Training Manual for Social Supports of Survivors of Sexual Assault

by

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Dedication

I would like to dedicate this thesis to all in the helping profession, your work does not go unnoticed.
Abstract

Survivors of sexual assault are at risk of experiencing psychological and emotional distress as a result of their trauma. Trauma-related symptoms can be lessened when provided with adequate support. Studies have found that non-professional relationships including family, friends and partners tend to be the top choice of support for survivors. Individuals who fulfill the support role may place more emphasis on this role than their own self-care. As a result, their well-being may be at risk. The purpose of the current thesis was to create a manual that covered a range of topics addressing the needs of social supports. Topics include psychoeducation regarding the role of social supports, the effects of trauma, effective strategies to support a survivor and the importance of maintaining self-care. Future research examining the efficacy of the manual for use by social supports was recommended.
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Leah Todd

A special thanks to Leah Todd, my college supervisor, for patiently supporting me throughout the thesis writing process. I thank you for your time and energy put into my thesis and making it what it is today.
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Chapter I: Introduction

According to the Rape, Abuse & Incest National Network (RAINN, 2016), sexual assault refers to “Any sexual contact or behavior that occurs without explicit consent of the victim”. RAINN (2016), suggests that sexual assault can be experienced in many different forms. These different forms of sexual assault may include: attempted rape, fondling, unwanted sexual touching, forced to perform sexual acts, or penetration of a victim’s body. RAINN statistics state that one in three women, and one in six men, experience sexual assault at some point in their life. Given the rate of sexual assault, and as it tends to be increasing, it is important as a society to work towards eliminating sexual violence within our communities.

Effects experienced by survivors of sexual assault can be detrimental within every aspect of one’s life. According to RAINN (2016) 94% of survivors experience symptoms of Post Traumatic Stress Disorder. As defined in the DSM 5 (2013), Post Traumatic Stress Disorder includes “experiencing significant distress or impairment within an individual’s social interactions, one’s capacity to work, and in other important areas of functioning.” These symptoms can impact a survivor’s functioning in a number of domains including work, home, and personal life. Individuals experiencing Post Traumatic Stress Disorder may experience symptoms such as difficulties in concentrating and sleeping problems. These symptoms often result in the inability to be on time to work and appointments, and the inability to stay focused and organized at work, making maintaining a job very difficult (RAINN, 2016).

While experiencing sexual assault can be harmful to an individuals psychological, emotional, and physical wellbeing, RAINN (2016) states these effects can be lessened when provided with support. In studies done examining sources of support to survivors of sexual assault, it was found that support is most often times sought out from loved ones, also known as informal supports (Golding, 1989). Informal supports, or also known as social supporters, as defined in an article titled “ripple effects of sexual assault, (2007)” are one’s family, friends or spouses. Golding et al. emphasized the importance of social support in the healing process, and indicated that survivors tended to disclose to and rely on their loved ones’ for such support. Golding found support for this idea after conducting his 1989 study. Golding et al. (1989) study was to investigate which form of support is deemed most useful for sexual assault survivors. The study concluded that over half the participants, at 59%, sought out support from a family or friend, for reassurance and for validation of ones’ feelings, compared to 27% of survivors reporting to a mental health professional. Golding’s 1989 study proves social support as an important factor in recovery of survivors of sexual assault. “The ripple effects of sexual assault, (2007)” article stated that once disclosure has been made to a social supporter of the survivor, they are put into a predominant role within the survivor’s healing journey.

With the research that has been done, it is evident that social supporters, as well as the primary victim of the assault, undergo the effects of the trauma (the ripple effects of sexual assault, 2007). A noticeable trend in the literature suggests that the effects experienced not only need to be addressed and managed for the primary survivor, but also their social supports they choose to disclose too.

The agency in which the training manual will be used, the Sexual Assault Centre Kingston, has attempted in the past to run support groups for family and spouses of...
survivors of sexual assault, but has been unsuccessful due to not having participants. The following training manual was developed by taking into consideration possible gaps the previous group may have encountered, and also by taking the literature review and past studies into consideration on what is deemed most important when supporting a survivor’s informal support system.

The manual for family, friends, and spouses of survivors of sexual assault, will benefit members of society who are having trouble supporting their loved ones, maintain self care, and lack knowledge about sexual assault.
Chapter II: Literature Review

Hearing a victim of sexual assault recount their experience can provoke a wide range of thoughts and feelings. The literature suggests that individuals who witness the disclosure of a sexual assault experience by a loved one, whether it be a child, a spouse, or a friend, are at a risk of developing psychological consequences (Molnar, 2017). Molnar (2017) indicated that the most prominent psychological consequences include vicarious trauma, compassion fatigue, and burnout. Vicarious trauma, also referred to as secondary traumatic stress, is “the exposure to the trauma experiences of others” (Molnar, 2017, p.1). Turgoose, Glover, Barker & Maddox (2017), defined compassion fatigue, much like vicarious trauma, as a potential impact on an individual that results in physical and emotional exhaustion, also causing a reduction in ones ability to feel empathy. Turgoose et al. (2017) defined burnout as the feelings of emotional and physical exhaustion, and hopelessness experienced by those in the helping profession, that results in poor ability to maintain activities of daily living.

A study conducted by Turgoose et al. (2017) reviewed the effects of working in a profession where individuals work closely with victims who have experienced rape and sexual assault. The 2017 study found that formal supporters of survivors of sexual assault including police officers, emergency workers, physicians, nurses and mental health professionals are at a very high risk of developing the psychological consequences of vicarious trauma, compassion fatigue, and burnout. Such individuals work within a field where they can expect to be exposed to stories and experiences of sexual assault and related trauma experiences. These working professionals are put through training and are educated on the most effective ways of supporting individuals, and taking care of themselves, making them a great source of support for survivors of sexual assault. As these professionals are qualified, they are still vulnerable and susceptible to burnout. Individuals such as friends, family members, or partners that survivors choose to disclose to, do not have the same training as such professionals making them potentially more vulnerable to psychological consequences.

In a study conducted by Conn & Butterfield (2013), strategies used by police officers coping with secondary traumatic stress were examined. The study reviewed different methods that the officers had used in the past, and whether those methods helped or hindered the individual’s healing process while coping with secondary traumatic stress. Conn & Butterfield (2013) found that the police officers top coping strategies that were beneficial to them while managing secondary traumatic stress included; engaging in self-care, communication and support from family, friends, and co-workers, and mental health resources. The police workers also noted that experiencing the rewarding feeling of having the ability to help, is a motivator in continuing in the field. The study (Conn & Butterfield, 2013) deemed self-care as engaging in activities to promotes one’s physical and/or emotional health. Self-care activities included exercise, prayer, meditation, sleep and taking time outs. The participants in the study found that engaging in self-care increased their ability to cope with secondary traumatic stress, and played a very important role in their well being by either enhancing their ability to focus on themselves, or to distract them. The second strategy police officers found helpful in coping was communication and having support from friends, family and co-workers (Conn & Butterfield, 2013). This was defined as having the ability to rely on friends and
family to help meet their emotional and psychological needs and being able to have informal conversations with co-workers about how they are feeling. The participants deemed communication to be both helpful and hindering, depending on how communication was perceived. In the sense of being able to communicate with someone who has similar experiences, communication was seen as helpful by being able to get validation of their thoughts and feelings from others. On the other hand, some participants also found communication to be hindering in their ways of coping if they did not have support from their family or friends. Not having support from friends and family tended to play a major role in how one copes with secondary traumatic stress. Another factor in the study that was reviewed was access mental health resources, and if participants used them. Conn & Butterfield (2013)’s found that those participants who used helplines, support groups, chat lines or talking with a counsellor found such mental health resources to be a prominent tool in helping cope with secondary traumatic stress. Workers that talked with a counsellor found that after just one session, they felt improvement in their well being and less affected by stress. Those participants who did not engage in using mental health resources, reported they felt that if such services were more available to them, and they knew how to access them, would have been a good support and more inclined to use them.

Another factor that seemed to play a role in either positively or negatively helping the participants with coping, was the extent to which they perceived themselves as having the capacity to offer help to others. Participants that viewed themselves as being helpful tended to cope better than those who felt unable to adequately provide help to others. Participants that found this to hinder their coping, were ones that felt they did not have the ability to help, leaving them feeling helpless within a situation. Factors that Conn & Butterfield (2013) found that hindered coping for these participants included: vulnerability, presence of additional stressors in one’s life, and inability to relate to the victim. A negative impact on the participants coping was how they perceived the vulnerability of the person. The study defined this as the characteristics of the victim that make them appear more innocent and reliant on others for protection. Another major factor that hindered the coping of the participants depended on other stressors they had in their life, including financial distress, other relationships, and life outside of work. The last factor found and reviewed in the Conn & Butterfield’s (2013) study, was the participants’ ability to relate to the victim, which tended to be found as a factor that prevented participants from effectively coping with secondary traumatic stress. The ability to relate to the victim, as defined by how the police officer felt victims shared traits and circumstances similar to themselves, resulted in increased feelings of empathy.

The results from Conn & Butterfield (2013) study goes to show the severity of potential psychological effects on police officers working with trauma victims. The 2013 study’s review of coping strategies and their usefulness to police officers, expresses the need for resources and potential coping strategies for dealing with secondary traumatic stress. As stated in the 2013 study, police work is considered a high intensity job where to be employed must have prior training in the areas of mental health and personal well being, and workers still experience secondary traumatic stress.

Professionals in the mental health field tend to be the most educated in supporting survivors of sexual assault. However, a study done by Ahrens, Cabral & Abeling (2009) found that family and friends and informal social supporters, are the most common
individuals that survivors confide in. On average, survivors tend to disclose to three non-professional individuals. Since these social supports do not have the same education and training as professionals in the mental health field, but are more depended on, they would highly benefit from any source of training, or support group, to help them with their loved ones. In efforts to reduce the consequences of vicarious trauma, compassion fatigue, and burnout on informal supports to sexual assault survivors, it is necessary to provide them with adequate resources to meet their needs. Figley (2002) expressed that those that provide informal support to survivors of sexual assault are in the unique position of bearing witness to their loved one’s suffering. This in turn can lead to the experience of distress among the support person. Family, friends, and spouses that experience a loved one’s disclosure of a traumatic experience, such as sexual assault, personally feel their loved ones suffering, often resulting in the tendency to suppress their own needs in order to focus on their loved ones needs (Figley, 2002). Figley (2002) expressed that not only are friends, family and spouses at risk of experiencing vicarious trauma, compassion fatigue, and burnout, they are also at risk of neglecting themselves to heightened focus on their loved one.

In contrast to the potential negative effects on social supporters, Turgoose et al. (2017) study also found that informal supports also felt a sense of accomplishment, and got pleasure from helping an individual in need, and making a difference in someone’s life. A study done by Barr (2017) investigated the relationship between compassion satisfaction and social support. Barr (2017)’s study defined compassion satisfaction as a “personal fulfillment from helping others cope with stressful situations” (p. 2). Barr found compassion satisfaction to be an important factor when trying to minimize negative consequences, such as burnout and vicarious trauma. Parents, friends, and spouses who provide support to a survivor of sexual assault may find that this is not an easy task (RAINN, 2016). As such, it is important for social supporters to feel prepared in supporting a loved one, for they are the number one source of support survivors turn to.

Coming forward and disclosing to someone, whether a professional or a loved one, can be a challenge for survivors (RAINN, 2016). When survivors come forward, and disclose details about their assault they are seeking support from the individual they choose to talk to (Jacques-Tiura, Tkatch, Abbey & Wegner, 2010). Ahrens, Cabral &Abeling (2009) suggest that the most common and necessary kind of support survivors are seeking when disclosing include: supportive listening, suggestions and expressions of care and concern, and assurance that they are not at fault or to blame. RAINN (2016) suggests that one’s initial reaction to a loved one disclosing about a traumatic experience is hard not to react to, and can be challenging to be supportive in ways the survivor needs. In order to be able to provide support and to be able to fulfill the needs of the survivor, it is important for society as a whole to be more aware of strategies and approaches when dealing with disclosures. Jacques-Tiura et al. (2010) conducted a study to determine the effects potential negative and positive reactions that someone may have to disclosure of sexual assault. Jacques- Tiura et al. (2010) found that survivors of sexual assault experience a mix of negative and positive reactions. They found positive reactions to include emotional support and tangible aid, and negative reactions including blaming and doubting the survivor.

Support groups have been designed and implemented for many different populations, experiences, emotions, and interests. Johnson (2017) found that providing
support is most effective if delivered in a group because of the relationships and bonds formed between members. The benefits offered in support groups can be effective when working with the sexual assault population, not only for the survivors but also their social support systems, as they have undergone a unique form of trauma as well.

Meier (2002) reviewed an online support system for social workers as a way to cope with psychological stressors. Meier (2002) found that although online support groups are a great way for practitioners and researchers to apply knowledge and provide resources respectively, it lacked appeal to individuals who do not use the internet, or need the face to face contact. Meier found there were both positive and negative associations that go along with online support groups. Specifically, it was discovered that the online support group helped some of the participants deal with psychological stress, but it was hard to manage who was a member in the group, how the group communicated, and staying on the same topic with all members. Results from this study suggest that online support can benefit individuals as a resource, but not always as a healing process. Having an in person support group is more beneficial to it’s members than chat lines on the internet.

In a support group of families who have lost a loved one, Turunen and Punamaki (2016) found the most common positive results of the group included the trust and support members felt between each other and members learning there are no right and wrong feelings. Members from the 2016 study done by Turunen & Punamaki (2016), reported benefiting from having designated amount of time to devote towards their healing, and by listening to others experiences and ways of coping. The study expressed the importance of sharing traumatic experiences, and the positive effect that expressing feelings had on improving grief and mental health. This kind of support group would be beneficial to parents, friends, and spouses of sexual assault survivors, by being able to express experiences and concerns with others who have experienced a similar situation. Turunen & Punamaki (2016) study reported members feeling more inclined, and easier to share feelings with people who would understand, and be able to relate.

Cohen (1988), looked into support groups in relation to sexual assault survivors. Cohen’s finding’s reported that support groups within the population of sexual assault survivors, were mostly intended for the primary survivor, overlooking the needs of the survivor’s social support systems. Cohen (1988) specifically looked into research on boyfriends and spouses of female survivors of rape and sexual assault, and how to increase support for that population when receiving a sexual assault disclosure. Cohen (1988), started a support group for males who were support systems for their spouse who experienced sexual violence. The group was implemented with the intent to mend relationships after having a significant source of stress, such as rape and sexual assault outside the relationship. Cohen’s (1988) support group focused on helping the males within the group recognize and explore their feelings, while also giving them resources and educating them in order to help their partners in their healing, and meeting their needs. The study found that the most common themes amongst the group were feelings of guilt, inadequacy, helplessness, uselessness, panic, violation, and anger. These feelings relate to more recent research which focuses on vicarious trauma, burnout, and compassion fatigue. Cohen (1988) found after addressing and visiting these feelings with the members, they felt they benefited from the support group; reporting that they had major improvements in their relationships and also in controlling their emotions as not
only they self-reported, but their partners as well. After attending the support group, the members felt more adequate and equipped in supporting their partners, improving their communication and relationship with each other. Findings from Cohen’s (1998) study suggest that not only is it important to support individuals close to a survivor of sexual assault, but to give them resources and education in coping strategies, self care, and appropriate language and responses. Research done by Campbell, Ahrens, Sefl, Wasco & Barnes (2001) has shown that the response, either positive or negative, can have a major impact on how the survivor heals. Campbell et.al (2001) found responding in a negative manner, can not only negatively impact the relationship between the survivor and supporter, but also cause negative thoughts and emotions that can interfere with the survivors healing process.

Silverman (1978) conducted a study to find the benefits of supporting parents, friends, and spouses of victims of sexual assault. Silverman did this by looking at how providing support to their loved ones affected their relationship, and their level of comfort while providing emotional support towards those who experienced sexual assault. Silverman found that by supporting parents, friends, and spouses of sexual assault survivors and addressing their psychological and emotional needs after disclosure, they felt more confident in providing support to their loved ones. Participants of the study reported they felt more equipped in providing support after they were able to process their own feelings.

The vicarious trauma, compassion fatigue, and burnout experienced by parents, friends, and spouses of sexual assault survivors is an important issue, and made clear in the literature reviewed. The needs of the social supports of the primary victims are not nearly addressed enough. Providing education, resources, support and help, through the use of a support programs, would be beneficial within society. In the limited research done, providing support groups for social supports has shown a positive increase their mental, emotional and physical well being, along with their ability to support their loved ones (Johnson b, 2017). Selecting target areas to focus on among the population of social supports including self care, education on sexual assault, how to respond to disclosure, and how to find support for themselves have stood out as the gaps in the current support these supports are being provided. Participants in Conn & Butterfield (2013) study evaluated their current coping strategies and how effective they were in helping them deal with secondary traumatic stress. The participants in the study reported that engaging in self-care and maintaining healthy mental and physical well being was the most important factor in coping with stress. Education on sexual assault was an aspect among the group by Cohen (1988). Cohen addressed the effects of severe trauma on an individual, explaining how reactions and behaviours that were seen as irrational and unexplainable were normal. Participants in Cohen’s study reported that after understanding how these behaviours expressed by their partners who were survivors of sexual assault were developed, they had less trouble in coping with them. Participants from Cohen’s study also reported feeling more equipped in supporting survivors after being educated on appropriate responses and how to react during a disclosure.

The development and increase of these support groups is necessary in providing support for not only the survivor of sexual assault, but their social support system as well. The lack of research done on the subject of social supports limits what is deemed as effective in providing support, but establishes the need for more research to be done. The
training manual will include target areas that have been previously identified as beneficial to those who have been exposed to secondary trauma to support those in need, and act as a reference.
Chapter III: Methodology

Participants

This manual was designed to be used as a resource, and also a potential guide for running a support program for informal supports. Informal supports include, but are not limited to partners, parents are friends of survivors of sexual assault. For the purpose of this manual, these supporters will be referred to as social supports. Social supports (i.e., friends, family, partners) are the target population for this manual as they tend to be relied on by survivors more than any other form of support (i.e., professional, internet support, self-help). The manual was designed to be used with social supporters, who have experienced any difficulties in managing self-care or well-being, have difficulty formulating appropriate responses to disclosure, and/or in need of education on sexual assault. Participants would not need to be referred by a professional, but have to have the inclusion criteria of identifying themselves as a social support for a survivor in need of their own support. Exclusion criteria for the group include survivors of sexual assault.

Design

The manual was created during a 14-week placement by a student in the Honours Bachelor of Behavioural Psychology program as part of an applied thesis at St. Lawrence College. The manual is composed of 4 chapters that cover a range of topics including self-care, education on sexual assault, and how to respond to a disclosure of sexual assault. The purpose of this manual was to provide an accessible resource to social supports. The manuals intended use could also include acting as outline for a support group program.

Setting/ Material

A potential use of the manual is to be guide for a professional facilitator implementing a support group. Such groups can be run within a clinic, school, or office. The manual can also act as a resource for everyone as the manual is composed of information on education on sexual assault, how to address disclosure and maintain self-care.

Measures

The manual will include a Likert scale to measure the usefulness of the information. The Likert scale will include statements about the accessibility of the manual, usefulness of information, and if the manual was helpful. The manual will include a Likert scale (from 1 = “strongly disagree” to 5 “strongly agree”) measuring components for participants to rate aspects to which they agree with statements regarding the manual.

The Manual

Part I: Introduction: This section of the manual provides an overview of the social supports manual and a definition of “social support.” It introduces users to the center where the manual was created as a resource for, and the purpose of the manual.

Part II: Chapters: This portion of the manual will be broken down into different chapters, including the information topics of general education, how to respond to disclosure and self-care. The general information chapter includes definitions regarding sexual assault, understanding sexual assault from victim’s perspective, facts and myths, and common survivor reactions. The second chapter includes the role of a social support in responding to a disclosure, dos and don’ts of responding, and communication strategies when supporting a survivor during a disclosure. The last chapter pertaining to
self care includes what self care includes, how stress affects individuals, tips for improving and maintaining self care, and types of self care.
Chapter IV: Results

The final product of the social support group program manual can be located in Appendix A. This manual was designed to be used as a guide for a social support program. Specifically, the manual aims to address the needs of social supports to survivors of sexual assault. This 4-chapter training manual was created using information that the literature found to be crucial in maintaining well-being among social supports of survivors of sexual assault.
Chapter V: Discussion

Thesis Summary
The purpose of this thesis was to provide essential information in supporting individuals who have had a loved one disclose their experience of sexual assault to them. The research outlined in the literature review provided support for the importance of structured resources for such individuals, such as friends, family, and partners of survivors of sexual assault, and the crucial role they play in a survivor's healing. The aim of the manual was to prevent negative symptoms among informal supports and enhance well-being in this particular stress experience. A manual was chosen as the final product for its ability to act as a resource within a Sexual Assault Center or act as a guide for a facilitator to use to run a support group. The training manual sought to address the most important factors in helping social supports to maintain well-being and provide adequate support to survivors of sexual assault. The manual specifically included general information on sexual violence, how to support a survivor, and maintaining self-care. The manual was created using prior research done and geared to the target population of social supports.

Limitations and Challenges
Although the manual should be beneficial to the agency and future clients, there are some limitations and challenges. A major limitation was time restraints. The manual was unable to receive feedback from staff and clients, and a program was unable to be implemented. As a result, it is unknown whether this manual is effective in helping reduce compassion fatigue or enhance well-being among those providing support to survivors of sexual assault.

Another limitation of this thesis project was the lack of established research regarding how to adequately address the needs of social supports. Information used to create the manual was based on literature that focused on professional populations. With this, it is unclear whether results are generalizable to the population of social supports. A limitation to the information gathered was the neglect of potential important topics that could be identified by social supports that was not addressed in literature that was reviewed.

In addition, a potential challenge to the implementation of the manual would include supporters not coming forward. Often times, supporters are asked by their loved ones to keep their assault experience confidential, leaving supporters feeling unable to reach out for help for themselves or the survivor.

The current manual provides basic information and education and is not a comprehensive treatment program. Such as, it cannot act as a replacement for professional services for individuals experiencing severe distress or symptomology.

Multilevel Challenges to Service Implementation
The following are some examples of multilevel challenges in the development, or the potential implementation of the thesis manual created.

Client Level
A potential challenge at the client level within the thesis created would include the manual content. The information provided within the manual was chosen and expanded from what was seen as the most crucial information for supporting the target population from previous literature. In reality, the needs of all potential clients who would benefit from the manual could differ from the topics covered. The manual cannot
address every need of every individual.

Another challenge within the client level would be the accessibility for the target population. In order for clients to benefit from the manual, it is required they reach out for help and come to the center. Some potential barriers to clients reaching out for help could be lack of knowledge about available support, or clients unable to recognize personal impacts on their wellbeing and need for support. Another way the manual may fall short of supporting the target population of social supports is its inability to substitute as therapy. Depending on the individual and their healing process, the manual may not benefit them at all.

**Program Level**

Due to no program being implemented, it is uncertain if the information explained in the manual is beneficial in supporting the target population, making a challenge for the program level. The manual is hypothesized to be beneficial in a group setting for group members to be able to support each other, and recognize they are not alone and are experiencing common emotions. Another potential challenge at the program level would be funding within the clinic to run a program and having the resources for a group. Potential shortages in funding could apply to not having a professional to run the group, or having the necessary materials such as a space.

**Organizational Level**

A challenge that has been identified within the center in the past includes not having enough clients to form a support group. Lack of clients has been the result of clients either being unaware of the center and programs being offered, or not being comfortable in coming forward. Lack of clients could also be the result of poor, or not enough, advertisement. If there are no clients, nor enough interest, no program can be run.

Another organizational level challenge would be the organizations priorities of the programs being offered. The Sexual Assault Centre’s main focus is supporting survivors of sexual assault. If there were ever to be a lack in staff or funding, providing support to first hand survivors would be most important at the sexual assault center.

**Societal Level**

A potential challenge to implementation of a program would be stigma and lack of awareness. The needs of the target population of this thesis are often not recognized as the focus is typically placed on the survivor. This has been seen in the current programs offered within the community, with more support programs being offered to individuals who experience assault first hand.

**Contribution to the Behavioural Psychology Field**

The overall goal of this thesis was to gather information pertaining to gaps found in the literature on supporting survivors of sexual assault. The thesis goal corresponds to one of the purposes of working in the field of Behavioural psychology being the goal of improving the quality of life of clients. It is hypothesized that the manual created will better equip social supports in supporting their loved ones by providing them with the support they need, benefiting both the first hand survivor and their supporters. This thesis adds to the field of Behavioural psychology by providing a foundation for further research into the topic of social supports for survivors of sexual assault.

**Practical Applications and Recommendations for Future Research**

The manual created was to provide the center with a potential resource for a
support group for, but not limited to, friends, family, and partners of survivors of sexual assault. Future research would be necessary to conclude whether the manual was effective in being a supportive resource. Potential research could include studies conducted to examine the effectiveness of the group using self-report questionnaires, feedback forms that allow supports to outline need areas and ways the manual may incorporate additional information, differences in effectiveness between running as a group versus using the manual as a self-help resource.
References


Appendix A

A Guide for Social Supports

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St. Lawrence College
Behavioural Psychology Degree Program
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Introduction

This Social Supports Training Manual intended audience can include:

- Professionals interested in facilitating a program for social supports of survivors.
- Individuals experiencing difficulties supporting a loved one who is a survivor of sexual assault.
- Individuals interested in becoming more educated on sexual assault and how to support a survivor.

*This Social Supports Training Manual is a resource created by Jordan Clarke, a student at St. Lawrence College, to be used for her undergraduate thesis.*
Social Supports: Chapter Breakdown

Information addressed throughout this manual that is deemed necessary when supporting an individual, either being a friend, partner, or parent of a survivor of sexual assault. The chapter topics were selected based off gaps in the literature, and what has been deemed most effective in supporting these social supports of survivors of sexual assault. The chapter topics have been broken down here below.

Social Supports Chapter 1:

   Introduction to the Sexual Assault Centre

Social Supports Chapter 2:

   Education on Sexual Assault

Social Supports Chapter 3:

   Supporting a Survivor

Social Supports Chapter 4:

   Self Care
Chapter 1

Introduction to the Sexual Assault Centre
Sexual Assault Centre

“Sexual Assault Centre Kingston is a not-for-profit organization providing free, confidential, non-judgemental support for all survivors of recent and/or historic sexual violence in Kingston, Frontenac, Lennox & Addington since 1978”

SACK’s Vision:
- A community free from sexual violence.

SACK’s Mission:
- Work together to support individuals and their loved ones to heal from sexual violence.
- Educate individuals and organizations on the impact of sexual violence.
- Organize and advocate for systematic and social change required to end sexual violence.

SACK’S Values:
- We understand that the resiliency and bravery of survivors is the foundation of all our work. We are guided by the voice of survivors in all aspects of our work, and we respect and honour all the decisions they may about their lives;
- We ground everything we do in a feminist, AR/AO Framework, including learning from struggles and movements against racism and other oppressions. This means we are committed to recognizing and challenging the lack of accessible, appropriate services for survivors of sexual violence. We particularly recognize the impact of colonization and racism on Indigenous girls and women;
- We seek to identify and remove barriers that might exist for the communities we serve in accessing our programs and services;
- We know that our greatest partner is our community; they are a key target for change, and we can’t achieve our goals without them;
- We use a trauma-informed approach to our work, in recognition of the profound effect of sexual violence on survivors.

Used with permission from the Sexual Assault Centre- Kingston
Social Supports

_Social Supports_ include individuals in a survivor’s life, that the survivor turns to for support after sexual assault.

Social supports are informal support systems including, but not limited to:

- Friends
- Family Members
- Parents
- Co Workers

Did you know…

- Over 50% of survivors disclose to an informal social support rather than a professional.
- Social supports play a major role in survivor’s healing process.
- Hearing about a loved one’s experience with sexual assault can result in feelings of anger, sadness, and can impact the supporter in many ways.
- Literature suggests that individuals that are disclosure to about an experience of sexual assault from a loved one are at risk of psychological consequences along with the first hand survivor.
- Social supports are at risk for experiencing secondary traumatic stress and vicarious trauma from supporting a loved one after an assault.
Chapter 2

Education on Sexual Assault
Education

What is Sexual Violence?
Sexual violence is an umbrella term used to describe either physical or psychological violence that is carried out through targeting sexuality or in a sexual manner.

What does Sexual Violence Include?
- Sexual Assault
- Sexual Harassment
- Childhood Sexual Abuse

Sexual Assault
Sexual assault refers to sexual contact or behaviour that occurs without explicit consent of the victim.

What Does Sexual Assault Include?
- Attempted rape
- Fondling or unwanted sexual touching
- Forcing a victim to preform sexual acts
Understanding Sexual Assault

**Perpetrators:**

- Perpetrators come from every economic, racial, ethic, age, religious, ability, language, orientation and gender identity background.
- Most perpetrators are not strangers, but are known to the survivor.
- Sexual violence occurs in all different forms of partner relationships – heterosexual, non-heterosexual, marriage, common law, dating, monogamous and non monogamous relationships.
- Most perpetrators use coercion – manipulation or a threat with real or imagined consequences on victims.
- Most sexual assault cases don’t involve physical force.
- Sexual orientation and gender identity are not the cause of sexual assault. Similarly, sexual assault does not determine a person’s sexual orientation or gender identity.

**The Assault:**

- Majority of sexual violence occurs in people's homes. However, can occur in any location whether private or public.

**Victims:**

- Anyone can be a survivor of sexual violence – anyone of any economic, racial, ethnic, age, religious, ability, language, orientation and gender identity background. A vast majority of victims/survivors are women and girls.
- Individuals who are face oppression, especially those of intersectional identities (women, transgender and gender non-conforming individuals, Indigenous peoples, persons with disabilities, racialized individuals, elderly individuals, those living in poverty, newcomers) are disproportionately targeted by perpetrators of sexual violence.
- Survivors are not to blame for the sexual violence they faced (no matter what they were wearing, if they were intoxicated, if they engage in sex a lot or have multiple partners, if they were out alone, etc.). Blame lies only with the perpetrator.
- People with disabilities are victims of sexual assault twice as much as people without disabilities.
Facts and Myths

**Myth:** Sexual assault is an act of lust and passion and can’t be controlled.

**Fact:** Sexual assault is about power and control and is not motivated by sexual gratification.

**Myth:** If a victim of sexual assault does not fight back, they must have thought the assault was not that bad, or that they wanted it.

**Fact:** Many survivors experience a “freeze response” during an assault, where they physically cannot move or speak.

**Myth:** A person cannot sexually assault their partner of spouse.

**Fact:** Nearly 1 in 10 women have experienced rape by an intimate partner in their lifetime.

**Myth:** Sexual assaults most often occur in public or outdoors.

**Fact:** 55% of sexual assault victimizations occur at, or near the victim’s home. 12% occur at or near the home of a friend, relative, or acquaintance.

**Myth:** People that been sexually assaulted will be hysterical and crying.

**Fact:** Everyone responds differently to trauma–some may laugh, some may cry, some may not show any emotion.

**Myth:** Wearing revealing clothing, behaving provocatively, or drinking a lot means the victim was “asking for it”.

**Fact:** The perpetrator selects the victim – the victim’s behaviour of clothing choices do not mean that they are consenting to sexual activity.

**Myth:** Getting help is expensive for survivors of assault.

**Fact:** Services such as counselling and advocacy are offered for free or at a low cost by sexual service providers.

**Myth:** There is nothing we can do to prevent sexual violence.

**Fact:** There are many ways you can help prevent sexual violence including intervening as a bystander to protect someone who may be at ricks.

**Myth:** Sexual assault is an impulsive act.
Fact: In 71% of sexual assaults, the offender made plan to sexually assault a person, or a specific person. The offender often takes advantage of a person in a vulnerable situation.

Myth: Offenders are “perverts.”

Fact: This assumes only sick or insane people are offenders, and that obtaining sex is the primary motive for assault. Often times the perpetrator does not sexually assault in order to obtain sex.

Myth: It can not happen to me.

Fact: Anyone may be sexually assaulted.

Myth: Children who are sexually assaulted will sexually assault others when they grow up.

Fact: Approximately 70% of all adult sex offenders were not sexually abused as a child.
Survivors

Survivors experience a wide variety of emotions after experiencing an assault.

*Common feelings survivors experience includes:*

- Guilt
- Depression
- Suicidal thoughts
- Flashbacks
- Difficulty focusing/sleeping
- Feeling numb/shock
- Anger

It is important to acknowledge that every survivor reacts differently. A survivor may feel all the emotions, or none.

Survivors of sexual assault often develop coping mechanisms for themselves. These coping mechanisms are survival strategies survivors use to cope with overwhelming & unbearable emotions.

*Strategies may include:*

- Minimizing their experience
- Dissociation
- Increased use of drugs or alcohol.
- Disordered eating
- Self-harming behaviours
- Self-isolation
- Increase/decrease in sexual activity

*Survivors of sexual assault often express their emotions in two different ways. Including:*

1) **Expressive:** Survivors actively express emotions such as fear, anxiety, and anger.

2) **Controlled:** Survivors appear calm and composed. Survivors may not appear to be in crisis even if they are.

*Important to remember that...*

- Sexual assault often leaves survivors feeling powerless.
- An assault can affect one’s life physically, emotionally, mentally, and spiritually.
- Survivors should never feel judged for how they choose to cope with their emotions.
- Regardless of how survivor is responding, important to be sensitive, caring and respectful and listen to their needs.
Survivor Reactions

After an assault, a survivor experiences multiple reactions, also depending where a survivor is on their healing journey. Reactions are important to notice in order to support a survivor.

Immediately following an assault, a survivor may experience acute reactions including:

- Shock
- Pain and irritation
- Soreness and tension
- Emotional outburst (Crying, yelling, anger, confusion, humiliation)
- Becoming withdrawn from surroundings

After an assault, survivors may try and make sense of what happened to them. While recognizing the impact of the trauma on their life, they may experience...

- Intrusive thoughts and images
- Reoccurring dreams/ nightmares
- Flashbacks to the assault
- Distress to similar events
- Anxiety attacks
- Feelings of shame

Avoidance symptoms:

- Avoiding thoughts and feelings of the assault
- Avoiding activities that may remind survivor of assault
- Desire to change jobs, housing
- Inability to recall specific events of the trauma
- Depression or diminished interest
- Feelings of detachment from others
- Restricted range of feelings and expression
- Sense of limited future
- Physical and emotional numbness
- Loss of control
- Confusion

Cognitive reactions:

- Why me?
- Will people reject me?
- Am I to blame?
- If I forget about it, it will go away.
- What if I hadn’t done...
Chapter 3
Supporting a Survivor
Social Supports

Sexual assault advocates become an important role to the survivor, where they place the needs of the survivor before their own. However, often times it becomes necessary to take a look at our own needs and feelings ensuring the survivor is provided with the best support possible.

*How you may be feeling...*

- Supporting a survivor may be scary, you may feel inadequate and that you don’t know enough.
- You may feel angry, confused or helpless.
- May experience stress as a result of being exposed to stories of assault.
- Outraged, horrified, or shocked.

*What Survivors want you know...*

- Survivors often feel responsible for the abuse.
- Survivors feel shame surrounding the abuse.
- A survivor’s healing process may take years.
- Survivors don’t follow the same pattern of healing behaviour.
- Survivors may be in and out of therapy on multiple occasions, having experienced new triggers.
- Survivors don’t want pity.
- Don’t categorize survivors. Each abuse may be similar but is a unique case.
- Not all survivors have clear memories of the abuse or assault – survivors may need to deal with that lack of memories on a regular basis.
- Even if safe, survivors may experience fear and are fearful of their attackers.
Do’s & Don’ts

Do….

- **Believe a survivor unconditionally**: Survivors may fear not being believed.

- **Accept what a survivor says without judgement**: Survivors may feel at fault.

- **Understand that you can not control how a survivor feels or fix the problem**: Survivors need to feel they are being listened to and heard.

- **Listen**: Concentrate on survivor’s feelings.

- **Acknowledge the strength it takes for a survivor to come forward**: Thank them for disclosing to you.

- **Be patient**: Talking about the assault is very hard for the survivor. May take a long time before they are able to revisit the assault.

- **Let survivor you are there whenever they are ready to talk**: Knowing they have someone for support will benefit them and their healing process.

- **Help survivor regain control over their life**: Survivors often feel they have lost control of themselves and their life.

- **Support their decisions and choices without judgement**: Help survivors feel empowered.

- **Assist survivors by presenting them with options and resources to help make the best decisions**.

- **Respect survivor’s privacy**.

- **Respect the survivor’s decision to report to the police**: If so, assist them.

- **Stay clam**.

- **Express love and support with words and gestures**.
Don’t…

- **Push for information**: Survivors will disclose what and when they are comfortable.

- **Ask for specific details**: Survivor may experience flashbacks.

- **Ask “why” questions**.

- **Tell them what you would have done, or what they should have done**: may experience more guilt and shame.

- **Assume you know how a survivor is feeling**: All survivors have feeling experiences and feel different emotions.

- **Put blame on survivor**.

- **Suggest a survivor to “move on”**: Everyone’s healing process is different.

- **Over question or demand details**.

- **Underreact or minimize information**.

- **Over react and panic**.
Communication Strategies

It is common to be at a loss for words when supporting a loved one after an assault. Some phrases to use include:

- “I’m sorry this happened to you”
- “It’s not your fault”
- “Thank you for telling me that”
- “I am always here if you want to talk”
- “Can I do anything for you?”

While you may experience difficulty in knowing what to say, it is important to remain sensitive to survivor’s feelings. Phrases that may negatively impact a survivor, and a relationship between a supporter and survivor include:

- “It was your fault”
- “You could have avoided this if...”
- “It is in the past. Get over it”
- “It is not that big of deal. It happens all the time”
- “I don't believe you”
Chapter 4:

Self Care
Social Supports

The burden placed on supporters can be a heavy one. Being disclosed to, supporters may find themselves in a position where they feel the pain and suffering of their loved ones. Despite this, their job is to, validate their experiences, and be empathetic and supportive without losing their objectivity.

Social supports, while supporting survivors of sexual assault may have a hard time letting go of feelings, and feeling refreshed and prepared to support their loved ones. They may even notice changes in their mood and outlook which can be an indication of vicarious trauma. This can place a strain on the supporters coping skills, as well as their relationship with the survivor.

Vicarious Trauma can be defined as the profound shift that individuals experience in their world view when they work with people who have experienced trauma.

Supporters who are experiencing vicarious trauma may find themselves unable to make decisions, or remembering things.

Other Signs of vicarious trauma
- anger
- anxiety
- depression
- sadness
- low self esteem/emotional exhaustion.
- Fatigue
- Headaches
- Difficulty sleeping

How people may address secondary victimization:
- Withdrawing/ shutting down emotionally trying to distance them from trauma.

OR

- Feel guilty about having these feelings resulting in a supporting giving even more, trying to be more empathetic, more helpful, and giving a survivor all their energy rather than addressing their own personal needs.

A supporter experiencing secondary trauma may not know when enough is enough.

Supporters may try dealing with their feelings by:
- Smoking
- Abusing drugs/ alcohol
- Over eating
Although these behaviours may temporarily help, over time become more serious physical and emotional stressors.

Stress

Supporting a survivor of sexual assault can be stressful on an individual. Individuals often find that the tragedies they are exposed to can trigger struggles of their own.

Social supporters may be supporting their loved one’s who are in crisis. Supporters may find that they are being asked help by a survivor who is experiencing anxiety and depression, and maybe even contemplate suicide.

A survivor will be looking for support and guidance and the pressure will be on their social support- which over time may take a toll on the supporter, resulting in feelings of being overstressed and not being any help.

Physical and Behavioural Symptoms of stress:
- Increase in drinking/smoking
- Premenstrual tension or missed cycles
- Desire to eat as soon as a problem arises
- Frequent heartburn
- Lack of appetite
- High blood pressure
- Alteration of sleep patterns
- Feeling of constant fatigue
- Chronic diarrhea or constipation
- Frequent headaches
- Shortness of breath
- Inability to cry or a tendency to burst into tears easily
- Persistent sexual problems
- Excessive nervous energy which prevents relaxing
- Impulsive behaviour

Psychological Symptoms of stress:
- Constant feeling of uneasiness
- Constant irritability
- Boredom with life
- Reoccurring feelings of being unable to cope with life
- Sense of suppressed anger
- Inability to concentrate for any length of time
Self Care

In order for supporters to be able to support others, it is important for their own needs to be taken care of. Some things supporters can do to support themselves include...

What is Self Care?

- Self care is any activity that an individual does deliberately in order to take care of their mental, emotional, and physical health. Although seems easy to do, self care if often overlooked and neglected.

Why is Self Care important?

- Self care is key to improved mood and to reduce stress and anxiety.
- Important to maintain not only a healthy relationship with others, but with one's self.

Ways to improve your self care:

- Actively plan an activity, rather than waiting for it to happen.
- Be aware of what you do, why you do it, and how you feel during it. If you don’t see something as self care, don’t engage in it.
Tips for Self Care

- **Create a “No” list:** Take note of things you don’t like or no longer want to do.

- **Promote a healthy balanced diet.**

- **Get enough sleep:** Adults generally need 7-8 hours of sleep each night.

- **Exercise:** Not only good for one’s physical health, but also one’s emotional and mental health.

- **Use relaxation exercises/practice mediation:** You can do these at anytime of the day.

- **Spend time with people that are important to you:** Friends, family, co-workers, etc.

- **Do at least one pleasurable thing for yourself a day:** whether it be cooking a meal, or having a bath.

- **Stick to the basics:** Over time you will find what works for you, and what you consider to be self care may change.
Types of Self Care

There are different categories of self care, including different types of activities.

Physical Self Care

Examples of physical self care include:

- Eating healthy and regularly.
- Engaging in exercise regularly.
- Taking time off when ill.
- Getting enough sleep.
- Drinking enough water.
- Taking a break from technology.
- Getting massages.
- Taking day trips or mini holidays.
- Listening to your body, and what it is telling you about your health.

Psychological Self Care

Examples of psychological self care include:

- Making time for reflection
- Writing in a journal.
- Noticing inner experiences.
- Not taking comments personally.
- Learning something you are unfamiliar with.

Emotional Self Care

Examples of emotional self care include:

- Expressing your feelings.
- Acknowledging your self worth.
- Identifying with people you feel comfortable with, along with places and things.
- Allowing yourself to cry, and feel emotions.
- Staying in contact with people that are important to you.
- Loving yourself.

Spiritual Self Care

Examples of spiritual self care include:

- Reflection.
- Spending time with nature.
- Finding a spiritual connection or community.
- Mediation.
- Reading inspirational literature
Agency Satisfaction Survey

Social Support Manual

Directions: Please choose the response that accurately reflects your opinion of the manual.

1: Strongly Disagree, 2: Disagree, 3: Neither Agree nor Disagree, 4: Agree, 5: Strongly Agree

1. The manual was well organized [easy to navigate].
2. The manual was visually appealing.
3. The manual contained easy-to-read language.
4. The information provided in the manual is useful.
5. The manual matched the needs of agency staff.
6. Improvements should be made to resources suggested in the manual.
7. Improvements should be made to the information in the manual.
8. Would recommend manual to others.
9. Would use this manual for populations other than social supports.

Additional Comments/Recommendations:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________