Surviving Rape

TI 064 - Thematic

A Structured, Thematic Psychotherapy Group

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Preface

Rape or, more technically, sexual assault is a crime of violence done predominantly to women. While the legal and mental health definitions differ from state to state, rape refers to the crime of forcing a woman to engage in acts of sex against her will. This form of sexual assault includes any act involving oral, vaginal, anal or object penetration or contact for which the women has not given formal consent. The definition of and circumstance which constitute consent also vary across states and complicate the understanding of this tragic phenomenon, Chapter 22, Texas Penal Code. 1990.

While many victims can (and do) overcome its effects, for some it is an emotional and physical injury that lasts for months or years leaving lifelong scars. Survivors can be helped to lessen the adverse impact that this most invasive of violent acts has on their lives through structured emotional support which guides and reaffirms her recovery and healing. Group counseling or therapy offers survivors just such structured support.

To this end, this manual is dedicated to educating group clinicians and therapists about useful structured group techniques and interventions for helping women recover from this societal and personal tragedy.
INTRODUCTION

Surviving Rape, the structured, developmental theme group outlined in the pages that follow, is a structured model for working with rape survivors. Its aim is to provide a safe therapeutic environment where members may explore behaviors, feelings and attitudes, as they make life choices which enhance adjustment and recovery.

The information contained within this manual describes one type of therapeutic intervention shown to be an effective healing ingredient in a survivor's recovery process. To be sure, it is not the only necessary element of healing, but it can be quite supportive and instructional in restoring feelings of personal safety, in reestablishing trust and confidence in self and others, and in resolving emotional injury caused by the trauma of sexual assault.

The program offers group facilitators of all kinds—group therapists, volunteer or peer counselors, graduate students in training, and beginning therapists—a menu for creating and facilitating a survivors' structured support group. It is written in practical, everyday terms, designed so that both the volunteer peer counselor and the experienced group clinician will benefit from its instruction. While written to benefit group facilitators, this manual benefits most the survivors, whose lives are reconstructed and reconstituted because of facilitators' support and attention—and that "makes all the difference."

Impact of Victimization

"None of us can help the things that Life has done to us... They're done before you realize it, and once they're done they make you do other things until at last everything comes between you and what you would like to be, and you've lost your true self forever."

A Long Day's Journey into Night, Eugene O'Neill

Recent victimization studies have suggested that 1 in 4 women will be raped during their lives and half will be raped again by a different assailant (Koss, 1985). One in two women will be victimized by attempted rape (Koss, 1985). Over 80% of the women assaulted are raped by acquaintances: friends, boyfriends, bosses, colleagues, or by family members. Only about 5% of the victims seek assistance from rape crisis centers or professional psychotherapy
immediately after their assault (Koss, 1985; Koss, Gidycz, & Wisniewski, 1987; Koss & Oros, 1982; Russell, 1984).

The majority of sexual assault victims experience an immediate post-trauma crisis response. If the immediate crisis reaction is not resolved, it can develop into a chronic, though heterogeneous, symptom pattern that may persist throughout survivors’ lives. The central features of these chronic symptom patterns emerge as a combination of fear/avoidance responses, affective constriction, disturbances of self-esteem/self-efficacy, and sexual dysfunction (Koss, 1988). The physical, cognitive, and behavioral responses that result from sexual assault are consistent with the DSM-III-R criteria for post-traumatic stress disorder (American Psychiatric Association, 1987). In fact, rape victims form the largest single group of PTSD sufferers (Foa, Olasov, & Steketee, 1987).

Rape victims, compared to nonvictims, are more prone to difficulties with depression, alcohol and drug abuse, somatization, schizophrenia, generalized anxiety, panic, and obsessive-compulsive symptoms (George & Winfield-Laird, 1986). Even many years after the assault, rape victims were significantly more likely than nonvictims to qualify for these psychiatric diagnoses (George & Winfield-Laird, 1986).

Although 37-48% of rape victims eventually seek professional psychotherapy, it is often 1-16 years after the actual assault (Ellis, Atkeson, & Calhoun, 1982) which, sadly, has allowed those post-rape crisis reactions to grow into chronic and sometimes severely disruptive response patterns that make treatment problematic. These data indicate that help is sought for management of these chronic, post-traumatic responses. Additionally, the treatment literature emphasizes the importance of the survivor’s connection to society through acknowledgment of power relationships between women and men in our society (e.g., Sprei & Goodwin, 1983).

A variety of factors have been found to contribute to the intensity of the victim’s experience. Among them are: situational characteristics of the assault, locus of control, coping ability, pre-existing personality variables, social network and support, age, and developmental stage. What is not fully understood is how these variables interact so that some women survive better than others.

Victimization’s impact on the survivor is far-reaching. Survivors experience an immediate crisis reaction, and, if not helped to resolve this crisis response, they are at risk for developing other psychiatric problems. In the short
run, survivors experience all forms of physiological, emotional, and behavioral disruptions, which thwart their developmental growth and movement, complicating their day-to-day life adjustment.

**Developmental Assumptions**

*Our identity is a dream. We are process, not reality, for the reality is an illusion of the daylight, the light of our particular day.*

_The Star Tower, Loren Eiseley_

Structured theme groups such as *Surviving Rape* are developmentally based in that they focus on the resolution of issues that are problematic for some individuals through the course of their lives and that, unresolved, may result in chronic behavioral or psychological patterns that restrict adjustment to daily life.

This structured group model takes organismic developmental theory as its basis for promoting change and growth. Organismic theorists such as Piaget, 1968, Erickson, (1964), Coles, (1964) and Gilligan (1982) view development as a sequence of stages that progressively build upon one another (Drum & Lawler, 1987, p. 36). Growth takes place in a sequential order of increasing complexity and previous learning and growth are the foundation for new growth.

There is no consensus as to whether change is irreversible or whether one can move backward to an earlier stage or development under conditions of stress. What is important to remember about organismic theories is that change occurs as a result of the mastery of stage-specific developmental task. Failure to develop, then, results, from an individual's inability to master the appropriate task within that particular stage of development. Strategies for change using this developmental model would require that an individual go back to the earlier (and unmastered) stage of development, resolve the unachieved task, and then be assisted to move forward toward the new challenges of developmental tasks at this new stage. *Surviving Rape* creates an environment in which unmastered tasks can be resolved while helping members move toward new developmental growth challenges.

Feminist theory of psychological development suggests that women may develop best when they mature within an environment that supports their connectedness to one another, and that appreciates the psychological strengths inherent in such connectedness. The manifestation of power in oneself is realized
through relationship with others and the empowerment of others (Braude, 1987). These theoretical tenets are translated into practice and are present throughout this group. Most notably, the overriding purpose of this group is grounded in feminist thinking: to help rape survivors recover their natural "connectedness" and "self-in-relation" by which the embodiment of their power is assured. Also, this group respects the importance of helping women learn about themselves for as Braude (1987) writes "... accessible and reliable information about ourselves is power" (p.xxii). And, while theorists are still in disagreement about notions of feminist psychological development, its tenets of valuing human life (of both genders) equitably are so noteworthy and universal as to be worth inclusion in this group.

Group facilitators may translate this theoretical orientation into practice by openly acknowledging the effect of women's socialization on their development, and by accepting a phenomenological view of individual differences; a view that affirms and respects the unique developmental task ascribed to women's gender roles.

**Empowerment Assumptions**

Facilitating a group with survivors requires an understanding of key assumptions concerning the empowerment of women in general and the renewal of empowerment for rape survivors in particular. These working assumptions are briefly described below.

The first key assumption is that a survivor must be helped to re-establish her personal integrity. The assault robs her of personal power and control and leaves, instead, powerlessness. To regain personal power and control over everything from her body to her personal environment and surroundings, she must feel actively and collaboratively involved in her recovery activities.

Group activities and structure should be crafted such that helplessness and powerlessness are minimized. Activities that foster excessive dependency or use any other manipulations to produce behavioral changes are not productive for the rape survivor's empowerment (Sprei & Goodwin, 1983); they should be avoided.

The second empowerment assumption is that the relationships among members and between members and facilitators shall be characterized by equality of power. Group egalitarianism encourages members to regain personal
power (Lerman, 1974). While it is true that the hierarchical power relationship of group facilitator-to-client/learner exists, group members have the right to have personal power equivalent to that of the facilitators. Facilitators should help members reclaim that equivalent power or to acknowledge its existence, at the least.

The third and final assumption concerns the survivor's relationship to others and to society at large (Hanisch, 1971; Mander & Rush, 1974). More specifically, this assumption suggests that an important prerequisite to recovery is the survivors' examination of how sexual violence predominates in societal views of women-men relationships. The presumption is that once women are educated about the role gender issues play in our society, they will increase their role flexibility and enhance the quality of their intimate relationships. The advantages of such knowledge are threefold.

First, by emphasizing the cultural basis for sexual violence and victim-blaming, survivors' self-blame is often reduced. Second, understanding sex-role socialization and its outcomes helps survivors learn to change their behaviors and beliefs and regain their social and personal power. Third, some survivors may desire to work on the political dynamics of women's inequality in our society. For these survivors, being constructive in changing the system seems helpful in relieving feelings of helplessness, expressing anger, and perhaps having a real effect on at least some segment of society (Sprei & Goodwin, 1983).

In summary, empowerment is a quintessential ingredient of a survivors' group, for recovery is incomplete until a survivor's power base is restored. Group activities from prescreening, through group room selection, to termination and evaluation should reflect and respect members' integrity, ensure equality among members, and define the relationship between sexual violence and intimate relationships. Throughout this manual, we seek to promulgate these empowerment assumptions in the group composition, structured exercises' design, and through the foci of group processing and discussion of personal feelings and reactions.
Counseling Group Goals

Experience has shown me that I am not going to solve anything in one stroke, at best I am going to chip away at it.

Hugh Prather

The group goals presented below provide overall direction in two areas of group activity: content and process. Content goals deal with the cognitive: what, when and how much is to be learned. Content goals are desired behavioral or measurable outcomes, i.e. to learn assertiveness skills. Process goals are less concrete; they refer to the tone set by the facilitators and members that guides group interactions. Process goals address the dynamics of personal transactions, i.e. how members communicate with each other. Throughout the remainder of the manual process and content goals are subsumed within the Session Goals listed at the beginning of each session.

By completion of this group it is expected that survivors will be able to
1) Better manage or reduce persistent and distressing behavioral, cognitive, and emotional trauma responses.
2) Move toward equilibrium in their personal, social and intimate relationships.
3) Develop strategies to restore meaning to and mastery of their lives.
4) Develop strategies that enhance a sense of personal safety.
5) Gain new understanding of societal beliefs about women and their relationships with men.
6) Better appreciate and respect themselves.
7) Increase their personal and social empowerment.
8) Recognize the importance of affiliation with others for personal and social support.

These goals provide structured directions for group facilitators and help prospective members develop expectations of their group participation. Facilitators should discuss these goals during the screening interview and periodically highlight them throughout the group.

Group Format

Surviving Rape combines structured learning exercises with open, supportive member-to-member interaction. The group consists of ten 2-hour sessions. Members meet each week in a closed group of 8-10 members with 1-2 facilitators. Most sessions are divided into three general sections. The first section
focuses on feelings and reactions to the previous session and relevant experiences which have occurred during the week. The second introduces and develops the specific theme to be covered during that session. The third section summarizes and concludes the session. The time devoted to each area will vary from week to week.

In addition, there are two open-ended, unstructured group sessions for which there is no predetermined topic. These meetings are for unstructured sharing concerning any survivor concerns or issues not addressed in other sessions. They also allow participants additional time to share feelings and thoughts concerning their recovery.

**Who Should Participate?**

This group is appropriate for any woman who has survived a stranger, acquaintance, or date rape and is having difficulty adjusting to post-assault life. Women may enroll regardless of the assault circumstance, the length of time since the assault, or whether or not they are in individual therapy. (Concurrent enrollment in individual therapy is strongly encouraged.) Women appropriate for this group may experience moderate to severe symptoms similar to those which characterize the Post-Traumatic Stress Disorder (PTSD) (American Psychiatric Association, 1987).

A key diagnostic criterion for inclusion in this category is that the woman persistently re-experiences the rape in at least one of the following ways:

1) Persistent and intrusive distressing recollections of the rape.
2) Recurrent distressing dreams about the rape incident.
3) Sudden acting or feeling as if the rape were recurring (sense of reliving the rape, illusions, hallucinations, and dissociative episodes [flashbacks]).
4) Intense psychological distress at exposure to events that resemble aspects of the rape (e.g. man with physical features similar to the assailant), and to anniversaries of the rape.

A second diagnostic criterion is the persistent avoidance of stimuli associated with the rape or numbing of one’s general responsiveness (not present before the rape) that may be indicated by some of the following:

1) Avoiding feelings or thoughts associated with the rape.
2) Avoiding activities or situations that stimulate remembrances of the rape.
3) Inability to recall certain aspects of the rape (psychogenic amnesia).
4) Marked diminished interest in certain significant activities, including reduced interest in sexual intimacy.
5) Feelings of detachment or estrangement from others.
6) Restricted affect.
7) Sense of foreshortened future, e.g. does not expect to have a career, marriage, or children.

The third and last criterion for a PTSD diagnosis involves troubling physiological reactions. Persistent symptoms of increased arousal (not present before the rape) may include at least two of the following:

a) Difficulty falling or staying asleep.
b) Irritability or outbursts of anger.
c) Difficulty concentrating.
d) Hypervigilance.
e) Exaggerated startle response.
f) Physical reactions to events that symbolize or resemble an aspect of the rape (e.g. if raped in a car, breaks out in a sweat while sitting in a parked car).

Facilitators should refer to the Diagnostic and Statistical Manual of Mental Disorders, 3rd. Edition, revised (American Psychiatric Association, 1987) for a detailed description and discussion of these symptoms.

**Those Inappropriate to the Group**

A prospective member may not be appropriate for the group for numerous reasons. She may not indicate psychological readiness or motivation to seek change at this time. She may be too developmentally immature to benefit from the group. (The group is designed for adult women, and it may not suit adolescent females who should utilize another therapeutic resource.) Prospective members may be reluctant or unwilling to commit to participation in all of the ten sessions. A woman may simply prefer to continue her recovery in individual therapy or in a more heterogeneous group, such as a women's general therapy group. Persons with intimate associations with other group members—close friends, lesbian partners, roommates, siblings' partners, or acquaintances—may not be appropriate for enrollment, as their prior relationship may disrupt or confound the group process.

Others who may be inappropriate for *Surviving Rape* are those who exhibit disruptive behaviors or have psychological disorders that may interfere with the group process or their own ability to benefit from it. These disorders include: chronic psychiatric concerns not currently managed by medication or other
treatments, such as bipolar disorders or schizophrenia; substance abuse, including alcohol, chemical (prescription and illicit) or food abuse not managed or under treatment; and behaviors indicating poor impulse control, i.e. self-mutilation, and/or propensity to suicidal or violent acts. Individuals with these psychiatric concerns should be allowed to enroll in the rape group only after extensive psychiatric screening from an individual therapist, psychiatrist, or other mental health professional.

Accepting or rejecting group participants is best done on a case-by-case basis, and these decisions are best made in a pre-group screening interview.

The Screening Interview

A pre-group screening interview is a 20-30 minute meeting between the group facilitators and a prospective group member. Its purpose is to aid both the rape survivor and the group facilitators. Facilitators use it to seek clinical and diagnostic information that allows them to make a clinical decision regarding a member’s appropriateness for the group, and to form some general impressions of the group’s overall composition. For the potential member, it serves to make clear the purpose, goals, and process of the group, and allows her to ask for any information she made need before deciding whether to join the group.

A semi-structured clinical interview is useful and there are many variations to this process. At the very least, facilitators should elicit the following information about a prospective member.

- kinds of previous group therapy or other counseling, if any, and feelings about those counseling experiences
- goals/expectations for group participation
- current stressors and how they are managed
- coping skills and support system(s)
- history of:
  - chemical and alcohol abuse
  - suicidal or homicidal ideation
  - impulse control problems
  - sexual, emotional, or physical abuse
  - other psychological problems other than rape trauma
  - medical problems (may or may not be related to the rape)
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- self-esteem and self-concept
- openness to diversity, i.e. cultural or racial awareness,
- ability to self-disclose and show empathy
- ability to establish intimacy with others
- motivation to work toward recovery
- readiness for change and healing

Those for whom the group is deemed appropriate should be provided the following information about the group during the screening interview.

- purpose, goals, and process
- general group composition (homogeneity is more beneficial for short-term structured theme groups)
- group size
- frequency and length of the sessions
- members' rights and responsibilities.

Use discretion when informing an applicant that she is not an appropriate group member, but be as honest and direct as possible about your reasons, for this information can be helpful to her. Present any re-referral you may make as what it is: your professional judgment that this particular group does not best suit the individual's needs and expectations, but that the alternative you suggest may prove very helpful. An approach that emphasizes that the group is intended to suit the applicants and sometimes fails for certain individuals, rather than one which implies that the applicant fails to suit the group, will do much to avoid any sense of rejection in those not accepted as participants.

Facilitators' Responsibilities

Competent, appropriate counseling of women who have been raped requires strong group facilitation skills as well as special expertise (Courtois, 1979) in areas such as gender issues and the counseling of women; rape trauma; legal and police procedures; and socio-cultural beliefs and attitudes toward women and rape. Other areas of competence that may be important are those of decision-making, problem-solving and advocacy skills vis-a-vis the individual client and the community (Courtois, 1979).

Facilitators new to counseling rape survivors frequently experience a sympathetic response pattern similar to the post-trauma syndrome, with increased fears, depression and anger (Sprei & Goodwin, 1983). If this occurs, it will be necessary for the facilitator to work through her response for personal
well-being and to avoid the unconscious self-protective tendencies to blame or over-protect the survivors. In such instances, facilitators are encouraged to seek individual therapy or supervision so that their issues do not intrude into the group. To manage transference, the facilitator’s personal struggle with these issues must remain separate from work with the group. It is highly recommended that those new to this area of counseling co-lead their first group(s) with an experienced rape-group facilitator.

The recovered survivor who facilitates a group may find helping other women recover brings new meaning to her life and the trauma she has undergone. However, her personal experience must be augmented by counseling skills and information (Sprei & Goodwin, 1983). To prevent emotional flooding when exposed to other survivors’ crises, she must have worked through her own rape trauma. The degree to which she discloses her own recovery experience should be determined by her comfort in disclosure and its appropriateness to the current group situation. It is often advisable that facilitators who are also rape survivors be involved in ongoing psychotherapy so that they have a safe place to continue discussing any issues which may re-emerge as a result of co-leading this group.

A note about the manual format: Text in italics is suggested wording for imparting information to group members. It, like all the information in this manual, is to be interpreted and amended by the leaders’ expertise to meet the particular and specific needs of each group.
GROUP SESSION OVERVIEW

Session One       Getting Started
Session Two       Recognizing Survivor Reactions
Session Three     Managing Anger and Rage
Session Four      Open-ended Discussion
Session Five      Self-in-Relation to Intimate Others
Session Six       Self-in-Relation to Family of Origin
Session Seven     Open-ended Discussion
Session Eight     Confronting Myths
Session Nine      Moving Beyond Survival
Session Ten       Saying Goodbye
Session I
Getting Started

Overview: In this session, members are introduced to each other and are acquainted with the ground rules for group participation. A therapeutic and safe working alliance is introduced.

Session Goals
1) To explain group process and member rights and responsibilities.
2) To promote the skill of self-disclosure among group members.
3) To clarify members’ and facilitators’ expectations of the group.
4) To identify core issues of rape and discuss them as themes of group sessions.
5) To establish and maintain a therapeutic milieu in which feelings of safety, trust, and acceptance can emerge.
6) To unite group members in the common experience of development and growth within the context of recovery from rape.
7) To acquaint members with each other in a comfortable and open manner.

Introduction

Goals: To explain group process and member rights and responsibilities.
Time: 30 minutes
Materials: Handout

Introduce yourselves as the group facilitators. Review logistics of the group, including meeting times, dates, and locations. Questions and problems concerning the logistics should be dealt with now. Inform members of their roles as group members and their expected participation. Review member rights and responsibilities emphasizing member confidentiality, regular attendance and advance notice in the event of an absence. Stress the importance of giving and receiving feedback and sharing reactions and feelings.

You may also want to inform the members of your business hours and phone numbers, and community resources to utilize if they need support outside group sessions. Some group members may want to swap phone numbers. If this is done, suggest to members that because this is a counseling group, it is
important that they share with the facilitators and other members the nature of
the out-of-session contact so that it can be discussed within the group. Explain
that this is not meant as a breach of privacy but as a safety measure for their well-
being since the group will be confronting some very difficult emotions. You may
want to give them some idea of what might occur, such as the following
example.

Sue: Late Sunday night I was starting to feel an anxiety attack coming on, so I
called Bianca who talked with me for a long time and helped me think
clearer. Also, she told me to take a long hot bath with the new bubble
soap I told you all I bought for myself last week; and afterwards to
warm some milk with a dash of nutmeg and bundle up in my favorite
blanket with my cat. You know what? It really made me feel a whole
lot better. I even slept well. Thanks, Bianca.

Facilitator to Sue: I'm so glad that Bianca was there for you and it seems as
though you've learned a new functional coping strategy.

Facilitator to Bianca: How was this experience for you?

Bianca: Well, at first I was really flattered that Sue felt comfortable enough to
call me. I liked that I was there for her.

Facilitator to Bianca: At first?

Bianca: To be totally honest—and Sue, this has nothing to do with you—after
we hung up I started to feel very sad and depressed.

Facilitator to Bianca: You look sad now. Can you tell us what this is about?

Bianca: Well, I think part of it is that I just get sad when I see how all of this is
really so disruptive to women's lives.

Facilitator to Bianca: Bianca, I noticed two things in what you said. The first
was that you said 'part of it', and the second that you used an 'I think'
statement. I wonder if you could you describe the 'other part' you
mention by beginning your sentence with 'I feel . . . ' and then tell us.

Bianca: Ok. I feel . . . The other part of this is that I feel . . . I wish I had a
confidant. I'm feeling very lonely through all of this. I wish I could tell
my family, but I can't. They would be too hurt and angry. (Bianca cries.)

Facilitator to Bianca: I'm sorry you're so sad.

Facilitator to group members: How are you all feeling about Bianca's pain? Can
you tell her? . . .

Facilitator to Bianca: How does it feel to hear this from the members?
Continue to process.

Getting to Know You

Goals: To share general background information and practice self-disclosure; to express members' and facilitators' expectations for the group and recognize similarities and differences.

Time: 30 minutes

Introduce the exercise explaining its goals. Each person is asked to greet by name those members who have been previously introduced and invited to introduce herself, share some personal background information, and state her expectations for the group experience. (Example below.) Start with facilitators and proceed around the room.

My name is Cynthia. I am a doctoral student here at UT in the Counseling Psychology Training Program in the Department of Educational Psychology. I am a survivor. What I expect from being involved in this group is to help other women survive their own rape experiences.

Hi Cynthia. My name is Joanne. I am a consulting specialist with IBM. What I expect from this group is to better manage the trauma experience for myself and for my family.

Hi Cynthia and Joanne. My name is . . .

Process the experience in the group as a whole by asking these questions.

How was this experience for you? Are there any underlying themes that we all share? What are the differences in our expectations?

Themes for Remaining Sessions

Goals: To explore the various areas of women's lives that have been affected by rape and introduce the themes of future sessions; to instruct members in the group process

Time: 45 minutes

Materials: Newsprint, markers, tape

Present goals to group members.

We are going to discuss some of the various ways in which we have been affected by rape. There are three general areas: our personal lives, our relationships, and our place
in society. In a moment all of us will brainstorm ways rape survivors are affected in each area, negatively and positively.

For example: Negative effects in the personal area might be alcohol and chemical abuse, excessive nightmares, or unfocused anger. A positive impact might be the feeling of, “After living through this I can live through anything.” An example of both negative and positive impact on our relationships might be: “Sex and romantic intimacy haven’t been very good lately, but my relationships with my mother and sisters have flourished.”

Societally—a positive effect might be increased feelings of connectedness with women in general, while a negative one might be anger or scorn toward the legal system, and so on.

Let’s call out ways in which we have been affected in these general areas. Don’t rule out or censor ideas or feelings. This is a brainstorming session.

Note: Writing these effects on large newsprint pads is a useful visual aid.

Large Group Discussion

O.K., now let’s find out what we’ve learned by reviewing the products of our brainstorming. We’d like each member to react and respond as you feel comfortable sharing. For instance, concerning how rape affects women personally we may find that not all of us have had recurrent nightmares; or that others didn’t mention such and such, or that you were really affected by so and so.

Upon completion, facilitators may choose to ask the members if they see any common themes which appear in all three areas or if they observe any other patterns of responses. If not, facilitators should summarize the discussion about rape and its effects.

I’m wondering how each of you is feeling right now after having talked about these things with each other. Can you share your thoughts and feelings about how this process was for you? Or, I noticed that a few of you were less comfortable sharing information about yourselves, but were more open during the last exercise. How does this reflect your perceptions? What might this mean? Or, I sensed that for a couple of you it seemed as though you had to make an extra effort to be active participants. I certainly appreciate your effort and I’m wondering how sharing this was for you.

Closure and Homework

Goals: To tie together the session’s activities and inform the members of the future sessions; to encourage members to think about this session over the course
of the week and to be aware of the feelings and behaviors they encounter which specifically relate to today's session.

**Time:** 15 minutes

Present goals to group members and address any unfinished business. Share your appreciation for the work the members have done in today's session. Inform them of the points below.

_The concerns we have reviewed in this last exercise are the themes that will be our focus during many of the remaining sessions. Our next two sessions will be built around these issues, helping us to understand them better and, in understanding them, to discover ways to recover from the negative impact of rape and use the positive effects to help us function and survive. Then, the fourth week, we'll have an unstructured counseling session in which members are free to share any thoughts, ideas or feelings concerning their rape recovery. For the fifth and sixth sessions we will be looking at ourselves in relation to intimate others and in relation to our families-of-origin, and then we'll have another open-ended session in the seventh week. Our final sessions will help prepare you for using these skills after the group’s conclusion and examine societal issues affecting your recovery._

What we would like you to do during the week is to be aware of your feelings, thoughts, and actions which develop whenever you think about the rape. Observe your patterns of emotion, thought, and behavior and ask yourself if these patterns are functional (i.e. they work for you and you feel better), or if they are dysfunctional (i.e. they don’t work for you and you feel the same or worse). An example of a functional behavior is if when you feel your home isn’t safe, you buy a deadbolt lock and install it so you can sleep comfortably. An example of a detrimental behavior is staying awake during the night with all the lights on and feeling crummy and sleepy at work or school the next day. Bring to the next session some of these patterns of behavior, thought, and feeling, both positive and negative, so that we can discuss them when we move forward to our next topic, Recognizing Rape Survivor Reactions.
Session I
Rights and Responsibilities for Persons
Enrolled in Group Programs at the Counseling Center

As a member of a group sponsored by the Counseling and Mental Health Center you have certain rights and responsibilities. Both are listed here.

Your Rights

A. VOLUNTARY PARTICIPATION
   You should not participate in a group other than on a voluntary basis. The group facilitators will protect your right of honorable withdrawal from the group without being subjected to undue pressure from other group members.
   1. The primary purposes, basic guidelines, potential benefits, and potential risks involved in the group experience will be established and discussed candidly with you prior to the beginning of the group or at the first group session.
   2. The facilitators will support your freedom of choice and see that you are not required or unduly urged to participate in any specific activity of the group against your better judgment.

B. PHYSICAL AND EMOTIONAL WELFARE
   Facilitators will protect the physical and emotional welfare of the individuals in the group.
   1. The facilitators will observe, attend, and intervene on your behalf should it become apparent that emotional stress has developed to a point that it threatens your well-being.
   2. Competent referral sources will be arranged for you in the event you require help beyond that which is being received in the group.

C. RESPECT FOR THE INDIVIDUAL
   The group facilitators will strive to establish and maintain within the group a climate of respect for your values, principles, and beliefs.

D. CONFIDENTIALITY
   The group facilitators will respect the confidentiality of information obtained about individual members of the group.
   1. The facilitators will discuss a group or individuals within the group only with fellow professionals clearly concerned with the group, and then only for professional consultation.
   2. Although guarantees cannot be provided by the group facilitators, group members have a mutual responsibility to refrain from revealing outside the group any information obtained from fellow group members.
3. On occasion, a video or audiotape of group sessions may be requested by the group leaders. However, this will not be done without your signed consent.

E. RESPONSIBILITIES AFTER TERMINATION OF THE GROUP

The group facilitators' responsibilities for the members do not end with the termination of the group experience. They will make themselves available to deal with individual members' needs that arise at the end of a group or will refer the individual to more appropriate sources when deemed necessary.

Your Responsibilities

To better guarantee these rights, you as a group member have certain responsibilities, including:

A. ACTIVE PARTICIPATION

For a group to be more effective, you must take an active role in the process. Being open and honest with the group facilitators, discussing concerns about the group process, working on outside assignments when appropriate, and providing feedback to the counselor are some of the activities that will be asked of you.

B. REGULAR ATTENDANCE

For a group to work effectively, it is important that you attend all scheduled sessions and be on time. If an emergency arises and you cannot attend a particular group session, or if you will be late, please call the Counseling Center receptionist, 471-3515, and leave a message for the group facilitators as far in advance as possible.

C. NOTIFICATION OF WITHDRAWAL

If, during the course of the group experience, you decide to withdraw, you should discuss your decision with the group facilitators. This will enable them to make alternate arrangements for you, if necessary, and to obtain feedback from you that will be important to the planning of future group programs.

D. SERVICE EVALUATION

The evaluation may be in the form of a brief interview or questionnaire conducted after you have finished participation in the group. Whatever its form, we need and request your honest appraisal of our group services.

Thank you for taking the time to read this list of rights and responsibilities. We believe that this information will help make your contact with us more productive and satisfying.
Session II
Recognizing Survivor Reactions

Overview: This session helps members recognize the disruptive pattern of symptoms which characterize the post-assault reactions and suggests ways of managing these stress responses.

Session Goals
1) To acquaint members with the range of affective, cognitive, behavioral, and physiological responses which follow a rape.
2) To encourage member feedback and self-disclosure in a safe, trusting atmosphere.
3) To foster member-to-member exchange concerning post-assault reactions.
4) To teach members to recognize disruptive post-assault responses.
5) To highlight productive ways to manage these disruptive behavioral, cognitive, or affective patterns.

Hello Again

Goals: To become re-acquainted and practice the skill of self-disclosure; to encourage group cohesion and warmup for today's session.
Time: 10 minutes.

Present goals to group members.

Today we'd like to start off by asking you to reflect on something about each person in the group that you liked or found interesting last week. It could be something they said or did, or some interaction with them that you feel good about. It might even be some mannerism or trait they have that appeals to you. Take a minute to think about this.

[Let members think for a minute, then:] Sometimes it's hard for us to accept positive comments about ourselves from others. So, today let's learn a new behavior. When someone compliments you for any reason you say, Thank you. Period. No, Thanks, but... . No disclaimers of any sort. You now have five minutes to get up and share with each other the characteristics that you liked about that person.

Call the group back together. How was this for you? What kind of things did you share? How did it feel to give compliments? How did it feel to receive compliments?
Check-In

Goals: To address and acknowledge feelings about the first session and any new, different, unexpected, affirming and/or disturbing experiences group members have had since the first session of the group; to continue establishment and maintenance of a therapeutic milieu.

Time: 15 minutes

Present goals to group members.

Before we begin to focus on today's theme, Recognizing Survivor Reactions, we'd like to spend the next fifteen minutes or so checking in with one another in terms of any new, different, unexpected, affirming and/or disturbing experiences that emerged for you since the first session of the group.

You may prompt members to respond to the following stem sentence: *Since the first session of this group last week, I have been more aware of . . .* It may be helpful to explain that often verbal response lets us avoid really hearing what is being said by others. When painful and difficult feelings and experiences are being reported ask the members to respond in nonverbal ways that communicate empathy.

Discuss with members any themes, similarities, or differences in their experiences.

Typical Reactions of a Rape Survivor

Goals: To describe the responses a survivor experiences after a rape; to unite members in the common experience of post-trauma response patterns and encourage them to share their experiences, especially their functional coping strategies; to explore any unaddressed, unacknowledged, and/or unexpressed feelings related to the post-trauma experience as they relate to connectedness with self, others, and society.

Time: 1 hour, 20 minutes.

Materials: Newsprint pad, markers, tape, handouts.

Present goals to members. Ask them to recall women (fictitious or actual) who were raped. Mention television or film depictions, such as Vivian Leigh's character, Scarlet O'Hara in *Gone with the Wind*, Genie Francis' character, Laura
on General Hospital, Uma Thurman’s character in Dangerous Liaisons, and so on. The following questions may stimulate discussion and disclosure.

How did they look? How did they act? How did they feel? Overall was their recovery behavior functional or dysfunctional? How do television depictions differ from real life?

Distribute and review handout on Post-rape reactions. The mental health community has discovered that there are a set of behavioral and physiological reactions, emotions and thoughts common to people who have experienced a serious traumatic event, such as rape. Let members read handout.

Elicit questions about the post-rape reactions handout and clarify any unfamiliar terms. If appropriate, inform members that these post-assault reactions are referred to by several terms, including the psychiatric term, Post-traumatic Stress Disorder or Syndrome, but that the group facilitators use a less labeling phrase, post-rape or post-assault reactions. Highlight the importance of avoiding labeling in group discussions.

When there are no more questions concerning the handout, ask members to think about them and then to speak aloud their first responses to the following statements:

After I was raped, I looked like . . . .
I acted like . . . .
I felt like . . . .
My overall recovery behavior was . . . .

Encourage members to share their feelings or reactions to these disclosures using these questions as stimuli: How easy/difficult was it, talking about your own and other women’s post-rape experiences? How does your experience differ from that of other group members? How did it feel to disclose details about your rape?

Be aware of nonverbal affective reactions to this exercise, such as facial expressions, movement in posturing, and nervous twitching. If appropriate, comment on these nonverbal responses.

Invite members to call out coping therapies or advice given to them (or to other survivors) by partners, friends, family, doctors. For example: Get drunk and get it out of your system. Get on valium. Get another boyfriend. Have some good sex. Record these ideas on a newsprint pad.

Encourage members to offer their impressions of these therapies and suggestions. Look for common themes in their suggested “advice” taking care to
distinguish between healthy and risky suggestions. These recommendations are what others have said we need for recovery. Now, let’s focus on what we believe we need for recovery. Ask each member to complete the following sentences aloud: At a time when I felt particularly bad after the rape, what I needed was . . . what I got was . . . What I need now is . . .

After all have responded: Let’s brainstorm how we can get some or all of our needs met. Your responses don’t necessarily need to be realistic—in fact they can be outrageous—but, how can we get what we need?

Facilitators may record these suggestions on a large newsprint pad but should summarize them, noting common themes. Alert them to those suggestions which are harmful or unproductive and reinforce dependency or promote risky behavior.

**Closure and Homework**

**Goals:** To tie together the activities that occurred in today’s session and discuss functional coping strategies; to inform members of the next session—Managing Anger and Rage—and encourage them to think about this session during the week, especially in respect to feelings and behaviors.

**Time:** 15 minutes

Present goals to group members, process any unfinished business, and share your appreciation for the work the members have done.

Some of the things we discussed today were very tough emotionally; and today’s session is not likely to end when we walk out of the door. So, what we’d like to do is spend the last few minutes on functional coping strategies to use during the week when you feel angry, depressed, or just plain crummy. I’d like you to share with each other your favorite, most helpful things that make you feel better.

Let each member discuss coping strategies.

**Homework for this week is to focus on functional coping strategies in the recovery process. What we do, and what we can do to be healthier. Next week’s session is Managing Anger and Rage. We will talk about how these emotions are a part of our post-rape experience and when they are functional and dysfunctional in our lives.**
Session II
Post-assault Survivor Reactions

According to the Diagnostic and Statistical Manual of Mental Disorders, 3rd Edition, revised, published by the American Psychiatric Association (1987), post-traumatic stress disorder is a cluster of symptoms that describe many of the disruptive or troublesome reactions a woman may experience following a rape.

A key diagnostic criterion for inclusion in this category is that the woman persistently re-experiences the rape in at least one of the following ways:

1) Persistent and intrusive distressing recollections of the rape.
2) Recurrent distressing dreams about the rape incident.
3) Sudden acting or feeling as if the rape were recurring (sense of reliving the rape, illusions, hallucinations, and dissociative episodes [flashbacks]).
4) Intense psychological distress at exposure to events that resemble aspects of the rape (e.g. man with physical features similar to the assailant), and to anniversaries of the rape.

A second diagnostic criterion is the persistent avoidance of stimuli associated with the rape or numbing of one's general responsiveness (not present before the rape) that may be indicated by some of the following:

1) Avoiding feelings or thoughts associated with the rape.
2) Avoiding activities or situations that stimulate remembrances of the rape.
3) Inability to recall certain aspects of the rape (psychogenic amnesia).
4) Marked diminished interest in certain significant activities, including reduced interest in sexual intimacy.
5) Feelings of detachment or estrangement from others.
6) Restricted affect.
7) Sense of foreshortened future, e.g. does not expect to have a career, marriage, or children.

The third and last criterion for a PTSD diagnosis involves troubling physiological reactions, (not present before the rape) may include at least two of the following:

a) Difficulty falling or staying asleep.
b) Irritability or outbursts of anger.
c) Difficulty concentrating.
d) Hypervigilance.
e) Exaggerated startle response.
f) Physical reactions to events that symbolize or resemble an aspect of the rape (e.g. if raped in a car, breaks out in a sweat while sitting in a parked car).

Please refer to the Diagnostic and Statistical Manual of Mental Disorders, 3rd. Edition, revised (American Psychiatric Association, 1987) for a detailed description and discussion of these symptoms.
Session III
Managing Anger and Rage

Overview: This session addresses the role of anger and rage in the post-rape experience and helps members better recognize and manage these emotions.

Session Goals
1) To address the role of anger and rage in the post-rape experience
2) To learn functional expression of these emotions.
3) To help members discriminate between productive and unproductive anger responses.
4) To encourage sharing of feelings about anger/rage in a safe therapeutic milieu.

Check-In

Goals: To address and acknowledge feelings about the second session and any new, different, unexpected, affirming and/or disturbing experiences since then; and to discuss functional coping strategies.

Time: 15 minutes

Present goals to group members and inform them of the planned session activities.

Before we begin to focus on today’s theme, we’d like to spend the next fifteen minutes or so checking-in with one another. I’d encourage you to share any new, different, unexpected, affirming and/or disturbing experiences which have emerged since our last session. As each of you talks, don’t forget to mention what you have learned from last session’s homework about coping strategies.

Exploring Anger and Rage

Goals: To learn about rage and anger in the post-rape experience and how we internalize it; to provide a therapeutic climate in which to explore anger feelings; to practice assertive ways by which to express it.

Time: 1 hour 30 minutes

(We recommend that the anger role play incident utilize 45-60 minutes.)

Material: Newsprint pad, markers, tape, handouts.
Surviving Rape—28

Present goals to members.

Why are we discussing this topic today? Because anger is a very powerful emotion that is often tied to feelings of helplessness. When we feel helpless in a situation where we experience frustration, interference, manipulation, unfairness or humiliation, anger often results. When helplessness is coupled with feelings of grave injustice to personal integrity, we are enraged by that. The experience of rape is one where we were helpless to prevent the injustice to our personal integrity. Anger and rage are common feelings in women who have been raped. And it’s O.K. to feel this way.

For too long women have been socialized to believe that their expression of anger is unattractive or unfeminine. How many times have we heard, “Smile, it’s not that bad”; or labels such as “bitch” or “castrating”? Yet women get angry. And when we aren’t allowed to express our angry feelings they may emerge in other ways, such as depression, rejection, physical complaints, or child abuse. Sometimes, even when we recognize our anger, we don’t know how to express it constructively. We need to learn to recognize our anger for three reasons. First, we must learn to avoid negative consequences of unexpressed or internalized anger, i.e. depression, self-abuse, physical complaints. Second, we must learn to regain our personal power; anger interferes with that learning. Third, since anger is a predictable human emotion occurring with daily regularity, we must find effective ways of handling this anger in our daily lives.

Invite the members to call out the answers to the following four questions and record their answers on a newsprint pad. [Alternately, these questions may be included in a handout.]

I express my anger indirectly by . . . (e.g., being silent, complaining to others about the offender). I internalize my anger by . . . (e.g., being depressed, getting a headache). If I express my anger directly I fear . . . (e.g., I would be called a bitch, or be seen as castrating, unlikable). I feel angry when others . . .

Allow ample time for individual reactions. Then, encourage members to share their feelings and thoughts by asking their response to the following questions.

How does it feel to respond to these questions about your anger? What makes it easy/difficult for you to share with us? Did you have any other reactions in addition to or instead of anger? What messages from society do you see in the answers we have given to those four questions?

As members respond to these sentence stems, facilitators should stop to ask how they feel about this present discussion of anger. Remember to express
appreciation to the members for their sharing. [Do not be surprised if this discussion evokes crying and tears; remember that women have often been socialized to express their anger via tears. Do not ignore the tears.]

**Anger Incident**

Distribute handouts which ask members to describe a particular anger incident. _Think of a specific situation or incident in which you have felt irritated or angry but have not expressed these feelings directly. Use the questions on the handout to reflect on that incident. Write down your answers._

**Roleplay**

**Goals:** To practice constructive ways to express anger.

Explain: _It’s important to our emotional health that we learn to express anger assertively. Each of you will describe the situation just recorded, and then you may choose to role play that situation differently, where you can express your angry feelings. I’d like someone to volunteer to enact the anger situation you wrote about moments ago._

Facilitator to Sarah, the volunteer: _Thank you Sarah! Now, would you choose someone else to be your listener, to hear your anger?_ (Sarah selects Liz)

Facilitator to Liz: _You’ll have a chance later to offer feedback to Sarah but for now please just listen to Sarah express her anger._

Facilitator to Sarah: _When you’re ready, pretend Liz is the person with whom you are angry. Talk directly to her, use the first person, i.e. I am really angry with you because... You may begin, Sarah._

The roleplay interaction should last no longer than 45-60 seconds before you stop it and begin to process the interaction. Begin the discussion by first responding to the role player, Sarah in the above example. To assure that her personal safety is preserved and also to determine if new emotions emerged, ask the member how she feels now, after completing the anger expression. Give feedback as to how to improve her anger communication or expressions, then ask her to repeat the roleplay, integrating your suggestions.

**Helpful hints:**

a) Remind members that anger is a healthy, normal and valid emotion.

b) Watch for congruency in words, voice, and facial expressions; e.g., tell a member not to smile when she says she’s angry.

c) Remind members to express anger directly and speak with “I” statements, e.g., I feel angry right now! Discourage “you” statements
which tend to blame and put the other person on the defensive, e.g., You make me mad!
d) Ask members to identify the source of their anger and what they are feeling.
e) Make a direct request, "What has this taught you about what you want to do differently?"

After each role play allow time for role play participants to share how they felt participating in the enactment; then other members may offer their feedback. You might ask the group, How did you feel observing this role play? What did you learn? Be sure to express thanks to both participants for their risktaking.

Note: If at any time during the role play either role player exhibit signs of increased distress, stop the role play immediately and attend to these disruptive feelings making certain that both players are feeling safe.

Wrap-Up and Homework

Goals: To address possible outcomes of today's session, provide information about the next session, and give homework assignment.

Time: 15 minutes

Present goals to group members and process any unfinished business. Share your appreciation for the members' work in this session. Alert them to the possibility that once they've learned to address their anger functionally they may find themselves angry all the time. Assure them that this is natural and may last for some time, or at least until some of their pent up anger is released, after which they can begin to express anger when they feel it and at their discretion.

Next week we will have a general therapy session. It will be entirely unstructured and focused on what you bring to it. Any questions? What we would like you to reflect on this week is where you were before the group began, where you are now, and how close you are to satisfying your expectations.
Session III
ANGER SITUATION HANDOUT

Think of a specific situation or incident in which you have felt irritated or angry but have not expressed these feelings directly. Use these questions to reflect on that incident. Write down your answers.

1) Toward whom and what behavior/action was your anger response directed?

2) What did you actually do or say?

3) What do you wish you had said or done?

4) What fears prevented you acting differently?

Session III
Guidelines for Expressing Anger and Annoyance

There are several ways of handling your irritation and expressing yourself.

1. **I Want** statements in which you simply state what you want. You don’t have to express your anger in order to deal with an annoying situation. For example, when you are very angry that you have sat around watching TV for a month and have not gone out, saying “I very much want to get out of the house this weekend” is an I Want statement that provides a direct way of dealing with the source of your anger. And you are less apt to receive a defensive reaction making this kind of statement.

2. **I Feel** statements. “This is the third time I’ve called about being billed for a phone call I didn’t make, and frankly I’m getting very irritated.” This kind of statement allows you to express your feelings directly and provides a way for others to learn about your limits.

3. **Mixed Feelings** statements in which you describe the feeling that is underneath the anger. For example, “Brenda, this is the second time this week you’ve cancelled our lunch date. I’m real disappointed because I’ve been looking forward to seeing you and I’m a little irritated because I’m starting to wonder about our friendship.” Expressing both sets of feelings in this way often has a greater positive impact on others than simply expressing the angry part.

4. **Empathic Assertion.** “I realize that you’ve got strong opinions about divorce and are entitled to your opinion, but I object to the way you are stereotyping divorced people. I have not found divorced people to be particularly unstable and definitely not immoral.” This kind of Empathic Assertion makes it easier for other people to hear what we have to say about our feelings or wants.
5. **I Language** statements. “This is the third time I’ve brought back the car to get the windshield wiper fixed. These extra trips are taking a lot of time and are really inconveniencing me. I’m getting very annoyed about the whole situation. What I want is to get those wipers fixed properly this time and not have to come back again. Coming back again is totally unacceptable to me.” When you are able to cite specific concrete effects, people are usually more interested in changing their behavior because they realize that you are not just being a “crank.”

6. Describe the feelings and the self-defeating thoughts or interpretations that are going through your mind. “I’m irritated with your interrupting me because I interpret that as meaning you’re more interested in what you have to say than in me.” This type of assertion is particularly appropriate in close relationships. You take clear ownership of your feelings, and it helps the other person understand particularly sensitive areas.

Developed by the staff of the Counseling and Mental Health Center, University of Texas at Austin.
Session IV
General Therapy

Overview: The purpose of this session is to permit unstructured member disclosure concerning rape recovery or adjustment concerns. A secondary purpose is to promote group cohesiveness and to reinforce safety and trust so that interpersonal learning may develop.

Session Goals:
1) To promote positive, supportive group interactions.
2) To promote open self-disclosure in a safe, trusting environment.
3) To empower women to share intimate feelings concerning their recovery experiences.
4) To foster interpersonal learning.

This session has no predetermined theme or focus; it is intended to be an open-ended, unstructured discussion and disclosure time. Facilitators should invite members to discuss concerns associated with their rape recovery process that have not been examined in previous meetings.

Example. Today we do not have a specific theme or topic to discuss. This session is a time for each of you to share any personal feelings you may have been unable to share or mention in previous sessions. It is also a time for you to present any new concerns that we have not yet discussed or examined in any of our earlier meetings. I invite each of you to share anything you feel comfortable disclosing. Who would like to begin today's session?

While the topics and issues discussed in today's session are left for the members to decide, your leadership is particularly important in this session. As women begin to share personal feelings and thoughts, bear in mind the importance of keeping members talking with each other and not to you. Redirect conversations away from yourself and toward another group member.

Take care to listen, reflect, and summarize group interactions, noting any patterns of interactions or common themes of expressions. In such sessions it is not uncommon for there to be a wide range of emotions expressed, including
shame, guilt, sadness, remorse, fear, hopelessness and despair. If members are unable to give each other support and encouragement, and if the group cannot collectively re-instill hope, your job to help them rediscover hope, for its value in the recovery process cannot be overemphasized.

Watch members carefully to ensure that they remain relatively safe and comfortable during the session, but acknowledge there may be some discomfort because the issues addressed are painful ones. Reassure them that you are there to make the exploration as painless as possible. If a member expresses any suicidal, homicidal or other self-destructive ideation, a brief follow-up with her at the conclusion of the session may be necessary. Do not leave a member who expresses such ideation unattended. Also, pay careful attention to those members who may exhibit dissociative or psychotic symptoms, e.g. describing out-of-body experiences or active hallucinations. Immediate psychiatric attention is necessary in such cases.
Session V
Self-in-Relation to Intimate Other

Overview: In this session, members will explore their intimate relationships and how they have been affected by their rape. Activities are designed to promote empowerment by enhancing awareness of their relationship patterns, by identifying personal needs and by learning to assert them.

Session Goals
1) To recognize how intimate relationships have been affected since the rape.
2) To release distressing thoughts/feelings concerning intimate relationships that have arisen since the rape.
3) To realize constructive strategies for enhancing intimate interactions.
4) To reduce the anticipatory anxiety associated with intimate relationships.
5) To restore equilibrium in intimate relationships.

Check-In
Goals: To address and acknowledge feelings about the last session and any different experiences which emerged since the last week.
Time: 15 minutes
Present goals to group members.

Before we begin to focus on today's theme let's briefly check-in with one another in terms of any different experiences that emerged since last meeting.

Reconnecting with Intimate Others
Goals: To explore the lives of women in terms of their intimate relationships; to validate the need for them; to look at patterns in intimate relationships; to promote assertiveness, healthy interdependence, mutuality, and entitlement in intimate relationships.
Time: 1 hour, 30 minutes.
Materials: Handouts, newsprint pad, markers, tape

Women are socialized to be "in-relation-to", i.e. to perceive themselves within the context of relationships. Typically the "self-in-relation" is seen acting as caretaker and nurturer, often to the point where the woman neglects her own
needs. When this relationship pattern becomes chronic, the results are intrapersonal dissatisfaction, resentment, and depression. A major goal for this session is to heighten members' awareness regarding their entitlement to assert their rights and to assure that their intimacy needs are valued and met in relationships.

What has the notion of in-relation-to to do with the post-rape experience? Women who have been raped often transfer (or have reinforced) those feelings of powerlessness into their intimate relationships. They are often afraid to assert their needs, especially where it concerns sexual intimacy and asking for nurturance.

Present goals to group members. Inform members that being in relation is a natural and healthy way of being that not been recognized nor affirmed by society. Impart to them the information above.

Intimacy Exercise:

We are going to give you four relationship charts and one sentence completion exercise. We'd like you to fill out three of the charts in terms of past intimate relationships. On one, describe an intimate relationship before the rape; on another, describe that same or another relationship which followed the rape. For the third, describe another intimate relationship, friend, roommate, and so on. The fourth chart and the sentence completion sheet are to be used to describe your current intimate relationship. If you are not currently involved in such a relationship, then fill them out for your ideal intimate relationship. Find a comfortable place to work. You will have 30 minutes. Be as honest and thorough as possible.

Large Group Discussion.

After thirty minutes, ask them to come back to the large group and discuss their reactions. Use the following questions to promote discussion:

a) What central themes or patterns did you find in your intimate relationships?

b) What have you lost or gained in your intimate relationship since the rape?

c) How have your intimate relationship(s) changed since the rape? How have your feelings about the relationship(s) changed?

d) What did you like or dislike about your intimate relationships?

e) What types of relationships do you form? How satisfied are you with them?

f) What would you like to change in order to have a more satisfying relationship now?
Now, encourage members to share their personal reactions to the sentence completion exercise. Give them thirty minutes to discuss their reactions. How easy/difficult was it for you to discuss your intimate relationships? What did you learn about yourselves? About your relationships? What kinds of unmet emotional needs do you have? How could you ask that those be met? What is(are) your current relationship(s) like? What personal needs arose during these relationships?

Closure and Homework

Goals: To summarize today’s session and prepare for next week’s session; to describe homework assignment.

Time: 15 minutes

Present goals to group members.

Invite members to share any last comments concerning today’s session.

Express appreciation to members for their progress.

Next week we will focus on Self-in-Relation to Family of Origin. What we would like you all to do until then is act upon some of the things you have learned in today’s session. Begin to assert your needs and discuss the results with a friend or your intimate partner. Make your request as realistic and attainable as you find possible. Also, remember that people who are not accustomed to fulfilling your requests may need some direction and assistance. For example: I’ve noticed that every time we snuggle we end up having sex. To be honest, sometimes I would really rather snuggle and fall asleep in your arms without having sex. Could we try that? Or, Right now I’m feeling really insecure. I’d like to tell you about it but I just want you to listen, and not respond to how rational or irrational the things I say are. These are my feelings and they don’t have to make sense. When I’m finished saying all I need to say, will you hug me and tell me how much you care about me?
### Session V
### RELATIONSHIP CHART

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Qualities of intimate partner /other (athletic, funny, detailed creative, etc.)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>How did you meet this intimate other?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>When and how did the intimate relationship begin?</th>
</tr>
</thead>
</table>

| List relationship roles (e.g. comforter, provider, etc.) for each partner: |
| Mine | My partner’s |

<table>
<thead>
<tr>
<th>What I like about how s/he relates to me.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>What I don’t like about how s/he relates to me.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Changes I’d like to make in how we relate (if still involved ).</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>How would you characterize the relationship before the rape? How do you characterize it now?</th>
</tr>
</thead>
</table>

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Session V
Intimacy Sentence Completion Exercise

Use the following questions to describe a current intimate relationship or your ideal intimate relationship.

1) Currently, intimacy means:

2) Currently, my intimate relationship is:

3) My needs in my intimate relationship are:

4) Those needs which my intimate relationship can or do not meet include:

5) When there is conflict in my intimate relationship, I usually:

6) I seem especially attracted to people who:

7) I am an equal partner in my relationship . . .
8) I am able to express my needs and desires in my intimate relationship ... of the time.

9) I would like ... from my intimate relationship.

10) In order for me to get what I want, I need to:

Session VI
Self-in-Relation to Family of Origin

Overview: The purpose of this session is to explore any feelings related to one's family-of-origin and to appreciate the role of these family interactions.

Session Goals
1) To promote sharing among members concerning the family of origin relationship.
2) To teach members about developmental and/or personal factors which enhance or undermine that family relationship.
3) To help members recognize and resolve family issues concerning their rape recovery.
4) To view the family of origin-self relationship as desirable and possible.
5) To enhance members' perceptions of themselves within their families of origin.
6) To release the disruptive and distressing feelings toward the family of origin that arise from the rape experience.

Check-In

Goals: To address and acknowledge feelings about the last session and the past week and reinforce a therapeutic milieu from which feelings of trust, safety and acceptance may emerge.

Time: 10 minutes

Present goals to group members.

Before we begin to focus on today's theme, Self-in-Relation to Family of Origin, we'd like to spend the next fifteen minutes or so to check-in with one another in terms of any new, different, unexpected, affirming and/or disturbing experiences which emerged for you all since our last session of the group.

Rediscovering Family of Origin

Goals: To recall messages about self given to you by your family members; to appreciate and evaluate emotional bonds between you and family members

Time: 1 hour, 40 minutes.
Materials: newsprint pad, crayons, and 3x5 index cards on each of which is written sentence stems.

Present goals to group members and explain the term, family of origin. “Family of origin” is the family in which you spent your childhood. If you had more than one family, you may choose the one you consider most influential, or you may tell us about each family.

Family Message Card Sort.

Give a group member a stack of 3 x 5 index cards on each of which is written an incomplete sentence, such as: "A good girl should not. . ." Sentence stems for the cards are listed below.

My (step)mother/father/guardian told me a girl should/should not . . .
My (step)parent(s) or guardians said that my brother(s) (or boys) could/could not . . .
In family conflicts, I was told a good girl should/should not . .
Often I got what I wanted by . . .
My (step)mother/father/guardian told me my relationships with others...
My (step)mother/father/guardian told me my skills and abilities . . .
My (step)mother/father/guardian told me my physical appearance . . .
My (step)mother/father/guardian told me my intelligence . . .
My (step)mother/father/guardian told me my future . . .
I always wanted to . . .

Create other sentence stems if you need them.

Ask the first member to look at all the cards, select one and pass the stack on; the second member selects a card and so on until all members have chosen a card containing a message statement. Ask for a volunteer to finish the message by completing the sentence. Afterwards, she is instructed to tell the group why she selected that particular card and what impact the message statement contained on the card has on her current feelings now.

Proceed with this exercise until all other members have shared their message statement. Process members’ reactions and feelings to this exercise.

Family Portraits

The purpose of this section is to conclude your exploration into family of origin issues. Finishing our discussion of family-of-origin may involve owning or letting go of anger or resentment feelings toward a particular family member; articulating a deeper
appreciation for family; resolving unfulfilled needs or expectations; grieving over ended relationships or forgiving a family member for being human.

Distribute large sheets of newsprint paper and crayons to members.

What we would like you to do is to draw portraits of your family at different times in your life, i.e. during childhood, at adolescence, and now. Use a separate page for each drawing. Also, if your family knows about your rape experience, draw your perception of their reactions. If they do not know, draw your fantasy of what you think would happen. Pay particular attention to your involvement in the various relationships. Find a comfortable place to do this. You will have 30 minutes after which the group will come together to tell their stories.

After thirty minutes, ask members to return to the group. Encourage each to describe her picture and share her feelings. Note underlying themes and patterns. Use the questions below to focus their discussion and then process their responses.

- What emotions do you feel when you look at this picture?
- Are there any new realizations about yourself/your families?
- What do you want to be different in your family?
- How can you be different in your family to encourage this change?
- What issues do you still need to resolve?
- What else do you want to express that you have been unable to express with your family?

Closure and Homework

Goals: To summarize and draw conclusions from today's session, address next week's session and give homework assignment.

Time: 10 minutes

Present goals to group members and take care of any unfinished business. Inform group members that next week there will be another general therapy session. Share your appreciation for their work in today's session.

Some of the issues we discussed today were very tough emotionally, and represent lifelong concerns you will face. That's why we have a specific task in mind for your homework for this week. What we would like you to do this week is to act upon some of the concerns you have today. Start your change process by deciding how you might begin reconnecting with your family. Make your goals realistic. Reward yourself for both your attempts and for your actual accomplishments toward your goals. Any questions?
Session VII
General Therapy Session

Goals: The goals for this session are similar in foci to those of session four. Please refer to pages 34 and 35 for detailed discussion.

The purpose of this session is to permit unstructured member disclosure concerning rape recovery or adjustment concerns. A secondary purpose is to promote group cohesiveness and to reinforce safety and trust so that interpersonal learning may develop.

Explain to members that there is no predetermined theme for this session. Facilitators should invite members to discuss any concerns associated with their rape recovery that they choose. Example: Today, we do not have a specific topic. This session is a time for each of you to share any feelings you have previously been unable to share in earlier sessions or anything that you feel merits more time and attention. Who'd like to begin?

While the topics are left to the members your leadership is particularly important in this session. As they begin to share personal feelings, bear in mind the importance of member-to-member disclosure. Redirect comments made to facilitators toward other group members. Take care to reflect and highlight emotions and commonly expressed themes or patterns. Watch members carefully for signs of undue stress and, when present, intervene to reassure and support the person so affected. End the session by summarizing the feelings expressed and the patterns revealed. Ask members for any last comments, and allow them to continue as time allows. Remind them, in parting, that the next session will focus on confronting myths.
Session VIII
Confronting Myths

Overview: The purpose of the session is to enhance awareness of rape myths in our society and to examine their effect of women. The activities are designed to challenge members' traditionally-held beliefs and myths offering in their place facts and beliefs that better support members' personal growth.

Session Goals
1) To challenge preconceived myths surrounding rape and relate those myths to survival and recovery.
2) To expose feelings associated with rape myths.
3) To develop constructive strategies for confronting myths.

Check-In
Goals: To address and acknowledge feelings about the last session and the past week; to reinforce a therapeutic milieu from which feelings of trust, safety and acceptance may emerge.
Time: 15 minutes
Present goals to group members.
Before we begin to focus on today's theme, Confronting Myths, we'll check-in with one another in terms of any new, different, unexpected, affirming and/or disturbing experiences which have emerged since our last session.

Facts vs Myths
Goals: To recall rape myths and challenge them with facts; to teach the function of rape myths and note their effects on women.
Time: 1 hour, 30 minutes.
Materials: Newsprint pad, markers, tape.
Present goals to group members. Ask them to call out all the myths they remember having heard, or still hear, about women and rape. Record these on newsprint as they are mentioned. You may want to use some of the examples below.
• Many rape reports are false.
• A woman can run faster with her skirt up than a man can with his pants down.
• Bad things don't happen to good people.
• What were you doing going out getting raped when you should have been at home with your family?
• If women would not go out alone at night and not dress so sexy, they would not get raped.
• Rape is just rough sex.
• Rape is just a case of bad chemistry.
• Minority women are more accustomed to violence in their lives, so rape's not a serious offense for them.

When all responses have been recorded use the following questions to focus discussion. Help member identify their feelings and encourage them to share those feelings.

What feelings do you have about these rape myths?
What is the effect of some of these myths on you?
Are there some myths you intellectually do not believe, but emotionally still accept and act on (e.g., self-blame)?
How were your personal beliefs about rape altered by your rape incident?
Why do you think these myths exist?

Impart this information during the discussion: Myths about rape have survived in our culture for centuries because they have a variety of social functions. Some allow women to feel safe by believing what is false: that rape does not really happen or at least not often, and, when it does, it's because that woman (not you, of course) secretly wanted to be raped. Other myths enable us to believe that we live in a just world (Lerner, 1980), that if we are good we can avoid rape. Some myths reinforce women's unequal power position, dependent on men for their protection. Also, they reinforce the myth that man is the innocent victim of the evil temptress—woman.

Ask members to share their feelings generated by reading these myths. What feelings do you have in confronting these myths? What makes it hard for you to let go of these myths about rape?

Some of the group members may indicate that they are feeling scared and vulnerable after confronting these myths, since even a false sense of security can be comforting, at least until it's challenged and found wanting. Be prepared to discuss how believing in rape myths confuses the issue of blame, by placing it solely on the victim, by excusing the rapist, or by denying society's responsibility
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to allow more equality of power in interpersonal relationships between women and men. Also, some of the group members may be angry or enraged. Remind them that this is good. They are practicing what they learned in an earlier session To express their anger appropriately in a safe environment. You may want to ask, So, what are you going to do about it?

Closure and Homework

Goals: To draw closure to today's session, address next week's session, and give homework assignment.

Time: 15 minutes

Present goals to group members, and share any unfinished reactions. Share your appreciation for the work done in today's session. Remind members that there are only two sessions left, and announce that next week's topic will be "Moving beyond Survival." Describe homework assignment.

What we ask you to do this week is to generate a list of possible activities you could do that affirm yourselves and other women. You can do this in your personal lives and/or in more public ways, such as at work, school, place of worship, community, and so on. For example, If you have interest in the arts, discuss the possibility of organizing a show for and by women. Visit the local rape crisis center and see if they have a wish list of things that need to be done and see if you can help out. Point out a friend's sexist or offensive comment or behavior. Any questions?
Rape Myths vs Rape Facts

MYTH  The typical rapist is a stranger to the victim.
FACTS  80% of all rapists are known to the victim. They are either relatives, friends, neighbors, dates, acquaintances, bosses, colleagues etc.

MYTH  Most rapes occur in dark alleys or to women who hitchhike.
FACTS  Over 50% of rapes occur in a residence.

MYTH  A woman can't be raped if she really doesn't want it.
FACTS  Physical force is used in 85% of all cases.

MYTH  If a woman wouldn't go out alone at night and dress so sexy, she wouldn't get raped.
FACTS  Sexual assault occurs at all hours of the day and night. The most frequent scenes of the crime are in the home of the victim or the perpetrator. The garments most frequently worn by the victims are blue jeans and nightgowns (when the perpetrator breaks into the victim's home.)

MYTH  Rapists are sexually unfulfilled.
FACTS  Most rapists have normal sexual relationships and available consenting partners. Rape is a crime of violence not sex.

MYTH  A rapist just gets carried away by a sudden uncontrollable sexual urge.
FACTS  90% of gang rapes and 58% of rapes committed by individuals are planned in advance.

MYTH  Victims of rape are usually fully recovered and functioning normally within one month after the attack.
FACTS  Studies suggest that approximately 1/3 of rape victims do not feel recovered 4-6 years after the assault.

Facts cited were compiled by the Austin (TX) Rape Crisis Center.
Session IX
Moving Beyond Survival

Overview: The purpose of this session is to rediscover personal rights and the responsibility we have to ourselves to see that these rights and needs are affirmed. Empowering members is an all-important theme which is reintroduced in this session.

Session Goals
1) To affirm the importance of personal power
2) To establish the role of personal rights in the recovery process

Check-In

Goals: To address and acknowledge feelings about the last session and the past week and reinforce a therapeutic milieu from which feelings of trust, safety and acceptance may emerge.

Time: 15 minutes

Present goals to group members.

Before we begin to focus on today's theme, Rights and Goals, we'd like to spend the next fifteen minutes or so to briefly check-in with one another in terms of any new, different, unexpected, affirming and/or disturbing experiences which emerged for you all since our last session of the group.

Rights

Goals: To determine our personal rights and how to assert our rights and meet the needs inherent in our life's goals.

Time: 1 hour, 30 minutes.

Materials: Newsprint pad, markers, tape.

Present goals to group members.

All of us have personal rights, but many times we ignore them, or are unaware of them, or do not acknowledge them. Doing this prevents us from asserting ourselves and may result in allowing others to mistreat us. We've all been victimized at least once, by
rape, now it is time for us to survive. To do that, it is important to determine what our rights are and to take responsibility for our lives while recognizing the rights of others.

For example, have you really given thought to what rights were taken from you by your assailant? Not just the obvious one of not having sex without your permission, but others. Think about it a moment. Think about your personal rights in general. When they are ready, ask them to list their rights on the newsprint. Make sure that each person has her own sheet of newsprint. It may be helpful to provide some examples:

- The right to be my own judge of what I say, think, and feel.
- The right to say 'no' without feeling guilty.
- The right to be.
- The right to feel and express anger.
- The right to ask for what I need, even if I know I may not get it.

Ask each member to state aloud each of her personal rights with conviction beginning with the sentence stem, I have the right to . . . . After each member has done this, use the questions below to focus discussion.

How did it feel to express these rights?
How does it feel to own these rights?
Are there any similarities/differences in our personal rights?
Any surprises?
How are you working to achieve these rights right now?
Are there any rights you want, but feel you are not actively asserting? If so, which ones?
Why aren't you working on these rights?
What do you need to do to achieve ownership of these rights?

Closure and Homework

Goals: To summarize and draw conclusions from today’s session, address next week’s session, and give homework assignment.

Time: 15 minutes

Present goals to group members and conclude any unfinished business. Share your appreciation for the work done, and remind members there is only one session left, so next week’s topic will be “Saying Good-bye”.

What we ask you to do this week is to think about your growth since the first session of the group. What have you learned? How are you feeling differently? How are you acting differently?
Session X
Saying Good-bye

Overview: The purpose of this session is to provide closure to members’ group experiences and to prepare them for continuing their recovery after the group’s conclusion. In this last session, members are reminded of the steps to reach healthy interdependence in the rape recovery process.

Session Goals
1) To summarize and affirm their recovery progress
2) To develop constructive strategies for continuing growth
3) To help members draw closure to their group experience

Check-In
Goals: To address and acknowledge feelings about the last session and any new, different, unexpected, affirming and/or disturbing experiences since the last session of the group; to continue participation in the maintenance of a therapeutic milieu in which feelings of trust, safety, and acceptance are reinforced; and to inform members that they will be evaluating the group process and facilitators and that time will be reserved at the end of the session for that purpose.

Time: 15 minutes
Present goals to group members.

Before we begin to focus on today’s theme, Saying Good-bye, we’d like to check-in with you about anything that may have emerged for you since our last session of the group.

After the check-in: At the end of the session we will distribute an evaluation form for your assessment and perceptions of this group and its facilitators. We’ll reserve time at the end of the session for this purpose.

Me, You, and Us: Figuring It Out
Goals: To enhance awareness of healthy interdependence in the recovery process and to enjoy being close.
Time: 15 minutes

Present goals to group members.

Let's all stand up and move to the center of the room. Now join hands with two different people who are not standing next to you. Everyone should be holding the hands of two other people. Now, we want you to start untangling yourselves without letting go of anyone's hands. Good luck!

Afterwards:

How did it feel to be physically close?
What was it like to work together toward a goal?
How does this apply to the recovery process?

Saying Good-bye and Prescriptions

Goals: To deal with any unresolved issues or feelings; to prescribe hopes and wishes for one another; to say good-bye.

Time: 1 hour, 15 minutes.

Present goals to group members.

In this our last session, it's time to share any reflections you may have regarding the group process, the things we have experienced, any unfinished business, and any thoughts you may have about yourselves and each other. I'll begin.

This is the time to share appropriate feedback on the group process and address any unfinished business. Encourage members to talk about their experience of the group process. Let each member take her time, then use focus questions similar to the examples below.

How does it feel to have the group end?
How does it feel to say good-bye?

Now, let's spend the next few minutes going around the room and giving each other prescriptions — our hopes and wishes for each other.

Distribute to each member (group number minus one) copies of the handout, "Prescription for Healing" so that she may write a prescription for each of the other members. Allow several minutes to write these prescriptions and then ask that they be shared with the group.

You may have to begin with examples. We have in mind something like this:
Sue to Bianca: Bianca, my prescription for you is to continue expressing yourself through dance. I know you haven't been involved in it lately, but I can't help but feel it's a great source of strength for you.

Facilitator to Bianca: Bianca, can you tell Sue how you feel about her prescription for you? Etc . . .

Bianca to Joanne: Joanne, my prescription for you is the next movie you see—let it be a comedy. I love the way you laugh, but I wish that you would laugh more often.

Facilitator to Joanne: Joanne, can you tell Bianca how you feel about her prescription for you? Etc . . .

When processing this exercise, focus on themes rather than individual prescriptions. Sadness is likely to emerge; so, be prepared to discuss it. It is often helpful to identify area resources for carrying out their prescriptions and for continual growth.

Evaluations

Goals: To provide group facilitators members' personal assessments of the effectiveness of the group process and the effectiveness of the facilitators.

Time: 15 minutes

Materials: Evaluation forms, pencils.

Present goals to group members. Share your appreciation for their work today and throughout the entire group. Encourage each to continue their recovery and to reward oneself daily for progress in that recovery.

Distribute evaluations.
For Healing

For ______________________
From _____________________

One individual change to continue your recovery:

For ______________________
From _____________________

One individual change to continue your recovery:

For ______________________
From _____________________

One individual change to continue your recovery:
References

These resources represent a sampling of the hundreds of articles, books, and other print media available concerning the subject or rape, sexual assault, or socialization of women. While some are available in local community public libraries, the technical journals are more likely found in university and medical libraries.


Compiled by Cynthia de las Fuentes and Doris J. Wright, Counseling and Mental Health Center, University of Texas at Austin, Austin, Texas 78713-8119, February, 1991.
About the Workshop Facilitators

*Cynthia de las Fuentes* is currently enrolled as an advanced doctoral student in the Counseling Psychology Program at the University of Texas at Austin. A former Women's Research and Educational Institute Congressional Fellow, and American Psychological Association Fellow, she has advocated for the empowerment of women through the various community activities. She created the concept for the *Surviving Rape* group and has provided to therapists strong leadership concerning rape recovery issues. Presently she teaches in the Counseling Psychology department and is a contract therapist at the Counseling and Mental Health Center. She has a B.A. in Psychology from The University of Texas at Austin.

*Doris J. Wright*, Ph.D. is Staff Psychologist and Program Director for Consultation Services in the Counseling and Mental Health Center at the University of Texas at Austin. She received her Ph.D. in Counseling Psychology from the University of Nebraska-Lincoln in 1982 and earned a M.S. Education and a B.S. Psychology from Kansas State University in Manhattan, Kansas in 1976 and 1974, respectively. Involved in many local, regional, and national activities surrounding issues of empowerment for women and minorities, Doris is sought frequently for lectures on rape education and prevention and women's self-development issues.