



## **Session 23**

### ***Table of Contents***

<b>Session Overview.....</b>	<b>Page 1</b>
<b>Military and Sexual Assault.....</b>	<b>Pages 2-3</b>
<b>Counselor Safety, Self-care and Vicarious Trauma.....</b>	<b>Pages 4-9</b>
<b>Conclusion – Moving Toward The Future.....</b>	<b>Pages 10-12</b>

## Session 23

**Session Overview:** This session begins with learning about sexual assault occurring in the military. We will the discuss continuing support for our human trafficking survivors.

We will conclude with defining vicarious trauma, the impact on advocates and how to increase counselor safety.

# Military and SA

## Sexual Assault on Military Bases

- **The Military Police have legal jurisdiction** over crimes committed on a military base.
- **If the perpetrator is a member of the military, the crime is investigated and prosecuted in the military courts.**
- **If the suspect is non-military and the assault takes place on a military base, the suspect is turned over to the local authorities.**
- **There are two ways victims can report sexual assault:**
  - **Restricted:** Confidential reporting where legal action is not sought and the victim seeks medical treatment and/or counseling
  - **Unrestricted:** Victims seek medical treatment and/or counseling and will explore legal options.
- **Some military bases have a base hospital and trained personnel** to perform sexual assault forensic medical exams.
- **Other bases make arrangements with the designated hospital in the California county nearest to the military base for the performance of sexual assault forensic medical examinations.**
- **Some military bases have arrangements with local rape crisis centers** to provide counseling services for victims.
- **Some bases use their own counseling centers.**
- **Most sexual assaults go unreported** – 79% did not want anyone to know; 66% felt uncomfortable making a report and 51% did not think the report would be kept confidential.

Adapted from sources : CalCASA Training Standards - Accessed 4/17/18 at <http://www.calcasa.org/wp-content/uploads/2011/05/Training-Standards.pdf>; *Military Sexual Assault Fact Sheet*. Accessed 4/19/18 at <https://www.protectourdefenders.com/factsheet/> ; *The War Within: Sexual Abuse in the Military*. Accessed 4/19/18 at <https://www.socialworkdegreecenter.com/sexual-abuse/>



## FACTS ON UNITED STATES MILITARY SEXUAL VIOLENCE

Stats from the 2016 – 2022 DoD SAPRO Reports, unless otherwise noted – [sapr.mil/reports](https://sapr.mil/reports)

### SEXUAL VIOLENCE REMAINS PERVERSIVE

- In FY21, nearly 36,000 service members experienced sexual violence (19,200 women and 16,600 men). The rate of wrongful sexual contact jumped by ~35% from FY18 to FY21.
- In FY22, nearly 9,000 reports of sexual assault involving service members were received, a 1% increase from reports made in FY21.

### VAST MAJORITY OF CASES GO UNREPORTED

- In FY22, only about 1 in 4 service members reported their sexual assault to a Dept. authority.

### RETALIATION IS THE NORM

- 31% of men and 28% of women reported experiencing retaliation after a sexual assault.<sup>1</sup>
- Action was taken to hold retaliators accountable in only 7% of the cases reported.
- 56% of retaliation reports alleged that retaliators were in their chain of command.
- A third of women who reported a sexual assault were discharged within a year of reporting, typically within 7 months.<sup>2</sup>

### LITTLE TRUST AND SATISFACTION IN SYSTEM

- 66% of women believe the military will not protect their privacy, 60% believe the military will not ensure their safety, and 61% believe the military will not treat them with dignity and respect if sexually assaulted.
- 47% of women cited worrying about potential negative consequences from co-workers as a reason for not reporting.
- 48% of survivors reported dissatisfaction with the support received from military-assigned Special Victims Counsel/Victims Legal Counsel.
- 35% of the cases reported were restricted.

### LOW CONVICTION AND PROSECUTION RATES

- Despite a continual increase in unrestricted sexual assault reports since 2015, convictions have plummeted in the same timeframe.

- In FY22, of 5,941 unrestricted reports of sexual assault, only 301 (5.0%) cases were tried by court martial, and just 123 (2.1%) offenders were convicted of a nonconsensual sex offense.

### HIGH DEMAND FOR VA CARE

- Approximately 38% of female and 4% of male military personnel and veterans have experienced MST.<sup>3</sup>
- 40% of women homeless veterans have faced MST.<sup>4</sup> Veterans with an MST history are over twice as likely to experience homelessness.

### SEXUAL HARASSMENT IS ALARMINGLY HIGH

- In FY22, there were 3,201 complaints of sexual harassment received.
- About 40% of women who experienced sexual harassment were also sexually assaulted.
- DoD has concluded that “sexual harassment is a leading factor affecting the unit climate on sexual assault.”
- 24% of women and 19% of men identified at least one alleged offender in their chain of command.

### GOOD ORDER AND DISCIPLINE AT RISK

- If a unit has a climate of sexual harassment, then a woman has a 1 in 4 chance of experiencing unwanted sexual contact.
- More than 1 in 4 survivors of either sexual assault or sexual harassment/discrimination took steps to leave the military as a result.

**DEFINITIONS** Sexual assault in the survey corresponds to crimes defined by Uniform Code of Justice (UCMJ) Article 120 (rape & sexual assault) and Article 80 (attempts). Sexual harassment is defined in federal law and military regulations and includes a pervasive and severe sexually hostile work environment that interferes with the ability to do one's job and/or sexual quid pro quo. Gender discrimination, also defined, refers to gender-based mistreatment that results in harm to one's career.

<sup>1</sup> RL Beckman, C Farris, LH Jaycox, TL Schell, “Perceived Retaliation Against Military Sexual Assault Victims,” *RAND National Defense Research Institute* (2021), [https://www.rand.org/pubs/research\\_reports/RR2380.html](https://www.rand.org/pubs/research_reports/RR2380.html).

<sup>2</sup> Department of Defense (DoD) Inspector General, *Evaluation of the Separation of Service Members Who Made a Report of Sexual Assault* (2016), <https://media.defense.gov/2016/May/09/2001714241/-1/-1/1/DODIG-2016-088.pdf>.

<sup>3</sup> L Wilson, “The Prevalence of Military Sexual Trauma: A Meta-Analysis,” *Trauma, Violence, & Abuse* (2016).

<sup>4</sup> J Pavao, JA Turchik, JK Hyun, et al., “Military Sexual Trauma Among Homeless Veterans,” *Journal of General Internal Medicine* 28 Suppl 2 (2013).

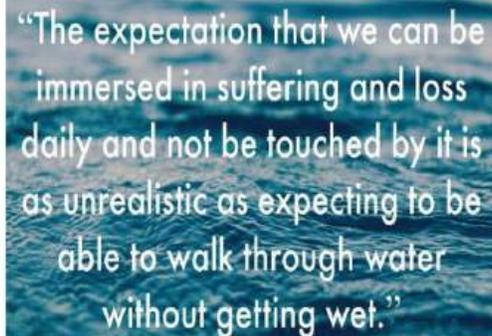
## Counselor Safety, Self-care and Vicarious Trauma

# What Is Compassion Fatigue?

Compassion Fatigue is stress resulting from helping or wanting to help people who are experiencing trauma or suffering.

Caring too much can hurt. When caregivers focus on others without practicing self-care, destructive behaviors can surface. Secondary traumatic stress is the emotional duress that results when an individual hears about the firsthand trauma experiences of another. Its symptoms mimic those of post-traumatic stress disorder (PTSD).

Apathy, isolation, bottled up emotions and substance abuse head a long list of symptoms associated with the secondary traumatic stress disorder now labeled: Compassion Fatigue.



“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.”

Dr. Naomi Rachel Remen

### Secondary Traumatic Stress and Related Conditions: Sorting One from Another

**Secondary Traumatic Stress** refers to the presence of PTSD symptoms caused by at least one indirect exposure to traumatic material. Several other terms capture elements of this definition but are not all interchangeable with it.

**Compassion fatigue**, a less stigmatizing way to describe secondary traumatic stress, has been used interchangeably with the term.

**Vicarious trauma** refers to changes in the inner experience of the therapist resulting from empathic engagement with a traumatized client. It is a theoretical term that focuses less on trauma symptoms and more on the covert cognitive changes that occur following cumulative exposure to another person's traumatic material.

**Compassion satisfaction** refers to the positive feelings derived from competent performance as a trauma professional. It is characterized by positive relationships with colleagues, and the conviction that one's work makes a meaningful contribution to clients and society.

**Burnout** is characterized by emotional exhaustion, depersonalization, and a reduced feeling of personal accomplishment. While it is also work-related, burnout develops as a result of general occupational stress; the term is not used to describe the effects of indirect trauma exposure specifically.

Adapted from Compassion Fatigue Awareness Project, What Is Compassion Fatigue? <http://www.compassionfatigue.org/pages/compassionfatigue.html> Accessed 1-015-18 and The National Child Traumatic Stress Network, What Is Secondary Traumatic Stress? <http://www.nctsn.org/resources/topics/secondary-traumatic-stress%20> Accessed 1-15-18

# Signs Of Vicarious Trauma

The indicators of vicarious trauma can be categorized into emotional, behavioral, cognitive, physical and spiritual signs and symptoms.

The list below is not exhaustive but indicates the wide-ranging nature of how trauma may impact on the lives of workers.

Signs Of Vicarious Trauma				
<u>Emotional</u>	<u>Behavioral</u>	<u>Physical</u>	<u>Spiritual</u>	<u>Cognitive</u>
Prolonged grief	Isolation	Headaches	Changed relationship with meaning and hope	Cynicism
Prolonged anxiety	Avoidance	Hives or rashes	Lack of sense of purpose	Becoming judgmental of others
Prolonged sadness	Numbing	Heartburn	Decreased sense of agency	Negativity
Irritability	Staying at work longer	Migraines	Reduced sense of connection to others	Thinking about clients' traumas when at home/not at work
Moodiness	Not being able to separate work from personal life	Stomach ulcers	Challenged to maintain a sense of self as viable, worth loving, deserving	Difficulty thinking clearly, concentrating, and remembering things
Depression	Increased alcohol consumption	Tics	Sense of disconnection	Difficulty making day-to-day decisions
Agitation/anger	Undertaking risky behaviors	Anxiety		
Changed sense of humor	Avoiding people or duties	Hot Sweats		
Tuning out	Difficulty sleeping	Lack of appetite or overeating		
Feeling less safe in the world	Changed eating habits	Exhaustion		

In addition to the above, working in this field can also raise questions connected to our sense of self and our capacity, ability, or suitability for this work - what Christina Maslach calls "reduced personal accomplishment".

# Compassion Fatigue Symptoms Checklist

## Physical Symptoms

- I have had increased absenteeism "sick days".
- I have been feeling physically ill.
- I have been feeling fatigued.
- I have been feeling keyed---up and nervous.
- I am doing less rather than more exercise.
- Normal sleep has been difficult for me.
- I have lost enjoyment in intimate and sexual activities.

## Psychological Symptoms

- I have noticed myself being more cynical and pessimistic.
- I noticed that I was trying to avoid feelings by numbing or shutting down.
- I have had advocacy related nightmares/bad dreams.
- I have lost interest and enjoyment in activities.
- I have difficulty in making decisions or making poor decisions.
- I feel like I have lost some of my self-esteem.

## Emotional Symptoms

- I have been feeling flat, depressed, and hopeless more than I used to.
- I have been more angry and irritable than normal.
- I have moments of dread when thinking about going to volunteer or work on the crisis line.
- I am having trouble finding hope.
- I am less connected to my spiritual and religious beliefs.
- I have felt overwhelmed more than three times this week.

## Spiritual Symptoms

- I have been avoiding spending time with my friends and family.
- I fear for the safety of myself and my loved ones.
- I have engaged less rather than more in activities that used to bring me pleasure.
- I have had a lack of time for self.
- I find it difficult to trust others.
- I have feelings of despair and hopelessness.

## Professional Symptoms

- I have been unable to get something specific from a client interaction out of my head.
- I have had unwanted memories popup.
- My productivity at work seems to be dwindling.
- I have felt like quitting my job or my volunteering more than once.
- I feel like what I do doesn't make any difference.

**Volunteering in this field by providing direct client services can be very rewarding. But it also can be stressful and may come with negative impacts. It's important to check in with yourself, know the signs, and practice self-care.**

**Please reach out to your volunteer coordinator and other crisis trained volunteers if you're feeling any of these symptoms.**



### **Know the Difference - Compassion Fatigue, Vicarious Trauma and Burnout**

**Compassion Fatigue:** the physical and mental exhaustion and emotional withdrawal experienced by those that care for sick or traumatized people over an extended period of time.

- **Symptoms Can Include:** Helplessness, being extremely tired, feeling overwhelmed, frustration, cynicism, anger, irritability, anxiety, disconnection, lack of concentration, decline in decision making, etc.

**Vicarious Trauma:** occurs when individuals are exposed indirectly to the direct trauma experienced by others, usually through sensory contact with graphic, traumatic content.

- **Symptoms Can Include:** experiencing bystander guilt, experiencing lingering negative emotions, detachment/withdrawal, cynicism, difficulty with boundaries, fatigue, lack of concentration, excessive worry, etc.

**Burnout:** there are four types:

- **Overload burnout:** This happens when you “over” volunteer – signing up for shift after shift and becoming frantic in your pursuit of being that perfect advocate. If you experience this, you may be risking your health and personal life. The best, long-term and happy volunteers have a healthy balance of volunteering and personal lives. Remember, our clients have access to staff and other volunteers – you do not have to “do it all”.
- **Under-challenged burnout:** This happens when you feel underappreciated and bored in your volunteer position. Maybe your volunteering doesn't provide learning opportunities or have room for growth. If you feel under-challenged, you may distance yourself, become cynical, and avoid responsibilities.
- **Neglect burnout:** This happens when you feel helpless. If things aren't going right, you may believe you're incompetent or unable to keep up with your volunteer responsibilities. Such burnout can be

closely connected to imposter syndrome, a psychological pattern in which you doubt your abilities, talents, or accomplishments.

- **Habitual burnout:** The most serious phase of burnout. Habitual burnout happens when your physical and mental fatigue is chronic. You feel sad and your behavior changes. Sometimes, you can cross over into depression and suicidal thoughts. It's crucial to seek help at this stage.
- **Symptoms Can Include:** Feeling tired or exhausted, an inability to perform or desire to perform your volunteer duties, feel a lack of enthusiasm/negative feelings towards volunteering and other areas of your life.

### Resources for Advocates

**Resilience for Advocates through Foundational Training (RAFT):** <https://www.raftcares.org/support-calls/>

- Support calls for advocates, support calls for advocates who are survivors, support calls for leadership, workbooks, worksheets, self-care resources, podcasts, etc.

**Self-Care for Advocates:** <https://www.selfcareforadvocates.org/>

- Self-care resources, vicarious trauma toolkit, videos, bullying resources, etc.

**Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others**

- "We can do meaningful work in a way that works for us and for those we serve," Lipsky writes. A book written by Laura van Dernoot and Connie Burk in 2009.

# Coping Skills For Advocates

## Things to do when feeling overwhelmed:



**BREATHE & MOVE!** Stand up and feel your feet on the ground. As you inhale, raise your arms above your head. As you exhale, lower your arms to your side. Repeat.

**GET COMFORTABLE!** Sit or lay comfortably. Curl your toes and then release them, feel the texture of the surfaces around you, take a deep breath, tune into the colors you see around you. You can do this technique as you are on the crisis line or talking with a client.

**CONNECT!** With a friend, partner, and/or family member that makes you feel calmer and better. Pets are great listeners too!

**GET OUT IN NATURE!** Sitting and staring at the forest is highly underrated. Do that if it calms you. Take a walk or hike. Taking a drive can be relaxing as well.

**BODY WORK & MEDITATION!** Get a massage, massage your partner, meditate, take a Reiki class, give yourself a foot rub.



**DO WHAT YOU LOVE!** What makes you feel good? Dancing, singing, taking a bath, taking a walk, playing with your child, taking a nap, spending time with your pet/s, listening to your favorite song on blast, seeing a movie, get a new outfit, reading an engaging book, make art... these are some examples.

**These suggestions are by no means exhaustive!**

**As you engage this work, be mindful of how you relax, de-stress and center. This may change over time and it is vitally important to check in with yourself periodically.**



**Conclusion**



## CONCLUSION

# Moving Toward the Future

### Becoming a Counselor/Advocate

As the field of sexual assault advocacy moves toward the future, we once again acknowledge the past, especially all the activists (including survivors) who have shaped our work and our understanding. As we navigate shifts in our culture and our services, learning about the history of the rape crisis movement and the roots of our values is more important than ever.

While this manual provides a wealth of practical information, we hope it has also broadened and deepened your knowledge about sexual violence and its connection to harmful beliefs about gender, oppressive actions and viewpoints, and our society's challenges in supporting and assisting survivors. You have learned that sexual violence affects people of all ages and genders, from all communities and walks of life, inside of and outside of relationships.

Survivors are often amazingly strong and resilient, despite facing significant barriers to healing and recovery. Sexual violence has been shrouded in secrecy, and disclosures have often been met with disbelief. Rape Crisis Centers play an important role in making sexual violence visible and helping other professionals provide a positive and skilled response when survivors seek help.

The topics discussed in this manual will become more meaningful to you as you gain experience in advocacy. Knowledge is an essential foundation to our work, and as you observe and receive feedback from your colleagues and supervisors, what you have learned will come to life. Because working with people in crisis can be so challenging, the more preparation and information you have, the more easily you will be able to access the strategies and practices you are mastering.

There are several stages in the learning process when we enter a new field of work:

1. **We don't know what we don't know.** This is the stage before we start our work; we are so unfamiliar with the field that it is hard to even ask questions and we are not sure exactly what is involved.
2. **We recognize what we don't know.** We begin to learn about our new duties, and we realize that there is a great deal to learn. This stage can feel overwhelming, because we now have dozens of questions and can see how much information we need to digest. We are clearly out of our comfort zone, and we encourage ourselves to understand new perspectives along with the content of the work.
3. **We begin to do the work, but we feel like we don't know what we are doing.** This can be the most challenging phase, because it is normal to feel confused and unsure when you are starting out. Of course, it is vital to have good supervision and supportive coworkers, along with clear information about how things are done in your agency. Even with the best preparation and support, we have to be gentle with ourselves as we make mistakes in order to become more skillful.
4. **We feel competent and engaged in our work.** We always remain humble and open to new learning, but eventually we incorporate the basics into our daily practices and know that we can do the job. This is not a smooth process; we all have days when things don't go as planned and we feel less competent than usual. Overall, however, in this stage we embrace our identity as advocates and know we are a valuable part of a working team.

**Q: Where do you think you are on this continuum? How is this similar to or different from other experiences you have had in taking on new challenges?**

## What You Have Learned

You've begun the learning process by reading this advocacy manual and participating in the training offered by your Rape Crisis Center. We began by presenting an overview of the entire topic of sexual assault, including how the movement to help sexual assault survivors has progressed over the years. You learned that sexual violence flourishes in secrecy and in an environment that does not respect human dignity and autonomy. Survivors and communities that face other types of oppression are disproportionately affected by sexual violence and may have restricted access to resources for support and healing. Most sexual assaults are perpetrated by someone the survivor knows, and survivors may be victimized multiple times during their lives. All too often, children and teens are vulnerable to sexual abuse. We are learning more about sex trafficking and commercial sexual exploitation of children and teens and beginning to respond more effectively to these crimes.

As a counselor/advocate, you will be helping survivors through some of the most difficult times in their lives. This manual provides some of the practical tools and information you will need to meet the needs of those you are assisting. We described the process of crisis intervention, with a focus on survivor-centered and trauma-informed responses both in crisis situations and in longer-term assistance provided to survivors. Because Rape Crisis Centers cannot provide every service an individual may need, we described how to make effective referrals and how to coordinate with services providers in other disciplines to create a network of supportive services that help survivors in all facets of their lives.

You have learned that community-based sexual assault counselor/advocates have a special and vital role in this network of services. Your connection with survivors is based in a confidential relationship that is protected by law and policy. Your guiding principle is to uphold survivors' rights to make their own decisions about their lives and actions. To accomplish this end, you are learning skills of active listening, helping people identify and prioritize their options, and presenting any resources that may be available. You have gained an understanding of how trauma may affect an individual's thinking, perceptions, and reactions, enabling you to help

survivors understand their own experiences while also promoting a more informed response from other professionals who interact with survivors.

You will be working with people as they undergo forensic medical exams in the aftermath of sexual assault, as well as supporting them in regaining their physical and mental wellbeing as they move toward recovery from sexual violence. We offered detailed information about how medical, legal, and criminal justice procedures work, and your role in helping survivors navigate these complex systems and others (such as military or campus disciplinary processes). The material in this manual is specifically based on California law and procedures. Since laws and other requirements change over time, it will be important to rely on your program for updates in the future.

Because each Rape Crisis Center serves a unique community, this manual and your training both highlight the importance of knowing your own program's policies, procedures, and usual practices. Rape Crisis Centers in California work within a legal and funding framework that carries certain requirements for accountability as well.

## As You Move Forward

Each day you work as a counselor/advocate, you will learn something. You may find yourself returning to the information in this manual as specific situations arise. You have access to ongoing training that can support your professional development and enhance your expertise. Your own curiosity and willingness to explore topics by reading, discussion, webinars, and in-person training will help you build on everything you are learning at this time.

Initial training and the material in a manual offer just a glimpse of the rich array of knowledge you will gain from supervised experience, working as part of a team, and most of all, listening to survivors. We honor your willingness to invest yourself in this work, which is extremely rewarding but rarely easy. You are making a positive difference for survivors and for your community.