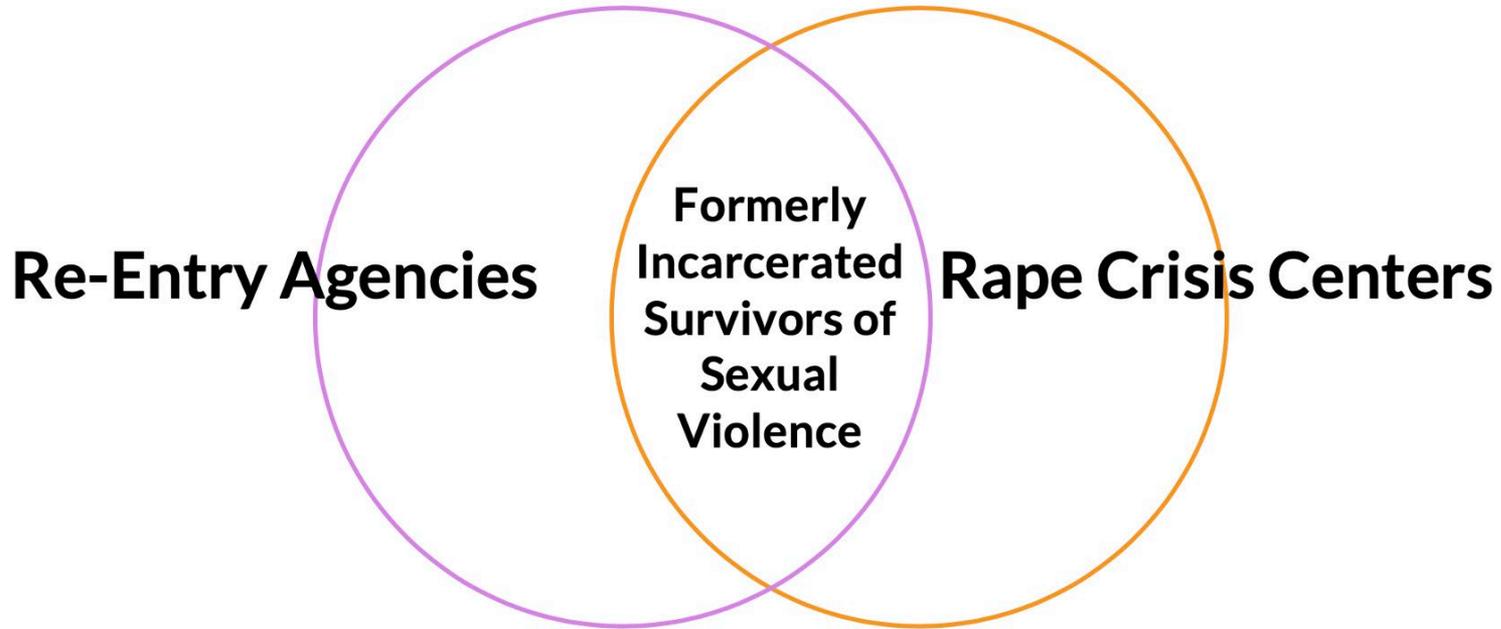


# Talking about Sexual Violence

## Curriculum 2 in the Returning and Healing Training

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# Returning and Healing



# Goals for today:

1. How to ask re -entering people if sexual violence is an issue they need to address;
2. How to respond if they say yes

# Talking About Sexual Violence is Hard

# To successfully ask about sexual violence...

We need to understand why our clients may want to talk about it, and why they might not, and;

Why *we're* afraid of talking about it, as providers.

# Biases: sexual violence vs. other violence

Who do I think this type of violence happens to?

How do I think this type of violence happens?

What do I think about people who've been through it?

# Men who are survivors

- Shock, disbelief and confusion because never told that rape could happen to men
- Men socialized to not seek help
- More common to display anger
- More likely to become confused about sexual orientation
- Ashamed and embarrassed that they weren't able to defend themselves
- Victims who experience sexual arousal or ejaculation may be concerned that people will believe they engaged in consensual sex

# What are we afraid of?

Triggering Clients

Offending Clients

Not comfortable talking  
about sexual issues

Don't know what to do

# How do we deal with these?

Triggering:

***Understand sexual  
trauma response***

Uncomfortable:

***Practice talking about  
it in safe space***

Offending Clients:

***indirect techniques***

Don't know what to do:

***SEEK method***

# How do you talk to the people you serve now?

...about other challenging topics?

What's your process for intake and interviews?

# Talking to formerly incarcerated people about sexual violence

# Assumptions about the population

1. Men don't want to talk about victimization. Framing conversation as survivor v. perpetrator may not work.
2. Almost everyone who's been inside has experience with their bodily autonomy being violated, through searches or something similar.
3. It'll take time and repeated offers to talk before someone will want to do so.

# Assumptions about the population continued

4. If we seem scared to talk, then clients won't talk either.
5. Many formerly incarcerated people are already dealing with shame and stigma. If they believe they will be judged for talking about this, they won't talk.

# Scenario set -up

A client comes into the office for services.

- How old are they?
- What gender?
- How did they find you?
- What do they *say* are the reasons for them coming in?

# Rebalancing the scales

Why would this client want to talk about sexual violence with you?



Created by Musket  
from Noun Project

Why would they *not* want to talk about sexual violence with you?

# Three -part model



## **Timeframe:**

Initial  
conversations,  
first few meetings

## **Timeframe:**

After rapport  
established, 2-3  
months into client  
work

## **Timeframe:**

After relationship  
established, 3-6  
months

# Impersonal, Direct Questions

## What is it?

Questions that ask directly about sexual violence, but are not specific to the individual client.

## Why this timeframe?

Asking these questions early shows clients that the office has always cared about their trauma past.



## What's the purpose?

Asking these questions early “opens the door” for clients to bring up sexual violence if they want to, and shows them the office is one of the places they CAN talk about it if they want to.

# Impersonal, Direct Questions (2)

## Notes:

- Should be asked of everyone
- End of sessions
- List to “hide” the sexual violence part.
- Just planting the seed!

## Examples

“A lot of folks coming home might be dealing with things like addiction, rape or sexual assault, or dealing with some of the violence they saw inside. Do you want to talk about any of that kind of stuff?”

“Is there anything else you’ve been dealing with that you want to talk about? We can try to help connect you to places that work on stuff like mental health, sexual assault, or substance use.”

# What's a good list of other issues?

- Need to be things people actually face
- Need to be things you can help them address!

# Non-clinical trauma questions

## What is it?

Questions that ask about some of the experiences that clients have started to talk about, but without clinical words.

## Why this timeframe?

As you build rapport with clients, they are more likely to talk about some of the things they've experienced.



## What's the purpose?

These questions give clients the opportunity to talk about their feelings on specific experiences they may have brought up with you, or alluded to, without touching on personal biases or concerns about victimhood.

# Non-clinical trauma questions (2)

## Notes:

- Focused on what people said
- Framed as “check-in” questions
- How is someone dealing with an experience?
- No clinical language

## Examples

“You mentioned that you’ve been thinking about your time inside a lot. How are you feeling about that?”

“You said that a screw (correctional officer) used to mess with you inside and you’ve been thinking about that. How are you feeling about that? Do you want to talk about that?”

“You’ve been through some tough stuff. How are you feeling about it? Do you want to talk to someone about it more?”

# Symptomatic Questions

## What is it?

Questions that ask about behaviors or symptoms that are closely associated with responses to trauma.

## Why this timeframe?

Once you have a solid relationship with a client, they may be more likely to tell you how they are coping with life outside.



## What's the purpose?

Clients who have a relationship with you, might still be reticent to identify as survivors, but might be willing to talk about the indicators of it. This lets them start a conversation about sexual trauma without having to say

# Symptomatic Questions (2)

## Notes:

- Lots of symptoms are related to sexual violence
- Used as a “proxy” for talking about the trauma
- Can connect well to a non-clinical trauma question

## Symptomatic

“How are you sleeping? Are you doing ok getting rest? If not, do you have any sense of what’s making it hard to sleep?”

“How are you finding it being in groups of people again? On the train or at work? Is that going OK? If that’s been tough, how are you feeling about it? Do you want to talk to someone about that?”

“How are you finding it focusing on things, at work or at home?”

# Questions about sexual violence - scenario

Quick Roleplay: based on the scenario client we brainstormed before, what are a couple of ways to ask these questions? What language feels natural to you?

How do you think the client would respond to these types of questions? How would that change as you build rapport with them?

What kinds of things have clients talked with you about when you *have* formed strong relationships with them?

# What are you listening for?

1. Experiences that sound like sexual violence even if words like rape and assault aren't used: coercive protective pairings, searches, any stories about being forced or pushed into doing things.
2. Descriptions of emotions that sound like trauma reactions, even if those aren't the words used. Anytime someone says they felt powerless.
3. Indicators that someone had an unwanted or bad experience, and things were a lot different after they went through it.

# Responding to Disclosures

# What disclosures can look like

Someone comes to your office and discloses they are the survivor of a sexual assault. Without thinking too much:

- In your mind, how were they acting?
- In your mind, what happened to them?
- In your mind, what gender were they?
- How old were they?

## What disclosures can look like (2)

Disclosures may not look the way we expect them to.

How do the people you work with talk about traumatic things they have experienced with you now?

# How to Respond

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**Safety**

**Empowerment**

**Empathy**

**Knowledge**

# Step 1: Safety

What are the safety concerns for the client?

- Physical
- Emotional
- Social

# Safety Techniques

- Safety consultations (asking what they need for safety)
- Room is safe/confidential (people can't overhear you)
- Limit outside stimuli
- Check-ins for safety
- Explain confidentiality

## Step 2: Empowerment

Powerlessness is a major component of sexual violence. Helping survivors find options for making decisions can be a real way of helping them heal.

These decisions can be incredibly granular!

# Empowerment Techniques

- Open-ended questions (where possible)
- Silence – let the client drive the conversation (where possible)
- Highlight decision-making points

## Step 3: Empathy

Put yourself in their shoes

Validate their experience, emotions and actively listen.

Communicate that survivors are never to blame for an assault. Use responses that feel genuine to you, don't use "its not your fault," put it in the context of what happened.

# Empathy Techniques

- Summarizing
- Validating clients' feelings
- Mirroring their language
- Active listening

# Step 4: Knowledge

- Know your role
  - Immediate response - not trying to be a clinician!
  - Believe and empower
  - Limitations: this is not a long-term therapeutic setting.
- Be prepared
  - Have key questions and comments in mind
  - Have access to information: how to refer to BARCC, for example.



# Knowledge Resources

What sorts of things will you need to have available to you quickly?

- BARCC 24-hour hotline number and contact person?
- Any groups or organizations you know of that do peer support for this issue?
- Quick information about health care and/or hospital needs, if an assault was pretty recent?



# Roleplay Scenario

Our scenario client from before mentions in a meeting that they are having a really hard time sleeping, and that they can't focus. They keep thinking about this one CO who used to "cause a lot of problems for them, and used to do these weird searches."

Role play out talking through their disclosure.

# Questions and reactions?

# Next Steps

- Finalize referral process to BARCC
- Pilot asking questions
- Debrief after 2-3 months. What's working/not working about questions?
- Debrief referral process: what's working/not working?
- Change/alter questions if necessary
- Additional training if necessary
- How is everyone feeling?

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