

CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

A PSYCHOEDUCATIONAL SUPPORT GROUP FOR SIGNIFICANT OTHERS OF  
SEXUAL ASSAULT SURVIVORS

A graduate project submitted in partial fulfillment of the requirements

For the degree of Masters of Science in Counseling,

Marriage and Family Therapy

By

Laura Noel Levant

May 2012

The graduate project of Laura Noel Levant is approved:

---

Michael G. Laurent, Ph.D.

---

Date

---

Wendy Massey, LMFT

---

Date

---

Charles Hanson, Ph.D., Chair

---

Date

California State University, Northridge

## DEDICATION

I would like to dedicate this Graduate Project to the following people in my life, without them I would not be where I am today.

To my parents and brother, words cannot express all you have done for me. Your continued support through thick and thin, your unconditional love, understanding, guidance and encouragement has helped me reach for the stars and accomplish my dreams. I am forever grateful to have the amazing family that I do. Thank you for always being there and always believing in me.

I love you.

To Aaron, my husband, you have inspired me to be everything I want to be and more. Without your love, encouragement, understanding and support I would not be where I am today. You have been my rock in good times and in bad, a constant in my life, always there, without a doubt. Thank you for being you. I love you with all my heart and always will.

## ACKNOWLEDGEMENT

Deepest thanks and gratitude to my committee members:

Dr. Charles Hanson, thank you for your continued support, guidance and expertise throughout this journey of creating, and completing my graduate project. Being your student has given me an opportunity to grow as an individual, as well as a future therapist.

Wendy Massey, my wonderful clinical supervisor, thank you for your expertise, continued support and encouragement.

Dr. Michael Laurent, thank you for your continued support and encouraging words throughout my career at CSUN and in assisting me in my graduate project. You are a wonderful professor. I am honored to have been one of your students.

## TABLE OF CONTENTS

SIGNATURE PAGE.....	ii
DEDICATION.....	iii
ACKNOWLEDGEMENT.....	iv
ABSTRACT.....	viii
CHAPTER I.....	1
Introduction.....	1
Statement of Need.....	2
Purpose of Graduate Project.....	3
Terminology.....	4
Organization of Graduate Project.....	5
CHAPTER II - LITERATURE REVIEW.....	6
Overview.....	6
Reactions and Symptoms of Sexual Assault Survivors.....	7
Reactions and Symptoms of Significant Others of Sexual Assault Survivors.....	8
Secondary Trauma.....	10
Group Treatment for Survivors of Sexual Assault.....	12
Group Treatment for Significant Others of Survivors of Sexual Assault.....	15
Integrated Group Treatment.....	18
Summary of Literature Review.....	20
CHAPTER III - PROJECT AUDIENCE AND IMPLEMENTATION FACTORS.....	22
Introduction.....	22

Development of Product.....	22
Intended Audience.....	23
Personal Qualifications.....	23
Environment and Equipment.....	24
Project Outline.....	24
<b>CHAPTER IV - CURRICULUM.....</b>	<b>25</b>
Session One: Group Introductions.....	25
Session Two: Sexual Assault Psychoeducation and Awareness.....	28
Session Three: Feeling Identification.....	31
Session Four: Psychoeducation: Reactions and Emotions of S.A. Survivors.....	33
Session Five: Coping Skills.....	35
Session Six: What Happened to Your Significant Other.....	38
Session Seven: Psychoeducation: Post Traumatic Stress Disorder.....	40
Session Eight: Psychoeducation: Effects of Sexual Assault.....	42
Session Nine: Secondary Survivors.....	44
Session Ten: Sexual Assault and Interpersonal Relationships.....	47
Session Eleven: Living With Sexual Assault: Safety Planning.....	50
Session Twelve: Group Closing.....	53
<b>CHAPTER V - CONCLUSION.....</b>	<b>55</b>
Summary.....	55
Discussion.....	56

Future Work and Research.....	57
REFERENCES.....	59
APPENDIX A.....	62
APPENDIX B.....	64
APPENDIX C.....	65
APPENDIX D.....	66
APPENDIX E.....	68
APPENDIX F.....	69
APPENDIX G.....	70
APPENDIX H.....	71
APPENDIX I.....	72
APPENDIX J.....	73
APPENDIX K.....	76
APPENDIX L.....	77
APPENDIX M.....	80
APPENDIX N.....	81
APPENDIX O.....	83
APPENDIX P.....	85
APPENDIX Q.....	86
APPENDIX R.....	87
APPENDIX S.....	88
APPENDIX T.....	89

## ABSTRACT

### A PSYCHOEDUCATIONAL SUPPORT GROUP FOR SIGNIFICANT OTHERS OF SEXUAL ASSAULT SURVIVORS

By

Laura Noel Levant

Master of Science in Counseling,

Marriage Family Therapy

Sexual assault is an extensive problem that leaves lasting emotional and psychological effects on thousands of individuals every year. In many cases, the survivor of the assault is not the only person impacted by the traumatic event. Friends, and especially family, can be deeply effected by the sexual assault as well. Significant others of survivors, such as husbands, wives, boyfriends and girlfriends are often overlooked in the aftermath of an assault. While the survivor may seek treatment, more then often significant others of survivors are left to process and understand the event, as well as the repercussions alone, without support or any clarification. Research has shown that psychoeducational support groups for significant others of sexual assault survivors can be an effective way to provide support and assist significant others of sexual assault survivors begin their healing process.

The intention of this graduate project is to create a psychoeducational support group for significant others of sexual assault survivors. The curriculum will be used at



Valley Trauma Center by Marriage Family Therapist Trainees and Interns while working with the significant other population.

## CHAPTER I

### Introduction

“For each primary victim, there are numerous secondary victims - partners, children, parents, family and friends. When one considers the number of people touched directly and indirectly by the traumatic events, the magnitude of the problem becomes apparent. With so many involved, it is surprising that so little has been done to help secondary victims.” (Remer & Ferguson, 1998)

Sexual assault is a traumatic and painful experience that individuals suffer through far too often. It is estimated that on average there are 207,754 individuals (12 and older) sexually assaulted each year (U.S. Department of Justice, 2006-2010). The effects of sexual assault can be life altering not only for the survivor of the assault, but for their families, friends and significant other as well. Significant others of survivors, such as husbands, wives, boyfriends and girlfriends are often overlooked in the aftermath of an assault. While the survivor may seek treatment, significant others are frequently left to work through their thoughts, feelings and emotions on their own. Unfortunately, it is difficult for many of these individuals to process the experience, leaving them in psychological distress. When exploring the population of significant others it is important to take the survivor population into consideration as well. Sexual assault survivors and significant others often share similar thoughts, feelings and behaviors in the repercussions of an assault. It also needs to be taken into consideration that if there is no primary survivor, a secondary survivor would cease to exist. After learning of a partner's assault, significant other's symptoms of distress can mirror those of the survivor. Partner's of survivors can experience a wide range of reactions and emotions when responding to news of sexual assault. These reactions can include shock, anger, sadness, anxiety and or

fear (RAINN, 2011). Significant others of survivors may also be at risk of secondary or, vicarious trauma. “Secondary trauma involves the transfer and acquisition of negative affective and dysfunctional cognitive states due to prolonged and extended contact with an individual who has been traumatized” (Motta, 2008 p.291). There has been little emphasis placed on establishing therapeutic treatment for significant others of sexual assault survivors. Although, many treatments that are used for the survivor population seem promising for the treatment of significant others. Despite the obvious differences between these two populations, the similarities regarding emotional responses and symptomology to sexual assault trauma are overwhelming. Due to these similarities effective treatment options including educational support groups can be used successfully in the significant other population to reduce symptomology and feelings of distress, as well as provide educational information and support.

#### *Statement of Need*

Significant others of sexual assault survivors often experience symptoms of distress after learning of a loved one’s assault. Unfortunately, information and services available to this population is limited. Some meaningful research has been done on significant others in the past, but little headway has been made. Publicly, there little awareness regarding this population, more often then not significant others are overshadowed by the primary survivor. An emphasis should be placed on creating more awareness of these individuals in need of support and education. Mental Health agencies frequently offer support groups for survivors of assault, but often neglect the needs of the significant other. Creating a group for significant others of survivors can broaden

awareness regarding this population, as well as create a safe, supportive, therapeutic environment for individuals to reduce their symptoms of distress.

### *Purpose*

The purpose of this project is to develop curriculum guidelines for a structured, psycho-educational support group for individuals who are in interpersonal relationships with sexual assault survivors. This group is designed to provide psychoeducational information regarding sexual assault as well as support in a therapeutic setting. The curriculum guidelines will be directed at providing counselor trainees and interns an outline for the twelve sessions that make up the significant other psychoeducational support group. The curriculum will include specific psychoeducation information to aid counselor trainees and interns in working with significant others of sexual assault survivors. Participants will be comprised of male and female adults, of 18 years of age and older.

This program is based on a twelve-session therapeutic model. Groups conducted using the curriculum guidelines will be closed groups in that, once the group has started no new members will be accepted, and the group will meet for a predetermined length of time (Yalom, 2005). A closed group setting will be used in order to promote group cohesiveness and trust amongst members. The group is designed to be a support and therapeutic group where participants can share their experiences related to their partner's sexual assault and express feelings and emotions in a safe, therapeutic environment. From participating in the group, members will receive support and validation from other group members, gain valuable information pertaining to sexual assault awareness, learn coping

skills and be better able to identify and understand feelings and thoughts. Participation in the group will also offer support in beginning the healing process. The group curriculum will be utilized by counselor trainees and interns at Valley Trauma Center, a non-profit counseling agency that offers services to individuals who have experienced, witnessed or been effected by sexual assault.

### *Terminology*

**Avoidance:** Term pertaining to Post Traumatic Stress Disorder symptomology, the avoidance of places, events, or objects that remind the individual of the traumatic experience. (RAINN, 2009)

**Partner:** Either member of a married couple or of an established unmarried couple or a person with whom someone has an established romantic or sexual relationship.

**Psycho-Education:** The term covers the provision of information about the nature of stress, symptoms pertaining to the specific psychological disorder, and what to do about them. (Wessely, Bryant, Greenberg, Earnshaw, Sharpley, and Hughes, 2008).

**Re-Experiencing:** Term pertaining to Post Traumatic Stress Disorder symptomology, this is a repeated reliving of the event, and interferes with daily activity. Re-experiencing includes flashbacks, frightening thoughts, recurrent memories or dreams, and physical reactions to situations that remind you of the event. (RAINN, 2009)

**Sexual Assault:** Any type of sexual contact or behavior that occurs without the explicit consent of the recipient. Falling under the definition of sexual assault are sexual activities as forced sexual intercourse, forcible sodomy, child molestation, incest, fondling, and attempted rape. (U.S. Department of Justice, 2012)

**Significant Other:** A person who is important to one's well-being; *especially* : a spouse or one in a similar relationship.

**Survivor:** An empowering term for an individual who has experienced sexual assault.

**Trigger:** Anything internal (thoughts, feelings) or external (people, places, sounds, words and or smells) that brings about a symptom of PTSD.

### *Organization of Graduate Project*

The following chapters of the graduate project will elaborate on the topic of significant others of sexual assault survivors. Chapter two offers a review of past and current research pertaining to significant others of sexual assault survivors and commonalities with the survivor population. Chapter three describes the project audience and implementation factors. Chapter four presents the psychoeducational support group curriculum and Chapter five completes the graduate project with a summary and review of future work and research needed.

## CHAPTER II

### Literature Review

Significant others of sexual assault survivors is a greatly understudied and somewhat misunderstood population of individuals. In many instances significant others are viewed solely as the support system to the primary survivor, rather than secondary survivors (Remer & Ferguson, 1998). Like survivors of sexual assault, these individuals may have difficulty coping with and understanding the traumatic event that took place in their life. In addition, significant others may begin to present the same adverse symptoms as the survivor, due to a phenomenon known as secondary or vicarious trauma.

“Significant others of individuals with post traumatic stress disorder (PTSD) may experience both intrapersonal and interpersonal distress” (Chartier-Otis, Guay & Marchand, 2009). These factors can facilitate an abundance of problems in social and interpersonal relationships as well as the individual’s emotional and mental health.

“Victimization has a ripple effect, spreading the damage in waves out from victims to all those with whom they have intimate contact. These intimates--family and friends--are the secondary victims. Not secondary in any sense of being affected less (a popular misconception), but rather not "primary" because they were not the direct recipients of the trauma. Little, if any, direct attention has been paid to identifying them, validating their experiences, or assisting them in either their support of the victims or, even more important, their personal struggles to cope with their own victimization” (Remer & Ferguson, 1995). It is important to understand, and take into perspective the entirety of the problem when examining the effects of sexual assault on individuals. Due to the

closely related symptomology and effective treatments options for significant others *and* survivors of sexual assault, it is of great importance to review characteristics of both populations.

### *Reactions and Symptoms of Sexual Assault Survivors*

“Sexual assault has abrupt and long-standing consequences that can have devastating biological, psychological, social and interpersonal health responses” (Broaddus, Hermanns & Burks, 2006). Survivors of sexual assault can experience a multitude of reactions and symptomology in the aftermath of an assault. According to Broaddus, Hermanns and Burks (2006) survivors can experience both immediate and long-term effects after experiencing an assault. These more immediate effects, or reactions, presented by the survivor can include, but are not limited to shock, disbelief, confusion, hysteria, tension, agitation, withdrawal and indecision. Survivors may experience somatic reactions as well including nausea, insomnia, soreness, loss of appetite or headache. Emotional reactions that may follow a sexual assault can entail feelings of fear, self-blame, denial, guilt, anger, low self-esteem and embarrassment (Broaddus, Hermanns & Burks, 2006). The materialization of symptoms can emerge in survivors immediately after an assault, or can have a more delayed onset. Often these symptoms are experienced in clusters, where more than one symptom will be present. Sleep disturbances, emotional detachment, flashbacks, intrusive thoughts, increased motor activity, violent dreams, fears and phobias are all common symptoms experienced by survivors. Collectively, these symptoms are usually referred to as PTSD or Post Traumatic Stress Disorder. Post Traumatic Stress Disorder is the development of



characteristic symptoms after an individual experiences, witnesses or learns of an extreme traumatic stressor that involves actual or threatened death or serious injury. By DSM-IV-TR standards characteristic symptoms of PTSD include: 1) the individual's response to the event entail intense fear, helplessness, or horror, 2) persistent re-experiencing of the trauma, 3) persistent avoidance of triggers associated with the trauma, 4) numbing of general responsiveness and persistent symptoms of increased arousal (American Psychiatric Association, 2000). Acute Stress Disorder (ASD) is much like PTSD, and can be experienced by sexual assault survivors and significant others. Acute Stress Disorder symptomology is identical to PTSD, but differs in the duration of the symptoms. In ASD "symptoms are experienced during or immediately after the trauma, last for at least two days and either resolve within four weeks after the conclusion of the traumatic event or the diagnosis is changed" (American Psychiatric Association, 2000 p. 470). In Post Traumatic Stress Disorder, symptoms must be present for more than one month to be diagnosable. Early detection of symptoms and intervention can be helpful in the treatment process, treating early symptoms of distress may prevent ASD from becoming PTSD in both the survivor and significant other populations. Additional long term effects survivors may encounter are feelings of depression, sexual dysfunction, nervousness, alienation, substance abuse, anxiety, distrust, and suicide (Broadus, Hermanns & Burks, 2006).

#### *Reactions and Symptoms of Significant Others of Sexual Assault Survivors*

The emotional crisis of a sexual assault trauma is a common one shared by the survivor and significant other. In the immediacy after learning of, or witnessing a

partner's assault, significant others have reported feelings of disbelief, shock, shame and guilt, helplessness, overwhelming anxiety, rage, intrusive thoughts and physical revulsion (Silverman, 1992). These cognitive, affective and physiological responses of significant others parallel the most prevalent post-traumatic responses experienced by primary survivors. In addition to the immediate responses, significant others can experience longer lasting effects of the trauma including depression, emotional lability or numbing, withdrawing from the intimate relationship, loss of interest in normal activities, and sexual dysfunction (Silverman, 1992). Unfortunately, adding to trauma symptomology and emotional responses, significant others can experience cognitive responses to a sexual assault. These cognitive responses are often negative, and promote maladaptive thought patterns towards the survivor. Despite the deep emotional connection between the survivor and significant other, partners are often susceptible to the myths, prejudices and misapprehensions associated with sexual assault (Silverman, 1992). Along with intrapersonal difficulties, significant others can face challenges within their interpersonal relationship due to the immense psychological distress created from experiencing trauma symptomology and responses. After an assault has occurred predictable and normal patterns of interaction are significantly altered in an interpersonal relationship (Remer & Elliott, 1988). Feelings of distress resulting from a sexual assault experience can emphasize pre-existing expectations, attitudes, and problems regarding the giving and receiving of care, sexual contact and sex-role responsibilities (Holmstrom & Burgess, 1979). The initial reactions of the significant other can be detrimental to the relationship. High stress levels and emotional overload can create unresponsiveness in partners,

significant others have often not known how to react in the wake of an assault and fail to provide the much needed unconditional, emotional support to the survivor (Silverman, 1992). The complexity of the emotional responses and the shocking and unexpected nature of sexual assault can greatly disrupt significant other's perspectives of interdependence, independence, trust, intimacy, expressions of anger and sexuality within the relationship (Silverman, 1992).

### *Secondary Trauma*

Secondary trauma refers to “the experience of negative psychological states which typically result from extended and close contact with others who have been traumatized” (Motta, 2008 p. 291). Individuals experiencing secondary trauma have not directly experienced the traumatic event, but rather have contracted trauma symptoms vicariously, often through prolonged contact with the survivors of the trauma (Motta, 2008). Secondary trauma can be perceived as adverse behaviors and emotions resulting from exposure to knowledge of a traumatic event (Figley & Kleber, 1995). Individuals may become vicariously traumatized by hearing about a traumatic situation, witnessing a trauma or identifying with those in the traumatic event (Motta, 2008). Figley and Kleber (1995) described secondary trauma in significant others as “the stress of caring too much”. Significant others can be at particular risk of vicarious trauma due to the extremely close, and emotionally intense nature of an intimate relationship. The development of secondary trauma in significant others can be facilitated from helping, or attempting to help their partner through the aftermath of an assault, hearing or learning about an assault and, significant others finding a need to make sense of the partner's

traumatic event (Figley & Kleber, 1995). The symptomology of secondary trauma can include anxiety, emotional exhaustion, sleep problems, depression, anger, low self-esteem, difficulty concentrating, changes in eating habits, body aches, withdrawal from others and increases in addictive behaviors (Motta, 2008). Treatment interventions for secondary trauma have included family therapy, support groups, exposure therapy and psychotherapy, although not one has been thought to be more effective than the other (Motta, 2008). Clinicians agree that certain elements of treatment must be employed in order to successfully treat secondary trauma. Establishing a therapeutic alliance, providing education and support, managing anxiety, facilitating re-experiencing and integration of the trauma experiences are all essential for the therapeutic process in treating secondary trauma (Motta, 2008).

In a study looking at secondary trauma, 57 individuals, 40 women and 17 men with PTSD and their partners were asked to complete a battery of assessments to examine the degree of secondary trauma effecting the significant other. Participants of the study were found through advertisements in local newspapers, and referred by psychiatrists and family physicians practicing at Louis H. Lafontaine Hospital in Montreal, Canada. The individuals in the study with PTSD experienced a variety of traumatic events, 53.7% of the participants experienced either a physical or sexual trauma, 29.6% experienced a traumatic car accident and 16.7% of participants reported experiencing “other” traumatic events. Measures used within the study included the Marital Adjustment Test, the Beck Anxiety Inventory, the Beck Depression Inventory-II and the Medical Outcome Survey-Short Form – 12. Data was collected through self

report questionnaires completed by the significant others as well as the individuals with PTSD. The questionnaires were used to measure the significant others levels of distress, anxiety, and depression. Results from the assessments showed that 16.7% of significant others showed clinical levels of depression, and 14.8% of the significant others showed clinical levels of anxiety. The results of the Marital Adjustment Test showed that only a small minority of significant others reported a high level of distress in their relationship (Chartier-Otis, Guay, Marchand, 2009). Although the levels of depression and anxiety found in the partners were not statistically significant for the study, the results do suggest a presence of secondary trauma within the population of significant others.

#### *Group Treatment for Survivors of Sexual Assault*

Exploring the value of group treatment in the survivor population may aid in discovering how beneficial group treatment can be in other populations as well, specifically, significant others of sexual assault survivors. In a study examining the outcome of a women's support group for sexual assault survivors Sharma and Cheatham (1986) found favorable results for participants of the group. The support group was developed and implemented at The Women's Resource Center in Centre County, Pennsylvania. The group was co-lead by a female staff member from the center and a female counseling intern. Participants were found by advertising the support group in an article published in the Women's center newsletter, as well as notifying local mental health agencies and helping professionals. Nine women survivors of sexual assault made up the participants of the group. Group members ranged in age from 25 to 46 years old, and represented varying occupations and educational levels. The group ran for eight

weeks, meeting once a week for two hours. The support group members established the goals for the group, which facilitated the topics for the sessions, these goals included increased self awareness, learning new coping strategies, increasing emotional strength and courage and lessen feelings of loneliness. In addition to the group goals, other aspects of the participants experiences were addressed in sessions, feelings of anger, fear and hurt were processed, and in subsequent sessions aspects of forgiveness, acceptance and letting go were processed amongst members. At the end of the eight sessions participants reported their progress on the established goals of the group as well as any improvement in aspects pertaining to their particular experience. Group members reported increased feelings of trust, forgiveness and acceptance as well as increased self awareness and the ability to utilize new, healthy coping skills. Participants also disclosed significant improvements in their interpersonal and familial relationships. Group therapy promotes hope, universality, education and the development of socialization techniques (Yalom, 2005) in any population it is applied in. Utilizing group therapy in the significant other population may produce similar results by acquiring support and education while reducing feelings of distress.

Resick and Schnicke (1992) looked at the effectiveness of cognitive processing therapy (CPT) used in a group setting for survivors of sexual assault. CPT was created to treat symptoms of post traumatic stress disorder in sexual assault and rape survivors. This therapy model utilizes educational aspects, exposure techniques as well as cognitive components in the treatment of individuals. Participants of the study were female survivors seeking treatment for sexual assault. Referrals for the group were given to

prospective participants by mental health professionals and victim assistance agencies. Group members were chosen to participate after an initial interview and assessment, and had met the criteria of being a recent assault survivor (assaulted at least 3 months prior), had no severe competing pathology and were reporting notable PTSD symptomatology. The assessments used to help determine the sample included the Symptom Checklist-90-Revised (SCL-90-R), Impact of Events Scale (IES), PTSD Symptom Scale-Self Report (PSS-SR), Beck Depression Inventory (BDI), Social Adjustment Scale (SAS), and the Structured Clinical Interview for DSM-III-R-Nonpatient version (SCID). Once the participants were determined, therapy was implemented in three groups of 5, 6 and 8 participants. The clinicians of the study served as facilitators of the groups and three female graduate students served as co-facilitators. The groups ran for 12 weeks, meeting once a week for one and a half hours. Aspects of cognitive processing therapy were incorporated into each of the twelve sessions, creating the topic of each meeting. Topics of sessions included information processing, identification and differentiation from feelings and thoughts, trauma narrative (exposure component), identifying and challenging maladaptive beliefs and faulty thinking patterns. Clinicians re-assessed group members post-treatment and found that none of the participants, after therapy, met the full criteria for PTSD, where at the beginning of treatment 17 out of the 19 participants did meet full criteria for the disorder. Results of this study propose that cognitive processing therapy, implemented in a group setting is successful in improving PTSD symptoms in survivors of sexual assault by lessening feelings of avoidance and depression, decreasing intrusive thoughts and decreasing arousal. PTSD as well as Acute

Stress Disorder (ASD) is found the significant other population, using Cognitive Processing Therapy in the significant other population could be a valuable resource in decreasing PTSD and ASD symptomology in significant others of sexual assault survivors.

#### *Group Treatment for Significant Others of Survivors of Sexual Assault*

Research looking at support groups for significant others of survivors suggests that groups may offer significant others an outlet to address issues and needs, gain education, clarification and support. Cohen (1988) developed and facilitated a support group for husbands and boyfriends of survivors of sexual assault. The group was created as an outgrowth of the women's support group of the New Orleans Rape Crisis Program. The significant other's group was open-ended, so participants would not have to focus on making progress in an allotted amount of time, and many of the participants only wanted or needed one or two sessions. The group was held once a week for two hours. Research for the study was collected from the first five months of the group. The participants of the group ranged in ages between 21 and 50, and varied in educational background, occupation and history of prior therapy. The support group was an "open" setting, allowing participants to attend or not attend the meetings. Two to six men attended each session, and about five participants were considered "regular" attendees for group. There were common emotional themes present within the group frustration, concern, anger and helplessness were all shared by the participants, although, as group cohesiveness grew empathy, insight and clarification became more apparent. Educational aspects were incorporated into the sessions by the facilitator. Information pertaining to survivor



responses to sexual assault, mental and emotional development and sexual assault, the therapeutic process, and after effects of sexual assault was presented in the group and processed by group members. Self-education presented by the participants proved to be very beneficial, by increasing group cohesiveness, support and insight. Group members educated each other by sharing personal experiences, working together to come up with answers to individual concerns or problems, processing feelings and ideas as a group, communicating and responding to each other more efficiently and effectively and assisting each other in transforming their “mistakes” into opportunities for learning and growth. By the fifth month of participating in the support group, group facilitators observed that group members had learned new coping strategies, became more empathic and open and gained insight and understanding regarding their situation. Group members reported that feelings of anxiety, depression and aloneness began to subside and they were able to explore alternative ways of behaving and interacting with others. Group members also reported an improvement in their relationship, particularly in areas of empathy, communication and anger control. The positive outcomes of the participants suggests that an open-ended, professionally facilitated support group for significant others of survivors is a valuable and viable technique concerning treatment.

Remer and Ferguson (1995) examined secondary survivor (significant other) healing, as well as relationship strengthening by creating a therapeutic model designed for significant others of sexual assault survivors. A qualitative study was conducted on seven male participants, all significant others of sexual assault survivors. An in-depth, semistructured interview was administered to each of the participants, in attempt to gain a

more subjective view of the participant's experience of being in an interpersonal relationship with a survivor of sexual assault. Open questions were utilized in the interview allowing the individual to fully express their thoughts, feelings and reactions. The recorded interviews were transcribed and thoroughly processed by clinicians. Data analysis was directed at classifying participant statements into relevant themes. As a result of the study "A Model of Adjustment and Healing in Secondary Survivors" was established. The model includes six different areas or stages the clinician can address and process with group members. The stages include 1. Pre-trauma, 2. Trauma awareness, 3. Crisis and disorientation, 4. Outward adjustment, 5. Reorganization and 6. Integration and resolution. The stages of this model allow significant others to work through aspects of the trauma one event at a time, enabling the significant other to fully process and understand each feature of their experience. Beginning with stage one, pre-trauma, focus revolves around context, environment and prior learning. Partners in treatment examine their cultural beliefs, social role expectations, and characteristics of their backgrounds in order to better assess how their principles influence their reactions and understanding to another's trauma. In stage two, trauma awareness, significant others reflect on when explicit awareness of their partner's abuse was obtained. The crisis and disorientation stage is followed after trauma awareness. According to the therapeutic model, once a trauma is recognized it must be faced and dealt with. Most significant others have difficulties confronting confusion, shock and denial when learning of a partner's assault. Processing aspects of how the assault effected them emotionally and psychologically can promote clarification and healing. The stage following crisis and orientation is outward

adjustment. Outward Adjustment entails the significant other attempting to return to the pre-trauma stage in within their relationship, utilizing familiar coping mechanisms and trying to create a sense of “normality” and calmness in life after an assault. Despite the efforts of the significant other, unmodified coping mechanisms will only serve the relationship to an extent. Significant others in treatment can explore new coping strategies, review current coping mechanisms, and learn to make modifications and adjustments to current coping mechanisms to fit their life post assault. In the Reorganization stage significant others are required to integrate new cognitive and emotional input to fully understand their partner’s trauma. In treatment significant others must fully understand the experience before acceptance, failure to do so can facilitate significant others to re-visit prior stages in the model of Adjustment and Healing. The final stage of the model is Integration and Resolution. During this stage significant others are able to integrate, or accept, the trauma and assimilate it intrapersonally and interpersonally (Remer & Ferguson, 1995). Although this model of treatment has not been thoroughly tested in a group setting with significant others of sexual assault survivors, this modality was designed to parallel other established, effective treatment models used for the survivor population.

#### *Integrated Group Treatment*

Reid, Matthews and Liss (1995) examined an integrated group treatment approach, including both significant others and survivors of sexual assault. The development of the support group was intended to assist male significant others, and survivors, in understanding, accepting and processing their, or their loved one’s, sexual

assault experience. Participants of the group were men in interpersonal relationships with a female or male survivor, and male sexual assault survivors. This innovative support group combined both populations in a two group sequence, the initial group being time-limited, followed by an open-ended group. Admission to the ongoing sessions was only accessible to “graduates” of the time limited group. Any member in the initial group showing difficulties in adjusting to group norms withdrew from the group prior to completion, or was notified they should not continue attending. Participants were referred to the group by case workers from the Young Women’s Christian Association’s Sexual Assault Program, local counseling agencies and client word of mouth. A total of twelve individuals made up the initial group. Participants of the group were European American and African American men ranging in age from early twenties to late sixties. The time-limited group ran for twelve weeks meeting once a week for an hour and a half and the ongoing group met twice a month. Each of the groups was co-facilitated by a male-female team in order to promote and model a positive, healthy, mutually respectful male-female relationship to group members. The goals of both the time-limited and ongoing group were established by group facilitators and group members. The program goals were to educate men about sexual abuse and victimization, encourage the giving and receiving of support, to provide opportunity to process, ventilate and clarify feelings, teach ways of being supportive to their present or future partners and decrease feelings of isolation. In addition to the goals of the group members discussed and processed issues regarding the dynamics of sexual abuse, feelings of loneliness and isolation, anger, powerlessness and sexual problems pertaining to low sexual drive and promiscuity. Clinicians found that the

men participating in this integrated support group were able to express strong, previously repressed emotions and feelings, self disclose, understand and process educational aspects related to sexual assault, show empathy and support toward other members of the group as well as discuss and share similar relationship problems such as feelings of unstableness and sexual frustration. The use of this integrated model also promoted universality by allowing group members to view the assault experience from another's perspective (survivor or significant other) without an emotional attachment to the sharing individual. Survivors were able to experience other partners expressing the same struggles and frustrations as their own partner, and significant others had the opportunity to hear other survivors discuss familiar themes and concerns.

#### *Summary of Literature Review*

Every year hundreds of thousands of individuals are effected by sexual assault. A sexual assault experience can reach past the survivor to further adversely effect friends, family and significant others. Significant others of sexual assault survivors often turn into "secondary survivors" due to a phenomenon called secondary trauma. In secondary traumatization, symptomology is passed vicariously from survivor to partner, causing the significant other to experience intrapersonal and interpersonal distress. Many symptoms experienced by both the survivor and significant other populations are related to Post Traumatic Stress Disorder and Acute Stress Disorder. Research supports that psychoeducational support groups are beneficial for promoting healing, providing education, creating support and decreasing symptoms of distress in both the survivor and significant other populations. Despite the lack of emphasis on generating treatment

modalities specifically for significant others of sexual assault survivors, research has shown that treatments developed for the survivor population have been effective when working with significant other population due to the similarities in presenting symptomology.

## CHAPTER III

### Project Audience and Implementation Factors

#### *Introduction*

After learning of a partner's sexual assault significant others can have difficulties coping with, processing and understanding the experience, causing intrapersonal and interpersonal distress. While therapeutic treatment is readily available for survivors, treatment interventions for the significant other population are somewhat unavailable, making it difficult for these individuals to obtain therapeutic assistance. Due to the lack of awareness regarding this population and the little amount of resources available, significant others are often left to face the emotional repercussions of the sexual assault alone, with little or no support. This curriculum has been developed as a therapeutic tool to assist counselors in working with the significant other of sexual assault survivor population. The curriculum is intended to provide psychoeducation pertaining to sexual assault, allowing counselors as well as group members to gain education, insight and clarification on the aspects of sexual assault. The following chapter will explain the development of the project, the intended audience, facilitator qualifications, the environment conducive to the curriculum and equipment that is needed.

#### *Development of Project*

The initial idea of creating a psychoeducational support group for the significant other population was influenced by current work the author was involved with at Valley Trauma Center, a non profit organization that provides counseling services to individuals and families who have been effected by sexual assault. Valley Trauma Center offers

clients a variety of therapeutic groups including those for adult survivors, parents of survivors as well as teen and child survivors. Despite the outstanding group resources Valley Trauma Center does provide, there is no significant other of sexual assault survivor group offered at the agency. Discussions with supervisors, staff and other counselor trainees and interns at Valley Trauma Center regarding the creation of a significant other group solidified the idea for the curriculum.

### *Intended Audience*

Psychoeducational support groups can be used in almost any population, this particular curriculum is designed to be used with the significant others of sexual assault survivor population. Participants of the group will consist of adult, male and or female significant others. This group is intended to be a voluntary program that significant others may choose to attend to gain support, and psychoeducation related to sexual assault. For the purpose of this project, the curriculum is offered in english, but may be translated into the desired language.

### *Personal Qualifications*

Group facilitators utilizing this curriculum must have some experience in the professional mental health field and knowledge pertaining to the therapeutic process. Facilitators should also be able to be empathic, unbiased and nonjudgemental, three necessary characteristics of any therapist. Leaders should also be familiar with aspects of sexual assault and have a general knowledge of the effects it can have on individuals. The individual serving as group leader should occupy a certain level of professional training and education pertaining to group counseling.



### *Environment and Equipment*

The environment for the group must be conducive to a therapeutic atmosphere. The curriculum was designed to provide psychoeducation and support to significant others of sexual assault survivors in a closed group setting. Group sessions may take place in a classroom, multi-purpose room or sizable office, any space may be applied that is large enough to comfortably accommodate group members. The desired setting must have available seating for all group participants and facilitators. The group should be held in a quiet setting, preferably one with minimal outside noise, distractions or disruptions. Pens, paper and clipboards will be provided to group members, by facilitators, when needed for activities.

### *Project Outline*

The presented curriculum will provide counselor trainees and interns with specific psychoeducational information pertaining to sexual assault, and detailed session outlines to use in facilitating a psychoeducational support group for significant others of sexual assault survivors. The session outlines include suggested goals, objectives, facilitator procedures and informational handouts. This curriculum was developed to be completed in twelve, consecutive, one and a half hour sessions.

## CHAPTER IV

### Product

# A PSYCHOEDUCATIONAL SUPPORT GROUP FOR SIGNIFICANT OTHERS OF SEXUAL ASSAULT SURVIVORS

## Session One

### Group Introductions

#### *Goals:*

- To have group members and leaders introduce themselves to each other.
- To establish rules for holding confidentiality.
- To explain guidelines for group participation.
- To explain, and obtain consent from each group member.
- To complete 3 Wishes activity.
- To provide a safe, warm environment to build trust and promote group cohesiveness.

(Group facilitators should maintain this goal throughout all twelve sessions.)

#### *Objectives:*

By the end of the session, participants will be able to:

- Identify at least two characteristics of each person in the group.
- Demonstrate knowledge pertaining to rules of confidentiality and group guidelines.

#### *Materials:*

- Group sign in roster (see appendix)

*Procedures:*

1. Sign In - Each group member will sign the roster at the beginning of each session.
2. Introduction - Each group member introduces themselves to the group and briefly shares how they feel about participating in a support group. Group leader and co-leader introduce themselves to the group and explain the purpose of the of the program.
3. Confidentiality - Go over the importance of confidentiality, express to group members that any information shared within the group, stays within the group. Explain to group exceptions of confidentiality.
  - a. Explain to group members that discussion of group material is not permitted with their spouses/partners, friends or family.
  - b. Members should not disclose names of other group members at anytime while outside of group.
  - c. Group members should not discuss group material with other group members outside of group. If there are questions or concerns it should be brought up during group session with all group members present.
  - d. Explain to group members the exceptions of confidentiality. A report will be made if the following information is disclosed or suspected:
    - i. Any suspicion of abuse, endangerment or neglect, either physical or sexual of any child or dependent adult.
    - ii. Threats of harm to others.
    - iii. Disclosure of suicide attempt or self harm.

4. Ground Rules - Explain ground rules of the group.
  - a. Group members are encouraged to participate, but no one will be forced to share or participate.
  - b. Group members are required to show respect and courtesy to all experiences shared.
  - c. Questions from group members are allowed and encouraged.
  - d. It is ok to disagree.
  - e. Review policy on missed sessions and tardiness.
5. Consent - Read and review the Informed Consent form and have all group participants sign and turn in their form.
6. Activity - 3 Wishes
  - a. Have group members take a few minutes and think of up to three “wishes” they would hope to accomplish from attending group.
  - b. Have group members take turns sharing one or two wishes until all members have had an opportunity to share.
  - c. Discuss responses.
7. Discussion Questions - Group leaders may utilize these questions to facilitate discussion within the group.
  - a. What fears or concerns do you have about participating in the group.
8. Closing - Answer any questions or concerns that group members have and give a brief summary of the session instilling a sense of hope for positive group outcomes.

## Session Two

### Sexual Assault Psychoeducation and Awareness

#### *Goals:*

- To provide psychoeducation on sexual assault and rape.
- To increase understanding and awareness regarding the phenomenon of rape and sexual assault.

#### *Objectives:*

By the end of the session, participants will be able to:

- Verbalize an increased understanding and awareness of the sexual assault continuum, myths and realities of sexual assault and facts about rape.
- Identify at least two pieces of information about rape and sexual assault that they have learned for the first time.
- Describe at least 4 myths about rape and sexual assault.

#### *Materials:*

The following information sheets will be handed out to participants:

- Myths and Realities of Rape and Sexual Assault
- Facts About Rape
- Understanding Different Rape Situations

#### *Procedures:*

- All information pertaining to the session topic is available in the session handouts titled Myths and Realities of Rape and Sexual Assault, Facts About Rape and Understanding Different Rape Situations.

1. Distribute informational handouts, one at a time, to each group member.
2. Present information to group members: Volunteering participants, or group leaders may read handouts.
  - a. Present and read Myths and Realities of Rape and Sexual Assault handout.

Discuss material with participants and answer questions pertaining to the handout.
  - b. Present and read Facts About Rape handout. Discuss material with participants and answer questions pertaining to the handout.
  - c. Present and read Understanding Different Rape Situations handout. Discuss material with participants and answer questions pertaining to the handout.
3. In a lecture/ discussion format group leaders can explain the continuum of sexual assault to group members. “ Sexual assault can be comprised of many different inappropriate actions and behaviors. These actions and behaviors fall on a continuum, from suggestive comments or gestures to unwanted touch and rape. Any unwanted, or non consenting, sexual behavior or action can be classified as sexual assault.” Group leaders may ask group members about their thoughts and feelings regarding the sexual assault continuum.
5. Educate group members about the impact of the offending behavior and define it as “sexual assault” regardless of where the behavior falls on the continuum.
6. Facilitate discussion with group members by encouraging them to share thoughts and feelings regarding the presented information.
7. Discussion Questions - Group leaders may utilize these questions to facilitate discussion within the group.

- a. What feelings came up when discussing the previous handouts?
  - b. What about the material elicited those feelings?
  - c. When, if ever, have you experienced these feelings before?
  - d. What information from the handouts may be helpful to share with your partner?
5. Closing - Answer any questions or concerns that group members have and give a brief summary of the session instilling a sense of hope for positive group outcomes.

## Session Three

### Feeling Identification

#### *Goals:*

- To identify feelings and appropriate ways to express them.
- To establish SUDS (Subjective Units of Distress) scale with group members.
- Facilitate the expression of feelings about significant other's (survivor's) assault.

#### *Objectives:*

By the end of the session, participants will be able to:

- Accurately identify and express at least two emotions.
- Identify differing levels of emotional intensity.
- Identify strategies for expressing emotions appropriately.

#### *Materials:*

The following materials will be handed out to participants:

- Clipboard
- Paper
- Pens

#### *Procedures:*

1. Ask group members to identify as many feelings as possible by creating a list. Group members may briefly describe situations that they experienced related to those feelings.
2. Teach members how to rate emotions using Subjective Units of Distress (SUDS). Explain to group members how the SUDS scale operates from 0-10, 0 or 1 being a



- completely un-distressing experience, ranging through 10 being an extremely distressing experience. Ask participants to rate the intensity of their emotions related to the situations they previously described.
3. Identify specific ways to appropriately express strong emotions.
  4. Discussion Questions - Group leaders may utilize these questions to facilitate discussion within the group.
    - a. When you first learned about the assault, what were your feelings? - towards the perpetrator, towards the survivor? How did you express these feelings?
    - b. What other feelings have you experienced related to the assault over time? Have those feelings increased or decreased in intensity? What did you do to manage the expression and/ or intensity of your feelings?
    - c. In regards to the assault, what feelings do you find to experience more than others?
    - d. How do these feelings positively or negatively effect life?
    - e. What feelings would you like to experience more or less of?
  5. Closing - Answer any questions or concerns that group members have and give a brief summary of the session, provide positive reinforcement for participant efforts.

## Session Four

### Psychoeducation: Reactions and Emotions of Sexual Assault Survivors

#### *Goals:*

- To provide psychoeducation on common reactions and emotions associated with sexual assault or rape.

#### *Objectives:*

By the end of the session, participants will be able to:

- List and express at least four common and personal symptoms, reactions and emotions pertaining to their partner's sexual assault experience.

#### *Materials:*

The following information sheet will be handed out to participants:

- Common Feelings After Rape or Sexual Assault

#### *Procedures:*

- All information pertaining to the session topic is available in the session handout titled Common Feelings After Rape or Sexual Assault.
  1. Distribute informational handout to each group member.
  2. Present information to group members: Volunteering participants, or group leaders may read the handout.
    - a. Present and read Common Feelings After Rape or Sexual Assault handout.

Discuss material with participants and answer questions pertaining to the handout.
  3. Facilitate discussion by encouraging group members to add their own emotional and physical reactions to the list of common emotional and physical reactions related to

sexual assault. Group leaders can further educate participants by explaining that significant others (secondary survivors) are greatly effected by a sexual assault as well. Group leaders may add, “It is very common for significant others or, secondary survivors, to respond to an assault just as a survivor would. These are normal responses to an abnormal event.” Group leaders may ask group members to voluntarily share their own experiences of emotional and physical reactions to their significant other’s assault.

4. Discussion Questions - Group leaders may utilize these questions to facilitate discussion within the group.
  - a. How are your physical reactions, emotions or other reactions similar to that of the survivor?
  - b. How are your reactions different to those of your partner? What challenges or problems does this present in your relationship?
  - c. How did your significant other respond to your reaction(s) to the assault? How was this response helpful or harmful?
  - d. Is there anything you would have changed regarding your initial reactions to your partner’s assault? Why or why not?
5. Closing - Answer any questions or concerns that group members have and give a brief summary of the session, provide positive reinforcement for participant efforts.

Session Five  
Coping Mechanisms

*Goals:*

- To identify and establish healthy coping mechanisms.

*Objectives:*

By the end of session, participants will be able to:

- Identify and express at least 4 healthy and effective coping mechanisms.
- Describe at least two coping mechanisms they have used and how they have been helpful or unhelpful.

*Materials:*

The following information sheets will be handed out to participants:

- Understanding the Recovery Process
- Healthy vs. Unhealthy Coping Mechanisms
- Self Care Tips

*Procedures:*

- All information pertaining to the session topic is available in the session handouts titled Understanding the Recovery Process, Healthy vs. Unhealthy Coping Mechanisms and Self Care Tips.
1. Distribute informational handouts, one topic at a time, to each group member.
  2. Present information to group members: Volunteering participants, or group leaders may read handouts.

- a. Present and read Understanding the Recovery Process handout. Discuss material with participants and answer questions pertaining to the handout.
  - b. Present and read Healthy vs. Unhealthy Coping Mechanisms handout. Discuss material with participants and answer questions pertaining to the handout.
3. Facilitate discussion with group members regarding identification of coping mechanisms they have used to handle stressful situations. Group leaders may ask participants, “What coping mechanisms have worked for you in the past in dealing with stress?” Group leaders may further elaborate and educate participants on the differences between “healthy” and “unhealthy” coping mechanisms.
4. Facilitate discussion on current coping mechanisms that participants have used in response to the sexual assault. Group leaders may ask, “What coping mechanisms are you currently using to handle the stress of the assault?” Group leaders may further ask participants, “How well are you coping at the present time?” Process answers from participants.
5. Present and read the Self Care Tips handout. Discuss material with participants and answer questions pertaining to the handout.
6. Facilitate discussion and brainstorming of new, healthy coping mechanisms. Group leaders may encourage participants to “brainstorm” and come up with alternative, healthy coping mechanisms. Group leaders may encourage participants to think of desired activities they would like to try, but may not have attempted.

7. Teach the group members deep breathing relaxation technique. Group leaders may follow the “Relaxation Techniques: Deep Breathing for Stress Relief” handout to educate and instruct participants in the deep breathing relaxation exercise.
8. Discussion Questions - Group leaders may utilize these questions to facilitate discussion within the group.
  - a. What ways of coping have been effective for you?
  - b. What alternative coping mechanisms do you think would be helpful?
  - c. How can you begin to implement new, alternative coping behavior? What initial steps can you take? How much success do you need in implementing new behavior to keep you motivated?
  - d. How do you believe implementation of new coping mechanisms may positively or negatively effect your life?
9. Closing - Answer any questions or concerns that group members have and give a brief summary of the session, provide positive reinforcement for participant efforts.

*Homework:*

1. Implement relaxation technique and self care as needed.
2. Practice or implement new, healthy coping mechanism.

## Session Six

### What Happened to Your Significant Other?

#### *Goals:*

- To discuss each group member's experience.
- To create awareness and expression of feelings pertaining to their significant other's sexual assault.

#### *Objectives:*

By the end of session, participants will be able to :

- Talk about their own experience regarding their significant other's sexual assault.
- Identify and express feelings about their significant other's assault.

#### *Materials:*

None required.

#### *Procedures:*

1. Group leaders will explain to the group the need to share their experience in order to begin healing.
2. Ask each group member to voluntarily share their experience in as much detail as possible. Remind group members of the importance of confidentiality and courtesy within the group.
3. Facilitate discussion within the group by encouraging participants to identify, or share thoughts regarding common feelings and themes that may be experienced by group members after sharing their assault experiences.

4. Discussion Questions - Group leaders may utilize these questions to facilitate discussion within the group.
  - a. What was it like for each of you to share your experience with the rest of the group?
  - b. What were some fears or concerns related to sharing your experience?
  - c. How do you feel now that you've shared your experience with the other group members? Do you feel different then before you shared with the group? How so?
  - d. Did any feelings or thoughts change regarding the assault after sharing with the group and hearing other experiences?
  - e. How was sharing your experience helpful or not helpful?
5. Closing - Answer any questions or concerns that group members have and give a brief summary of the session, provide positive reinforcement for participant efforts.



## Session Seven

### Psychoeducation: Post Traumatic Stress Disorder

#### *Goals:*

- To provide psychoeducation pertaining to Post Traumatic Stress Disorder and symptomology.

#### *Objectives:*

By the end of session, participants will be able to:

- Identify at least four pieces of information about Post Traumatic Stress Disorder that they have learned for the first time.
- Verbalize an increased understanding and awareness of Post Traumatic Stress Disorder.

#### *Materials:*

The following information sheets will be handed out to participants:

1. Fact Sheet - Post Traumatic Stress Disorder (PTSD)
2. Myths and Facts of Post Traumatic Stress Disorder

#### *Procedures:*

- All information pertaining to the session topic is available in the session handouts titled Fact Sheet - Post Traumatic Stress Disorder and Myths and Facts of Post Traumatic Stress Disorder.
1. Distribute informational handouts, one topic at a time, to each group member.
  2. Present information to group members: Volunteering participants, or group leaders may read handouts.

- a. Present and read Fact Sheet - Post Traumatic Stress Disorder handout. Discuss material with participants and answer questions pertaining to the handout.
- b. Present and read Myths and Facts of Post Traumatic Stress Disorder. Discuss material with participants and answer questions pertaining to the handout.
3. Facilitate discussion within the group by asking participants to identify and express new information learned pertaining to PTSD.
4. Facilitate group discussion by encouraging group members to share their own experiences with feelings associated to PTSD.
5. Discussion Questions - Group leaders may utilize these questions to facilitate discussion within the group.
  - a. What information was helpful or not helpful from the PTSD handouts?
  - b. What information from the handouts may be helpful to share with your partner?
  - c. How can you or your partner relate to PTSD? - symptomology, myths or facts?  
How has this effected your life and/ or relationship?
  - d. How can learning information about PTSD be beneficial in your life and/ or relationship?
3. Closing - Answer any questions or concerns that group members have and give a brief summary of the session, provide positive reinforcement for participant efforts.

## Session Eight

### Psychoeducation: Effects of Sexual Assault

#### *Goals:*

- To provide psychoeducation pertaining to the effects that sexual assault may have on the survivor population.

#### *Objectives:*

By the end of session, participants will be able to:

- Identify at least three pieces of information about the effects of sexual assault they have learned for the first time.
- Verbalize an increased understanding and awareness regarding the effects of sexual assault on survivors.
- Identify and express their concerns and fears pertaining to the after effects of sexual assault.
- Identify and express ways they have responded to their partners behaviors and or emotional reactions.

#### *Materials:*

The following information sheet will be handed out to participants:

1. Effects of Sexual Assault

#### *Procedures:*

- All information pertaining to the session topic is available in the session handout titled Effects of Sexual Assault.
1. Distribute informational handout to each group member.

2. Present information to group members: Volunteering participants, or group leaders may read the handout.
  - a. Present and read Effects of Sexual Assault handout. Discuss material with participants and answer questions pertaining to the handout.
3. Facilitate discussion within the group by encouraging group members to share feelings and thoughts surrounding the effects their partner may be experiencing.
4. Facilitate discussion by encouraging participants to share their fears and or concerns regarding their partners experience and after effects.
5. Encourage participants to identify and voluntarily share the responses they experienced to their partners emotional reactions and or behaviors.
6. Discussion Questions - Group leaders may utilize these questions to facilitate discussion within the group.
  - a. What are some of the after effects of an assault that cause you the most concern?
  - b. How have you responded to your partners behaviors and or emotional reactions to the assault? - in the past, currently? How has this impacted the relationship?
  - c. How do you plan to address your partner's behaviors, and or emotional reactions? What can help you succeed in changing your approach?
  - d. What information have you found helpful pertaining to the after effects of sexual assault? How can this information be helpful to your relationship?
7. Closing - Answer any questions or concerns that group members have and give a brief summary of the session, provide positive reinforcement for participant efforts.

## Session Nine

### Secondary Survivors

#### *Goals:*

- To provide psychoeducational information pertaining to how to be supportive to a loved one who has experienced a sexual assault.
- To provide psychoeducation pertaining to possible symptoms a secondary survivor may experience as a result of a significant other experiencing sexual abuse.

#### *Objectives:*

By the end of session, participants will be able to:

- Identify at least four pieces of information pertaining to how to be supportive to a survivor and possible symptomology of a secondary survivor.
- Have a greater understanding of how to further support a survivor of sexual assault.
- Have a greater understanding and better awareness of feelings and symptoms they may be experiencing.

#### *Materials:*

The following information sheets will be handed out to participants:

1. How to Help a Loved One
2. Secondary Survivors

#### *Procedures:*

- All information pertaining to the session topic is available in the session handouts titled How to Help a Loved One and Secondary Survivors.
1. Distribute informational handouts, one topic at a time, to each group member.

2. Present information to group members: Volunteering participants, or group leaders may read handouts.
  - a. Present and read How to Help a Loved One handout. Discuss material with participants and answer questions pertaining to the handout.
  - b. Present and read Secondary Survivor handout. Discuss material material with participants and answer questions pertaining to the handout.
3. Facilitate discussion within the group by asking participants to voluntarily share their positive and negative attempts in supporting their loved one after the assault.
4. Facilitate discussion within the group by encouraging participants to share their experience of secondary survivor symptomology, including concerns and questions.
5. Discussion Questions - Group leaders may utilize these questions to facilitate discussion within the group.
  - a. What are your thoughts or feelings on the Secondary Survivor information? How was this information helpful to you as a secondary survivor? What information did you find useful?
  - b. When you first learned about the assault, what secondary survivor symptoms were you experiencing?
  - c. What other symptoms have you experienced related to the assault over time? Have those symptoms increased or decreased in intensity?
  - d. How might this information change your thoughts regarding your “role” as the significant other of a survivor? How do you view yourself now?

- e. How might the information on helping a loved one be useful in your relationship?  
How do you see yourself implementing these suggestions? How do you believe your partner will respond?
6. Closing - Answer any questions or concerns that group members have and give a brief summary of the session, provide positive reinforcement for participant efforts.

## Session Ten

### Sexual Assault and Interpersonal Relationships

#### *Goals:*

- To provide psychoeducation on how sexual assault can impact an interpersonal relationship.
- To provide psychoeducation pertaining to trust, sexuality and communication difficulties in relation to sexual assault.

#### *Objectives:*

By the end of session, participants will be able to:

- Identify and express at least three pieces of information pertaining to how sexual assault can impact an interpersonal relationship.
- Have a greater awareness and understanding of their thoughts and feelings regarding their interpersonal relationship.
- Verbalize how the sexual assault has impacted their interpersonal relationship.

#### *Materials:*

The following information sheets will be handed out to participants:

1. Sexual Assault and Interpersonal Relationships

#### *Procedures:*

- All information pertaining to the session topic is available in the session handout titled Sexual Assault and Interpersonal Relationships.
1. Distribute informational handout to each group member.



2. Present information to group members: Volunteering participants, or group leaders may read the handout.
  - a. Present and read Sexual Assault and Interpersonal Relationships handout. Discuss material with participants and answer questions pertaining to the handout.
3. Facilitate discussion within the group by inviting participants to voluntarily share and explore difficulties in their interpersonal relationships due to the sexual assault.
4. Facilitate discussion within the group encouraging participants to address issues pertaining to trust, sexuality and communication difficulties within interpersonal relationships.
5. Invite participants to “brainstorm” collectively and come up with possible ways to promote the re-establishment of trust and healthy communication back into their relationships.
6. Discussion Questions - Group leaders may utilize these questions to facilitate discussion within the group.
  - a. How has the sexual assault impacted your interpersonal relationship? What challenges or problems does this present between you and your partner?
  - b. In regards to your relationship difficulties, what can you take responsibility for? How do you see yourself being able to resolve these problems? How can you begin to implement new, supportive, pro-active behavior within your relationship?
  - c. What actions or behaviors have successfully promoted the re-establishment of trust and or communication in your relationship?

- d. What actions or behaviors have impeded on the re-establishment of trust and or communication in your relationship?
7. Closing - Answer any questions or concerns that group members have and give a brief summary of the session, provide positive reinforcement for participant efforts.

## Session Eleven

### Living With Sexual Assault: Safety Planning

#### *Goals:*

- To provide psychoeducation about safety planning for the future.

#### *Objectives:*

By the end of session, participants will be able to:

- Identify and express at least four ways survivors and or significant others can safety plan for the future.
- Verbalize a greater awareness and better understanding for sexual assault safety tips.

#### *Materials:*

The following information sheets will be handed out to participants:

1. Personal Safety Tips: General
2. Personal Safety Tips: On the Street & In the Car
3. Personal Safety Tips: If Someone is Pressuring You
4. Survivor's Rights

#### *Procedures:*

- All information pertaining to the session topic is available in the session handout.
1. Distribute informational handouts, one topic at a time, to each group member.
  2. Present information to group members: Volunteering participants, or group leaders may read handouts.

- a. Present and read Personal Safety Tips: General handout. Discuss material with participants and answer questions pertaining to the handout.
  - b. Present and read Personal Safety Tips: On the Street and In the Car. Discuss material with participants and answer questions pertaining to the handout.
  - c. Present and read Personal Safety Tips: If Someone is Pressuring You. Discuss material with participants and answer questions pertaining to the handout.
  - d. Present and read Survivor's Rights handout. Discuss material with participants and answer questions pertaining to the handout.
3. Group leaders may begin by explaining to the participants that safety planning is not only useful for survivors, but can be helpful to anyone (including significant others). Group leaders may further educate participants in regards to how significant others can participate in safety planning with their loved one (survivor). Being involved not only shows support for the survivor, but allows the significant other and survivor to work in a positive way together to combat and overcome the assault.
4. Group leaders may facilitate further discussion in the group by having participants address any concerns or fears they have about discussing safety planning with the survivor or implementing safety strategies.
5. Discussion Questions - Group leaders may utilize these questions to facilitate discussion within the group.
  - a. As significant others of survivors, how do you think safety planning will benefit you? - or not benefit you? How do you think safety planning will benefit your partner?

- b. What safety tips can you see yourself using? What safety tips can you see your partner using?
  - c. What initial steps can you take to begin safety planning for yourself?
  - d. How do you believe your partner will react to you when discussing safety planning?
  - e. What steps may you need to take to have safety planning be a positive event for you and your partner?
  - f. What do you think about safety planning? Positive? Negative? Why?
6. Closing - Answer any questions or concerns that group members have and give a brief summary of the session, provide positive reinforcement for participant efforts.

## Session Twelve

### Group Closing

#### *Goals:*

- To close group sessions.
- To have group participants share the progress that they have made by attending group.
- To provide information pertaining to additional support opportunities.

#### *Objectives:*

By the end of the session, participants will be able to:

- Express positive feedback and appreciation to at least one other group member.
- Identify at least two different opportunities for additional support.
- Identify and express progress they have made in at least one area of their life.

#### *Materials:*

None Required

#### *Procedures:*

1. Group leaders may begin session by showing appreciation to participants and thanking them for participating in the group process.
2. Group leaders can facilitate discussion within the group by inviting participants to share what they have found to be beneficial from attending group.
3. Group leaders can further facilitate discussion by asking group members to share any interactional changes (communication or behavior) with their survivors and how these changes have impacted their relationship.

4. Group leaders may elaborate on the above question and ask group members if they have changes they intend to make in their relationship as a result of participating in group.
5. Group leaders may provide participants with information on additional support groups, therapeutic options and mental health agencies from Valley Trauma Center's Referral Book. Group leaders can reassure participants that if they are in need of additional immediate assistance Valley Trauma Center's hotlines are available 24 hours a day, seven days a week.
6. Discussion Questions - Group leaders may utilize these questions to facilitate discussion within the group.
  - a. What have you found to be the most beneficial aspect of participating in group?
  - b. What have you learned about yourself from participating in group? What have you learned about survivors? What have you learned about your relationship?
7. Closing - Address any final thoughts and answer any questions or concerns that group members have. Group leaders may recap highlights of past sessions and thank participants again for their participation and effort.

## CHAPTER V

### Conclusion

#### *Summary*

Sexual assault is a widespread problem that leaves lasting emotional and psychological effects on thousands of individuals every year. In many cases, the survivor of the assault is not the only person impacted by the traumatic event. Friends, and especially family, can be deeply effected by the sexual assault as well. While the survivor may seek treatment, more then often partners, or significant others of survivors are left to process and understand the event and the repercussions alone, without support or any clarification. Research has shown that educational support groups for significant others of survivors of sexual assault can decrease symptoms of distress and provide an opportunity for significant others to gain educational information pertaining to the sexual assault experience and to support and be supported by other individuals beginning the healing process after a loved one has been assaulted. While significant others may not be able to rectify what has happened to their partner, they can play a key role in the healing process by being able to provide support and having a better understanding of what their partner has experienced. The purpose of this project is to create curriculum guidelines for a structured, psycho-educational support for Marriage Family Therapist Trainees working at Valley Trauma Center. The curriculum is intended to be used with significant others of sexual assault survivors and will present educational information pertaining to sexual assault.



The first chapter introduces the project and states the need for the curriculum. This chapter also describes the purpose of this project and defines pertinent terminology used throughout the project. Chapter two offers a review of the literature pertaining to the topic of significant others of sexual assault survivors as well as related topics, such as reactions and symptomology of sexual assault survivors and significant others, secondary trauma and group treatment. The third chapter provides an explanation how the curriculum was developed, who the intended audience is, the personal qualifications required of the group facilitator(s) and the appropriate environment in which the curriculum may be utilized. Chapter four is the finalized curriculum. The curriculum is made up of twelve, one and a half hour sessions. Each session is outlined with goals, objectives and procedures. Handouts that are required for certain sessions are available in the appendix.

#### *Discussion and Conclusion*

Developing a psychoeducational support group curriculum for the significant other population was in many ways similar to creating a group curriculum for the survivor population. Based upon the knowledge gained from reviewing literature, developing this curriculum and other curriculums in the past, there should be more readily available group treatment options for significant others of sexual assault survivors. Much of the same psychoeducational information concerning sexual assault relates to both the survivor and significant other populations. Although specialized information pertaining to the significant other population was necessary to include in the significant other group curriculum, the task was not impossible to complete. The

transformation of a sexual assault survivor group into a significant other of sexual assault survivor curriculum is not only a venture that can be easily accomplished, especially by professionals, but it also creates an additional opportunity for helping professionals to be a part of the healing process.

### *Future Work and Research*

Although this curriculum is currently in a “finished” state, progression is natural, therefore allowing this curriculum to further evolve, just as the group’s participants. Feedback from group members who have completed the program can be used as a valuable tool in adjusting aspects of the curriculum to make it more effective for future group use. This curriculum may also be translated into additional languages in the future, although it is important to keep in mind different cultural norms, ideals and values. In that, the curriculum may need to be modified to meet different cultural standards. Additional work to this curriculum may also include adding more survivor specific sessions, and transforming it into an integrated group for significant others *and* survivors. Research has shown that integrated groups are not only successful in decreasing symptoms of distress in significant others and survivors, but are beneficial for promoting universality amongst two populations of individuals. In regards to research, there is not an immense amount of information pertaining to the significant other of sexual assault survivor population in comparison to the survivor populations (i.e. child, teen and adult). Further research needs to be conducted in order to determine the most effective type of group for the significant other population, psychoeducational groups vs. process groups, or structured groups vs. unstructured groups. Additional research may want to address

relationship outcomes for group participants, to determine the efficacy of the desired group. Lastly, further research pertaining to the significant other population can explore societies awareness of the significant other of sexual assault survivor population. By creating awareness of the problem through research, we can take the first step in the healing and helping process.

## REFERENCES

- American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders*, Forth Edition, Text Revision. Washington, DC, American Psychiatric Association, 2000., 463.
- Broadbuss, C. , Hermanns, M. , & Burks, B. (2006). Therapeutic interventions for survivors. , 113-130.
- Carey, L. (1998). Illuminating the process of a rape survivors' support group. *Social Work with Groups: A Journal of Community and Clinical Practice*, 21(1-2), 103-116.
- Chartier-Otis, M. , Guay, S. , & Marchand, A. (2009). Psychological and relationship distress among partners of civilian ptsd patients. *Journal of Nervous and Mental Disease*, 197(7), 543-546.
- Cohen, L. (1988). Providing treatment and support for partners of sexual-assault survivors. *Psychotherapy*, 25(1), 94-98.
- Figley, C. , & Kleber, R. (1995). Beyond the 'victim': Secondary traumatic stress. , 75-98.
- Holmstrom, L.L. & Burgess, A. W. (1979). Rape: the husband's and boyfriend's initial reactions. *The Family Co-ordinator*, 28, 321-330.
- Motta, R. (2008). Secondary trauma. *International Journal of Emergency Mental Health*, 10(4), 291-298.
- RAINN. (18). Retrieved November 16, 2011, from <http://www.rainn.org>

- Reid, K. , Mathews, G. , & Liss, P. (1995). My partner is hurting: Group work with male partners of adult survivors of sexual abuse. *Social Work with Groups: A Journal of Community and Clinical Practice*, 18(1), 81-87.
- Remer, R. , & Elliott, J. (1988). Characteristics of secondary victims of sexual assault. *International Journal of Family Psychiatry*, 9(4), 373-387.
- Remer, R. , & Ferguson, R. (1995). Becoming a secondary survivor of sexual assault. *Journal of Counseling & Development*, 73(4), 407-413.
- Remer, R. , & Ferguson, R. (1998). Treating traumatized partners: Producing secondary survivors of ptsd. , 139-170.
- Resick, P. , & Schnicke, M. (1992). Cognitive processing therapy for sexual assault victims. *Journal of Consulting and Clinical Psychology*, 60(5), 748-756.
- Sharma, A. , & Cheatham, H. (1986). A women's center support group for sexual assault victims. *Journal of Counseling & Development*, 64(8), 525-527.
- Silverman, D. (1992). Male co-survivors: The shared trauma of rape. , 87-103.
- U.S. Department of Justice. National Crime Victimization Survey. 2006-2010.
- U.S. Department of Justice. Office on Violence Against Women. Retrieved March 5, 2012, from <http://www.ovw.usdoj.gov/sexassault.htm>
- Wessely, S., Bryant, R. A., Greenberg, N., Earnshaw, M., Sharpley, J., & Hughes, J. H. (2008). Does psychoeducation help prevent post traumatic psychological distress? *Psychiatry: Interpersonal and Biological Processes*, 71(4), 287-302.

Yalom, I. D., & Leszcz, M. (2005). Creation of the group: Place, time, size, preparation. ,  
281-308.

## Appendix A

### Session Two

#### **Handout 1: Myths and Realities of Rape and Sexual Assault**

There are many misconceptions that surround rape and sexual assault, clarifying these myths that are associated with rape and sexual assault can promote a better awareness and understanding regarding these acts.

**MYTH:** Women provoke rape by the way they dress or the way they flirt.

**REALITY:** No one asked to be raped, no one dresses in a way that indicates they are asking to be raped, nor does anyone's behavior or dress justify or excuse the crime. Many convicted sexual assailants are unable to remember what their victims looked like or were wearing. People have a right to be safe from sexual assault at any time, any place, and under any circumstances.

**MYTH:** Most rapes are committed at night by strangers in dark alleys.

**REALITY:** 77% of completed rapes are committed by someone who is known to the survivor. (Bureau of Justice Statistics. Sex Offenses and Offenders, 1997) For example the perpetrator might be a partner or husband, an ex-partner, co-worker or neighbor.

**MYTH:** Men rape because they are sexually aroused or have been sexually deprived.

**REALITY:** Rape is an expression of power and control and most often includes hostility towards women, the desire to feel and exert power and control, the desire to humiliate and degrade, and in some cases the desire to inflict pain. Sexual arousal is a strong urge, but is a controllable urge. The difference lies in whether people feel they have the right to take what they want by force or whether they respect the feelings and wishes of other people.

**MYTH:** Women lie about being raped.

**REALITY:** Rape is the most underreported crime of all. Sexual assault and rape are some of the most under reported crimes, with 54% of crimes being left unreported to police. (Justice Department, National Crime Victimization Survey: 2006-2010) Most survivors keep it a private nightmare. Reporting rape is especially difficult because of the need to discuss intimate details.

**MYTH:** Men can never be raped.

**REALITY:** According to the U.S. Department of Justice 1997, an estimated 9 % of rape survivors are male.

**MYHT:** It is impossible for a husband to sexually assault his wife.

**REALITY:** Regardless of marital or social relationship status, if a woman does not consent to having sex, it is rape.

**MYTH:** Women can avoid situations that can lead to rape or sexual assault.

**REALITY:** Most survivors are assaulted in an environment they consider safe and raped or sexually assaulted by someone they thought they could trust. According to the U.S. Department of Justice nearly 6 out of 10 rape or sexual assault incidents occur in the survivors own home, at the home of a friend, relative, or neighbor.



## Appendix B

### Session Two

#### **Handout 2: Facts About Rape**

- Anyone can be raped. This includes women, men , girls, boys, infants, grandmothers and teenagers. Rape is not only about sex, it is also about power and control.
- Rape is never the fault of the victim. It is painful, humiliating, and hurtful. No one ever enjoys being raped.
- Most rapes happen between people of the same race.
- You are more likely to be raped by someone you know, rather than a stranger.
- You can be raped by someone you've had sex with before. Each time you are asked to have sex you have the right to say no, even if you've said yes before.
- Most rapists do not use weapons to force someone into having sex. Threats, emotional force, and physical force are more commonly used.
- If you say no, and someone forces you to have sex, it's rape.
- Most rapists plan their attacks and test their victims tolerance of abuse over a period of time. This includes husbands, someone you're dating, family members, as well as strangers.
- Not only is rape and sexual assault always wrong, these acts are criminal. Rape and sexual assault is against the law.

## Appendix C

### Session Two

#### **Handout 3: Understanding Different Rape Situations**

##### **I didn't resist physically.**

People respond to an assault in different ways. Many victims make the good judgement that physical resistance would cause the attacker to become more violent. Lack of consent can be expressed (e.g. saying "no") or implied by the circumstances (i.e. if you were under the statutory age of consent, or had a mental deficiency, or were afraid to object due to threats of physical harm).

##### **I used to date the attacker.**

Rape can occur when the offender and the victim have a preexisting relationship. This is sometimes called "date rape" or "acquaintance rape". It can even happen when the offender is the victim's spouse. It does not matter whether the offender is an ex-boyfriend or a complete stranger. It doesn't matter if you've had sex in the past. If it is nonconsensual this time, it is rape.

##### **I don't remember the assault.**

Just because you don't remember being assaulted doesn't necessarily mean it didn't happen and that it wasn't rape. Memory loss can result from ingestion of GHB and other "rape drugs" and from excessive alcohol consumption. That said, without clear memories or physical evidence, it may not be possible to pursue prosecution. For additional information and guidance contact a local crisis center or local police station.

##### **I was asleep or unconscious when it happened.**

Rape can happen when the victim is unconscious or asleep. If you were asleep or unconscious, you didn't give your consent. Without your consent, it is rape.

##### **I or the attacker was drunk.**

Alcohol and or drugs are not an excuse or an alibi. The key question is still: Did you consent or not? Regardless of whether you were drunk or sober, if the sex was nonconsensual, it is rape. However, because each state has different definitions for "nonconsensual", contact your local rape crisis center or local police with questions. If you were so drunk or drugged that you passed out and were unable to consent, it was rape. Both people must be conscious and willing participants.

## Appendix D

### Session Four

#### **Common Feelings After Rape or Sexual Assault Common Responses**

##### **Anxiety**

Nervousness, jitteriness, muscular tension, agitation, restlessness, trembling, feeling over-alert, excessive worry, phobic (i.e. fearful) reactions and panic attacks.

##### **Fear**

Related to death, violence, repetition of the assault, retaliation of the rapist, being in a crowd or being alone.

##### **Depression**

Feelings of depressed mood, crying, hopelessness, feelings of guilt, worthlessness, loss of interest in things once enjoyable, suicidal thinking or attempts, sleep disturbances, chronic fatigue, weight gain or loss.

##### **Difficulties Concentrating**

Disorientation, difficulties focusing thoughts and making mental associations.

##### **Intrusive Memories**

Unwanted, distressing memories of the assault and flashback memories that are difficult to control and can be in the form of dreams and nightmares.

##### **Hyper-arousal**

Fight or flight, increased heart rate, rapid and shallow breathing, muscular tension, hyper-vigilance (i.e. constantly on the look out for danger).

##### **Anger**

Feels anger toward perpetrator, police, medical personnel, family, counselor, herself/himself, experiences anger more rapidly and intensely than usual.

##### **Guilt, Shame and or Blame**

Many times survivors blame themselves in order to make sense of the assault. Guilty thoughts like, "I shouldn't have been drinking at the time of the assault", or "I shouldn't have been dressed like that", or "I should have fought back", are common after an assault.

**Emotional numbing**

When overwhelmed by strong emotions, the body and mind sometimes react by shutting down and becoming numb. This is a defense mechanism utilized by survivors to protect themselves from emotional and physical pain related to the assault.

**Avoidance**

The survivor may avoid any people, places, things, conversations, thoughts, emotions, or physical sensations that remind the survivor of the assault.

\* Not only do survivors experience these reactions after an assault, but it is very common for significant others of survivors to experience these responses as well, due to an intense emotional connection to the survivor.

## Appendix E

### Session Five

#### **Handout 1: Self Care Tips**

There are times when the emotions and pain associated with a rape or sexual assault can be overwhelming. These feelings can come immediately after the assault, or many years later. The following are things that you can do to help take care of yourself as you recover from the assault that you experienced.

- Make yourself a cup of tea, or a soothing, warm drink.
- Go for a walk, if it is safe to do so.
- Take a relaxing bath.
- Spend time talking with a trusted friend or family member.
- Spend time with a favorite pet.
- Workout - Exercise helps to increase your body's production of endorphins which aids in mood boosting and feeling better.
- Read a favorite book.
- Find a creative outlet - music, painting, dancing, etc.
- Write in your journal.
- Sign up for a self-defense course - it may help you feel more in control.
- Eat healthy food.
- Most importantly, remind yourself that it is alright for you to feel emotions like anxiety, anger, shame, and confusion, as they are normal reactions to an abnormal event.

## Appendix F

### Session Five

#### **Handout 2: Understanding the Recovery Process**

Recovery is an ongoing, daily, gradual process. It doesn't happen through sudden insight or "cure".

Some level of continuing reactions is normal and reflects a normal body and mind. Healing doesn't mean forgetting your sexual assault experience or having no emotional pain when you think about the assault.

Healing may mean fewer and less intense reactions to reminders of the sexual assault, greater confidence in your ability to cope with your memories and or greater ability to manage your emotions.

When people are able to talk about their painful experiences and memories, something helpful often results.

Most benefits of talking don't usually result from one discussion; usually they result from many discussions pertaining to the assault.

Through talking about sexual assault, many people can gradually reduce their physical and emotional responses to the memories and increase their ability to tolerate their painful emotions.

One type of opportunity to talk through a sexual assault experience, is sexual assault counseling.

## Appendix G

### Session Five

#### **Handout 3: Healthy vs. Unhealthy Coping Mechanisms**

People who have experienced a traumatic event often use coping mechanisms. Coping mechanisms are used to make ourselves feel better in a time of distress. Coping mechanisms fall into two categories, healthy and unhealthy.

Healthy coping mechanisms can improve mood, generate endorphins, and create productivity.

Some examples of healthy coping mechanisms are....

- Taking a walk or hike.
- Exercising.
- Reading a good book.
- Spending time with friends or family.
- Doing a craft or activity you enjoy.

There are also some coping mechanisms that survivors and significant others of survivors use that are better to avoid. Unhealthy coping mechanisms may make the individual feel better for the time being, but can be addicting, dangerous and self deprecating.

Some examples of unhealthy coping mechanisms are....

- Relying on drug or alcohol use.
- Disclosing personal information in chat rooms or blogs.
- Seeking out situations in which you feel unsafe.
- Taking actions that undermine your self worth.
- Using food and unhealthy eating as a way to control your body and emotional state.
- Inflicting harm on your body.
- Blaming yourself for what happened.
- Using sex to try to overcome or take control of a sexual violation where you had no control. (S)

What other healthy or unhealthy coping mechanisms can you identify?

(S) = Coping mechanism that be be only used by survivor, but can be a warning sign of distress to a significant other.

## Appendix H

### Session Five

#### **Handout 4: Relaxation Techniques: Deep Breathing for Stress Relief**

##### Deep Breathing for Stress Relief

With its focus on full, cleansing breaths, deep breathing is a simple, yet powerful, relaxation technique. It's easy to learn, can be practiced almost anywhere, and provides a quick way to get your stress levels in check. Deep breathing is the cornerstone of many other relaxation practices, too, and can be combined with other relaxing elements such as aromatherapy and music. All you really need is a few minutes and a place to sit down or stretch out.

##### How to Practice Deep Breathing:

The key to deep breathing is to breathe deeply from the abdomen, getting as much fresh air as possible into your lungs. When you take deep breaths from the abdomen, rather than shallow breaths from your upper chest, you inhale more oxygen. The more oxygen you get, the less tense, short of breath and anxious you feel. So the next time you feel stressed, take a minute to slow down and breathe deeply.

- Sit comfortably with your back straight. Put one hand on your chest and the other on your stomach.
- Breathe in through your nose for 3 seconds. The hand on your stomach should rise. The hand on your chest should move very little.
- Hold for 3 seconds.
- Exhale through your mouth for 3 seconds, pushing out as much air as you can while contracting your abdominal muscles. The hand on your stomach should move as you exhale, but the your other hand should move very little.
- Continue to breathe in through your nose for 3 seconds, hold for 3 seconds and exhale out of your mouth for 3 seconds. Try to inhale so that your lower abdomen rises and falls. Count slowly as you repeat the breathing cycle.
- If you have a hard time breathing from your abdomen while sitting up, try lying on the floor and practicing. Put a small book on your stomach, and try to breathe so that the book rises as you inhale and falls as you exhale.

Like any new activity, you get better with practice. So be patient, and keep breathing.



## Appendix I

### Session Seven

#### **Handout 1: Fact Sheet - Post Traumatic Stress Disorder (PTSD)**

Post Traumatic Stress Disorder (PTSD) can occur to a person following the experience or witnessing of life threatening events such as war, natural disasters, serious accidents, or violent personal assaults, like rape or sexual assault.

It is your mind's way of coping with traumatic event. It is a normal response to abnormal events. PTSD can manifest months or years following the traumatic experience.

Remember that there are treatments that may help you in your healing process.

People who have experienced PTSD tell us that they often feel:

- Irritable, angry, and sometimes they just fly off the handle or smash things.
- On guard, cautious, nervous, jumpy and fearful.
- Vulnerable, afraid of many things and unable to be calm.
- Unsafe, they feel that the assault might happen again.
- That the disaster is around the corner and they look for places to hide or are always looking over their shoulder.
- Become over protective of people they love.
- Easily frightened when someone comes up behind them or they hear a sudden noise.
- They don't want to talk about the experience.
- They are avoiding people, places and activities.
- They want to numb what has happened to them sometimes by using drugs and alcohol.
- Anxious and restlessness.

It is also very common to notice:

- That people may keep thinking about the event and or seeing the event flash through their minds. These are called flashbacks, and it may seem that they take the person back in time to relive the event.
- People have difficulty falling or staying asleep. They may experience nightmares or restless sleep.
- People may have trouble concentrating and remembering.
- People having panic attacks. They will have trouble breathing, increased heart rate and increased sweating.

## Appendix J

### Session Seven

#### **Handout 2: Myths About Post Traumatic Stress Disorder**

PTSD is a complex disorder that is often misunderstood. Not everyone who experiences or witnesses a traumatic event will develop PTSD, but many people do.

**MYTH:** PTSD only affects war veterans.

**FACT:** Although PTSD does affect war veterans, PTSD can affect anyone. Almost 70% of Americans will be exposed to a traumatic event in their lifetime. Of those people up to 20% will go on to develop PTSD. Survivors of trauma related to physical and sexual assault face the greatest risk of developing PTSD. Women are about twice as likely to develop PTSD as men, perhaps because women are more likely to experience trauma that involves these types of interpersonal violence, including sexual assault and domestic violence. Survivors of childhood abuse are also at risk of developing PTSD.

**MYTH:** PTSD is only seen in people with “weak characters” who are unable to cope with difficult situations in the same way that most of us do.

**FACT:** PTSD is a human response to markedly abnormal situations, and it involves specific chemical changes in the brain that occur in response to a person experiencing a traumatic event. Many of the symptoms of PTSD seem to be a direct result of such changes within the brain.

**MYTH:** All of have been through frightening experiences and have at least one symptom of PTSD as a result of that experience.

**FACT:** Although memories of frightening experiences may be similar to symptoms of PTSD (for example vivid memories), most persons do not have the severity of symptoms or impairment associated with PTSD. The specific brain-based responses seen in PTSD differ from those seen in normal anxiety. Similarly, the experiences of normal anxiety and of PTSD are markedly different.

**MYTH:** Stress reactions to trauma exist, but these should not be considered as a serious medical problem.

**FACT:** PTSD is a medical disorder that can sometimes cause serious disability. Persons with PTSD often have co-occurring mood, anxiety, and substance-related disorders. In addition, these individuals may have significant difficulty at their job, in their personal relationships, or other social interactions.

**MYTH:** People should be able to move on with their lives after a traumatic event. Those who can't cope are weak.

**FACT:** Many people who experience an extremely traumatic event go through an adjustment period following the experience. Most of these individuals are able to return to leading a normal life. However, the stress caused by trauma can affect all aspects of a person's life, including mental, emotional and physical well-being. Research suggests that prolonged trauma may disrupt and alter brain chemistry. For some people, a traumatic event changes their views about themselves and the world around them. This may lead to the development of PTSD.

**MYTH:** People suffer from PTSD right after they experience a traumatic event.

**FACT:** PTSD symptoms usually develop within the first three months after a trauma, but may not appear until months or years have passed. These symptoms may continue for years following the trauma or, in some cases, symptoms may subside and reoccur later in life, which is often the case with survivors of childhood abuse. Some people don't recognize that they have PTSD because they may not associate their current symptoms with past trauma.

**MYTH:** PTSD is something that weak individuals experience.

**FACT:** PTSD can happen to anyone. It is a human response to an abnormal situation and is brought on by the stress of the event.

**MYTH:** Having PTSD means I am crazy.

**FACT:** Sometimes your body can get stuck in the "fight-or-flight" response mode and needs to be retrained to cope differently.

**MYTH:** PTSD symptoms are pretty common for many who've been in distressing situations.

**FACT:** While memories of frightening experiences can be similar to PTSD, the difference is the intensity and vividness of the memories. Feeling as if you are reliving the trauma is a flashback, remembering it is not.

**MYTH:** PTSD should not be considered a serious disorder.

**FACT:** PTSD can be debilitating for some individuals and come with severe mood, anxiety and substance abuse issues. These problems can affect an individual's ability to keep a job, have normal relationships, and have proper social interactions.

**MYTH:** Having this mental disorder means I will always be sick.

**FACT:** While PTSD is disruptive, it is a highly treatable disorder. Not only does PTSD treatment use psychotherapies and medicine, treatment can also incorporate creative therapies to help with stress and rejuvenate the whole self.

### **Handout 1: Effects of Sexual Assault**

Sexual assault can effect individuals in a number of ways. Sexual assault survivors have reported experiencing these effects after an assault:

#### **Possible Physical Effects of Sexual Assault**

- Pain
- Injuries
- Nausea
- Vomiting
- Headaches

#### **Possible Emotional/Psychological Effects of Sexual Assault**

- Shock/denial
- Irritability/anger
- Depression
- Social withdrawal
- Numbing/apathy (detachment, loss of caring)
- Restricted affect (reduced ability to express emotions)
- Nightmares/flashbacks
- Difficulty concentrating
- Diminished interest in activities or sex
- Loss of self-esteem
- Loss of security/loss of trust in others
- Guilt/shame/embarrassment
- Impaired memory
- Loss of appetite
- Suicidal ideation (thoughts of suicide and death)
- Substance Abuse
- Psychological disorders

#### **Possible Physiological Effects of Sexual Assault**

- Hyper-vigilance (always being "on your guard")
- Insomnia
- Exaggerated startle response (jumpiness)
- Panic attacks
- Eating problems/disorders
- Self-mutilation (cutting, burning or otherwise hurting oneself)
- Sexual dysfunction (not being able to perform sexual acts)
- Hyperarousal (exaggerated feelings/responses to stimuli)

## Appendix L

### Session Eight

#### **Handout 2: Effects of Sexual Assault**

##### **Post Traumatic Stress Disorder**

Survivors of sexual assault may experience severe feelings of anxiety, stress or fear, known as Post Traumatic Stress Disorder (PTSD), as a direct result of the assault.

##### **Substance Abuse**

Victims of rape or sexual assault may turn to alcohol or other substances in an attempt to relieve their emotional suffering.

Some victims use substances to cope with the reality of what happened to them or to cope with the symptoms of Post Traumatic Stress Disorder, a common reaction to an extreme situation like sexual assault. However, it is not a healthy way to deal with the trauma of sexual assault and can cause additional problems, such as addiction or dependence, that hinder the healing process.

Survivors of sexual assault or sexual abuse in childhood may abuse drugs to help them “numb out” and push away the painful memories of sexual violence. Victims may also turn to drugs instead of true recovery resources, such as counseling; they may not think that friends or family will understand them, they may not know where to access recovery resources, or they may be embarrassed to talk about what happened.

Friends and family of sexual assault victims may be among the first to recognize the signs of substance abuse. Early recognition increases chances for successful treatment

##### **Self-Harm / Self-Injury**

Deliberate self-harm, or self-injury, is when a person inflicts physical harm on himself or herself.

Deliberate self-harm, or self-injury, is when a person inflicts physical harm on himself or herself, usually in secret. Some victims of sexual assault may use self-harm to cope with the difficult or painful feelings, but it is only a temporary relief, not a healthy way to deal with the trauma of sexual assault. Self-harm can cause permanent damage to the body, as well as additional psychological problems that hinder the healing process, such as guilt, depression, low self-esteem or self-hatred, along with a tendency toward isolation.<sup>1</sup>

### **Depression**

There are many emotional and psychological reactions that victims of rape and sexual assault can experience. One of the most common of these is depression.

### **Sexually Transmitted Infections**

Sexually Transmitted Infections sometimes occur from sexual assault. It is always a good idea to get a medical exam after an assault. (Medical exams do differ from a forensic exam, usually done for a rape kit). If you have further questions regarding medical examinations, please call your physician or local clinic. If you or your partner notice anything unusual or experience any pain or discomfort, contact your physician or local clinic.

### **Pregnancy**

If you were recently raped, you may have concerns about becoming pregnant from the attack. If the rape happened a long time ago, you may have concerns about a pregnancy that resulted from the attack.

### **Flashbacks**

A flashback is when memories of past traumas feel as if they are taking place in the current moment. Many survivors of sexual violence experience these emotional returns to the trauma, believing themselves to be back at the scene of the attack or abuse.

Flashbacks are also a symptom of PTSD.

Flashbacks may consist of: images sounds, smells, or feelings, and are often triggered by ordinary occurrences. A person having a flashback may lose touch with reality and believe that the traumatic incident is happening all over again.

Flashbacks can be triggered by many stimuli, such as sensory or emotional feelings. It can sometimes feel as though flashbacks come from nowhere, making it difficult to distinguish between past and present. They can often leave the survivor feeling anxious, scared, powerless, or any other emotions they felt at the time of their assault.

Some flashbacks are mild and brief, a passing moment, while others may be powerful and last a long time. Many times the individual does not even realize that s/he is having a flashback and may feel faint or dissociate.

### **Sleep Disorders**

Many survivors of sexual assault suffer from sleep disturbances and disorders. Sleep can be difficult for trauma victims to feel secure and unthreatened.

*Nightmares:* can result when an assault is replayed mentally and when there is a fear that it will reoccur. Nightmares typically involve feelings and emotions felt at the time of the assault or abuse, or immediately following, and can cause difficulty in falling sleep and staying asleep.

*Insomnia:* can be described as difficulty falling asleep, difficulty staying asleep, or waking up too early. These periods of restlessness can last a few nights or become chronic and last several months, or even years.

### **Eating Disorders**

Victims and survivors with eating disorders often use food and the control of food as an attempt to deal with or compensate for negative feelings and emotions.

### **Body Memories**

Body memories are when the stress of the memories of the abuse experienced by an individual take the form of physical problems that cannot be explained by the usual means.

### **Adult Survivors of Childhood Sexual Abuse**

Survivors of childhood sexual abuse experience an array of overwhelming and intense feelings. These may include feelings of fear, guilt, and shame.

Adapted from Effects of Sexual Assault (RAINN, 2009)



## Appendix M

### Session Nine

#### **Handout 1: How to Help a Loved One**

- Listen. Be there. Don't be judgmental.
- Be patient. Remember, it will take you and your loved one some time to deal with the crime.
- Help to empower your loved one. Rape and sexual assault are crimes that take away an individual's power, it is important not to compound this experience by putting pressure on your loved one to do things that he or she is not ready to do yet.
- If your loved one is considering suicide, follow-up with them on a regular basis. Educate yourself, get numbers of local and national suicide hotlines. If your loved one is willing, suggest seeking counseling or professional assistance.
- Encourage your loved one to report the rape or sexual assault to law enforcement (call 911 in most areas). If your loved one has questions about the criminal justice process, talking with someone on the National Sexual Assault Hotline, 1.800.656.HOPE, can help.
- Let your loved one know that professional help is available through the National Sexual Assault Hotline, 1.800.656.HOPE and through local agencies, such as Valley Trauma Center.
- If your loved one is willing to seek medical attention or report the assault, offer to accompany him or her wherever she or he needs to go (hospital, police station, campus security, etc.)
- Encourage him or her to contact one of the hotlines, but realize that only your loved one can make the decision to get help.
- Always remember that sexual assault is never the survivors fault. Showing support and love can help your partner begin the healing process.

Adapted from How to Help a Loved One (RAINN, 2009)

## Appendix N

### Session Nine

#### **Handout 2: Secondary Survivors**

The effects of sexual assault can be life altering not only for the survivor of the assault, but for their families, friends and significant other as well. Significant others of survivors, such as husbands, wives, boyfriends and girlfriends are often overlooked in the aftermath of an assault. Significant others are frequently left to work through their thoughts, feelings and emotions on their own. Unfortunately, it is difficult for many of these individuals to process the experience, leaving them in psychological distress.

Research shows that...

Victimization has a ripple effect, spreading the damage in waves out from victims to all those with whom they have intimate contact. These intimates--family and friends--are the secondary victims. Not secondary in any sense of being affected less (a popular misconception), but rather not "primary" because they were not the direct recipients of the trauma. (Remer & Ferguson, 1995).

Significant others of survivors of sexual assault have reported experiencing the same symptoms as the survivor after learning of the assault. Significant others have reported feelings of:

- Disbelief, shock, shame and guilt, helplessness, overwhelming anxiety, rage, intrusive thoughts and physical revulsion.

Significant others have also reported experiencing:

- Depression, emotional numbing, withdrawing from the intimate relationship, loss of interest in normal activities, and sexual dysfunction.

There are things that you can do that may lessen these feelings:

- Talk and actively listen with your partner. Find out what they are experiencing, you may be experiencing the same feelings too.
- Educate yourself. Learn about the myths and facts of sexual assault. Misapprehensions and destructive thought patterns may be rectified.

- Practice self care. Take time for yourself, read an enjoyable book, spend time with friends and family, exercise, practice relaxation techniques, spend time doing something you enjoy doing.
- Keep a journal. Get feeling and thoughts out of your mind and body and revisit them later when in a calmer more relaxed state.
- Remember you are a survivor too. Just because you did not experience the assault doesn't mean that it did not affect you.

## Appendix O

### Session Ten

#### **Sexual Assault and Interpersonal Relationships**

After a loved one experiences an assault, maintaining homeostasis in an interpersonal or romantic relationship can be difficult. Sexual assault not only deeply violates the emotional and sexual boundaries of the survivor, but can have a lasting impact on the significant other as well. Often times the relationship suffers while the boundaries of both individuals are being repaired.

Some interpersonal relationship difficulties can include:

- Loss of trust in a partner. (survivor or significant other)
- Over-protectiveness. (significant other to survivor)
- Sexual Problems: Lack of desire, painful intercourse, or avoidance of intercourse altogether. Often times intercourse can be a “trigger” for the survivor, bring on flashbacks of the assault.
- Emotional crisis: Being emotionally unavailable to the other partner. (survivor or significant other)
- Changes in interpersonal dynamics: Either partner displaying different communication patterns, attitudes, and expectations of the other.
- Cognitive responses from significant others of survivors: Unfortunately, even significant others are subject to the same misapprehensions, myths and prejudices that inevitable surround the crime of sexual assault.
- Feelings of anger, guilt, inadequacy, resentment, suffering, shame and self-doubt in the survivor and significant other.
- Blaming the survivor for the assault.

Although the aftermath of an assault is a stressful and painful time for everyone involved, there are ways to lessen relationship difficulties.

- Be supportive of each other.
- Practice open, healthy communication. Being able to talk and listen to each other in a calm, respectful way can help promote and rebuild trust in a relationship.
- Get educated! Attend educational support groups, seminars or go to the library. Educate yourself on what your partner might be experiencing after the assault. Not only do you gain knowledge, but it is supportive to the survivor. There is lots of information available out there regarding sexual assault.
- Use healthy coping mechanisms together, go for a walk or a bike ride, or any other activity you both enjoy.
- Attend counseling, there are many professional who deal with trauma and relationships.
- Never blame the survivor. No one ever asks to be sexually assaulted, and it is never their fault.

## Appendix P

### Session Eleven

#### **Handout 1: Personal Safety Tips: In General**

##### **In General...**

Be aware of your surroundings. Be assertive. Watch for nonverbal cues.

Take a course in self-defense that emphasizes your options, enhances your ability to assert yourself, is designed for women (or men), and includes opportunities for you to practice against live attackers.

Be direct. If someone is pressuring or threatening you, you have the right to respond firmly and to call attention to the threatening behavior.

Use common sense to avoid potentially dangerous situations, and to respond to an attack if one occurs.

Keep emergency phone numbers handy, such as rape crisis 24-hour hotlines, family, friends that you can utilize in addition to 9-1-1.

Discuss safety techniques with your family, friends and neighbors.

When you go to a party, go with a group of friends. Arrive with each other, check in with each other and leave together.

Practice safe drinking. Try not to leave any beverages unattended or accept drinks from someone you don't know or trust.

Have a buddy system. Don't be afraid to let a friend know if something is making you uncomfortable or if you are worried about your own friend's safety.

If someone you don't know or trust asks you to go somewhere alone, let him or her know that you would rather stay with the group.

Check out your surroundings. Knowing where you are and who is around you may help you to find a way out of a bad situation.

## Appendix Q

### Session Eleven

#### **Handout 2: Personal Safety Tips: On the Street & In Your Car**

##### **On the Street...**

Walk with confidence and at a steady, brisk pace. Be aware of body language.

Try not to load yourself down with heavy packages or books. Don't be afraid to ask for assistance from clerks, store employees, or organizational officials.

If you feel that someone is following you, don't go home. Head to the nearest police station instead.

Be alert and aware. Look around you and assess your environment and the people in it.

Travel with a friend whenever possible.

Most important, remember that whether or not these tips are followed, if someone sexually assaults you, it is not your fault.

##### **In Your Car...**

Try to park your car in a well-lighted, easily visible spot.

Keep your car in the best working condition as possible, and keep an emergency kit in your car that contains first-aid items, flash lights, small tools, road flares, etc.

Avoid walking near hedges or bushes that might conceal an attacker, whenever possible.

If possible, avoid walking to your car alone. Don't be afraid to ask a security guard to walk with you to your car.

Return to your car with your key ready. Check under the car and in the back seat before getting inside your car.

Be careful when people in cars ask for directions, and reply from a distance. It's helpful to say, "Don't come near me; stop where you are".

## Appendix R

### Session Eleven

#### **Handout 3: Personal Safety Tips: If Someone is Pressuring You**

##### **If Someone is Pressuring You...**

If someone is pressuring you to engage in sexual activity, it is important to remember that being in this situation is not your fault. You didn't do anything wrong, it is the person who is making you uncomfortable who is to blame. But if you need to get out of an uncomfortable or scary situation, here are some things that you can try:

Trust your instincts. Don't feel obligated to do anything you don't want to do. "I don't want to" is always a good enough reason.

Be true to yourself. Do what feels right to you and what you are comfortable with.

Have a code word with your friends and family so that if you don't feel comfortable, you communicate your discomfort to them without the person knowing. Your friends and family can then come get you or make up an excuse for you to leave.

Lie. If you don't want to hurt the person's feelings, it's better to lie and make up a reason to leave, then stay and be uncomfortable, scared or worse. Some excuses are: needing to take care of a friend or family member, not feeling well, or having somewhere else to be. (Remember, it's not a lie to say you're not feeling well when you are uncomfortable)

Try to come up with an escape route. How would you get out of the room? Where are the doors? Windows? Are there people around who might be able to help? Is there a phone nearby?

If you and/ or the other person have been drinking, you can say that you would rather wait until you both have your full judgement.

Most important, remember that whether or not these tips are followed, if someone sexually assaults you, it is not your fault.



## Appendix S

### Session Eleven

#### **Handout 4: Survivor's Rights**

##### **Survivor's Rights**

Significant others can share this information with the survivor to let them know their rights, help make important decisions and show support.

- You have the right to determine whether or not you want to report the sexual assault to law enforcement.
- You have the right to request to be interviewed by a female officer if you decide to make a report.
- You have the right to report, but not proceed with prosecution.
- You have the right to withdraw your testimony against the attacker at any time.
- You have the right to be treated in a considerate and sensitive manner by law enforcement and prosecution personnel.
- You have the right to sue a person or company for negligence if you were sexually assaulted in a place having unsafe conditions.
- You have the right to contact and be contacted (where and when you wish) by law enforcement and the district attorney's office.
- You have the right to obtain copies of the police reports regarding the sexual assault.
- You have the right to report the attack to law enforcement and expect that all avenues within the law will be pursued to apprehend and convict the offender.
- You have the right not to be exposed to prejudice because of your ethnicity, age, class, lifestyle or occupation.
- You have the right to be considered a sexual assault survivor regardless of the relationship of the assailant to you. (For example, spouse, acquaintance or relative)

Appendix T

**Group Sign In Roster**

**Session 1**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Session 2**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Session 3**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Session 4**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Session 5**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Session 6**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Session 7**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Session 8**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Session 9**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Session 10**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Session 11**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Session 12**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_