CRISIS INTERVENTION: COPING WITH CRISIS
How do we define crisis?

1. A response to a stressful situation or emotionally hazardous event which poses a threat to the individual.
2. The individual’s usual ways of coping are ineffective.
3. The individual may be unable to maintain their usual pattern of functioning

Summary of the Concept of Crisis

1. All people are subject to stress at different points in their lives; all people attempt to maintain a sense of balance.
2. There are times when the stress is so great that the person cannot maintain a sense of balance with the personal and environmental resources available to them.
3. At this point a person may not be able to function as usual.
4. The person may perceive the event precipitating the crisis, as a threat, loss or challenge. Initially, they may feel confused, overwhelmed or frightened.
5. A state of crisis is not an illness or weakness. It represents a struggle with a current life situation.
6. While a person is in crisis, a minimal force can produce a maximal effect.
7. The crisis situation is time limited. Within 8 – 10 weeks the person may reach a new balance (which can be better, the same or worse than the pre-crisis functioning).
8. A crisis may offer a person an opportunity to grow and develop a new and more effective means of functioning.

What is Crisis Intervention?

Crisis intervention is immediate short-term support for sexual assault survivors to insure that physical, medical and psychological needs are met.

1. It focuses on immediacy.
2. It focuses on the positive or healthy parts of the personality.
3. Most importantly, crisis intervention involves helping a person handle effectively, the current crisis, by utilizing their own strengths and support systems.
The Role of the Advocate during the Crisis:
1. The crisis intervention advocate connects with a person at the point of crisis or within the crisis period and in the setting, if practical, of the person in crisis.
2. The advocate does not attempt or intend to overhaul the basic personality of the person in crisis; instead, the advocate helps empower the person so that they may develop new problem-solving methods.

Goals of Crisis Intervention

1. To reduce the immediate impact of the crisis.
2. To understand the precipitating circumstances.
3. To help the person access healthy coping skills, capitalizing on strengths, support systems and resources in the community from which a base of reintegration may occur.
4. To help the person move beyond the crisis so that they may get on with their lives.

Feelings That May Be Experienced by Someone in Crisis

Anxiety – This is perhaps the most common feeling. Any substantial threat produces anxiety. Normal amounts of anxiety assist in mobilizing against the threat and may be appropriate and helpful. However, great anxiety may produce confusion, distortion, poor judgment, self-defeating behavior and/or questionable decisions. Anxiety may be the first emotion the advocate must learn to work with.

Powerlessness – People work hard to manage successfully and develop their own set of coping skills. Then, perhaps because of an external event or a conglomeration of unfamiliar emotions, they experience a sense of loss of control that may be overwhelming, bringing with it a feeling of powerlessness. This feeling of powerlessness, in turn, may bring with it a feeling of shame.

Shame – Many people are taught to be competent and self-reliant, but during a crisis, a competent, self-reliant person may have to depend on others and may feel incompetent. This may produce feelings of shame, and may be closely related to feelings of powerlessness. Thus the survivor may feel that they are not able to handle their own problems and that they may have to turn to someone else.

Anger – There may be very little, some or a lot of anger. However, anger may often be hidden behind other more obvious expressions. Anger may be directed at self, others, the listener or an “irrational” event.

Ambivalence – Feelings of confusion and uncertainty may emerge. As a result the person may struggle with issues brought on by the crisis. Some of these issues, may be: independence vs. dependence; self-reliance vs. relying upon others; controlling emotions vs. losing control; increasing self-confidence by managing for self vs. risking reaching out to another for help or trusting others too much vs. total distrust of others.
HOPELESSNESS – The survivor may feel that they will never get beyond the present incapacitating feelings. They see no hope of ever recovering or moving beyond the crisis and may talk of ending their lives. Suicidal thoughts or tendencies may sometimes accompany this feeling.

DECREASED SELF–IMAGE – The individual may also feel a decrease in self-esteem. All these feelings may combine together and result in a decrease in self-esteem and leave the person in crisis extremely vulnerable.

What a Survivor May Need From an Advocate:

1. Trust
2. Clarification of the current situation
3. Anticipatory guidance and rehearsal for reality.
4. Realistic reassurance and support
5. Discussion of plans and options, offering available information
RAPE TRAUMA RESPONSE (RTR)
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1. ACUTE PHASE/CRISIS: 1-3 days, weeks
   • Shock, Numbness
   • Unstable emotions (controlled, calm; laughing, crying; hysteria, rages)
   • Unable to concentrate
   • Loss of coping skills
   • Sleeplessness, fatigue nightmares

   In this phase the survivor’s lifestyle is completely disrupted by the crisis. A crisis is defined as a change in a person’s life for which her/his coping mechanisms fail, a sense of disorientation may result. Someone in crisis experiences strong and often conflicting emotions, tension and anxiety. Thinking may become illogical, confused, or fragmented: feelings may become so intense that they overshadow the thought process itself and alter the behavior of the individual. Rape is indeed a crisis for survivors.

   The primary responsibility of the advocate is to listen, explain, clarify support and assist the sexual assault survivor; never to investigate or judge. The advocate provides the survivor with information regarding medical treatment, evidence collection and reporting the assault to police.

2. STABILIZATION PHASE: 6 Months – years
   Physical Effects:
   • Loss of appetite, nausea, vomiting, insomnia, nightmares, night terrors, headaches, chronic fatigue, bone aches, burning muscles, stress, loss of sexual response.

   Emotional Effects:
   • Fear, shame, guilt, anxiety, minimizing, disbelief, feeling ruined, spoiled, dirty, poor self-worth, over/under controlled emotions, avoidance of intimate relationships, feeling “hollow”, empty, sadness, grief, depression.

   Behavioral Effects:
   • Social withdrawal, isolation, unstable to go outside, unable to talk about the assault, change jobs, break off relationships, self-medicates with drugs, alcohol, suicidal feelings, attempts.

   The officer may observe these effects during follow-up work days or weeks later.
3. **RESOLUTION PHASE:**
The sexual assault survivor’s reactions and stages of recovery are very similar to the identified stages in recovery from grief and loss:

- Shock/numbing/denial
- Anger and depression
- Reorganization- The survivor can no longer deny that danger and negative people exist. Some survivors describe this feeling as a loss of “childhood innocence” or “that a part of me died”. They may become very frightened and extremely cautious due to feelings of vulnerability. They may need to rebalance feelings so that life can continue without excessive fear, yet take wise safety precautions. The survivor will often avoid people, places and conversations that remind them of the assault. They report they just want it to go away and life to return to “normal” (life before they were raped).

**Recovery of the victim depends upon:**

- **Her/his own ego strength**
  - How the survivor thinks of sexual assault in the social context (religious, ethnic and cultural beliefs)
  - Learned coping skills (how they have handled or coped with previous stressful experiences or events)

- **Her/his social network support**
  - Family, friends, crisis counselor, etc.

- **The system’s response**
  - How was the survivor treated by hospital staff, police, advocate, in court, etc.

**Remember:** Rape affects each victim differently and it is important to deal with each victim as an individual. Some survivors pass through all three stages within a matter of a few days; other victims never make it through the stages and are affected by the rape for the rest of their lives.

A survivor may be “stuck” in one of these phases. Many survivors seek counseling for issues they do not connect to an earlier sexual attack.

The counseling goal is to put the client back in control, relieve guilt, enhance self-esteem, focus anger outward, and empower women to make changes in their lives. Through growth and change the sexual assault victim learns to integrate the experiences into their life, so they no longer live it, but learn to live with it, as a “survivor”.

SEXUAL ASSAULT AND REPORTING

Sexual assault is the ultimate violation of oneself. The trauma of a sexual assault is often replayed in the form of flashbacks the survivor will experience. Flashbacks are intrusive memories of the actual incident where the survivor re-experiences the actual trauma of the assault incident. There are several factors that bear great significance in the recovery process for the survivor, the relationship of the offender; the degree of physical injury; the system’s response and her/his family and friends. Statistics report that 80 to 84% of all sexual assaults are among acquaintances, 57% occur on dates, with 41% of the assaults happening in the victim’s home. The statistics are higher on college campuses, 90% are acquaintance related.

It is estimated that only one in eight survivors of sexual assault report the incident to police. Of the survivors that do report being sexually assaulted only 16% report within 24 hours of the incident. There are several reasons why women and men choose not to report being victims of this crime. Very few of the reported sexual assault crimes ever have any charges filed against the offender. This fact gives the survivor little hope in holding the offender accountable. The use of alcohol and/or drugs is common in up to 70% of all reported acquaintance related sexual assaults. This is one of the determining factors when considering charging the offender. The Illinois Criminal Sexual Assault Act defines consent as “the ability to give knowing and willing consent” and states that you must “understand the nature of the act”. The law supports that it is against the law if someone is under the influence of alcohol or drugs they are unable to give knowing and willing consent to the act of sex. Therefore, if a person takes advantage of another person when they are under the influence of alcohol or drugs he/she has committed criminal sexual assault. When someone administers a controlled substance to the victim for the purpose of committing sexual assault this is now an aggravating factor. However, when alcohol is a factor in the crime it is rarely charged. Often there is little to know evidence of use of force coupled with lack of physical injury to the victim. The majority of sexual assaults will show medical evidence to support victims of this crime show no signs of injury or trauma to the female genitals. This cannot be the determining factor to prove if force was used. This inability for the State’s Attorney to file charges against the offender supports the belief that nothing will be done if the sexual assault is reported to authorities.

Members of society who accept myths about rape, in turn, blind themselves to the traumatic emotional, psychological, and sometimes physical impact rape has on its survivors. As a result many sexual assault survivors have been, and continue to be, re-victimized by the very people who have the power and authority to protect them. The medical and legal personnel who deal with these survivors often enhance the self-blame of the victims by the questions they ask. These historical insensitivities have made it very difficult for women and men to report when they have been sexually assaulted. The dramatic increase in the occurrence of sexual assault, especially in the acquaintance related category. The increase lies in the reporting of sexual assaults, not the incidences themselves. With more publicity about women’s rights, in relationship to sexual assault, and how they can be protected, women are starting to come forward and report when they have been sexual assaulted. Men face the societal support of homophobia and the belief that men should be able to protect themselves from sexual assault. Sexual assault survivors still must face the possible re-victimization by the criminal justice system in their quest to prove the assault was actually a forcible rape, either by use of force or the threat of force.

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TIPS FOR OFFICERS

Helping the Victim – Helping the Investigation

No matter how they appear, sexual assault victims are in shock at the time of police questioning - - it is very difficult for them. Nevertheless, questioning must be done if the case is to proceed. The following tips allow for an interview to be done in a manner that takes into account the victim’s emotional state and well-being. When the victim feels comfortable and understands what is needed, she/he feels like part of the team and the interview will go more smoothly.

1. The initial officer has GREAT potential to influence a victim’s recovery. Be supportive and acknowledge the victim’s fear, discomfort or embarrassment; it is okay to admit your own feelings of awkwardness or anxiety.
2. Find a private place to talk where the interview won’t be interrupted. Create an environment that is safe and calming. If possible have Kleenex, coffee or water available.
3. Encourage her/him to have a Sexual Assault Advocate present during the interview. Both male and female victims are often fearful of males after a sexual assault and may be calmed by the presence of a woman offering emotional support.
4. Ask permission of the victim to give her/him a sense of control. The officer should explain why the initial interview and hospital examination are important, what kinds of information and evidence you are looking for, the differences in making a report and signing a complaint. Tell her/him what the next steps in the investigation are and what will be expected of her/him. Explain what will happen if the case goes to court.
5. A quiet, calm voice and a non-judgmental, empathetic attitude will relax the victim, allowing her/him to recall events more clearly. It is typical for victims in Stage 1 or Rape Trauma Syndrome to become confused: people respond differently to stress. She/he may be hysterical, or withdrawn and unable to express emotions. The sexual assault advocate with whom she/he has formed a bond in the emergency department may be your best asset in calming the victim so that questioning can proceed efficiently.
6. Open-ended questions (not yes/no) make the interview process more relaxed. Allow the victim to explain what happened in her/his own words and own pace. It is important to give her/him a chance to compose her/himself. Be sure to point out the positive things she/he did that allowed her/him to survive.
7. Do not leave the victim alone for long periods of time without providing information regarding what is happening. The presence of a sexual assault advocate may be comforting.
8. The officer should protect the victim’s anonymity. When possible, only one officer should have contact with the victim so she/he does not have to retell the story. This officer should keep the victim informed of the process of the investigation.