors feel safe.

³⁰ (This material was reprinted, with permission). *Building Cultures of Care: A Guide for Sexual Assault Services Programs*. The National Sexual Assault Coalition Resource Sharing Project and National Sexual Violence Resource Center, 2017, www.nsvrc.org/sites/default/files/publications_nsvrc_guides_building-cultures-of-care.pdf.

³¹ Harris, Maxine Ed, and Roger D. Fallot. *Using trauma theory to design service systems*. Jossey-Bass, 2001.

³² Proffitt, Brenda. *Delivering Trauma-Informed Services*. The National Sexual Assault Coalition Resource Sharing Project and National Sexual Violence Resource Center, Dec. 2010, www.nhchc.org/wp-content/uploads/2011/09/DecHealingHandsWeb.pdf.

Trauma influences how people approach and respond to services, making it essential that organizations serving survivors of sexual assault recognize expressions of trauma and acknowledge the role trauma plays in people's lives. This enables organizations to better understand and address the needs of individuals who have experienced sexual violence.³² The goal of this approach, known as "trauma-informed care," is to support the healing and growth of survivors while avoiding re-traumatization.

Core Principles of a Trauma-Informed Culture³²

SAFETY	Ensuring physical and emotional safety; "do no harm"
TRUST	Maximizing trustworthiness, making tasks clear, maintaining appropriate boundaries
CHOICE	Prioritizing survivor choice and decision-making; supporting survivors' control over their own healing journey (i.e., facilitating self-determination)
COLLABORATION	Maximizing collaboration and sharing power with survivors
EMPOWERMENT	Identifying strengths, prioritizing building skills that promote survivor healing and growth
CULTURAL COMPETENCE	Ensuring cultural applicability of services and options; sensitivity to the role of culture in lived experience and decision-making

Tips for Sustaining Trauma Education & Awareness

To be trauma-informed, programs can build an infrastructure for sustaining trauma awareness and growth in the following ways:

- Create a trauma workgroup: This involves a core group of staff members from all levels of the organization coming together to take what they learned about trauma and strategize about how to apply this knowledge to daily program practices.
- Incorporating trauma language: Use the term "trauma" in program mission statement, handbooks, etc. Incorporate questions about a potential employee's understanding of trauma concepts into the interview process.
- Establishing external networks of support: Programs can sustain trauma awareness by establishing regular contact with outside agencies with expertise in trauma, including the use of outside consultants with expertise in trauma to provide ongoing education and case consultation.

WORKING WITH CHILD VICTIMS

Working with children is in some ways similar to working with adults. Children have the same needs of being able to talk through their thoughts and feelings in a safe, non-judgmental environment. They need to be believed, to hear that they are not to blame, and to know that they are not alone. However, in many ways working with children is very different from adults. Depending on the developmental level of a child, your approach for working with each child may change. Younger children cannot engage in conversations the way teens may, and thus your approach for advocacy will have to incorporate their developmental and cognitive understanding. Below are some symptoms that may be present when a child has experienced sexual abuse.

Younger children may exhibit:

- Fear of being touched
- Regressive behavior
- Excessive masturbation
- Sleep disturbances
- Clinging/whining
- Frequent genital infections
- Explicit sexual knowledge, behavior, language
- Hyperactivity/irritability
- Re-enactment of traumatic experience in play
- Other PTSD symptoms

Older Children may exhibit:

- Depression
- Poor self-image
- Chemical Abuse
- Suicide attempts
- Truancy/Delinquency
- Change in school performance
- Eating/sleeping disorders
- Social withdrawal
- Recurrent physical complaints
- Running away
- Promiscuity/sexual exploitation
- Later sexual adjustment issues
- Physical and long-term health problems (ACE study)

For more information about child development and impacts of trauma, please refer to the National Child Traumatic Stress Network (www.nctsn.org) and WCASA's [Child Sexual Abuse Information Sheet](#).

Special Legal Considerations for Advocates Working with Children

When working with an adult victim, the emphasis is entirely on empowering that individual. With children, however, empowerment must be balanced with protection. Children cannot be expected to assume responsibility for their own safety and those around them must act to ensure that they are protected.

Mandatory Reporting

In Wisconsin, many professionals who come into contact with children (e.g. school personnel, social workers, counselors, medical professionals, etc.) are considered 'mandatory reporters', and are required to report suspicions of child abuse, including child sexual abuse, to Child Protective Services (CPS) or law enforcement.³³

Under Wisconsin law, sexual assault service providers (SASPs) are not considered mandated reporters; however, individuals who work or volunteer at these agencies may

³³ For more information on who is required to report and when, see WCASA's information sheet on Mandatory Reporting at http://www.wcasa.org/file_open.php?id=177

themselves be mandated reporters due to their profession (such as licensed social workers). Additionally, many agencies and their Boards of Directors have established policies that require all staff and volunteers within the agency to make reports. However, agencies who receive Violence Against Women Act (VAWA) funding may need to reevaluate such policies in light of the grant conditions in VAWA which state only statutory mandatory reporters of child abuse and neglect may report abuse without the informed, written consent of the parent and child. Thus, it is vitally important that advocates should understand what federal funding their agency receives along with any internal policies regarding the reporting of sexual assault/abuse of minors. Whenever working with a child or parent, it is best to be honest and up-front regarding the agency's reporting policies and how those policies may limit the ability of the advocate to keep certain information confidential.

CONFIDENTIALITY AND PRIVILEGE

For victims of sexual violence, the fear, shame, and isolation which result from the assault can be strong inhibitors from ever retelling their experiences. Many survivors go their entire lives without telling a single person about the assault. Those survivors who are ready to reach out and tell another person need to feel confident that they are in control of who knows what about the experience and when they know about it. This is essentially what confidentiality means.

Historically, sexual assault service programs have offered a safe, confidential environment and it is this fact that enables victims to seek the services of advocates. Not only is confidentiality a foundational principle of our work with survivors, its importance is also recognized by law. The victim advocate privilege law affords victims working with advocates the same types of confidentiality protections afforded to patients and doctors, clients of counselors, and many other relationships for which confidentiality is essential. This statute is particularly important for protecting survivors and advocates during criminal and civil proceedings. For more information, please refer to the [WCASA Legal Manual](#), or Wisconsin State Statute 905.045.

General Confidentiality Guidelines

- Be familiar with and follow your agency's policies on confidentiality. Ensure all related forms are filled out properly and strictly adhered to.
- Let the survivor know what information is confidential and what may not be (e.g. suicidal thoughts, mandated reporting requirements, etc.).
- Record keeping should be limited to the information required by your agency's record-keeping policies.
- Do not reveal any information without the informed, written consent of the client.
- Let the survivor do the talking at the hospital, police station, or district attorney's office.

When talking to friends or relatives of a survivor:

- All client information is confidential. You should never indicate if you are or are not working with a particular individual, even to family members, unless the client gives you written permission to do so.

- If a survivor has not given you written permission to have contact with other individuals, DO NOT give out any information regarding your work with the survivor. Instead, you can give out general information related to sexual violence.
- Family and friends of survivors also have rights to confidentiality. If family members do not want their calls or visits (or the content of those contacts) relayed to the victim, which is their prerogative.

When talking to anyone else:

- When referring to a survivor use a general phrase such as a “the person I am working with.” Never use a survivor’s name.
- Do not indicate whether a particular individual has contacted you.
- Get written permission for a release of information from the survivor before discussing a survivor’s situation with a representative of any agency or organization, including referrals.

Confidentiality extends to you:

- Only use your first name when talking with clients.
- When referring to another advocate, use only her or his first name.
- Do not give out your home phone number or address.

ESTABLISHING HEALTHY BOUNDARIES

A boundary is a line between where one thing ends and another begins. In terms of interpersonal relationships, a boundary is a line between an appropriate level of intimacy or sharing for two individuals, and one which is invasive or inappropriate.

Boundaries can be physical, such as the actual physical distance a person desires to keep between themselves and another person, or they can be behavioral or emotional, meaning the types of behavior and level of emotional sharing that is appropriate within the context of that relationship. Boundaries differ according to the nature of the relationship. Behavior that is appropriate between intimate partners is not appropriate between a parent and child, and a degree of physical closeness that is comfortable between friends can be uncomfortable and even intimidating from a stranger.

In terms of advocacy, maintaining appropriate boundaries with clients is especially important. In the advocate/client relationship, the client may see the advocate as having certain credibility or authority. Clients may also be at a time in their lives where they are feeling particularly vulnerable. Because of these factors, clients may ‘go along’ with the advocate out of an assumption that the advocate must know best or because they feel powerless to challenge the advocate. It is the advocate’s responsibility not to exploit this power with clients by:

- trying to influence the client’s decisions
- initiating emotional intimacy (friendship)
- initiating sexual intimacy

Setting Limits

Establishing boundaries does not always come naturally. The following suggestions may help to establish boundaries with clients:

- Set clear boundaries up front. It is always easier to establish boundaries in the beginning rather than initiate them once the relationship has become unhealthy.
- Express boundaries concretely, without apologies, rationalizations, or anger.
- Anticipate that there may be times when boundaries are tested and be consistent about reinforcing them.

DISCUSSION QUESTIONS:

Determine if the advocate should set limits with the client in the following scenarios. Why or why not? If yes, what might the advocate say to the client?

The client invites the advocate to a party.

The client requests the advocate as a friend on Facebook.

The client calls four times in one day.

The client calls every other day.

The client refuses to work with any other advocates.

The client talks for more than two hours.

BOUNDARY WARNING SIGNS

The following behaviors and emotions indicate the need to establish or reinforce appropriate boundaries:

- Frequently allowing calls to run extra long
- Accepting calls at all hours from clients without setting limits (when not on-call)
- Over-identification with a client
- Performing tasks for a client that are more appropriate for the client to do
- Sharing personal details of your life that don't directly benefit the client
- Allowing the client to violate pre-established guidelines, while other clients are not permitted to do so
- Thinking you are the only one who understands/can help client
- Frequently thinking about a particular client throughout the day/night
- Considering another role with the client (friend, employee, etc...)

BOUNDARY VIOLATIONS

The following behaviors are clear boundary violations that indicate an inappropriate client/advocate relationship:

- Attending social functions at client's request
- Inviting a client to your home
- Touching or hugging without consent
- Using alcohol or drugs with the client
- Having sexual contact with the client

ASSESSING THE RISK OF SUICIDE

There may be a time when a client expresses, directly or indirectly, a desire to commit suicide. While this may not happen often, it is extremely important for advocates to be familiar with their agency's procedures regarding assessment of and response to client's who may be suicidal. Some best practices include:

1. Don't be afraid to ask.

If there are any concerns about a client's safety, it is absolutely appropriate and necessary to ask whether they are having thoughts of self-harm or suicide. The question will not "plant the idea" or cause a person to consider suicide. Most people who are contemplating self-harm actually feel relieved and will talk about it if asked.

2. Is there a plan?

If a client indicates that they are thinking about self-harm, ask if there is a plan for doing so. If yes, ask what that plan is. If there is a potentially lethal plan in place and the means to carry it out, it should be treated as a very serious threat.

3. Gather more information.

If an individual either does not have a plan or does not have the means to carry it out, find out more by asking questions and observing their manner.

- Do they seem to be exhibiting feelings of hopelessness?
- Have they made suicide attempts in the past?
- Are they under the influence of alcohol or other drugs?
- Are they alone right now?

If any of these answers are "yes", there may be an elevated level of risk and it should be considered in the response to clients who are suicidal.

4. Help the client plan for safety

If the client does not appear to be in imminent danger of self-harm, explore options for finding support and staying safe.

- If they are not currently alone, is it possible for the client to speak with that other person to enlist their help in assessing the risk and providing support?
- If the client is alone, is there a friend they can contact for support?

Ask if the survivor works with a counselor, and if they have a safety plan in place for when these feelings arise. Safety plans typically include a list of people the individual can call for support and/or positive coping strategies that have been effective in the past. If the client does not have a counselor or a safety plan, you may help them consider potential avenues for support (friends, family, referrals for counselors, suicide crisis lines, etc.) as well as options for coping with these feelings.

5. Take care of yourself

It can be scary to work with a client that is suicidal. Take time to talk to a supportive person and process your own feelings about the experience. Keep in mind that you are not responsible for convincing the person not to commit suicide, you can only offer the

person support in getting help. You are not responsible for anyone else's decisions about suicide.

SECONDARY TRAUMA AND SELF-CARE

While working with people who are survivors of trauma can be meaningful and rewarding, it can also be very difficult and painful. The impact of repeatedly bearing witness to trauma can itself be traumatic and advocates may begin to experience traumatic reactions themselves. This reaction is commonly referred to as secondary trauma or vicarious trauma. Advocates who do not find ways to address and work through this trauma are especially at risk for the effects that can accompany secondary trauma.

The Professional Quality of Life (ProQOL) measure is one way to assess the positive and negative affects you may be experiencing as an advocate to those who experience trauma. The free tool can be accessed at <http://proqol.org>

Self-care

In order to maintain effectiveness and a healthy approach to the work, advocates need to be mindful of the potential impact of trauma and develop their own positive ways of coping with stress.

Advocates can benefit from maintaining a reasonable work schedule and appropriate boundaries, connecting with and getting support from other advocates, and having someone such as a supervisor with whom they can talk through feelings. Participating in enjoyable activities, maintaining a healthy diet, and getting regular physical exercise have also been shown to reduce stress on advocates.

Possible Warning Signs:

- Apathy, numbness
- Diminished concentration
- Confusion
- Decreased self-esteem
- Preoccupation with trauma
- Anxiety
- Hyper-arousal
- Sleep disturbances
- Changes in appetite
- Nightmares
- Feeling overwhelmed
- Depression
- Drastic mood swings
- Irritability, easily angered
- Withdrawal
- Hopelessness
- Increased reliance on alcohol, tobacco, or other less healthy means of coping

HEALTH CONCERNS OF SURVIVORS AND THE MEDICAL SYSTEM RESPONSE

After a sexual assault, survivors face a number of choices including whether to have a physical exam to address health concerns, whether to have a forensic exam for the collection of evidence, and whether to report the crime to law enforcement. Each of these decisions is solely up to the survivor (except in the case of minors when mandatory reporting is required). It is the advocate's role to ensure that survivors have all of the information they need to make these decisions and to support survivors in the choices they make. It is important for advocates to understand that a sexual assault survivor can access a medical forensic exam and the collection of evidence regardless of whether they wish to report the assault to law enforcement.

This section will explore the response of the medical system to survivors of sexual assault and specific ways in which advocates can facilitate this process for survivors.

MEDICAL SYSTEM RESPONSE ³⁴

Most commonly, survivors wanting to receive medical attention after a sexual assault will report to the emergency room (ER) of the nearest hospital. Many hospitals now have specially trained Sexual Assault Nurse Examiners (SANEs) on staff to perform these types of examinations. In areas where SANEs are not available, the exam will likely be handled by ER staff. Occasionally, survivors will prefer to be examined by a personal physician or the staff of an independent clinic.

Sexual Assault Nurse Examiners

SANEs are registered nurses who have received advanced education and instruction in the medical-forensic examination of sexual assault victims. They also have been trained to respond to the psychological and emotional trauma that may be present after an assault. Because sexual assault cases are their primary focus, SANEs are typically able to respond not only faster than ER staff (whose primary focus is treating life-threatening injuries) but also with greater proficiency and sensitivity. SANEs are not a replacement for advocates, however, they are valuable allies in ensuring survivors receive respectful, knowledgeable treatment and skilled evidence collection.

Responsibilities of Medical Personnel

Whether a SANE or ER staff, the primary responsibility of medical personnel is to address the physical health concerns of the survivor. Medical personnel will also be responsible for the collection of any forensic evidence that may be present on the survivor's body. Other responsibilities of medical personnel include:

- giving information regarding testing and treatment options, forensic evidence collection, and follow-up
- making sure survivors are aware of their rights
- obtaining informed, written consent for appropriate procedures

³⁴ See WCASA's [Medical Assessment Tool for Sexual Assault Advocates \(2017\)](#)

- providing written instructions for follow-up and information about available resources
- being available to provide testimony if the case goes to court

HEALTH CONCERNS OF SURVIVORS

The health concerns of survivors will vary depending on the specifics of the assault, but can include injuries incurred from the assault, sexually transmitted infections (including HIV/AIDS), and pregnancy.

Because neither sexually transmitted infections (STIs) nor pregnancy are immediately detectable, tests done within a few days of an assault can only be used as “baseline” tests – meaning that they establish whether the survivor had the condition prior to the assault. Follow-up tests must be done a few weeks after the assault to establish whether any STIs were acquired during the assault. During the initial exam, medical personnel should discuss with the survivor the preventative measures (also called prophylaxis) that are available if pregnancy or STIs are a possibility. This may include preventative courses of antibiotics and/or emergency contraception (EC). Medical staff should also provide information about any possible side-effects of these medications.

Treatment of Health Concerns

The following list outlines the most common elements in treating health concerns of survivors. Elements of the forensic aspects of a sexual assault exam are listed later in this section.

Immediately following an assault

- Treatment of wounds/physical trauma
- Prophylaxis for STIs (antibiotics)
- Baseline pregnancy testing
- Prophylaxis for pregnancy (emergency contraception)

Follow-up (2-3 weeks following the assault)

- Testing for possible STIs acquired from the assault

Follow-up (6 months following the assault)

- Testing for possible HIV/AIDS acquired from the assault

FORENSIC EVIDENCE COLLECTION

The purpose of a forensic exam is to collect evidence that might link the perpetrator with the crime for prosecution purposes. Survivors should never be forced to submit to a forensic exam regardless of their age, their cognitive abilities, or any other factors. In Wisconsin, standardized kits, called “rape kits” are used which include all the items needed for the collection of evidence (swabs, slides, envelopes, etc.) as well as step-by-step instructions on using the kit.

Generally, medical staff begin by asking questions about the assault which will help them to determine where to look for evidence. The victim will also be asked about any consensual sexual contact within the last several days in order to establish whether any foreign DNA found on the victim's body could be from someone other than the perpetrator. Samples are then collected from all areas of the body that were involved in the assault. The victim's clothes may be taken as a potential source of DNA evidence. Any signs of bruising, tearing, tenderness, or lacerations are documented and/or photographed to create a visual record. Depending on the type of assaults and extent of injuries, this process of evidence collection and documentation can take anywhere from an hour or two to upwards of 8 or 9 hours. Because bruises often do not appear immediately, survivors should be encouraged to return for documentation of any bruising from the assault that develops after the initial exam. For more detailed information about the medical forensic examination, please see the National Protocol for Sexual Assault Medical Forensic Examinations (2013), available at <https://www.ncjrs.gov/pdffiles1/ovw/241903.pdf>.

Preserving the Evidence

If a survivor is considering reporting the crime to law enforcement for investigation, it is important that they have a forensic examination^{35 36} done as soon as possible after the assault and avoid things that may destroy evidence. Forensic exams are typically done within 96 hours (4 days) of the assault although some programs will now perform these exams regardless of the time elapsed.

The following things can destroy evidence and should be avoided whenever possible:

- changing clothing
- bathing/showering/douching
- rinsing mouth/brushing teeth/flossing
- smoking
- eating
- going to the bathroom

FINANCIAL CONSIDERATIONS

The cost of medical and forensic exams can be significant. However, both federal and state law ensure that a survivor can have the cost of the forensic exam covered regardless of whether the survivor wishes to report to law enforcement or bill their insurance. Several options currently exist to assist with these expenses:

Health Insurance

If the individual has health insurance, many costs associated with the exam may be covered. Victims may not have health insurance, however, and those that do may not want to involve the insurance company. This is commonly the case for individuals who are on another person's insurance (such as a parent or spouse) and who do not want that other person to find out about the assault from claim statements or other means.

³⁵ See WCASA's Medical Assessment Tool for Sexual Assault Advocates:

http://www.wcasa.org/file_open.php?id=1553

³⁶ Medical Forensics Program. Wisconsin Department of Justice, sane.doj.wi.gov/.

Crime Victims Compensation (CVC)

This is a fund administered by the Office of Crime Victims' Services (part of the Department of Justice). It is designed to cover a wide range of costs associated with the crime (including the cost of forensic exams and medical care, replacement of items confiscated as evidence such clothing or bedding, lost wages, counseling). Claims are made through an application and must be filed within one year of the date of the crime (this requirement may be waived in certain circumstances).

In order to qualify for CVC funds, the survivor must report the crime to law enforcement within five days of the crime or within five days of when the crime could have been reasonably reported. The survivor must also must cooperate with any investigation and prosecution of the perpetrator. CVC is also considered a "payee of last resort," meaning that claims must first be submitted to any other potential sources of coverage first (e.g., health insurance). Those costs that are rejected by insurance or other sources are then eligible for coverage under CVC. These factors may present serious obstacles for survivors who either do not wish to notify their insurance companies or who are reluctant to report the crime to law enforcement.

Sexual Assault Forensic Exam (SAFE) Fund

The SAFE fund may assist those individuals who do not meet the eligibility requirements of the Crime Victim Compensation program.

The SAFE Fund may reimburse hospitals for the cost of a forensic exam when a victim meets any of the following criteria:

- Victim elects not to report the sexual assault to law enforcement
- Victim chooses not to cooperate with the investigation/prosecution of the perpetrator
- Victim does not want to submit the bill to their insurance provider or other available payer source.

The SAFE Fund may reimburse hospitals for:

- the cost of the sexual assault forensic exam
- Associated lab costs
- Medications directly related to the assault, i.e. those administered to prevent/treat STI's

The SAFE Fund does **not** cover:

- Treatment of physical injuries
- Counseling
- Follow-up visits
- Medication for emergency contraception

Payment is accomplished by the hospital submitting:

- SAFE fund Request for Payment form
- A copy of the itemized bill

Advocates play a very important role in relaying information to the victim and assisting them with the decision regarding payment of the exam. A victim who reports to and cooperates with law enforcement, but chooses not to have their bill submitted to insurance, may have their exam paid for by the SAFE fund and apply for Crime Victim Compensation to access additional benefits.

Low Cost/ Free Clinics

Many communities have clinics that will serve clients at reduced rates or at no cost. Planned Parenthood and local family planning centers also offer sliding-scale or no-cost services for individuals who do not have or do not wish to use insurance. These can be good options for survivors who desire medical attention but who are certain that they do not want to report to law enforcement and therefore do not want a forensic exam.

Other sources of financial or other assistance may exist within your community, so it is important to become familiar with the particular resources available in your area. It is also important to be aware of how your hospital handles the billing of exams. In many cases, survivors will receive bills even if the costs are eventually covered by CVC or other funding sources. Receiving a bill for the exam can be a traumatic reminder of the assault and survivors should be prepared ahead of time if this is the case. Advocates may be able to contact the Office of Crime Victim Services at the Wisconsin Department of Justice to assist clients who receive bills for the sexual assault forensic examination. For more information, please see: <http://www.doj.state.wi.us/ocvs/not-crime-victim/sexual-assault-forensic-exam>.

LAW ENFORCEMENT INVOLVEMENT

SANE programs and hospitals also have different policies about calling law enforcement. Some hospitals will ask the victim if they want to report the sexual assault prior to calling law enforcement. Others have a policy to automatically call law enforcement when an individual presents as a sexual assault victim and then have the victim decide if they would like to report once the officer arrives at the hospital.

Privilege and Confidentiality

Once a crime is reported to law enforcement, everything that has already occurred or which subsequently occurs in the examination room will potentially become part of the record. Forensic exams are conducted for the purpose of collecting evidence for trial, and the examiner is often called to testify at trial. Everything said in the exam room will potentially be documented in the report and can be discussed at trial. This could include comments the victim makes to the advocate in the presence of others.

Remember whenever a third party is present who is not covered by privilege, no part of that communication is legally considered confidential. While communications with a medical practitioner are normally privileged, if the victim decides to report, the privileged status of these communications is lost. Survivors should be informed either by the examiner or by the advocate that anything said in the room may potentially become a part of a police report or record.

ADVOCACY INVOLVEMENT

Health care providers are becoming increasingly sensitive to the needs of survivors. However, hospitals are still complex and daunting settings. Advocates can help the survivor navigate through the health care system by providing a number of services:

- Advocacy and Support—crisis intervention, support during the exam, support for family and friends at the hospital
- Information— explanation of medical and legal options, explanation of the medical process, resources and referrals for immediate needs (such as transportation, shelter, and clothing), resources and referrals for longer-term concerns (such as counseling, legal assistance, victim compensation)

When and how advocates are contacted varies from area to area. Most hospitals advise survivors of the option of having an advocate present and offer to contact the advocacy agency to request an advocate on the victim's behalf. Many victims, however, decline the offer of an advocate simply out of reluctance to bother anyone – especially if it means getting someone out of bed in the middle of the night. Some hospitals have, as a result, adopted the policy of automatically requesting an advocate anytime a sexual assault victim presents at the hospital. Once an advocate is on premises, survivors are significantly more likely to take advantage of that resource.

Victim Accompaniment (please see WCASA's summary of the law on page 61)

As of August 1, 2016, there is also now a new law with some exceptions, that grants survivors of human trafficking, sexual assault and child sexual abuse the right to be accompanied, if they so choose, by a sexual assault victim advocate through the medical and criminal justice processes. Victim Accompaniment (2016 Wisconsin Act 351: LC Act Memo, SB 323/AB 430)

Advocacy within the Medical System Context

The advocate's ability to unquestioningly support the survivor stems from the fact that advocates are not directly involved in the investigation. It is therefore imperative that the advocate maintains this role and avoid any actions that might influence the investigation. If an advocate is approached to provide information about the specifics of the assault and/or appropriate course of action (including how to collect evidence) they can explain to the examiner that information should come directly from the victim or other independent sources.

If individuals collecting forensic evidence have questions about the process, inform them that someone is available to answer questions 24-hours a day at the state Crime Laboratory. The phone number is provided on the Sexual Assault Evidence Collection Kit Instruction Sheet, included in the kit.

Some needs of the victim during this time include but are not limited to:

- A feeling of safety
- A sense of support
- Privacy without isolation
- Non-judgmental attitudes from those around them
- Accurate information about available options

- Restoration of control and decision-making
- Attention to physical and medical concerns
- Post-exam support

Advocacy and Reproductive Choice

Victims of sexual assault need to know what their reproductive rights and options are. As advocates, we also need to approach reproductive health as an important part of someone's overall health and wellbeing during the span of their lifetime and not just for a short period of time following a sexual assault. In this spirit, it is very important for advocates to build relationships with various health care providers in their communities. To support this perspective and approach to promote ongoing access to reproductive health choices and care, please utilize the WCASA [Medical Screening Tool](#) as a part providing ongoing advocacy services.

The Washington Coalition developed a packet entitled, Reproductive Health Advocacy Strategies for Sexual Assault Survivors – Washington Coalition of Sexual Assault Programs – www.wcsap.org/) This packet contains information on how sexual assault/abuse effects ongoing reproductive and sexual health, specific strategies that advocates can take and how advocates can utilize and how advocates can address the long-term health care needs of survivors.

In 2008, the Compassionate Care for Rape Victims (CCRV) Act signed into law. This act “ensures all female rape victims are offered information about and immediate access to emergency contraception as well as information about options for reporting and evidence collection in all Wisconsin emergency rooms.”³⁷

Below is a summary of Wisconsin Act 102 as found in the CCRV Tool Kit³⁷

1. Requires medical and factually accurate oral and written information about the use and effectiveness of EC to all female sexual assault victims of reproductive potential who present in the emergency room.
“This information must be unbiased and cannot reflect the individual provider's beliefs about EC. It is illegal for a healthcare provider to refuse to dispense EC to a victim upon her request. The only exception to this clause is if a victim tests possible for pregnancy, in which case the healthcare provider is not required to provide EC.”
2. Requires on-site provision of first dose and all subsequent doses (if applicable) of EC to female victims who choose to take it.
“Upon request, victims must be given all doses of EC at the emergency services facility in which they present. Victims cannot be transferred to secondary facilities or referred to a pharmacy to receive EC. All hospitals with emergency service therefor must have EC available on-site.”
3. Requires oral information regarding options for reporting the crime given to all sexual assault victims.

³⁷Compassionate Care for Rape Victims in Wisconsin: Hospital and Provider Toolkit. Wisconsin Alliance for Women's Health, 2015, www.supportwomenshealth.org/uploads/2/0/5/4/20541726/ccrv-2015-toolkit.pdf.

“Adult victims are not obligated to report the assault to law enforcement. If a victim does choose to report the crime, it is recommended that the police are notified and come to the hospital premises.” It is also recommended in the tool kit for healthcare providers to call their local SASP so that a victim may have access to an advocate throughout the process of reporting the crime.

* See also, victim accompaniment

4. Requires oral information regarding options for evidence collection to all sexual assault victims.

“Victims are not obligated to consent to an evidence collection exam; however, they must be given this option.

Some Frequently Asked Questions:

What is EC?

EC is a safe and effective method of pregnancy prevention. It is a high dose of ordinary birth control pills that can prevent pregnancy when taken within 5 days (120 hours) after intercourse.

Do Catholic hospitals need to provide EC to victims of sexual assault?

Yes. All hospitals, regardless of religious affiliation must provide EC immediately on-site.

What is the difference between EC and the “Morning After Pill”?

Nothing. Emergency Contraception (EC) is the same as the Morning After Pill. The second term, however, is a little misleading. You can use EC anytime up to 5 days (120 hours) after unprotected intercourse not just the “morning after.” EC is also often called Plan B.

THE CRIMINAL JUSTICE SYSTEM

The criminal justice system is possibly the most complex and confusing of the systems a survivor may face after an assault. This section is intended as an introduction and a general overview of the criminal justice system response to sexual assault. The section focuses on preparing advocates to assist survivors in understanding their options and making informed choices as they relate to this system.

Because this section is intended only as an introduction and overview of the criminal justice system, advocates who work extensively with legal issues and/or provide legal advocacy should refer to the WCASA Legal Manual for more detailed and complete information.

THE REPORTING DECISION

The decision whether to report an assault to law enforcement can be difficult and anxiety-producing for survivors. Survivors may fear that they will not be believed or that they will be treated poorly if they report. They may feel anxious about engaging with a system that can often seem confusing and overwhelming. Advocates can help provide the survivor with necessary information to make the decision whether to report.

Possible Advantages to Reporting

- The survivor may feel a sense of relief in simply reporting the assault to law enforcement.
- The survivor may feel a sense of closure or justice if the process results in a successful prosecution.
- By reporting, the survivor may become eligible for Crime Victim Compensation, which provides reimbursement for lost wages, medical expenses, and other costs incurred as a result of the crime.
- A report and/or successful prosecution may prevent or deter the perpetrator from victimizing others – or may strengthen other cases against the perpetrator. However, while some victims who report may find comfort in this, it can also put unfair pressure on victims. No victim should be manipulated or guilted into reporting.
- A prompt report may increase the chances of holding the perpetrator accountable. While delays in reporting the crime are common in sexual assault cases, they may reduce the chances of a successful prosecution.

Possible Disadvantages to Reporting

- The survivor may fear retaliation from the perpetrator.
- The survivor may be required to repeatedly recount details of the assault which can be humiliating and/or traumatic.
- Once a survivor reports the crime to law enforcement, they lose control over whether and how the case proceeds (see the “Prosecution” section below).
- The court process can be long and grueling. A survivor may have to invest a great deal of time and energy, potentially losing time away from work.
- Reporting does not guarantee that the perpetrator will be convicted.

- A negative outcome to a court case can result in feelings of increased powerlessness, frustration, insecurity, vulnerability, and alienation.

The criminal justice system may cause particular anxiety for individuals who:

- Have had negative encounters with the criminal justice system in the past.
- Are members of groups which have experienced institutional oppression.
- Are reluctant to reveal details about the assault (illegal drug use, underage drinking) or personal information (undocumented status).

Ultimately, it is the survivor who must weigh the advantages and disadvantages of the decision whether to report. Therefore, the survivor should be given complete and accurate information and be allowed to make the choice that is best in their own mind, even if others disagree with that choice.

In situations where law enforcement, medical personnel, or even family and friends of victims are pressuring them to report, advocates can support victims and help them to assert their own wishes. Likewise, advocates need to be aware of their own biases and work to ensure that those biases are not conveyed to the survivor.

Mandatory Reporting

As noted previously, there are some instances in which the decision whether to report the assault is out of the survivor's control. In Wisconsin, a number of professions are legally required to report abuse and neglect of children. These professions include school personnel, child care workers, social workers, counselors, medical professionals, and clergy (with some exceptions). While sexual assault advocates are not mandatory reporters (see page 39) of child abuse and neglect, it is important that advocates know which professionals their clients may come into contact with have statutory duties to report child abuse and neglect. Victims should be informed of the potential reporting obligations of other service providers prior to making referrals. This allows victims to make an informed decision prior to sharing information they would like to be kept confidential with a professional who is required to report abuse.

THE LAW ENFORCEMENT RESPONSE

In most instances, once an assault has been reported, a uniformed law enforcement officer will be dispatched to begin an initial investigation. The primary duties of the law enforcement officer are to establish the physical safety of the survivor and to conduct the investigation and collect evidence. Law enforcement personnel are also responsible for ensuring that survivors are made aware of certain rights as victims of crimes.

Typically, the responding officer will ask the survivor to participate in an initial interview. The purpose of this interview is to gain basic information necessary to secure the crime scene(s), any other sources of evidence, and to apprehend the perpetrator(s) for questioning. The officers will want to know what happened, where it occurred, whether the survivor can identify or describe the perpetrator, and any other information that might be helpful in locating the perpetrator. Because evidence of the sexual assault may be present on the survivor's body, officers will often transport the survivor to the hospital for a forensic exam.

A more in-depth interview by a detective is typically done at a later time to establish the specific details of the assault. While the in-depth interview is done in private, the survivor may be permitted to have someone with them. This interview is one of the most important phases of the investigation and will cover all the details of the assault. The questions asked of the survivor may be difficult to answer, but are designed to help them accurately recall the assault and provide the information necessary to establish what happened. If the survivor doesn't understand why a particular question is being asked, it is appropriate for her or him to request an explanation.

After the interview, the survivor's fingerprints may be taken to distinguish them from other fingerprints found at the scene of the crime. Visible injuries may be photographed as evidence. If the perpetrator was a stranger, the survivor may be asked to look at photographs of known sex offenders or be asked to work with a police sketch artist to develop a sketch of the perpetrator.

At the completion of the investigation, the case will be reviewed to determine whether enough evidence exists to establish that a crime likely occurred. If there is enough evidence, it will be gathered and sent to the District Attorney's office for possible prosecution. If not enough evidence exists, the case may either not be referred for prosecution or simply closed.

If the case does go to the District Attorney, there is no guarantee it will go to trial, that the perpetrator will be convicted, or that a just sentence will be imposed. Victims facing these outcomes often feel angry and betrayed by the system in which they placed their trust. While advocates cannot prevent these outcomes, they can provide a safe space for survivors to express and receive validation for their feelings. Advocates can also support survivors in finding answers regarding how their case was handled and why.

PROSECUTION

If the case is referred to the District Attorney (DA), the DA's office decides whether to prosecute and what charges to issue. The DA must determine if there is enough evidence to prove the charge(s). In most cases, if the DA decides to issue a charge or multiple charges, a complaint is drafted, and the suspect can then be arrested or given a summons to appear in court. The DA must also determine that the statute of limitations is not a barrier to prosecution. The criminal statutes of limitations can be confusing, particularly in cases involving adult survivors of child sexual abuse. For more detailed information about the statute of limitations, please see WCASA's [Info Sheet](#) or the [Legal Advocacy Manual](#) available at www.wcasa.org.

A decision not to prosecute does not mean that the DA doesn't believe that the survivor was assaulted, but only that there is insufficient evidence to prove it beyond a reasonable doubt. The survivor may request a meeting with the DA to discuss the charging decision.

Crimes Against the State

In Wisconsin, as in all states, sexual assaults are considered crimes against the state. This has several important implications for the survivor. Most notably, it means that the survivor does not "press charges," or "drop charges." Once the assault has been reported, all charging decisions (whether to issue charges, what those charges will be, whether a plea-

bargain will be negotiated, and whether charges will be dropped) rest entirely with the DA.

It also means that the survivor is considered a witness for the prosecution. If they are unable or unwilling to cooperate with the prosecution, the DA may choose to drop the charges, but that is not always the case. If enough corroborating evidence exists to prosecute the case, the DA may decide to proceed without the assistance of the survivor (called “victimless prosecutions”). While rare, it is possible that a survivor who initially reports and later decides not to cooperate with the prosecution could be charged with obstructing justice, filing a false report, or in some cases, perjury.

Charging

Wisconsin’s sexual assault laws describe a number of different acts that constitute first, second, third, and fourth degree sexual assault. In general, sexual assault in Wisconsin can be described as sexual contact or sexual intercourse without consent. These laws also include sexual intercourse or sexual contact with a person who is incapable of giving consent or between persons within certain prohibited relationships such as correctional officer-inmate. Wisconsin also has specific laws that apply to child victims.

This list describes some, but certainly not all, crimes that could be charged in a sexual assault situation depending on the facts and circumstances. For specific information regarding the elements of these crimes, refer to the [WCASA Legal Advocacy Manual](#).

Sexual assault
Sexual exploitation by a therapist
Human trafficking
Incest
Invasion of privacy (peeping tom)
Representations depicting nudity (video voyeurism)
Sexual assault of a child
Trafficking of a Child
Possession of child pornography
Use of a computer to facilitate a child sex crime

CRIMINAL COURT PROCEDURES

Typically, when enough evidence exists to prosecute the case, the DA will issue charges and court proceedings are initiated. These court proceedings will vary somewhat depending on whether the charges are for felony or misdemeanor crimes. Charts of the felony and misdemeanor processes have been included later in this section.

The Initial Appearance

At the initial appearance, the judge will inform the defendant of the charges, the penalties for the charge, the defendant’s right to a lawyer, the defendant’s right to a preliminary examination, and provide a copy of the complaint.

At this time, bail will be set and any conditions of the bail established. The district attorney, with input from the victim, can request particular bail conditions be set, such as a requirement that the defendant stay away from the victim and the victim’s family. In certain limited circumstances, the district attorney can request that the defendant be

denied bail. This request must be made prior to the bail hearing and show that the protection of the community or witnesses requires that bail be denied.

This initial appearance will occur within a “reasonable time” after an arrest or summons which usually means on the first court date after an arrest occurred or on the date of the summons. The hearing is public and is usually short, lasting only about five minutes. The victim may attend the hearing, but is not required to do so.

Preliminary Examination (Felony Cases Only)

The preliminary examination must take place within 20 days of the initial appearance if the defendant is out on bail, and 10 days if the defendant is still in custody. As of 2011, Wisconsin allows hearsay evidence in preliminary examinations. This is significant because it means that a victim’s testimony may not be necessary at a preliminary examination, relieving the victim of the additional stress of describing the assault at this stage of the prosecution. If the judge decides that probable cause was not established, they will dismiss the charge(s). If they decide that probable cause was established, they will “bind the case over” for further proceedings and the defendant will be required to face charges.

Occasionally, the defendant will waive the right to a preliminary hearing and when this occurs, the case is automatically bound over.

Arraignment

After the preliminary hearing in a felony case, the defendant will appear in court to enter a plea (in misdemeanors, the plea can be entered at or after the initial appearance). The defendant can enter a plea of “guilty,” “not guilty,” “not guilty by reason of mental disease or defect,” or “no contest.” A plea of no contest means that while the defendant does not admit guilt, they accept the charges against him and the penalties they bring. Most defendants plead not guilty at this stage in the proceedings. The arraignment can occur immediately after the preliminary hearing or several weeks after the preliminary hearing. It is typically short and the victim is not required to appear.

Plea Agreements

In a plea agreement, the defendant agrees to plead guilty to the same charge(s), to fewer charges (the other charge being dismissed), to a less serious charge, or to charges other than the one(s) with which they were originally charged. The attorneys may also agree on recommendations for sentencing. Plea agreements may be advantageous to the victim, especially in cases that would be difficult to prove, or in cases in which the victim is especially reluctant to testify.

In the event of a plea agreement, there is no trial – only a hearing before the judge who will accept or reject the agreement. If rejected, either another plea agreement must be worked out or, if the defendant maintains a not guilty plea, the case will go to trial. The victim and/or advocate may attend the plea hearing but their presence is not required. The defense attorney and the prosecuting attorney may discuss plea agreements at any time after a preliminary hearing in a felony case, or the initial appearance in a misdemeanor case. These discussions may be informal or take place at a scheduled pre-trial conference.

Pre-trial Motions and Conferences

A motion is a document asking the court to enter an order. The purpose of most motions is to ask the court to exclude or admit particular pieces of evidence during trial (such as confessions or evidence found during a search of the suspect's vehicle). Motions may also request a different location or judge for the trial. Both prosecuting and defense attorneys can bring motions to the attention of the court before trial. Victims are permitted to attend any hearings scheduled to resolve motions but are not required to do so.

Trial

The trial begins after the pre-trial motions are resolved. The court will set the trial date although postponement is common. Trial dates may be postponed several times. In most counties, the majority of cases are resolved within a year; however, some cases may take as long as two years or even longer.

The defendant has the choice of being tried before a judge or a jury. Most defendants choose a trial by jury, as it is more difficult for the prosecution to convince twelve people of a defendant's guilt than to convince one person. In a criminal case, the jury verdict must be unanimous, and the "burden of proof" on the prosecutor is very high. The burden of proof in a criminal case is "beyond a reasonable doubt." This means that the jury must unanimously agree that the elements of the crime have been proven beyond a reasonable doubt. In general, the jury must determine the existence of the facts in the case, while the judge decides issues of law that arise in a case.

The trial takes place in the following order: jury selection, opening statements, prosecutor's case, defense's case, rebuttal, and closing arguments; jury instruction, jury deliberations, and verdict. Sometimes the jury instructions are given before closing arguments and final instructions are given after closing arguments. After the verdict is rendered, if the defendant is acquitted, they will be released from custody. If the defendant is not acquitted, the sentencing process begins.

Sentencing

Sentencing practices vary widely from county to county and even judge to judge. At sentencing, the judge will look at a variety of factors and impose a sentence within a range set by the statutes. The judge may place the defendant on probation, sentence the defendant to a term of confinement in jail/prison which is often followed by a term of supervision like probation.

Sentencing begins after a conviction is obtained. For misdemeanor crimes or in the case of a plea agreement, the sentencing may take place the same day as the conviction or the judge's approval of the plea. For felony crimes, courts typically order the Department of Corrections to complete a pre-sentence investigation prior to sentencing. This process can take a month or more. The victim can choose to be present at the sentencing hearing and has the option of submitting a victim impact statement to be considered in the sentencing.

Appeals

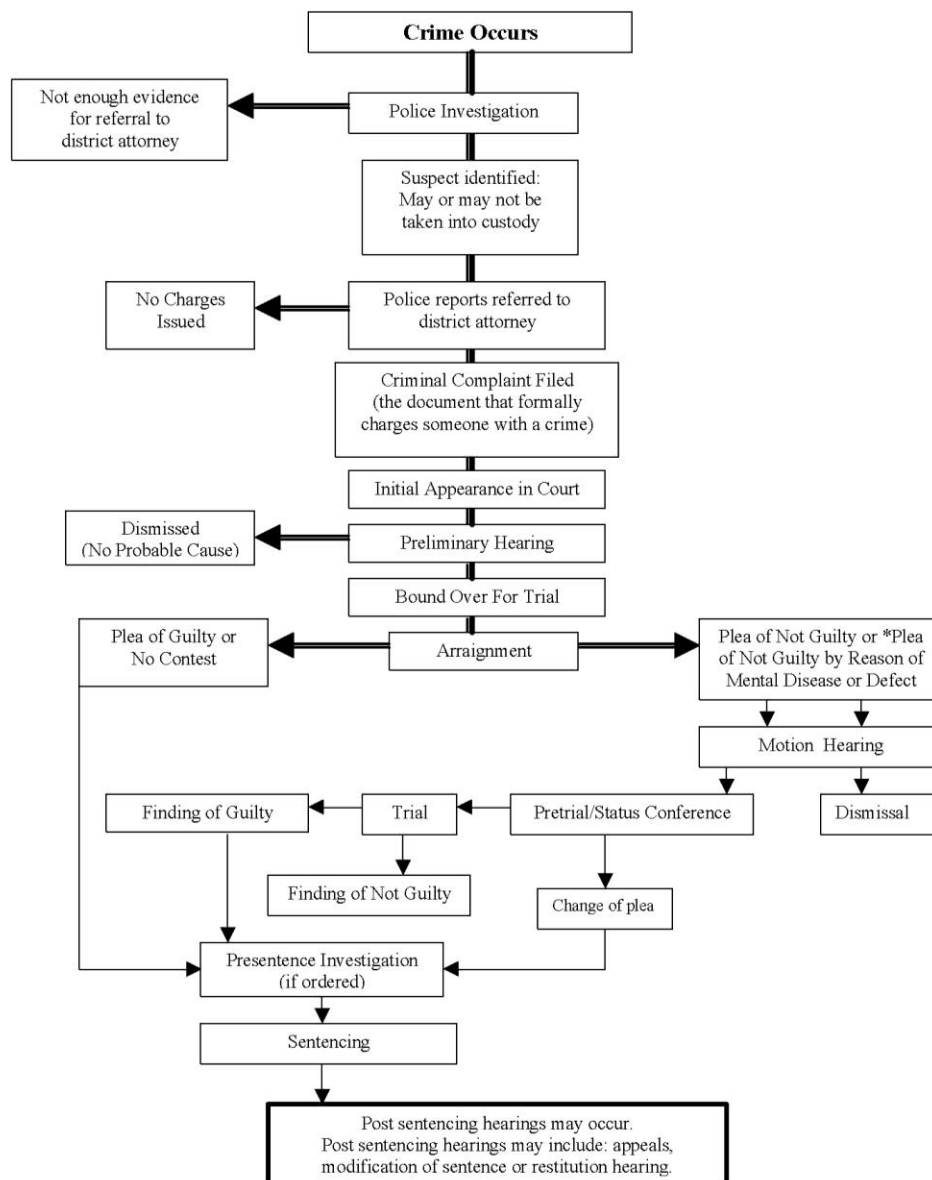
A victim should be prepared for any number of legal challenges to the conviction or sentence by the defendant. Defendants can make motions to the trial court to reconsider the original conviction or sentence or for a new trial based on a variety of errors. Defendants can make motions to introduce new evidence. Finally, a defendant can appeal a case to

the Court of Appeals. All of the appeal rights of the defendant must occur within strict time guidelines. A victim does not have the right to appeal either the conviction or the sentence.

Victim Impact Statement

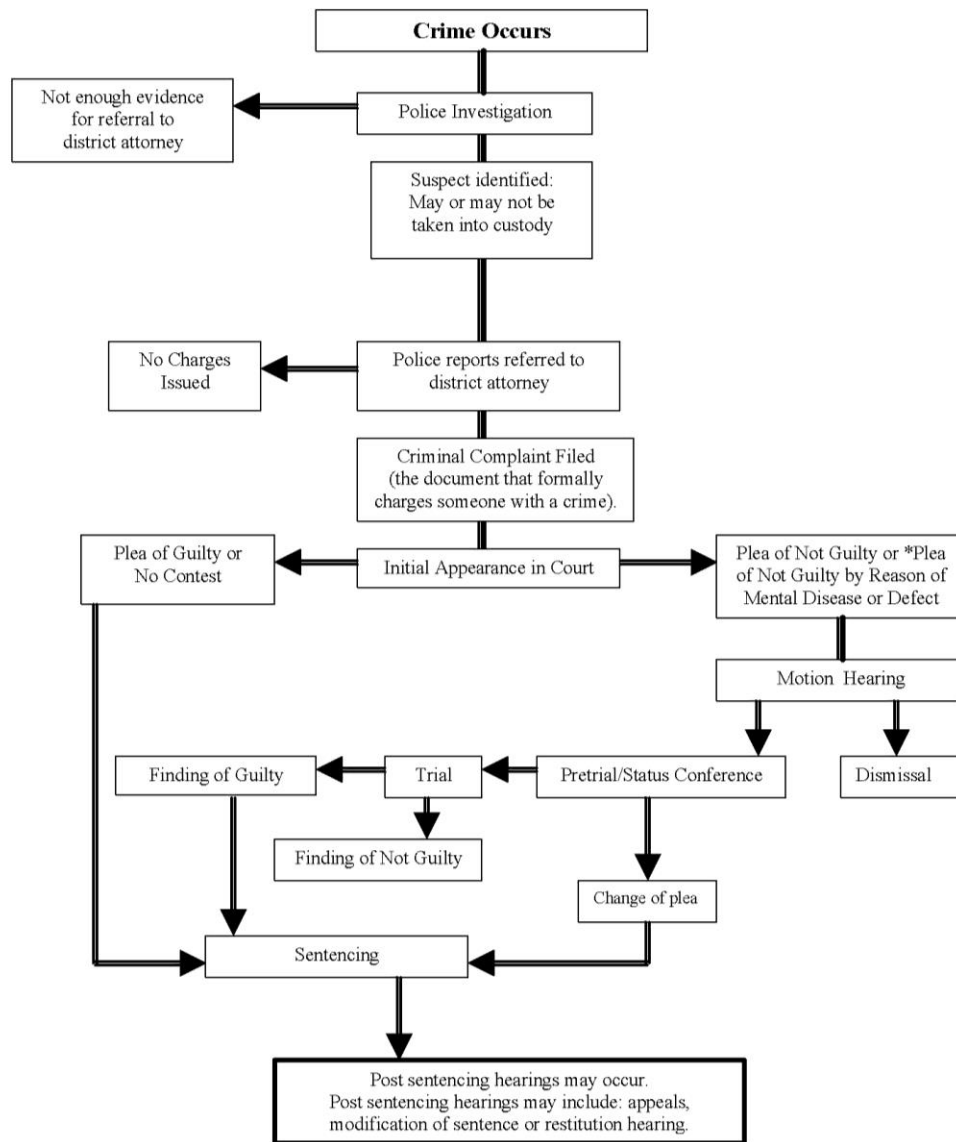
Victims of crime have a right to submit a statement called a victim impact statement to the court regarding the economic, physical and psychological impact of the crime, and to have that information considered by the court in the sentencing of the offender. The victim impact statement becomes a permanent part of the record and may affect future supervision and treatment decisions.

FELONY CASE COURT PROCEDURE



*there are additional hearings to determine competency

MISDEMEANOR CASE COURT PROCEDURE



*there are additional hearings
to determine competency

Crime Victims' Rights & Protections

Victims of crime are afforded certain rights under the law. These laws impose requirements upon law enforcement, the District Attorney's office, and the Department of Corrections to ensure that crime victims are treated with fairness and dignity. Some of these rights are automatic and some must be requested by the survivor. Broadly, the law provides for the following:

- timely disposition of the case

- the opportunity to attend court proceedings (unless the trial court finds sequestration is necessary to a fair trial for the defendant)
- reasonable protection from the accused throughout the criminal justice process
- notification of court proceedings
- the opportunity to confer with the prosecution
- the opportunity to make a statement to the court at disposition
- restitution
- compensation
- information about the outcome of the case and the release of the accused

Victim Accompaniment

Wisconsin's Victim Accompaniment Law, Wisconsin Act 351 went into effect on August 1, 2016. With some exceptions, the victim accompaniment law gives survivors of sexual assault, human trafficking, and child sexual abuse the right to be accompanied, if they so choose, by a sexual assault victim advocate throughout the criminal justice process.

The summaries below have been taken from WCASA's [Summary of Wisconsin's Victim Accompaniment Law](#).

Definitions

"Victim advocate" is "an individual who is an employee of or a volunteer for an organization the purpose of which is to provide counseling, assistance, or support services free of charge to a victim." In this law and in this document, "victim" refers to an individual who has experienced sexual assault, human trafficking, and/or child sexual abuse.

Accompaniment at Hospitals

With exceptions (see below), "a hospital that provides emergency services to a victim of sexual assault, human trafficking, or child sexual abuse shall, at the request of the victim, permit a victim advocate to accompany the victim to any examination or consultation performed at the hospital as a result of the violation."

Hospitals do not have to wait for an advocate to arrive before examining or treating the victim if "delay would endanger the health or safety of the victim or risk loss of evidence."

Minors

"A minor who is a victim of sexual assault, human trafficking, or child sexual abuse may make a request ... for a victim advocate to accompany him or her without the consent of his or her parent, guardian, or legal custodian."

Minors 10 and Older

"A parent, guardian, or legal custodian of a minor who is age 10 or older and who is a victim of sexual assault, human trafficking, or child sexual abuse may make a request ... for a victim advocate to accompany the minor victim of sexual assault, human trafficking, or child sexual abuse."

Minors Under 10

“A treating medical provider may make a request ... for a victim advocate to accompany a minor who has not attained the age of 10 and who is a victim of sexual assault, human trafficking, or child sexual abuse.”

Notification

The hospital is required to notify the victim — and the victim’s parent, guardian or legal custodian if the victim is a minor who is at least 10 years of age — of two things:

1. the victim’s right to be accompanied by a victim advocate
2. that a hospital is required to permit a different victim advocate to accompany the victim if the hospital excludes an advocate for reasons described below.

The hospital can (but does not have to) make this notification using a form provided by the state Department of Health Services. See below for more information on this form.

Advocate Exclusion

A victim can request that the victim advocate be excluded from any examination or consultation and the victim advocate must comply with the victim’s request.

A hospital can exclude the victim advocate for any of the following reasons:

1. “the presence or continued presence of the victim advocate obstructs the provision of necessary medical care to the victim
2. “the victim advocate fails to comply with hospital policies governing the conduct of individuals accompanying patients in the hospital
3. “the hospital has knowledge that the victim advocate, in his or her role as a victim advocate at any hospital, has taken one of the following actions and is more likely than not to take that action again:
 - a. “failing to agree or comply with confidentiality requirements relating to another individual at a hospital
 - b. “failing to comply with a request by a victim” to exclude the advocate.

Immunity from Civil Liability

A hospital and its employees or agents are immune from civil liability for:

1. allowing a victim advocate to accompany a victim
2. any failure to comply with any requirement of this law
3. any act or omission by a victim advocate.

Confidentiality of Patient Health Care Records

A health care provider may release a portion, but not a copy, of a patient health care record to a victim advocate who is accompanying a victim.

Accompaniment at Law Enforcement Interviews and Other Proceedings

With some exceptions (see below), a victim has the right to be accompanied by a victim advocate at “law enforcement interviews” and at “interviews and proceedings at which [the victim] is requested or allowed to attend that are related to the crime committed against [the victim], including:”

1. prosecution interviews
2. Department of Corrections proceedings
3. court proceedings
4. post-conviction proceedings

A parent, guardian, or legal custodian of a victim who is a minor may request a victim advocate to accompany the victim at “law enforcement interviews” as well as at “interviews and proceedings.”

Advocate Exclusion

Victim advocates risk being excluded from law enforcement interviews if they violate any of the following rules. A victim advocate:

1. “may not obstruct or delay a law enforcement interview”
2. “shall comply with the victim’s requests or instructions”
3. “shall comply with any rule, policy or requirement established by the law enforcement agency regarding confidentiality of information relating to an investigation”
4. “may not disclose information not previously disclosed to the general public to any person” with the following exception:
 - a. “victim advocate may disclose information to an individual or to an agency that is providing counseling, assistance, or support services to the victim to the extent that disclosure is reasonably necessary to assist in the provision of counseling, assistance, or support services.”
 - i. This language is intended to ensure that victim advocates can communicate with their clients, supervisors and colleagues as necessary regarding counseling, assistance or support services for a victim.

If a victim advocate is excluded from a law enforcement interview, the victim can request a different victim advocate to accompany them.

Immunity from Civil Liability

“A law enforcement agency” and its employees or agents are immune from civil liability for

1. allowing a victim advocate to accompany a victim
2. any failure to comply with any requirement of this law
3. any act or omission by a victim advocate

Accompaniment at Child Forensic Interviews

Advocate Exclusion Victim advocates can be excluded from the child forensic interview and the child advocacy center. A victim advocate:

1. “may not obstruct or delay a forensic interview conducted at or on behalf of a child advocacy center”
2. “shall comply with any instructions or requests from the lead forensic interviewer, including excluding himself or herself from the interview room”
3. “shall comply with any rule, policy or requirement established by the child advocacy center”

Domestic Violence or Sexual Assault Advocate-Victim Privilege

The accompaniment law clarifies the state's existing confidentiality and privilege statutory language by replacing "advocate" with "victim advocate" in various places in state law.

There is also a webinar on Victim Accompaniment available on [WCASA's website](#).

Victim Witness Programs

Most counties in Wisconsin have developed programs specifically designed to assist victims and witnesses of crime as they interact with and participate in the criminal justice system. These programs often operate out of the DA's office and are called victim/ witness programs. Typically, the DA's office will assign a victim witness specialist to work with each victim as her or his case progresses through the system. Victim witness specialists are charged with making victims aware of their rights and keeping them apprised of the status of the case.

Many victim witness specialists are excellent allies for both victims and advocates. They often have a good understanding of both the criminal justice process and the rights of victims, and can answer questions, discuss options, and offer support. While the roles of the advocate and the victim witness specialist are complimentary and in some cases even overlap, there are critical differences between the two. Although they "advocate" for victims and can be extremely supportive, victim witness specialists are not included in advocate/victim privilege*.³⁸ The survivor should be made aware that any information shared with the victim witness specialist can be shared with the DA and may become part of the record. Another important difference is, unlike advocates, victim witness specialists are only available to assist victims during the time in which the victim's case is being handled by the criminal justice system.

Rape Shield Law

The Rape Shield Law is designed to protect rape victims' privacy by preventing the introduction of irrelevant evidence of past sexual behavior. In order to be admitted into criminal proceedings, evidence of a victim's past sexual conduct must meet certain criteria establishing that the conduct is relevant to the case at hand*.³⁹

CIVIL COURT SYSTEM

The civil court system is completely separate from the criminal justice system and has a different set of rules. Whereas the criminal justice system is designed to protect society from dangerous criminals, the civil court system was established to give individuals a forum for resolving disputes. Family law disputes must also be resolved in the civil system. Therefore, sexual assault survivors may be required to file family court actions or respond to family court actions filed in the civil court system.

Civil Actions

Regardless of the existence or outcome of criminal justice proceedings, another legal option available to survivors is civil litigation. In the civil court system, a sexual assault is a type of violation called an "intentional tort." In a civil action based on a sexual assault, a

³⁸ Refer to the section on Confidentiality and Privilege on page 40 for more information.

³⁹ Refer to the WCASA Legal Advocacy Manual for more information on what evidence is admissible under the Rape Shield Law.

survivor can bring an action to recover damages suffered as a result of the assault, including damages for pain and suffering against a perpetrator, or in some instances, a third party whose negligence contributed to the assault. In addition to monetary damages, the court may order the perpetrator to refrain from certain behavior or compel the perpetrator to comply with certain requirements. However, unlike a criminal case, the court in a civil case cannot impose many of the penalties associated with a criminal conviction such as incarceration.

While the prosecutor makes all the decisions in a criminal case, the survivor remains in control during civil suits. They have the ability to decide if and when to bring a civil suit and whether to accept any settlement offers. Further, while criminal cases must be proven “beyond a reasonable doubt,” the burden of proof in most civil actions is “a preponderance of the evidence”—meaning that it is more likely than not that the intentional tort occurred. This means that even where a criminal case is unsuccessful, a survivor may still be able to hold the perpetrator accountable. The statutes of limitation for civil actions can be confusing and often relatively short, so it is advisable for a survivor considering a civil action to contact an attorney quickly to discuss the possibilities.

Restraining Orders

Restraining orders are civil in nature as well and survivors may seek this remedy as a part of safety planning. A restraining order is filed by the survivor (or the legal decision-maker for the survivor) to prohibit the abuser from engaging in abusive behaviors against the survivor. Wisconsin has four kinds of restraining orders: domestic abuse restraining orders, child abuse restraining orders, harassment restraining orders, and individuals at risk restraining orders. The type of restraining order available and/or appropriate in a given situation depends on the relationship between the survivor and the abuser and the type of acts engaged in by the abuser. In addition, the type of behaviors that may be prohibited is different for each type of order. For more information about restraining orders, please see the [WCASA Legal Advocacy Manual](#).

Sexual Harassment and Discrimination

Sexual harassment in the workplace or school is prohibited as a form of sex discrimination by both state and federal laws. Sexual assault, sexual contact, or sexually inappropriate comments are all forms of sexual harassment and may be the basis of a sexual harassment claim. The laws prohibiting discrimination are complex. Not all acts of harassing behavior will result in a successful sexual harassment action. For more information about sexual harassment, please see the [WCASA Legal Advocacy Manual](#).

ADVOCACY INVOLVEMENT

Due to increased training and awareness, and to the enactment of laws that protect victims’ rights, much progress has been made in the treatment of victims in both the criminal and civil arenas of the legal system.

Advocates still have an important role to play, however, and the following list highlights some of the possible needs of survivors as they interact with these systems:

- Accurate, unbiased information about available options
- Restoration of control and decision-making
- “Debriefing” after interviews or court proceedings

PRACTICAL TIPS FOR ADVOCATES

Become familiar with the legal process and the rights of crime victims.

Be aware of when, with whom, and under what circumstances advocate/victim privilege applies and when it does not. Communicate this to the survivor.

Explain the survivor's options regarding reporting and the legal system.

Help the survivor weigh the pros and cons of reporting.

Empower the survivor to make her or his own decisions and support her or him in those decisions.

Ensure that the survivor's choices are respected, when possible.

Help survivors find answers to their questions (do not try to answer a question if you do not know the answer).

Become familiar with the legal resources available to advocates and survivors.

SYSTEMS COLLABORATION

Many of the systems an advocate will encounter are complex. They include medical systems, the criminal justice system, child protective services, family court, advocacy agencies, legal assistance organizations, and more. This section focuses on how sexual assault service providers can develop relationships with these entities and work collaboratively to improve the community's overall response to victims of sexual violence.

FOUNDATIONS OF UNDERSTANDING

Fundamental to establishing effective collaborations is having a clear understanding of what each agency's role is—and what it is not. Realistic expectations and an awareness of the constraints under which each organization works are important to developing good working relationships.

While general information about those roles and ways in which the systems work can be found in this manual, it is important for advocates to gain information on the specifics of how the systems work in their particular communities. This is gained through a variety of means such as setting up and/or attending meetings and gathering information from websites, brochures, and other publications.

Greater understanding comes from experience and interaction with the relevant systems. This type of experience enables advocates to understand the realities and responsibilities that the individuals working in the system face. Personal contacts also demonstrate that advocates are willing to find out what life is like for someone working at a particular agency. They can also be an opportunity to educate people at that agency about the role of the advocate.

Ideas for Fostering Inter-Agency Relationships and Understanding:

- Keep other systems up-to-date with the sexual assault program, regardless of any on-going case. Have new advocates write introductory emails or letters and arrange for in-person introductory meetings and send newsletters and updates about programs, trainings, and events.
- Attend professional meetings in the community. This models commitment and interest on the part of the sexual assault service provider agency.
- Arrange trainings with a variety of service providers who encounter sexual assault survivors.
- Acknowledge professionals when they do something positive, even if it is just an agreement to meet. A letter can have a particularly positive impact.

BUILDING COLLABORATION

Ideally, the agencies in a community will not only be aware of each other's roles, but will actively work to coordinate their services for the benefit of victims. To encourage this kind of coordination, many agencies develop interagency protocols establishing when and how they will interact. Reading these may help the advocate to understand the parameters and roles of different systems. If no policies or protocols exist, it would be beneficial to arrange meetings with potential partners to discuss and strengthen the working relationship in general.

In a growing number of communities, the process of building collaboration is further facilitated by the existence of sexual assault response teams (SARTs) and/or coordinated community response teams (CCRs). While the focus and membership of these groups may vary from community to community, the following descriptions provide a general overview.

Sexual Assault Response Teams (SARTs)

SARTs are groups comprised of representatives from the criminal justice system, medical providers, and community-based advocacy organizations. The agencies involved typically include sexual assault service providers, SANE personnel, law enforcement, and the district attorney's office. The goal of sexual assault response teams is to ensure comprehensive, consistent and coordinated responses to every victim of sexual assault. They generally meet on a regular basis to learn from each other, share information and ideas, discuss concerns, and problem-solve. For more information about SARTs, please see the Wisconsin SART Protocol ([include link](#)).

Coordinated Community Response (CCR) Teams

CCRs are similar to SARTs but generally have both a broader membership and wider focus. Coordinated community response groups often include direct responders from the systems listed above as well as representatives from a wide range of stake-holder organizations. CCRs typically focus on prevention efforts as well as improving the system response to victims of sexual violence. Depending on the community, these might include:

- health and human services
- alcohol and other drug abuse treatment providers
- mental health providers
- local school district
- religious communities
- cultural communities
- lesbian, gay, bisexual and transgender agencies
- survivors of sexual assault
- advocates for individuals with disabilities and older adults
- campus organizations

Benefits of CCRs and SARTs

- Increase communication and coordination between members.
- Encourage the creation or support of interagency policies and protocols intended to increase consistency in how cases are handled.
- Encourages victim-centered response to sexual assault
- Increase the ability to hold perpetrators accountable
- Increase the visibility of educational and prevention efforts.

Specific Tips for CCRs and SARTs

- Ensure those attending the meetings are aware of their role and responsibilities. This includes the length and number of meetings, what outside work might be expected, who facilitates the meeting, who takes notes, who sends out notices of the next meeting, who arranges for a meeting place, etc.
- Address at least one specific issue or topic at each meeting.
- Advocates should be aware of the privileged status of the communications they have with victims as well as all confidentiality requirements. If there is a risk that presented concerns could be traced back to a specific victim, this can affect the privileged status of information shared with an advocate. Therefore, while the advocate is free to listen to discussion, they should not provide confidential or privileged information. If the issue must be addressed, wait to discuss the issue until the case has been concluded. Advocates may wish to explain these obligations before any specific case comes up.
- Attendance by judges differs from county to county. Ethical issues can arise if judges are exposed to discussions on specific cases outside of the courtroom. While in some communities, judges simply decline to attend. Other judges resolve the issue by attending the meetings but leaving when specific cases are discussed.
- Be patient. It can take several years for a CCR to get to a point where all the members trust each other, feel safe, and can address difficult issues. It can also be frustrating to re-energize a CCR that has been having difficulties, but the effort is worth it.

IDENTIFYING AND ADDRESSING CONCERNS

As an advocate's understanding of how systems work and interaction increases, their understanding of how those systems impact survivors will also develop. Such understanding will increase their ability to spot issues and craft solutions.

Most of the systems discussed in this section were developed before the dynamics of sexual assault were identified and began to be understood. As a result, operating procedures may be rooted in the same myths and societal stereotypes that exist in the broader society. Some of these stereotypes have influenced law and policy for dozens and even hundreds of years. When agencies and entities buy into these stereotypes and biases, insensitivity to the needs of victims can become institutionalized. Confronting and

challenging these stereotypes on an institutional level is therefore an important, but challenging component of the work of a sexual assault advocate.

Confronting Insensitivity

An advocate's primary duty is to assist the survivor to the best of the advocate's ability. This can include the need to advocate for survivors who are treated poorly or disrespectfully. When deciding how and when to do this, an advocate should consider whether the problem is related to judgments made about the particular survivor and/or the circumstances of the particular case or if the problem is related to how the system handles sexual assault in general. If it is an individual case response, it may be best for the advocate to attempt to address the situation as soon as possible.

Many times, however, systems problems and failures are best addressed when the survivor is not present. Advocates must also be mindful of the long-term goals of institutional change, which will ultimately help victims. Issues may need to be addressed strategically by the agency and/or by collaborative efforts between agencies. This does not mean that the advocate cannot process the survivor's feelings and experiences with them. Advocates should, however, balance the immediate needs of the survivor, potential risks to the survivor's privacy, potential impact upon ongoing legal proceedings, and potential future impact on survivors yet to engage the systems.

Conflict Resolution

These guidelines may help you to address both individual and institutional concerns in a constructive manner that enlists cooperation for solving problems.

- When possible, consider holding the discussion in private to minimize potential defensiveness or embarrassment.
- Establish common ground. The majority of individuals within systems have the same ultimate goals as do sexual assault advocates, namely, individual and community safety, holding offenders accountable, and the prevention of future sexual assaults. Remember (and help the other person to see) that you are on the same team working towards a common goal.
- Find the good. Start by acknowledging what the individual is doing well. This will set a tone of constructive feedback rather than antagonism.
- Limit the discussion to the issue at hand. Avoid making personal attacks or venting about frustrations with that that system or society in general.
- Own your thoughts and feelings. "I" statements such as "I'm frustrated," work better than "You're frustrating me."
- Avoid sweeping generalizations. Statements that use the words "always," or "never," are rarely accurate.
- Focus on the specific behavior and use specific examples. Rather than "You treated that victim insensitively," one could say, "I'm concerned that during the interview you asked the victim if they were lying."

- Find out the reasoning behind the policy, belief, or behavior. It may be done that way because of agency policies, legal requirements, personal beliefs/experiences, or because that's the way it's always been done. Finding out why allows you to look for alternative solutions that take those needs into consideration.
- Listen for understanding. Focus on what the other person is saying rather than what you will say in return. Summarize what you believe they are saying to ensure that you understand and to illustrate that you are listening.
- Instead of trying to “win” at the other person’s expense, focus on finding solutions that are positive for everyone.

It can take time for an advocate to be trusted and respected, especially if other professionals have never worked with advocates before, and/or they don't have a clear understanding of the role of the advocate and the contribution that advocates can make. However, if the advocate conducts themselves in a professional and respectful manner, eventually credibility and respect will follow. In general, advocates can be effective in a particular system by:

- 1) providing information, clarification, and support
- 2) ensuring that survivors are served and treated with respect and understanding
- 3) challenging the status quo in a respectful and creative manner

The pace of institutional change is often slow and this can be frustrating to both survivors and advocates. Often advocates will find so many problems to address that they feel overwhelmed. It is important for advocates to remember that even the smallest change in a system's response can have a significant impact on current and future survivors.

CLOSING

We hope that this manual was and will continue to be a helpful tool in addressing the training needs of new sexual assault advocates at your agency/program. No manual or resource contains everything an advocate needs to know in one document. On-going training is necessary as information and resources change and everyone approaches this work from various levels of education and experience.

WCASA encourages all new SASP program advocates with less than two years of experience to attend one of the four WCASA Sexual Assault Victim Advocacy Schools (SAVAS) held throughout the state during each calendar year.

Please access additional resources from WCASA's website and contact WCASA staff for additional information and technical assistance.

Thank you for all you do in support of Wisconsin Survivors of Sexual Assault!

- WCASA Staff

For more information, please contact WCASA: wcasa@wcasa.org

