

RAPE SURVIORS GROUP

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Rape Survivors Group

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Introduction

Statistics show that one in three women has suffered the traumatic victimization of sexual assault at some point in her life. Although this number—provided by the National Crime Bureau and based on the women who actually report—may appear to be high, national law enforcement officials and mental health experts consider the estimate to be conservative. Many women who have been sexually assaulted *don't* report the crime. The social stigma that continues to plague women and taint them with the responsibility for sexual assault has historically discouraged them from speaking out about their abuse.

With the onset of the feminist movement, grassroots support groups were formed by and for women who had experienced abuse. Out of these support groups a vigilant effort was begun by feminist therapists to reexamine current clinical practices for treating the victims of sexual assault. In the past, women had been re-victimized in treatment by therapists and institutions that seemed to hold the women themselves responsible for the assault. Revisionist therapists have found that a blend of supportive and therapeutic techniques in the context of a group setting are the most helpful course of treatment for women who have been raped or otherwise assaulted.

This chapter will present informational concepts and techniques on how to design, plan, and facilitate a therapeutic support group for such

women.

Selection and Screening

When at all possible, it's preferable to schedule individual interviews with prospective group members. One-on-one interviewing allows you and the prospective client to start building a relationship that will continue as the group progresses. This process also allows clients to sound you verbally and emotionally, and to share their expectations regarding the group experience.

The interview gives you the opportunity to ask questions that will help you assess the client's readiness to participate in a therapeutic support group. To form a clear picture of the prospective group member's emotional dynamics and coping style, you will need to gather several crucial pieces of information.

First, how much time has passed since the sexual assault? There are no hard-and-fast rules regarding ideal length of time between the assault and group treatment. Individuals who are in the very beginning stages of their crisis are prone to be more concerned with practical needs, such as reestablishing their daily routine. The emotional demands of the recently assaulted individual may also cause other group members to minimize their own needs. You should consider this if you have enough prospective clients to form more than one group.

You need to assess the individual's ability to benefit from a treatment program designed with a strong verbal and cognitive component. A psychotic individual would, for obvious reasons, be inappropriate for inclusion. Anyone who is actively abusing alcohol or drugs should also be referred to another treatment setting. However, if a substance abuser has received at least six months of prevention treatment, and agrees to continue with treatment while participating in the group, you can consider including her in the group for rape survivors.

Other important factors to consider in group member composition include age, ethnic background, individual sexual preference, and variables surrounding the sexual assault. For example, a thirty-five-year-old upwardly mobile white female who was raped at knifepoint by a stranger who broke into her home may have some difficulty relating to a twenty-year-old counterculture white prostitute who was raped by her pimp. It's important to have the group as homogenous as possible so that all group members can receive an equal measure of support.

Time and Duration

The group should run for an hour and a half, once a week, for 12 weeks.

Structure

Building trust among group members is a critical element in the format of a group for sexual assault survivors. Therefore a closed group structure is highly desirable. A closed group, as opposed to one where clients can drop in, provides a safe environment for women who will be disclosing personal and painful information. Consistency and trust are major issues for people whose expectations and sense of safety have been so grossly violated.

Agenda Setting

An agenda will allow you to lay a concrete foundation with which to support your group structure. For each week, the group agenda should be established in advance. You should make every attempt to adhere to it once the agenda is set. In particular, try to focus the group's attention on the weekly theme (trust, self-image, sexuality, guilt, and so on).

Each weekly group is divided into four parts: 1) check-in, to briefly establish how each member is feeling, 2) theme of the week, 3) sharing personal stories and reactions, and 4) closure, which includes a guided imagery exercise and a preview of the next week's agenda.

Goals

The goals of this group are to provide women who have been sexually assaulted with information about abuse, to provide a safe setting in which

they can talk about their thoughts and feelings, and to reduce their sense of isolation. The group also validates the feelings that members experienced, including guilt, shame, anger, and powerlessness. Group members will work toward clarity about who was responsible for the assault and will focus on developing an increased sense of self-esteem.

Ground Rules

At the first session it's important to go over ground rules for the group. **Confidentiality** is always a priority in sexual assault groups. Go around the group and have each woman verbally commit to the rule that what's said in the group stays in the group. As a facilitator, you should also make this commitment, with one exception: you're bound by law to provide necessary intervention if you suspect that a client poses a danger to herself or someone else. **No drinking or drugs** up to four hours before or during group session. This rule should be strictly enforced. The only exception would be a group member who is taking medication prescribed by a physician. If a client is taking prescribed mood-altering medication, this information should be disclosed during the one-on-one interview. At that time, the client should sign a release form authorizing you to contact her physician for more specific information regarding the client's medical condition. **Attendance at every meeting is strongly encouraged.** Missed sessions are damaging in closed groups because group members form a close bond and learn to depend on

each other for support. Request that clients call you if they're going to be absent or late, so that you can share this information with the rest of the group.

Starting the Group

Welcome group members to the session by introducing yourself and reviewing your experience with rape survivors. Then go around the group and have members give their first names: ask them to share one item (anything they wish) about themselves. Pass out a copy of the weekly group agenda. This is an optional step, but it allows group members to preview upcoming sessions. If you choose to include this step, ask clients if they have any questions about or reactions to the agenda. Cover housekeeping information (break times, bathroom location, and childcare). Explain the ground rules for the group: confidentiality, no drinking or drugs, and notifying the group about missed sessions or late arrival. Ask members individually to commit to the rules.

"I'm going to go around the group and ask you to verbally commit to the rules I just stated. Mary, do you agree to abide by the ground rules for the group?"

Main Concepts and Skills

A. Concept: Identifying and Defining Sexual Assault

"Sexual assault occurs on a continuum in such a way that it's not always immediately recognizable:

Sexual Assault Continuum				
Suggestive Comments or Gestures	Obscene Phone Calls or Comments	Flashing; Voyeuristic Behavior	Unwelcome or Unsolicited Touch	Rape

"Sexual assault victims often have a difficult time identifying an assault as such if it doesn't culminate in rape.¹ Many times the victims do not recognize that the impact the assault had on their emotional lives is in itself what defines the action as an assault. Whether the offender is making obscene comments or has committed an actual rape, his behavior is a sexual assault when *you* experience it as hurtful or traumatic. It is your reaction that counts. It is your pain that defines an act as assaultive."

B. Concept: Impact of Sexual Assault

"While there isn't any definitive information suggesting that sexual assault permanently impairs an individual's life, clinical evidence reported by physicians and mental health professionals clearly shows that victims experience emotional trauma. Emotional and physical symptoms reported by victims are similar to those associated with Post-Traumatic Stress Disorder (PTSD) or other life traumas as described in the *Diagnostic and Statistical*

Manual of Mental Disorders III-Revised. Emotional symptoms may include:

- Intrusive recollections (flashbacks)
- Recurrent dreams or nightmares
- Diminished affect or responsiveness
- Impaired memory function
- Feelings of detachment
- Loss of interest in activities that were once enjoyed
- Hyper vigilance
- Depression
- Unreasonable fears
- An inability to experience intimacy
- A decrease in, or complete loss of, sexuality

Physical symptoms may include:

- Headaches
- Anorexia nervosa or bulimia
- Stomach problems

- Muscle tension
- Constipation
- Recurrent urinary tract infections
- Drug or alcohol abuse

"All victims of trauma develop a set of coping mechanisms. Such coping behaviors as alcoholism, substance abuse, and eating disorders are readily identifiable; because these behaviors are more obvious than many of the more exclusively emotional symptoms, it's 'easier' to help the survivor validate the existence of a problem. Other forms of coping behaviors are less noticeable and less easily connected to the assault: emotional shutdown (not allowing yourself to experience emotions), dissociative behavior or 'spacing out' in stressful situations, amnesia in connection with the rape or assault, and unexplained or unreasonable anxiety around certain people or situations."

C. Concept: The Victim Is Not Responsible for Her Victimization

"Victims of sexual assault are not immune to cultural beliefs, myths, stereotypes, and images of women as sexual objects. It therefore becomes easy to fall into the trap of taking responsibility for the assault (for example, a woman who makes an effort to be sexually attractive is inviting assault).

"Knowing the offender (if he's an acquaintance, date, or partner) further increases your tendency to take responsibility. In such a situation, you may believe that there must have been something you could have done to prevent the assault. However, national crime reports and offender studies reveal that offenders rarely, if ever, consider the thoughts or feelings of their victims, no matter how well acquainted they may be. These same offender studies show that sexual assault victims have little or no control over the actions or behaviors of the offender. Often a sexual assault is the result of a well-thought-out plan on which your actions or decisions have no bearing whatsoever.

"Accepting the reality of not being responsible for the offender's behavior means that you have to give up your fantasy of control and accept on some level the feelings of having been helplessly victimized. It also means accepting the possibility of being helplessly victimized at some future date. This is a very painful and difficult reality to accept.

"It often feels preferable to remain in a state of denial surrounding the issue of your own helplessness, thus believing in some small way that you could have prevented the assault from happening. This position of denial allows you to take responsibility for the offender's behavior, and in a paradoxical way gives you a sense of control in a situation in which you have no control. You might say to yourself, 'I shouldn't have worn those tight jeans

on that date with Marvin.' 'If only I hadn't gone to that party and had too much to drink!'

"You may believe that your decisions, both wise and unwise, are what determine your fate: that basically you are in complete control. And yet your decisions can only affect *your* actions, not someone else's. Maybe drinking too much at the party wasn't a wise decision, or walking home from the late movie wasn't a smart idea; but being sexually assaulted in conjunction with either of these events was not the result of any decision made by you. The sole responsibility for the sexual assault belongs to the man who assaulted you, no matter how you dressed, what you drank, or where you walked. That was *his* decision.

"Being sexually assaulted does not mean that you've done something wrong or bad. You are every bit as fine and good a person as you were before the assault. The offender chose to assault you: you must remind yourself, over and over again if necessary, that you are blameless for what he decided to do.

Everyone makes decisions all the time. Some of these decisions are wise, some are faulty. But women never deserve to be sexually assaulted, no matter what they've said, what they've worn or had to drink, or how they've walked. This blame-the-victim mentality is a mistaken idea that we've been taught to believe. But it's completely false: you are not to blame."

D. Concept: Being a Survivor

"Being a survivor is hard work emotionally and physically. You've endured a life-threatening trauma. The means by which one survives are not as important as the fact of survival itself.

There are two parts to survival. The first is surviving the rape itself—somehow making it through the experience alive, enduring the violation. But the second part is surviving all the feelings that the trauma sets off—fear, anger, depression, guilt. It takes a lot of courage to survive this flood of feelings.

"Living through a traumatic experience in which you had no control is a major challenge and ordeal, and will tax you physically, emotionally, and intellectually. The first step toward recovery is to recognize and validate the severity of your trauma."

E. Skill: Identifying Yourself as a Survivor

"One way of identifying and validating yourself as a survivor is to consciously look at the methods you've used for coping. You've probably changed your behavior in several ways since the assault. Perhaps you find yourself hyper-alert in certain situations, or you are reluctant to drive alone at night, or you no longer go into unfamiliar environments alone. It's

important to acknowledge and accept the specific coping responses that you've developed."

F. Concept: Offenders

"It would be nice if you could spot and identify rapists by the way they looked or acted. But the reality is that rapists and other sex offenders can look and act just like the men who don't sexually assault women. There are abundant myths, stereotypes, and images of who or what a sex offender is supposed to be. But the truth is that sex offenders come in all sizes, ages, and colors, from all walks of life: they can be bankers or crane operators, soldiers or barbers, teenagers or hardened criminals. The one common trait that all sex offenders seem to share is an ability to view women as objects and to act in ways that deny these women their individual humanity. Another common thread that links offenders is a tendency to blame their victim for the assault, thus refusing to take responsibility for their own actions and behavior."

G. Concept: Experiencing Uncomfortable Feelings

"There will be times when you feel as if you're on an emotional roller coaster, experiencing highs and lows for what may seem like no reason at all. These highs and lows are part of the healing process. Some feelings, such as anger, guilt, sadness, and fear, may stand out for you more than others. You

may also notice feeling ashamed, withdrawn, unlovable, untouchable, asexual, and mistrustful. All of these feelings, however uncomfortable, are quite normal for a person who has experienced trauma. Give yourself permission to have these feelings: they are a perfectly healthy reaction. Experiencing them will be an important part of your recovery."

H. Skill: Dealing With Uncomfortable Feelings

"Feelings are normal—everyone has them. But some feelings may seem more acceptable than others. Below are descriptions of some of the feelings that tend to make people uncomfortable, along with ways to deal with these emotions. Above all, it's important for you to remember that feelings come and go; no feeling lasts forever."

Anger

"Feeling angry is a healthy emotional response in some situations. Often people don't feel comfortable with anger because there aren't many examples in their lives of how to express anger in healthy ways. Here are a few suggestions for healthy expressions of anger:

- Hit a pillow—go ahead, knock the stuffing out of it!
- Go to a safe, isolated place and scream—let it all out. You can sit in your car with all the windows rolled up and scream

your head off—the car will be fairly soundproofed, and you can keep it locked.

- Perform a demanding physical task chop wood, move furniture around, jump rope, play racquetball, dig holes, run, dance, pull weeds. Any activity that requires putting your whole body into it is good.
- Write an angry letter using all the foul words you can think of and all the most elegant put-downs. Rip the letter up afterwards—put all your energy into ripping it into tiny little pieces and throw the pieces up into the air.
- In a situation in which it's not safe to act out your angry feelings, fantasize instead that you're bigger, stronger, and smarter than the situation, person, or event that's making you angry. Then imagine yourself picking it up and twirling it around in the air with one hand."

Guilt and Shame

"Guilt and shame are first cousins: generally wherever one is found, the other is close behind. If you're feeling guilty or ashamed, it might be helpful to examine the thoughts connected to your feelings. Thoughts about being wrong, bad, or immoral place you in the position of judging yourself. And when you're riding an emotional roller coaster, it's very likely that your judgment may be off. This may be a good time to talk to someone you trust about how you're feeling or thinking. In order to get a clearer perspective.

You can also use questions as a way of exposing any faultiness in the logic of your thinking. For example, you can ask yourself, 'Is this always true? Are there situations I can remember in which this hasn't been true? Are there nuances or shadings that I'm not considering? What other qualities about myself am I ignoring when I have this thought?' and so on. Try to reserve judgment on yourself for the time being, and focus blame where it belongs: on the person who sexually assaulted you."

Sadness

"Grief or sadness is a natural reaction to loss. Being sexually assaulted causes many losses: the loss of trust, stability, security, possibly your health, and the sense of freedom you had before the assault occurred. You need time to grieve these losses. Allow yourself to be sad; don't try to chase your grief away. You won't feel sad forever, but for now you have the right to your feelings of grief. You've lost a lot."

Fear

"There may be times when you'll feel fearful. Check out your feelings about the situations in which you feel most frightened. Do you feel safest when you're alone or around others? Indoors or outdoors? In the city or the country? Feelings of fear are generally related to believing that you're not sufficiently in control of your environment. Do whatever you need to do for

now to feel safe and in control. You may need to sleep with the light on, buy a dog, get a roommate, ask friends or family to accompany you to new or even familiar places, or even change your residence. Some of these things are much easier to do than others; and some may not be feasible for you. The important thing is to figure out what factors you *can* control, and then to exercise that control. There is no virtue in "toughing out" a situation that terrifies you. You need to nurture yourself now and respect your fears."

Withdrawal

"Give yourself permission to withdraw from others for a while. Spending time alone can allow you to collect your thoughts and experience your private feelings. Set aside a certain amount of time daily or weekly for your emotional healing. This takes the same discipline as a program of physical exercise, but it's harder to do because the process is invisible. You may feel foolish or selfish setting aside time just to sit in a comfortable chair or take a bubblebath—but this nurturing solitude is part of your recovery. Respect these times, and make sure that other people around you—spouse, partner, roommate, children—respect your solitude as well. Don't try to combine your "alone time" with other activities such as housework or chores. You might try setting aside 20 minutes a day for your withdrawal. If you find yourself needing more time than you've set aside for this process, it might be a good idea to consider seeing a therapist or joining another support group."

Worthlessness and Impaired Self-Esteem

"The sexual assault may cause you to doubt your ability to give or receive love. Because of societal misconceptions about women and rape, it's easy to see how you might now believe yourself to be unworthy of love and affection. This is a good time to challenge your beliefs. Use a sheet of paper to write down the names of everyone you love, including pets. Now write down the names of all the people or pets who you believe love you. What did you discover? If you need to challenge the results, call three people on the list and ask them if they love you. Go ahead and try it. Select two of the people or pets and give them a hug. What happens? What you will discover is that feelings and beliefs aren't facts: sometimes they need to be challenged."

Impaired Sexuality

"Sexual assault has nothing to do with sex or making love. But due to the nature of the violence and the way in which it's acted out, it's sometimes difficult to separate, emotionally and physically, the act of sex, or making love, from the assault. You may experience flashbacks or emotional detachment from your partner during lovemaking. If this occurs, it may be helpful to have your partner whisper his or her name or share a comforting phrase with you. For example, 'Sue, this (partner's name), and I'm here with you.' Or 'Betty, this is (partner's name); I'll keep you safe.' Certain parts of your body may be hypersensitive to touch after the assault; let your partner know what's

comfortable or uncomfortable for you. Don't worry about expressing any new concerns to your partner as they come up. A loving partner will understand.

"You may not feel like being sexual for a while after the assault, and you may be unable to achieve an orgasm. Again, such changes are a normal part of the healing process. They're most likely temporary changes. Some women may need increased sexual affirmation as part of their healing. Everyone heals in a different way. Listen to your body, listen to your feelings. Respect your needs."

Mistrust

"You will probably experience a lot of confusion at first about whom to trust now that your trust has been so badly shaken. You may worry that you'll never trust anyone again, and that others may perceive you as distant and cold.

"You have the right to reserve your sense of trust for a while. After all, your trust has been violated. This is particularly true in cases of date or acquaintance rape by someone you've known and trusted in the past. Trusting is one of those tricky human emotions that is free and unconditional when first given; but once violated, it has to be re-earned. There may be a small number of people whom you continue to trust and believe in, but it's okay to expect others to earn the right to know you. It may be helpful to

establish personal guidelines for how long you have to know someone before considering him or her a friend.

"For example, you might make the guideline, 'I will only invite very close friends to my home.' Or 'I will not share personal information about myself with people at the office.' Like all guidelines, these shouldn't be too rigid: allow some flexibility for exceptions. The purpose of the guidelines is not to have an inflexible rule to follow, but rather to provide yourself with a sense of structure and safety."

I. Concept: Recovery

"If you were to have open heart surgery, you could expect to spend up to six months or more recovering. Your whole daily personal program would be altered to accommodate the time needed for physical healing.

The emotional trauma of being sexually assaulted is like the physical trauma of surgery. Emotional and physical recovery takes time; it's not a process that can be rushed without negative consequences. The process of emotional recovery is marked by an array of physical symptoms. You may experience

- Needing more or less sleep
- Insomnia or waking at odd hours during the night

- Nightmares
- Decrease or increase in appetite
- Decrease in energy
- Impaired memory
- Lack of concentration
- Lack of interest in activities you once enjoyed
- Increase in physical illness, such as colds or flulike symptoms
- Irritability
- Jumpiness
- Flashbacks
- Mood swings

J. Skills: Recovery in Progress

"Emotional recovery, like physical recovery, occurs in stages. Here are some things to look for as you learn to recognize and cope with the emotional recovery process. Remember that the process takes time—up to six months or more, depending on your circumstances. You would not fault yourself for failing to recover faster if you'd had open heart surgery: emotional healing

deserves the same respect and patience."

Sleep

"Sleep disruption is a common trait in emotional trauma. If you find that extra sleep is helpful, schedule it into your routine. Take naps, retire earlier in the evening. Your body and emotions are healing, and healing requires extra rest.

Early or odd-hour waking is your body's way of being alert as you try to reestablish your sleep patterns. If you find that you're waking early or at odd hours, wait a few minutes to see if you drift back to sleep. If you don't, do something restful (such as reading or listening to soft music) until you feel sleepy again. If the sleep disruption is causing severe problems in your regular routine, see your physician or refer to one of the many self-help books on techniques to fight insomnia."

Appetite

"You may notice an increase or decrease in your normal appetite. This is yet another of your body's ways of adjusting and healing. Try to establish a schedule for eating so that you're meeting basic nutritional needs. Make a date to have meals with a friend and fill two needs at the same time. If you are wasting away or eating way too much, you should consult a therapist or join a

therapeutic support group for people with eating disorders to help you reestablish healthy eating habits."

Energy

"Emotional healing is hard work, and your body only has so much energy. You may notice a severe decline in your energy level. Three words of advice: *stop and rest*. You may say to yourself, 'But I used to be able to do twice this much!' Don't frustrate yourself by comparing past performance with the slower pace you need to take now. Take your time with everything. Spread chores over a longer period. If you work outside the home, request sick leave on the days when you need the extra rest. If your present job won't allow you to do this, consider taking a leave of absence or finding another job."

Memory

"Before the assault you may never have given much thought to your ability to remember minor details. But the trauma has heightened your sense of self-awareness, and any lapse in memory may now seem like a major flaw. It's natural to be distracted—and forgetful—during your recovery period. Your memory skills will regain strength with time—but for the present you can help yourself by writing things down that you want to remember. Like your energy, much of your memory and concentration are now being diverted

to the process of emotional healing."

Concentration

"Daydreaming, or woolgathering, is your mind's way of taking a rest. When you find that you're unable to focus for periods of time, take a break. If possible, physically move away from the task at hand. If you find your mind drifting from what you're trying to get done and it's impossible to physically move away, give yourself five minutes to daydream; then gently bring yourself back by refocusing on your work."

Lack of Interest in Activities

"Everything may seem like a bother right now. Even activities that you once enjoyed may now seem like a chore. Don't give up these activities, but scale them down into smaller doses. Instead of reading for an hour, try reading for ten minutes; take a short walk instead of a brisk run. Arrange to share an activity with a friend—something relaxing but entertaining. Be patient with your short attention span and diminished energy. Things will return to normal!"

Physical Illness

"Stress often mimics physical illness, so don't be surprised if you notice

an increase in cold or flulike symptoms. Whatever the cause of these symptoms, rest is the answer. If you're unsure if an illness is caused by stress or the real McCoy, contact your physician. Take the time to pamper yourself, stay in bed, drink hot tea, eat your favorite comfort foods. Remember, healing is the goal."

Irritability

"Being edgy and irritable is a common sign of stress overload. When you find yourself snapping, yelling, or just getting plain frustrated with everyone, it's time to take a break. Have you been getting enough rest? Maybe it would be a good idea to talk to someone you trust about how you're feeling. You can also let the people around you—friends, family, co-workers—know that you're under a lot of stress now and you may sometimes react in ways that seem out of proportion or unfair. Don't expect people to read your mind about how much stress you're under! Most people will react to irritability by believing that they themselves have done something wrong. Your explanations will reassure them and will help you be more comfortable with your own behavior."

Flashbacks

"Flashbacks can come on without warning, interrupting your thoughts, concentration, sexual activities, relaxation, and work. For many trauma

survivors, they are the most disruptive part of healing. Just when you thought you were getting better, an image, smell, or sensation will trigger a memory of the assault. As disturbing as they are, flashbacks are a normal part of the trauma experience. As fast as the flashbacks come, they will also go away. 'But I don't like them,' you protest. 'I want to forget about the assault—the flashbacks remind me of what happened.' It's natural not to like flashbacks. And you're right, they're very unpleasant. In ways that psychologists don't yet understand, flashbacks seem to be another one of the psyche's coping strategies. They decrease with time; they will eventually disappear. When flashbacks intrude on your consciousness, be ready with a set of positive affirmations to reassure you that you're safe. You can write these down on 3 by 5 cards that you keep with you at all times. Use the affirmations below, or make up your own:

- I'm in a safe place now.
- I was okay before the assault; I survived during the assault; I'm surviving now.
- I can survive my healing process one day at a time.

K. Concept: Getting Support

"Any type of recovery process is harder work without outside support. You don't have to be alone in your emotional recovery process. There are

trained helping professionals throughout the United States who can provide you with support.

Perhaps you feel that you don't want anyone to know about what happened to you. Sharing the emotional pain of trauma isn't easy, but shouldering alone the burden of the pain is harder still. Remember that you didn't do anything wrong. It doesn't matter what the circumstances were surrounding the sexual assault. If you were hit by a car while crossing the street or were the victim of war, you would also need assistance to deal with your emotional trauma. As a victim of sexual assault, your pain is just as real, your need for help just as legitimate. Talking with a trained helping professional or taking part in a group will validate your experience and boost your emotional strength. You've already survived the hardest part of sexual assault and shown that you have the courage to continue living."

Main Interventions

Week 1

Introduction

See Starting the Group.

A. Concept: Identifying and Defining Sexual Assault

Intervention 1: Didactic Presentation (See Concepts and Skills section)

B. Concept: Impact of Sexual Assault

Intervention 1: Didactic Presentation (See Concepts and Skills section)

Intervention 2: Group Sharing of Personal Stories

Explain to group members that sharing the personal story of their victimization is a very difficult but crucial part of the group process. By openly exposing the details of their assault, the formal process of working through feelings of shame, guilt, hurt, and anger can begin. Letting go and sharing allows group members to receive support for placing the responsibility for the assault where it belongs—with the offender. Request that individuals give as many details as they can remember, such as where the assault took place, what was said to them by the offender, if others were nearby, the reactions of others to the assault, and whether the offender still poses a threat to them now. Allow individuals to take as much time as they need to tell their stories without interruption. Listen carefully to see if the group member uses language that places the blame for the assault on herself, so that you can later gently guide her back to recognizing that she had no control over the offender's actions.

The telling of stories is often a very emotional part of the group process.

Be prepared to offer a great deal of nurturing and verbal support.

Intervention 3: Emotional Affirmation

Give verbal support to group members sharing their stories by using comforting language. For example, "Martha, we know this is hard for you, but you're in a safe place now. Everyone here understands the kind of pain you're feeling now. Everyone here wants to listen to what you have to say."

Intervention 4: Reframing

Attentive listening while group members recount their sexual victimization will give you an indication of how they've conceptualized their experience. Listen for linguistic clues suggesting that a client may be assuming some form of responsibility for the assault that wounded her.

Be especially attentive to "I let...I should have...If only I had...He didn't really mean to...I wasn't really hurt..." and other similar constructions.

Have the client reframe phrases that contain messages of culpability by bringing her focus back to the real cause of the assault: the offender himself. For example:

Connie: It was stupid of me to wear that new off-the-shoulder red dress to the party on my date with Robert. But I wanted to look nice; it was my office party.

Therapist: Connie, I hear several things in what you're saying. The party was a special occasion, and you wore your new dress to look special, not to invite Robert to assault you. There is never any legitimate excuse or rationale for sexual assault. Wanting to look nice isn't stupid, and wearing that new red dress didn't cause you to be raped.

Masha: It was asking for trouble to go into that dark foyer.

Therapist: You went in because you had to see_____. You weren't asking to be raped. It's the rapist who is responsible for assaulting you. That was his decision, and *he* is responsible for what he did to you.

Intervention 5: Socratic Dialogue

It's important to help group members pinpoint negative feelings they may have about themselves as a result of the sexual assault. By asking pointed questions and questioning the logic of their responses, you can help members of the group correct their negative self-talk and improve their self-esteem.

Jill: I feel guilty all the time.

Therapist: Are there times when you experience more guilt than others?

Jill: Yes—whenever I'm around people I don't know very well.

Therapist: What happens when you're around people you don't know very well?

Jill I get all nervous and jittery inside, and it's like they know what happened to me. And then I feel all guilty and bad, like I did something wrong.

Therapist: Do you experience guilt at other times?

Jill: Yeah, whenever I date a new guy.

Therapist: How about other times?

Jill: No, not really.

Therapist: Jill, I'm curious. How does having nervous, anxious feelings about being around strangers, especially strange men, make you a bad, guilty person?

Jill: I never thought about it like that. Maybe it's because I think they know about my assault.

Therapist: How would they know about your victimization?

Jill: Couldn't they tell by the way I acted?

Therapist: They might be able to see that you're nervous, anxious, and shy, but they couldn't tell from your behavior that you've been sexually assaulted. Not unless they could read minds.

Jill: I guess I sort of assume sometimes that people can see right through me.

Therapist: They could only know about the assault if you told them. What do you experience when I say that, Jill?

Jill: I feel sort of relieved.

Therapist: Let me ask you something else. How would you begin to feel guilty and wrong if someone learned that you had been sexually assaulted?

Jill: I think they'd kind of assume that I'd let it happen or acted in a way that brought it on. That's it. They'd think I'd brought it on myself.

Therapist: Why would they think that? Why would they assume that you invited the rape?

Jill: I don't know.

Therapist: What would you think in their shoes?

Jill: That the person must be in a lot of pain. That she had been incredibly hurt. I'd be really angry at the attacker.

Therapist: Is it possible for you to allow that others might react to you just as sympathetically?

Intervention 6: Group Exercise—Visualization

Spend at least 15 minutes doing a simple guided imagery exercise with deep breathing to help bring group members back to the present.

"I want you to get comfortable. Close your eyes and listen to my voice for the next 15 minutes while we do some guided imagery. Take a deep breath through your nose and slowly let it escape through your mouth. We're going to do this three times, and on the third breath I want you to hold it in for one beat. Feel all the muscles in your body relax as you let out the last breath. Allow your mind to relax. You'll notice thoughts going by, but don't try to stop them. Just allow them to drift away. As the thoughts drift by, listen to the steady rhythm of your heartbeat and feel the warmth as your heart pumps life throughout your body. Imagine yourself in a warm, safe place. This is your place; it's safe, warm, and private. You can come to this place anytime you choose just by closing your eyes and listening to your heartbeat."

Closure

After this exercise, review the agenda for next week's session. This would be a good time to ask if group members have particular items they wish to include next week. Handouts (if any) should be provided at this time.

Your availability is an important factor. Provide the group with telephone numbers for reaching you or your co-therapist during the coming week. If you're not going to be available, give out the number for the local crisis hotline or the 24-hour Rape Crisis line.

Week 2

Check-in

Ask group members to give feedback about their thoughts, feelings, and events following last week's session. Make note of any absences that are unaccounted for, so that you can phone those individuals after the session.

If a member isn't present and has called to report in, be sure to pass this information on to the group.

Example

"Welcome back. Let's go around the group and do check-in on everyone's week since the last session. Before we start out, Jan called to say

that she had an unexpected business trip, but she'll be returning to group next week. Who would like to start? (If no one volunteers, which is rare, it's permissible to call on someone.) Martha, how was your week?"

C. Concept: The Victim Is Not Responsible for Her Victimization

Intervention 1: Didactic Presentation (See Concepts and Skills section)

Intervention 2: Group Sharing—Reactions to the Issue of Responsibility

Intervention 4: Reframing

Beth: I should have kicked and screamed.

Therapist: Beth, this man held a knife to your throat, and you did what you needed to do to survive.

Sue: If only I hadn't gone to that tavern alone, this wouldn't have happened to me. I was really dumb.

Therapist: Sue, maybe going to the tavern alone at night wasn't a good idea. But you do have rights. And you're going to a tavern alone at any time doesn't give someone the right to sexually assault you.

Intervention 2: Continued Sharing of Personal Stories

Intervention 3: Emotional Affirmation

Intervention 4: Reframing

Intervention 5: Socratic Dialogue

Open Discussion

There may be times when group members need to discuss issues apart from the focus of the weekly agenda. Allow time in each session for open discussion and feedback. For example: "Does anyone have a question or issue that they need time to discuss this week? Sharon, you mentioned having difficulty understanding your continued feelings of anger and rage. I would be glad to put aside some time this evening if you'd like to discuss this with the group."

Closure

Intervention 6: Group Exercise—Visualization

See Week 1.

Week 3

Concept: Being a Survivor

Intervention 1: Didactic Presentation (See Concepts and Skills section)

Intervention 2: Group Sharing—Reactions To Being a Survivor

Intervention 3: Emotional Affirmation

Validate each person's effort to survive the rape and its emotional aftermath as necessary and legitimate.

Connie: I get so frustrated with myself for not standing up to that jerk. I'm tired of always letting other people push me around. I'm going to buy a gun, and the next time some guy tries to mess with me I'm going to blow him away.

Therapist: Connie, I can sure appreciate your anger. It's tough being and feeling helpless. No one likes to be pushed around or hurt. And while a gun may help you feel safe, there's no guarantee that having it would be helpful. You did what you had to do to remain alive, and that's what's important. I'm aware that it's important to feel assertive and to believe that you can take care of yourself. But in order to be assertive you have to feel safe, and you weren't safe.

Linda: I'm such a baby. When I'm alone I have to sleep with a night light. Isn't that silly?

Therapist: Linda, it sounds as if that night light helps you feel comfortable and safe when you're alone. That doesn't seem at all silly to me.

E. Skills: Identifying Yourself as a Survivor

Intervention 1: Didactic Presentation (See Concepts and Skills section)

Intervention 6: Group Exercise—Writing Down Coping Styles

Have group members name different coping styles while you list them on the board. Give a few examples to get them started:

Preferring to be with people, rather than alone

Getting angry when pushed too hard

Being hyper-alert in unfamiliar places

Resisting sex or certain forms of sexual expression

Going emotionally numb in threatening situations

Resting more

Loss of memory around certain events

Not taking on new challenges

Moving to a safer neighborhood

Installing new locks in apartment

Having someone walk the group member to her car

Eating to relieve depression

Burying herself in work

Open Discussion

See example from Week 2.

Closure

Intervention 6: Group Exercise—Visualization

Week 4

Check-in

See Week 2.

F. Concept: Offenders

Intervention 1: Didactic Presentation (See Concepts and Skills section)

Intervention 2: Group Sharing—Reactions to Offenders

Intervention 4: Reframing

Example

Jill: Bill put out this heavy macho image. You know, cowboy boots, a greasy hat that said "Jack Daniels."

Therapist: A lot of men dress like that, Jill. Very few of them are rapists. You just can't tell from what a guy wears.

Sue: I always pick the wrong guys to date.

Therapist: Sue, how would you know that the guy you were dating would sexually assault you?

G. Concept: Experiencing Uncomfortable Feelings

Intervention 1: Didactic Presentation (See Concepts and Skills section)

Intervention 2: Group Sharing—Reactions to Feelings That Have Already Been Discussed

Open Discussion

Closure

Intervention 6: Group Exercise—Visualization

Week 5

Check-In

H. Skills: Dealing With Uncomfortable Feelings

Intervention 1: Didactic Presentation (See Concepts and Skills section)

Because this is a fairly long section covering many of the primary feelings that will be discussed, it may be wise to cover several feelings each week over the next three weeks. This will also allow more time for group sharing and processing.

Anger, Guilt and Shame, and Sadness (See Concepts and Skills section)

under these headings.)

Intervention 2: Group Sharing

Intervention 7: Exploring Feelings

Probe for a complete expression of the feeling. Facilitate a release of affect where appropriate.

Connie: I feel this grief. Like my trust, my sense of being safe and okay in the world was taken away. It's like this hard, dead feeling inside of me. Like a rock in my chest.

Therapist: If the rock could talk, Connie, what would it say?

Connie: You're broken, you'll never be mended. (Starts to cry but stifles her sobs.)

Therapist: Let it out, Connie. It's okay. It's safe here to feel how much your world changed when you were assaulted. To feel how much it hurts to lose the feeling of being safe and trusting.

Connie: (crying) I used to feel so strong...

[later]

Therapist: How do you feel now?

Connie: A little better, but I still feel the rock. It's like anger now.

Therapist: Does the rock have more to say? Perhaps to the man who sexually assaulted you?

Connie: You fuck. You took my freedom away. You made my life get small.

(shouting) You made me sacred. You made me scared. You shouldn't be alive. You don't deserve to be alive and do this to people. God, I want revenge right now!

Intervention 8: Reality Testing

Here the therapist gives basic information and reassurance, acknowledges important needs, and may confront maladaptive thoughts or coping patterns.

Therapist: Connie, your strength never left you. It helped you to survive the sexual assault and talk about your feelings here. Every victim of sexual assault goes through a period of increased fear and lost trust. Gradually the worst of that passes, and what you later may be left with is a realistic awareness of danger situations and appropriate carefulness in those situations. Your sense of being free in the world, being safe or even invulnerable will never be quite the same. And that loss is a deep ache right now. I know. But the fear will lessen, your drive to do things and try things will gradually increase. And you will do a lot of what you want to do—but with some increased awareness of your vulnerability.

Or another reality test iIntervention with Connie:

Therapist: Wanting revenge is normal and helps you put the blame where it belongs—on the man who assaulted you. You need justice. You made the decision to go to the police and name the man who raped you. You've acted on your need to justice in a healthy way.

Suppose Connie reported that in response to her grief and sadness, she was now isolating herself from people. In this situation, the therapist might need to gently confront Connie's coping response:

Therapist: The sadness and the anger make you want to pull back from people. It seems hard enough to cope with your own feelings, let alone the reactions of others. But if you withdraw from everybody, something happens that can affect you for weeks or months. You lose the support and nourishment that others can give you. And you may find yourself not only grieving the effects of the assault, but experiencing a kind of loneliness and isolation that can increase the sadness you feel.

Intervention 4: Reframing

As you did previously, deal with guilt and self-blame by insisting that responsibility rests with the offender.

Open Discussion

Closure

Intervention 6: Group Exercise—Visualization

Week 6

Check-in

H. Skill: Dealing With Uncomfortable Feelings (continued)

Fear, Withdrawal, Worthlessness and Impaired Self-Esteem (See Concepts and Skills section under these headings.)

Intervention 2: Group Sharing

Intervention 7: Exploring Feelings

Intervention 8: Reality Testing

Open Discussion

Closure

Intervention 6: Group Exercise—Visualization

Week 7

Check-in

H. Skills: Dealing With Uncomfortable Feelings (continued)

Impaired Sexuality and **Mistrust** (See Concepts and Skills section under these headings.)

Intervention 2: Group Sharing

Intervention 7: Exploring Feelings

Intervention 3: Emotional Affirmation

Give verbal support that while disturbing, these are normal reactions that gradually pass over time.

I. Concept: Recovery

Intervention 1: Didactic Presentation (See Concepts and Skills section)

Intervention 2: Group Sharing

Intervention 7: Exploring Feelings

Open Discussion Closure

Intervention 6: Group Exercise—Visualization

Week 8

Check-in

J. Skill: Recovery in Progress

Areas to be covered are in the Concepts and Skills section. In order to cover all the areas mentioned, several will need to be presented at a time in each of the following weeks.

Sleep, Appetite, and Energy

Intervention 1: Didactic Presentation (See Concepts and Skills section)

Intervention 2: Group Sharing

Intervention 8: Reality Testing

Open Discussion Closure

Intervention 6: Group Exercise—Visualization

Week 9

Check-in

J. Skill: Recovery in Progress (continued)

Memory, Concentration, Lack of Interest in Activities

Intervention 1: Didactic Presentation (See Concepts and Skills section)

Intervention 2: Group Sharing

Intervention 8: Reality Testing

Open Discussion

Closure

Intervention 6: Group Exercise—Visualization

Week 10

Check-in J. Skill: Recovery in Progress (continued)

Physical Illness, Irritability

Intervention 1: Didactic Presentation

Intervention 2: Group Sharing

Intervention 8: Reality Testing

Open Discussion Closure

Intervention 6: Group Exercise—Visualization

Week 11

Check-in J. Skill: Recovery in Progress (continued)

Flashbacks

Intervention 1: Didactic Presentation

Intervention 2: Group Sharing

Intervention 8: Reality Testing

Open Discussion

This would be a good time to start preparing the group for the issues surrounding closure. Sexual assault survivors often have a difficult time dealing with closure. By beginning the process a week early, you provide the opportunity for group members to explore their thoughts and feelings about continuing their recovery after the group ends. This session will also be important for you as group facilitator in making notes on how clients have or have not progressed in the past several weeks. Your observations can be used in making follow-up recommendations or suggestions.

Intervention 2: Group Sharing

Intervention 7: Exploring Feelings

Intervention 3: Emotional Affirmation

Closure

Intervention 6: Group Exercise—Visualization

Week 12

Check-in K. Concept: Getting Support

Intervention 1: Didactic Presentation

Intervention 2: Group Sharing

Intervention 9: Brainstorming Ideas on Resources for Continued Support

Open Discussion Regarding Final Group Closure

Give feedback about the progress of individuals in the group, along with constructive suggestions. For example:

Therapist: Sue, I've noticed over the past several weeks that you've really done a good job of sharing your personal insights about the anger you've been feeling. I wonder if you'd consider it worthwhile to continue with this issue in individual treatment.

Closure

Intervention 6: Group Exercise—Visualization

Criteria for Measuring Change

Change can best be measured by clients' reports of feeling less guilty, ashamed, and overwhelmed by symptoms of post-traumatic stress disorder

(PTSD). If PTSD symptoms persist to a significant degree, then criteria for change may rest in the extent to which a group member has learned to accept the unpleasant but transient nature of PTSD reactions, and to implement healthy coping strategies.

Relapse Prevention

Relapse prevention involves encouraging group members to use their support system, to seek professional help when appropriate, and to remind themselves of one of the basic themes of the group: responsibility for the assault lies with the offender.

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Notes

1 An assault may become confused in the victim's mind with other issues such as physical abuse, wife battering, or a problem with alcohol or drugs.