Working with Victims/Survivors of Sexual Assault

Purpose
This course is designed to provide W-2 FEPs and Case Managers insight into and awareness about sexual assault. We will examine and discuss strategies for working with individuals who have identified themselves, or other family members, as victims and/or survivors of sexual assault.

Objectives
Upon completion of this course, you will be able to:
- Analyze the statistics, myths and facts about sexual assault;
- Identify the potential long-term impacts of sexual assault;
- Explain the role of the sexual assault advocate;
- Describe the connections between poverty and sexual violence; and
- Apply strategies and best practices when working with victims of sexual assault.
Table of Contents

INTRODUCTION TO SEXUAL VIOLENCE ................................................................................................................. 4

Range of Sexual Violence ........................................................................................................................................... 5

SEXUAL ASSAULT IN WISCONSIN .......................................................................................................................... 6

Summary of Legal Definitions ................................................................................................................................. 6

Other Terms ......................................................................................................................................................... 6

Statistics .............................................................................................................................................................. 7

PERCEPTIONS ABOUT SEXUAL ASSAULT ............................................................................................................. 8

The Alligator River Story ......................................................................................................................................... 8

Realities of Sexual Assault ...................................................................................................................................... 9

Reflections ........................................................................................................................................................... 11

POVERTY AND SEXUAL ASSAULT, A COMPOUNDED RISK ................................................................................ 12

Why Is this a Compounded Risk? ........................................................................................................................ 12

THE IMPACT OF SEXUAL ASSAULT .................................................................................................................... 13

Dealing with Sexual Assault ................................................................................................................................... 13

Acute Impacts ....................................................................................................................................................... 14

Reorganization ..................................................................................................................................................... 15

Resolution ......................................................................................................................................................... 15

Potential Long-Term Impact ................................................................................................................................... 17

Emotional and Behavioral Concerns .................................................................................................................. 17

Physical Health Concerns .................................................................................................................................... 18

Increased Vulnerability ......................................................................................................................................... 18

Mental Health Concerns ...................................................................................................................................... 19

Secondary Victims ............................................................................................................................................... 20

Let’s Reflect ..................................................................................................................................................... 20

WORKING WITH SEXUAL ASSAULT SURVIVORS ............................................................................................ 21

What You Can Do if a Participant Identifies as Being Sexually Assaulted .......................................................... 22

What to Do if You Suspect a Sexual Assault ........................................................................................................ 22

Utilize Your Resources ....................................................................................................................................... 23

Wisconsin Coalition Against Sexual Assault (WCASA) ......................................................................................... 23

Role of the Sexual Assault Advocate ................................................................................................................ 24

Advocate Confidentiality Laws .......................................................................................................................... 25

Key Case Management Reminders .................................................................................................................. 25

Confidentiality .................................................................................................................................................... 25

Good Cause for Non-Participation Policy ........................................................................................................ 26

REFLECTIONS .................................................................................................................................................. 27

REFERENCES .................................................................................................................................................. 28

RESOURCES .................................................................................................................................................. 30
W-2 Contact Information

Questions regarding this training material should be directed via your local agency process to the Partner Training Team,
Email: PTTTrainingSupp@wisconsin.gov
A contact person is available to answer e-mailed questions related to this training material, assist you in completing any activity that you are having difficulty with, and/or provide explanation of anything else about this training material.

Questions regarding W-2 production cases and systems should be directed via your local agency process to the W-2 Help Desk at:
Email: DCFW2CARESHD@wisconsin.gov
Telephone: (608) 422-7900.
W-2 Policy questions should be directed to your Regional Office staff

DCF is an equal opportunity employer and service provider. If you have a disability and need information in an alternate format, or need it translated to another language, please contact (608) 535-3665 or the Wisconsin Relay Service (WRS) – 711.

For civil rights questions call (608) 422-6889 or the Wisconsin Relay Service (WRS) – 711.
Introduction to Sexual Violence

The Wisconsin Coalition Against Sexual Assault [WCASA] (2007) defines sexual violence as follows:

**Sexual violence** is any act (verbal and/or physical) which breaks a person’s trust and/or safety and is sexual in nature. The range of sexual violence includes: rape, incest, child sexual assault, non-stranger rape, marital or partner rape, sexual contact, sexual harassment, exposure, human trafficking, and voyeurism. **Sexual assaults** are acts of violence where sex is used as the weapon. Victims/survivors of sexual assaults are forced, coerced, and/or manipulated to participate in unwanted sexual activity. Victims/survivors do not cause their assaults and are not to blame. Offenders are responsible for their assaults.

Perpetrators of sexual assault are motivated not by sexual desire, but by the need to control, humiliate, and harm another person. The perpetrator believes he or she can get away with the crime because the victim will be too afraid to tell or be afraid of not being believed.

No matter the type of sexual violence, it impacts our workplace, schools, and neighborhoods. Every **two minutes** another American is sexually assaulted (Rape, Abuse & Incest National Network [RAINN], 2009). Victims are our participants, family members, friends, neighbors, and coworkers. Nearly **1 in 2 women and 1 in 5 men** experienced sexual violence victimization other than rape at some point in their lives (Black, et al., 2011, p. 19).
Range of Sexual Violence

According to the Colorado Coalition Against Sexual Assault (2011), sexual violence can be thought of as a range of behaviors that are unwanted and break a person’s trust and/or safety in order to dominate and control that person. Behaviors on one end of the range include non-physical or “hands-off” offenses, such as sexual harassment, exposure, voyeurism, and forcing a person to view sexually explicit materials. Behaviors on the other end of the range include physical or “hands-on” offenses, such as unwanted fondling and forced intercourse.
Sexual Assault in Wisconsin

In Wisconsin, the state statutes use the term sexual assault to cover an array of sexual offenses. This is broken down further into degrees with more detailed descriptions of how the act was perpetrated, and with each degree carrying different penalties. First Degree Sexual Assault carries the highest penalty. Each degree includes having sexual contact or sexual intercourse with another person without consent of that person or situations in which that person is not capable of consenting.

Summary of Legal Definitions

- **Sexual Contact**: intentional touching (by either party) of the intimate parts either directly or through clothing, by the use of any body part or object (by either party), intentional ejaculation or emission of urine or feces by the perpetrator upon any part of the body of the victim or causing the victim to do the same. The sexual contact must be for the purpose of sexually degrading or humiliating the victim or sexually arouses or gratifying the perpetrator.

- **Sexual Intercourse**: includes vaginal penetration as well as oral and anal sexual activity between persons, or any other intrusion, however slight, of any part of a person's body or of any object into the genital or anal opening, by either the perpetrator or his or her instruction. The emission of semen is not required.

- **Consent**: words or overt actions by a person who is competent to give informed consent indicating a freely given agreement to have sexual intercourse or contact. A person must be at least 18 years of age to consent.

  Marriage is not a bar to prosecution.
  A perpetrator shall not be presumed incapable of violating these statutes because of marriage to the victim.

Other Terms

- **Perpetrator**: the person who committed the crime.

- **Victim/Survivor**: the person the crime was committed against.

- **Non-Stranger Assault**: perpetrated by someone the victim knows such as a friend, family member, coworker, neighbor, or even someone he or she recently met.

- **Partner Assault**: perpetrated by the victim’s current partner (married or not), previous partner, or co-habitant.
Statistics

The Wisconsin Office of Justice Assistance (2011) published a report that provides statistical information on sexual assaults reported to law enforcement agencies in Wisconsin from January 1 through December 31, 2010. As with any sensitive crime, the actual number of offenses reported are not totally representative of all assaults committed. Can you guess what the report found?

Nearly______% of the location sites in reported sexual assaults were at the perpetrator’s, victim’s, or other person’s residence.

The most common weapons used in sexual assaults were hands/fist/feet in_______% of incidents.

Over_______% of all sexual assaults were reported within one day of the incident. Of those reported in this time frame, 58% were cleared by arrest.

Sexual assault victims and their offenders are most often the same_________.

More than______% of sexual assault offenders reported to law enforcement in WI were male.

The known days on which most sexual assaults occurred were_________ and ________.

Victims under the age of 21 represented over_______% of sexual assault victims in 2010.

Juveniles in the______-______ year-old category accounted for the largest percentage (39%) of sexual assault victims.

Nearly_______% of sexual assaults in 2010 were committed by someone known to the victim.
Perceptions about Sexual Assault

At some time in our lives, we probably have held a perception that turned out to be false. The topic of sexual assault is not immune to our misperceptions. As we explore some of the most commonly held misperceptions about sexual violence, let's establish a context for understanding the reality of the situation, the origin of incorrect beliefs, and the consequences of those beliefs for survivors and for society.

The Alligator River Story

Once upon a time, there was a woman named Abigail. Abigail was in love with a man named Gregory. Gregory lived on one side of the river, and Abigail lived on the opposite side. The river that separated these two lovers was filled with human-eating alligators.

Abigail wanted to visit Gregory, and to look sexy, she put on a tight skirt and a low-cut blouse. Unfortunately, the bridge over the river had been washed out by a storm. Abigail went to Sid, a riverboat captain, to see if he could take her across. Sid said he would take her, but the way he looked at her made Abigail very uncomfortable.

Abigail went to her friend Ivan and told him about her problem. Ivan said that he did not want to get involved in this situation. Feeling like she had no alternative, Abigail went back to Sid in order to cross the river. In the middle of the river, Sid threatened to throw Abigail overboard if she didn’t have sex with him. Afraid for her life, Abigail did what Sid demanded.

When Abigail got to the other side, she told Gregory what happened. Gregory blamed Abigail for what happened and cast her aside with disdain. Abigail wanted someone to talk to, so she found her friend Slug, who happened to have a black belt in karate. Slug felt compassion for Abigail and anger toward Gregory. Slug sought out Gregory and beat him brutally.

As the sun begins to set, all anyone can hear is the sound of Abigail’s laughter.

Rank the characters in order from most offensive actions to least objectionable actions.

1.

2.

3.

4.

5.
Realities of Sexual Assault

Victims often know their perpetrators, and the sexual assault occurs in a place where a victim feels safe.

The U.S. Justice Department reports that 93% of the victims/survivors who used advocacy services were assaulted by someone known to them, such as a friend, family member, co-worker, date, or neighbor (Friend to Friend, 2013). Nationally, more than 50% of all rape/sexual assaults incidents occurred within one mile of or at the perpetrator’s home (RAINN, 2009).

The idea that sexually violent people are crazy strangers wearing ski-masks, hiding in dark alleys, is deceptive because it allows us to feel safe as long as we lock our doors and stick to well-lit areas. The vast majority of sexual assaults are perpetrated by individuals known to their victims. Victims, typically, are more trusting and do not “have their guard up” because of the relationship that exists prior to the assault. Victims may be less likely to report the assault because they know the perpetrator. Sexual assault can occur in both urban and rural areas. Victims in rural areas may report at even lower rates because of confidentiality concerns due to living in a smaller, close-knit community.

Perpetrators select victims based on their accessibility and vulnerability, not by their physical appearance.

Studies demonstrate that 75% of sexual assaults are planned in advance (Eastern New Mexico University, 2012).

The myth that the victim should have done something different, such as wear less revealing clothing, accredits the victim with the power of making others commit crimes. In reality, a perpetrator intends to sexually assault someone or a specific person. He or she often takes advantage of a person who is in a vulnerable situation.

Most perpetrators use only physical force during sexual assaults.

In about 8 out of 10 sexual assaults, no weapon is used other than physical force (PCAR, 2014).

The major motive of sexual assault is to have power and control over another person. Although this can be done with a weapon, most often perpetrators use physical force, threats, and coercion. Many victims don’t fight back because the brain triggers a shut down or freeze response as a way to keep them safe during the assault. This does not mean the victim is consenting, but can be another reason a victim/survivor may not report the crime.
Sexual assault is a crime of violence, not a perpetrator’s need to have sex. Actually, 3 out of 5 perpetrators are in consenting sexual relationships (Arizona Department of Public Safety, 2014).

Sexual assault is sexualized violence, not violent sex. It is meant to degrade, humiliate and control. Perpetrators often plan a sexual assault and feel entitled to assault another person because they feel they can get away with it.

Consent can be withdrawn at any time. The myth that sexual assault is about uncontrollable urges allows us to blame the victim/survivor instead of the perpetrator. Sexual activity can be stopped at any time, for any reason. It is insulting to claim that a person is helpless to control his or her actions. Consent is an active process. The absence of consent is not enough to move forward with sexual activity.

False reports of sexual assault are rare. The FBI has found that people falsely reported being sexually assaulted at the same rate as other comparable crimes, which is 3% of the time (Pennsylvania Coalition Against Rape [PCAR], 2014).

The idea persists that people commonly make up stories of sexual assault for petty revenge or personal gain. The reality is that, given the invasiveness, length and difficulty of both the forensic rape exam and a criminal trial, it is a process that very few victims choose to go through, and even fewer people elect to endure it for frivolous claims.

Someone in a relationship can be sexually assaulted by his or her partner. More than half (51.1%) of female victims of rape reported being raped by an intimate partner (Black, et al., 2011).

Sexual assault can occur in various ways within a relationship, including manipulation, coercion, and pressuring the other person to have sex or perform sexual activities when that person does not want to. Each person has the right to decide if, when, with whom, and to what extent he or she wishes to be sexual. If each party involved does not have the autonomy to freely choose to engage in the sexual activity, then it is not only abusive but also illegal, regardless of whether the individuals are married, partnered, have had sex previously, or have been dating a long time, or if one has spent a lot of money on the other.
Males and females of all ages can be victims/survivors of sexual assault.
Almost 80% of female victims of completed rape were first raped before their 25th birthday, with 42.2% experiencing their first completed rape before the age of 18, 29.9% between 11-17 years old, and 12.3% at or before age 10. Almost 28% of male victims of completed rape were first raped when they were 10 years old or younger (Black, et al., 2011, p. 25).

Although statistics show that the majority of sexual assault victims/survivors are under the age of 21, sexual assault victims range in age from newborn to 100. Again, perpetrators will choose victims who are vulnerable and may be less likely to report out of fear or shame. This is especially true for males who are sexually assaulted, as people believe they should be strong enough to fight off their perpetrator.

Reflections

Sexual assault commonly is understood to be a crime of passion. If we examine the situations in which sexual violence occurs, there is always a perceived or real power differential. The perpetrator feels entitled to take advantage of another person and believes that he or she 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 he or she does tell.

What are ways to make sure W-2 participants feel they are believed when they disclose sexual assault?

Why might a victim/survivor choose not to report a sexual assault?
Poverty and Sexual Assault, a Compounded Risk

Research shows an undeniable link between poverty and sexual violence. Sexual violence can jeopardize a person’s economic well-being, often leading to homelessness, unemployment, interrupted education and health, mental health, and other daily stressors and struggles. In turn, living without one’s basic needs met can increase a person’s risk for sexual victimization. Perpetrators of sexual violence target individuals who seem vulnerable – whether due to gender, age, race, disability, sexual orientation, immigration status, income or other reason; they exploit victims and survivors caught in Catch-22 situations created by poverty. (Greco & Dawgert, 2007, pg. 1)

Why Is this a Compounded Risk?

According to Greco & Dawgert (2007), “People living in poverty experience daily stressors in meeting the basic needs some of us take for granted, such as obtaining food, shelter, transportation or clothing and keeping themselves and their families safe” (p. 8). The authors go on to explain how poverty increases dependence on others and can make life more dangerous.

How can living in poverty make life more dangerous and increase dependence on others?

What barriers exist that may make it challenging for individuals living in poverty to access services?

Do you have relationships established with community resources that address the complex issues of poverty and sexual assault?
The Impact of Sexual Assault

“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 goes far beyond physical wounds. According to Howard Zehr (2001), 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. 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.

Dealing with Sexual Assault

Although each person’s experience is unique, many survivors experience three distinct phases in their response to a sexual assault:

- Initial or acute impacts
- Longer-term reorganization
- Resolution or healing

Remember, there is no blueprint or timeframe for dealing with sexual assault.
Acute Impacts

During this phase, which may last anywhere from a few days to a few weeks after the assault, survivors commonly experience a complete disruption of their lives. Normal coping mechanisms are overwhelmed, or survivors may be at a complete loss as to what to do. This phase also is commonly referred to as the “crisis state.”

Some of the feelings survivors may experience in the aftermath of sexual assault are:
- Disorientation
- Helplessness
- Shame
- Self-blame
- Panic
- Anger
- Irritability
- Sense of being isolated from others
- Rapid mood swings
- Fragmented memories

Some survivors openly express these emotions, some keep assault at emotional arms-length by keeping tight control over their demeanor, and others may feel only a sense of shock. Shock serves as an emotional circuit breaker – protecting the individual until he or she is able to begin to regain control and cope with what has happened. The assault may seem distant or unreal, and emotions may be muted or completely numbed. Survivors who are in shock may behave as if the assault has not occurred, or may minimize its effects.

The stereotypical image of a sexual assault victim is someone curled into a fetal position, sobbing uncontrollably. Some survivors react this way – but we need to recognize that some do not.

From the outside, survivors may appear calm and controlled; maybe minimizing what has taken place, comforting others, making light of the situation by cracking jokes, or numbly going through the motions. Other survivors may cry, swear, shout, laugh nervously, or lash out at whomever (or whatever) is nearest.

All of these behaviors are normal. BUT they do not necessarily fit with how we have come to expect a victim to “act.” Therefore, it is not uncommon for people to make judgments about whether an assault really happened based on the behavior of the victim.
Reorganization

Reorganization will look different for each survivor, and may last anywhere from a few months to several years. The hallmark of reorganization is a return to some sort of daily routine. Significant life changes may occur during this time, resulting in a routine that looks very different from the survivor’s routine prior to the assault.

For many, reorganization also means beginning the process of sifting through the experience, regaining personal power, and rebuilding. For others, coping means keeping the memories and feelings at bay through:
- Use of alcohol or drugs
- Compulsive eating, shopping, exercise
- Other coping strategies

Resolution

Beyond simply surviving the experience of sexual assault, many survivors reach a point in which they find resolution and healing. Healing involves integrating the experience into one’s personal history as an event of great magnitude, but one that does not control or diminish the survivor’s present life. Survivors learn to replace strategies that helped them survive with ones that help them grow and thrive.

Resolution is a process that starts when a survivor begins to make the connection between the sexual assault and its effects in his or her life.

The process of healing is unique for each person. For some, it involves reaching out through writing, speaking, or lending support to others. For some, it involves reaching inward through meditation, introspection, or self-awareness.

It is important to remember that there is no ‘recipe’ for healing and no timetable to chart the progress. The process is unique for each person.
Factors Influencing the Healing Process

Because every person and situation is different, victims of sexual assault will respond to an assault in different ways. Many factors can influence an individual’s response to, and recovery from, sexual assault.

Aggravating Factors: Contributing to a More Difficult Process

- Lack of support from family and friends
- Close relationship between the victim and the perpetrator
- Younger age/development state at the time of the assault(s)
- Increased duration and frequency of the attack(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 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
- Cognitive and/or developmental delays

Mitigating Factors: Contributing to a More Positive Process

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

Some survivors of sexual assault will find they can recover relatively quickly; others will feel the lasting effects of the victimization throughout their lifetime.
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 sexual assault can be minimal. 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 has been linked to problems across a person’s lifespan. Individual survivors may endure higher incidences of:
- depression and other psychological disorders
- substance abuse
- self-injury
- eating disorders
- health problems
- suicide

Emotional and Behavioral Concerns

Self-esteem and one’s sense of personal power often are 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 and less personal power. For some individuals, emotional turmoil may find expression through acting-in and/or acting-out.

Acting-In (Self-Destructive or Self-Denying Behaviors)
- Self-medication or numbing (substance abuse)
- Self-mutilation (cutting, burning, hair pulling)
- Eating disorders
- Suicide attempts
- Stringent self-denial or over-indulgence
- Work-aholism, exercise-addictions, other compulsive behaviors
- Trying to be “perfect” to compensate for perceived worthlessness
- Failure to avoid dangerous situations because of feelings of being “not worth protecting” or out of a belief that bad things are inevitable
- Denial of sexuality, or promiscuous behavior
Acting-Out (Anti-Social and Externally Destructive Behaviors)

- Uncontrolled outbursts of anger or hostility
- Lying
- Challenging authority figures
- Bullying
- Cruelty toward animals
- Breaking rules/laws
- Exhibiting physical aggression
- Sexually reactive behavior (reenacting the assault on others)

Physical Health Concerns

Many of the coping methods we have discussed have obvious health implications. Drugs and alcohol, eating disorders, and self-injury can lead to injury, chronic illness, and death. High-risk sexual behavior can result in sexually transmitted diseases and/or pregnancy.

Another type of health concern may be psychosomatic complaints. These are real problems that are manifestations of emotional distress, and may include chronic pain, gastrointestinal problems, and respiratory disorders.

Increased Vulnerability

Many of the behavior patterns precipitated by a sexual assault can increase a person’s vulnerability to sexual assaults. 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

Research has shown that the transition to work may not be easy for many survivors who face serious barriers to work, including physical and mental health problems. For some survivors, the trauma of a sexual assault can result in the development of psychological disorders. Far from indicating that the individual is abnormal or crazy, these are all normal reactions to abnormal circumstances.

Post-Traumatic Stress Disorder (PTSD)

This sometimes is called Rape Trauma Syndrome (RTS) if the triggering trauma is a sexual assault.

Symptoms:
- Reliving the event through intrusive recollections, flashbacks, and/or nightmares
- Emotional numbing, feeling detached or estranged
- Anxiety that interferes with daily life

Anxiety

Symptoms:
- Racing heart, tightness or pain in chest
- Shortness of breath, dizziness, muscle weakness
- Headaches
- Difficulty swallowing
- Irritability, anger
- Inability to concentrate
- Feelings of being outside oneself (depersonalization)

Depression

Symptoms:
- 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
- Agitation, difficulty with concentration or thinking
- Recurrent thoughts of death or suicide
Secondary Victims

The victim’s parents, partners, and/or friends and others in the survivor’s community also may feel the impact. It is possible that these secondary victims also need support in working through their feelings and healing from the trauma that the sexual assault inflicted. Common reactions may include:

- Fear
- Grief
- Anger
- Helplessness
- Impatience
- Guilt

Let’s Reflect

Healing from a sexual assault can at times be a scary, frustrating process – with gains and set-backs, periods of little progress and periods of rapid growth. The road through recovery sometimes may 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. Celebrating 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.
Working with Sexual Assault Survivors

Successfully engaging a person in W-2 activities may help the survivor reduce the effects of suspected or revealed sexual assault while pursuing employment goals. But, there are things we need to remember to best allow the survivor to be successful.

- Present a calm and helpful attitude.
- Do not force eye contact.
- Do not be frustrated by communication difficulties – reframe your statement or question, and evaluate the participant’s understanding.
- Structure questions in a way that builds understanding.
- Repeat instructions, writing each one, if necessary.
- Facilitate the interaction, as the participant may not be able to.
- Revisit the Participant Barriers page in WWP and discuss the participant’s health or personal life experiences that may impact his or her ability to get and keep employment as an opportunity for you and the participant to work together on the next steps.
- Be prepared to discuss the option of a referral for formal assessment.
- Be patient with the length of time it takes the participant to formulate thoughts and action plans.
- Schedule more and shorter-term appointments, if necessary.
- Schedule appointments to account for medication side effects, if necessary.
- Respond as a professional when the participant acts with anger or frustration – strive for professional objectivity.
- Avoid minimizing statements:
  “Oh, it’ll be okay.”
  “Look on the bright side.”

Remember: Your participant is an individual, so when developing the EP with him/her, avoid the “cookie cutter” or “one size fits all” approach.
What You Can Do if a Participant Identifies as Being Sexually Assaulted

- Believe the person.
- Listen to the person.
- Give information; provide options and referrals.
- Do not tell the person what to do.

What to Do if You Suspect a Sexual Assault

In your conversations with a participant, you may suspect an assault that the participant has not yet revealed.

What can you do in this situation?

If you ask the questions, be prepared for the answers.

Reasons Someone May Not Want to Reveal a Sexual Assault

- Will not be believed
- Afraid of losing benefits
- Shame
- Embarrassment
- Afraid of losing children
- Afraid others will find out, which could increase vulnerability
- 

It’s okay if someone does not want to reveal sexual assault to you.
Utilize Your Resources

You are not expected to be a sexual assault advocate or a counselor. Therefore, it is important to know your community resources so that you can guide a participant to the proper resource.

Wisconsin Coalition Against Sexual Assault (WCASA)

WCASA works both to prevent sexual violence and to support services to those affected by sexual violence. They act as a clearing house for a whole host of information related to sexual assault. WCASA also is available to provide educational programming, including opportunities for training and webinars. It is important to note that they do not directly provide services to victims of sexual assault, but they do provide a list of resources that victims can access.

For More Information on WCASA
http://www.wcasa.org/pages/Home-Page.php

For Resources in Your County
http://www.wcasa.org/pages/SASPs.php
Role of the Sexual Assault Advocate

Advocates provide support to help victims/survivors know they don’t have to go through this alone. Advocates may be responsible for taking crisis calls; meeting individually with victims/survivors; facilitating a support group; accompanying survivors to the hospital, to court, or to file a police report; providing community education; and coordinating community response teams. No matter their responsibilities, an advocate is there to provide compassionate crisis intervention and ongoing support to survivors and their families.

An advocate will support survivors and their choices regarding the difficult decisions they have to face by listening and believing them without judgment. Advocates empower survivors to make their own decisions by working to:

- Explore their options
- Understand their rights
- Find answers to their questions
- Connect with other resources and people
- Build a network of support

It is important to understand the services available at your local sexual assault center to help W-2 participants feel comfortable accessing services.

What can you offer to W-2 participants when making a referral to an advocate?

A 2006 study found that when victims receive advocate-assisted services, they receive more helpful information, referrals and services and fare better in both short- and long-term recovery (National Alliance to End Sexual Violence, 2013).
Advocate Confidentiality Laws

For victims of sexual violence, the fear, shame and isolation that result from the assault can be strong impediments to ever retelling their experiences. If survivors are ready to reach out and tell another person, they need to feel confident that they are in control of who knows what about the experience and when they know about it.

Sexual assault service programs offer a safe, confidential environment, and this enables victims to seek the services of advocates. Confidentiality is a foundational principle of the work advocates do with survivors. The importance of this confidentiality is recognized by law. The victim-advocate privilege law gives victims working with advocates the same type of confidentiality protections given to patients and doctors, clients of counselors and other relationships for which confidentiality is essential.

Key Case Management Reminders

You will encounter sensitive information while working with survivors of sexual assault. It is important to treat that information as confidential. Remember that survivors may have extraneous challenges to participation. Ensure you follow the Good Cause Policy when making good cause determinations.

Confidentiality

Due to the nature of sexual assault and what we know about the effects of sexual assault, more than likely you will be handling confidential information. W-2 Manual Chapter 4 provides guidance on how confidential information needs to be handled.

Key W-2 Policy Information

- Information related to Domestic Violence Counseling and Mental Health Treatment are confidential
- Details of assessment and treatment notes are confidential
- A release of information is needed to disclose this type of confidential information
- Scan all confidential information to the appropriate confidential folder in ECF

What types of information may you collect from a participant dealing with sexual assault that would be confidential?

How might this information be used?
Good Cause for Non-Participation Policy

As the FEP, you determine whether or not to grant good cause. W-2 Manual Chapter 11 provides guidance on making that determination.

Key W-2 Policy Information

- There are multiple Good Cause reasons
- You are responsible for determining Good Cause
- Be sure to document your Good Cause determination
- Written verification may be necessary in some instances
Reflections

Much of our learning has focused on the effect of sexual violence on victims and how this victimization and the physical and emotional aftermath may affect how a W-2 participant participates in the W-2 program. Let's take some time to reflect on what we have learned and apply it to our experiences.

Notes:
References


Resources

1in6

Resources for men who experienced sexual assault
https://1in6.org/

Centers for Disease Control and Prevention
www.cdc.gov/Violenceprevention/sexualviolence/consequences.html

National Center for Victims of Crime
http://www.victimsofcrime.org/

National Institute of Mental Health

National Sexual Violence Resource Center
www.nsvrc.org

Pennsylvania Coalition Against Rape
http://www.pcar.org/

Rape, Abuse & Incest National Network
www.rainn.org

Washington Coalition of Sexual Assault Programs
A resource on intimate partner violence
http://www.wcsap.org/intimate-partner-sexual-violence

Wisconsin Coalition Against Sexual Assault, Inc.
2801 West Beltline Highway, Suite 202
Madison, Wisconsin 53713
Phone/TTY (608) 257-1516 • Fax (608) 257-2150
http://www.wcasa.org

Wisconsin Office of Justice Assistance
http://www.ncjp.org/states/wi?vdt=glossary%7Cpage_1

Wisconsin Works (W-2) Manual
http://dcf.wisconsin.gov/w2/manual/default.htm