Sexual Assault Survivors Groups: A Feminist Practice Perspective

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Theoretical and clinical literature usually considers individual treatment to be the method of choice for working with women who have been raped. Believing that group treatment is desirable in many cases, the authors present a time-limited model for a sexual assault survivors group, based on a feminist practice perspective.

ONE OUT OF every three women will be raped in her lifetime, according to one estimate.[1] The seriousness of this societal problem only gained recognition about ten years ago, after the development of rape crisis centers by the grass roots women's movement. The popular press and the human service community could then no longer avoid confronting the fact that rape is widespread and that it affects not only the woman who is victimized but also her friends, family, and significant others.

Previously, women were often held responsible for having provoked the assault by either their manner of dress or their lifestyle. As an increasing number of women began to speak out about their experiences, the focus of blame shifted from the victim of rape to its rightful place—the offender.

Social workers provide services to women with a wide variety of problems, but these women do not necessarily discuss a history of sexual assault. Caseloads may, therefore, include countless numbers of "hidden" victims of sexual assault. This possibility requires that accurate assessment of sexual assault history be included in any treatment plan.

Women who have been raped are beginning to describe themselves as "survivors" of the trauma. This term allows them to become empowered to confront the problems resulting from rape rather than to accept these problems passively. Increased visibility of rape has led to the development of more services by the traditional human service community, that is, hospitals, courts, and community mental health centers. Despite the additional services, there is still a shortage of trained professionals.

Theoretical literature and research focus primarily on individual clinical treatment for women who have been raped, and studies documenting various stages of postrape trauma concentrate mostly on treatment during the initial crisis period.[2] In part, this emphasis reflects the lack of funding available to groups providing ongoing or follow-up services, as well as the lack of research substantiating the need.

In addition, many women drop out of treatment after the initial crisis has passed. This tendency is consistent with findings by Scherl and Sutherland, namely, that a woman enters a second stage of response in which she has achieved outward adjustment and is able to return to the routine of daily living.[3] However, this research also indicates that the rape victim enters a third and final stage of response that can occur as early as six months after the rape or as late as many years after. This stage can be precipitated by seeing someone who looks like the rapist, by the approach of the anniversary date of the incident, or by a life change that reawakens feelings of powerlessness. It occurs at a time when a woman has developed a greater ability to draw on her own emotional resources in a way that she could not have done immediately after the assault. Unfortunately, by the time the third stage is reached clinicians are usually no longer involved, so it goes unrecognized as a vital and valid part of the resolution of postrape trauma. The women may hesitate to contact counselors because of a sense of failure or embarrassment about their unresolved feelings associated with postrape trauma. Although clinical involvement may differ at each stage (e.g., it may consist of either periodic phone contact or occasional in-person sessions), it is critical that contact between counselor and client be uninterrupted. It is during this last stage that group treatment becomes the most effective modality.

To date, there have been few articles describing group treatment for women during stage three, and such time-limited groups are rarely available as an option.[4] Therefore, the authors present a model for a sexual assault survivors' group (SASG), drawing on experience in facilitating and supervising such groups for eight years.

Women in SASGs, with the help of leaders, should set measurable and observable goals that are achievable during the course of the group. However, SASGs also serve as catalysts for the revival of memories of past traumas or other unresolved events. For example, some women, after becoming involved in an SASG, report other life disruptions from their past, such as incest. SASGs do not provide ample opportunity to help these women work through their incest-related experiences. It is important therefore, to keep in mind that, for women who

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have suffered multiple traumas, participation in an SASG may be only the beginning (or a continuation) of an ongoing therapeutic journey.

A FEMINIST PERSPECTIVE

Knowledge of facts about sexual assault, group development, and a knowledge of feminist therapy is crucial for potential SASG leaders. And these leaders must be prepared, as well, to face the emotional impact that leading such groups will have on their lives.

A feminist approach to the process of sexual assault resolution combines therapeutic intervention skills with the underlying knowledge that sexual assault, harassment, and exploitation affect all women in our society and are extensions of sexism. In surveying over two hundred women encountered during various speaking engagements at churches, schools, and community groups, the authors found that each respondent reported having experienced some form of sexual assault, harassment, or exploitation in her lifetime. Thus, insofar as these responses are representative of the experiences of others, women are, in a sense, held hostage by the ever-present potential in our society for these acts. Rape services, therefore, must combine the dual perspective of both individual case and class (that is, women as a class) advocacy.[5] Through this blend, not only can individual services improve but institutional and societal attitudes can change. However, not all group participants want to deal with the political issues regarding rape or women's inequality, and of course, group leaders should not impose their views on individuals. (Interested readers should consult Sprei and Goodwin, who give a comprehensive analysis of women's socialization as this relates to their victimization and emotional responses.[6])

Without this perspective, the authors believe only Band-Aid solutions will be provided. McIntyre points out that although non-sexist approaches provide valuable insights, non-sexist ideals "are not achievable in a social order that is built on dehumanization." His feminist-oriented analysis describes our society as exalting that which is male and denigrating that which is female.[7] As long as this concept exists, sexual assault as a societal problem will continue, with a never-ending supply of new offenders and surviving victims.

Although clinical treatment is important, the need to address the powerlessness that women, as a class, experience in our society is vital. McIntyre sums up this point by saying, "If professionals are to help empower victims of male violence they must recognize the tremendous human cost exacted by patriarchal society."[8] It is only when there is a commitment by clinicians both to help sexual assault survivors and effect societal change that services may be said to be truly comprehensive.

THE SASG MODEL

The SASG model posits that the aftermath of the sexual assault can be resolved. Many women feel stigmatized as a result of the rape and are, therefore, reluctant to seek treatment that is pathology oriented or open-ended in duration. The SASG model is health oriented. It sees the reactions of group participants as normal reactions to a life crisis, no matter how long ago the crisis happened.

In the SASG model, two female clinicians colead a group of six to eight women. There are twelve weekly sessions, each lasting 1½ to 2 hours. The goal of the SASG is to help women resolve the emotional turmoil resulting from a sexual assault. This task can best be accomplished by meeting with other women who are in a similar stage of rape-trauma resolution.

There are a number of rationales for the twelve-session model. Primary among them is that the material that is covered in the group is limited and is focused on the themes and topics related specifically to sexual assault. The authors have found that twelve sessions is an optimal time frame to approach and understand rape-related issues and to develop skills for dealing with the stresses created by sexual assault. A similar brief treatment model has been used by Mann.[9] The authors agree with his conclusion that the greater the specificity of the length of treatment, the more likely that successful work can be accomplished in a time-limited frame. (The effectiveness of time-limited groups for sexual assault survivors is documented in the literature for women who have been sexually assaulted as children.[10]) Although the decision to discuss painful feelings associated with the assault at first increases the anxiety and disruption in the lives of these women, the knowledge that the group is time-limited helps women feel more in control of this anxiety.

Issues for Leaders

Women interested in leading SASGs should consider the following: Leading SASGs is anxiety-producing work—leaders become acutely aware of their own vulnerability to sexual assault, and they may also recover disturbing memories from their own histories. Coleadership is crucial as a method of managing this anxiety. It allows the coleaders to share their feelings and experiences so that they do not interfere with group development. Also, leaders can support each other in the group. This support is welcomed while hearing and discussing graphic material.

Potential group leaders must have a basic knowledge about rape. This knowledge must include the emotional responses and the stages of rape resolution, as well as the historical and societal attitudes toward rape that have an impact on a woman's feelings about herself.[11]

A woman who has been raped must attain a significant degree of resolution in her own recovery from rape before leading an SASG, and she must be especially aware of the effect becoming a group leader will have on her. She should also have her own support system for any unexpected rape-related issues that may arise.

Selection of Members

Both group leaders should interview all potential group members. Interviewing allows the group members to become acquainted with the group leaders and to share their expectations of the group experience. This is particularly important because women who have been sexually assaulted often become untrusting.

To determine a potential member's appropriateness for a group, a leader must find out where each woman "is" emotionally with regard to resolving the trauma of her rape. Although no strict timetable can be given for the amount of time between the rape and participation in the

> *Women who have been raped are beginning to describe themselves as 'survivors.'*

group, a minimum guideline of at least six months is advisable. Women who are in the first stages of crisis resolution are often more concerned with practical needs (e.g., getting back to a daily routine). Moreover, they may have emotional demands that differ from other group members. Sometimes other group members may "take care of" a woman in this situation—at the expense of getting their own needs met. Women in crisis are often not able to follow through on a twelve-week commitment to a group because the task of achieving mastery over their lives takes precedence. Furthermore, women in crisis who have been in such groups have expressed despair when confronted with group members who were still in need of treatment many years after a rape. They may be fearful that, like these members, they will have to live with the intensity of their crisis feelings for many years. This response also adds to the burden of women who are no longer in crisis. Although women in various stages of response *can* help each other, the group model is not recommended as the format for this.

An SASG leader must also assess a woman's ability to participate in and benefit from a treatment program that is based on a strong verbal component. For example, a psychotic woman is not considered an appropriate group candidate. Neither is a woman with a primary problem of substance abuse unless she is receiving concurrent treatment. It should be added that a candidate for membership in an SASG must be willing and able to make a commitment to participate for the full length of the group.

Two other important guidelines in making decisions about group composition are related to (1) demographics and (2) variable factors in each member's rape trauma. Demographic characteristics include age, race or ethnic background, class, and sexual orientation. Some variables related to rape include prosecution or nonprosecution of the rapist, rape committed by a stranger or an acquaintance, circumstance during the rape, and amount of violence. In considering these factors, it is preferable to include women who have both similar life experiences *and* heterogeneous characteristics. However, if this is not feasible, the women in the "minority" category (referring either to demographics or rape experience) should be offered the opportunity to make an independent decision about joining the group that is based on the characteristics of the members. All group members should be informed, in addition, about the criteria used for group composition and the attempt to make the group as heterogeneous as possible in a framework that calls for bonding among the members. In groups where these issues have been handled directly, there have been few problems.

Setting

The setting in which the interviews and meetings are held also has an impact on the group. For instance, holding an SASG in a hospital setting is likely to reawaken feelings about medical care and perpetuate the feeling of being in the role of a patient.

Consideration of factors related to personal safety, such as time of the scheduled sessions, location of the meeting place, accessibility of site to public transportation, and lighting are important, too. And if there are women in the group who have children, child care should be arranged so that the group can be available to mothers.

Format and Themes

The process of designing the SASG experience is an enterprise best shared by the leaders and the members. For example, giving the participants control in the process helps reestablish the sense of power they lost as a result of the rape. The most common structure employed in SASGs is a mixture of open-ended and topic-oriented discussions. The unstructured time allows flexibility for the women to discuss how the group is affecting their lives, and topic-oriented discussions allow for a defined focus and a sense of accomplishment. Choosing topics for subsequent sessions offers the members an opportunity to prepare. It also decreases anxiety by letting the members know what to expect.

Group leaders must help members decide when it is appropriate to discuss a specific topic. It may be advantageous to the group process to begin with discussions of self-esteem and trust and to save the more anxiety producing topics, such as anger and sexual relationships, until after trust has been established.

Group leaders should stress content that is of mutual interest. This is important in a short-term group because it decreases the emphasis on individual and group psychodynamics, which is beyond the parameters of this group model.

In addition to individual topics, there are several themes that weave their way into the discussions throughout the twelve-week course. Some of these themes follow:

1. *Self-Esteem.* Many women enter SASGs saying that they feel dirty, used, guilty, or ashamed. Group members soon realize that other survivors have similar decreases in self-esteem that affect every aspect of their lives. The members sometimes discuss who they were before as compared with after the rape.
2. *Trust.* The development of trust has been documented as the first task humans need to accomplish to develop a healthy self-image.[12] Violation of trust as a result of the sexual assault has widespread implications.
3. *Power and Control.* After a rape, the tasks of daily living become a challenge. Dealing with the problems of a lost checkbook or a filled course at a university, for example, reawakens the sense of powerlessness that the women felt immediately after the rape. It is important, therefore, that members focus on regaining that power. Structured assertiveness exercises can help in bringing the issues to the surface and in developing new strategies to deal with powerlessness and self-defense.
4. *Guilt.* No matter what the circumstances of rape or the degree of physical violence directed against the victim, women always experience guilt about the assault. Thinking that they were at fault or that there was something they could have done differently to prevent the assault (the "if only" syndrome) seems to help these women feel that they will be able to

prevent future assaults. For example, one woman, in rationalizing the assault, said, "If only I hadn't had flowered sheets on my bed, maybe he wouldn't have climbed in my window and raped me." Confronting the source of this kind of guilt helps dissipate it. Witnessing the irrationality of other's guilt feelings also helps group members identify and face their own guilt. It is crucial for members to acknowledge that they are *not* responsible for the assault.

5. *Mourning and Loss.* In order to fully resolve feelings about the assault, a survivor of rape must complete the normal mourning process.[13] When women begin to acknowledge that the world is not a safe place for anyone, they no longer blame themselves for the violence that has been committed against them, and they can express feelings of sadness and mourning. Members may feel as if they have lost their trust of the world; they sometimes describe this as a feeling of having become older very quickly.

6. *Anger.* As sadness, mourning, and guilt get expressed by members, feelings also begin to turn outward. Women are able to express their anger toward those around them who have disappointed them, and they can express anger about the senseless violence that has been inflicted on them and on other women. This anger sometimes is a catalyst in helping the members make changes in their lives. (Occasionally this leads to active participation in the anti-rape movement.) Expressing anger often lessens depression; in addition, anger directed toward a good cause increases feelings of power. Thus, anger becomes a feeling the women no longer fear.

Throughout the selection of topics and the development of themes, the group leaders can be a resource for exercises to help elaborate the issues discussed. Group techniques for sexual assault survivors are beyond the scope of this article, but readers can find information on the subject in Sprei and Goodwin's article.[14]

GROUP DEVELOPMENT

Many models that describe stages of group development have been discussed in the group treatment literature. The authors have found the five-stage model of Garland, Jones, and Kolodny to be an important foundation for development of SASGs.[15] After evaluating the results of twelve groups, the authors have formulated a three-stage model for SASGs: Bonding, Closeness, and Letting go. (See Table 1.)

Table 1.
Group Development in Sexual Assault Survivors Groups

Stages for Group Members	Functions of Group Leaders
Bonding • Develop trust in other members ("How can I connect with other members? Can I get my needs met?") • Set goals ("I need to acknowledge the effect of the sexual assault in my life.") • Establish group norms and guidelines • Learn power dynamics	Bonding • Set appropriate climate • Validate and facilitate discussion of each member's experiences • Set limits • Supply information regarding the sexual assault recovery process • Establish guidelines
Establishing closeness • Express commitment to group • Acknowledge interdependence • Engage in explicit expression and the working through of feelings • Be supportive and caring of other members • Develop a support system	Establishing closeness • Act as resource for skills and exercises related to chosen topics • Develop supportive relationships by being a role model
Letting-go • Allow the mourning process to occur • Integrate the memory of the sexual assault • Learn to say goodbye • Individuate from other group members	Letting-go • Acknowledge the mourning process and its connection to the sexual assault • Facilitate discussion of goals and skills achieved during group sessions • Help members develop support systems • Acknowledge each member's growth and her contributions to the group

Bonding

During this stage, both group members and leaders should focus on developing a sense of trust and commitment to each other and to the group. Because of the intimate nature of the subject matter, participants will bond quickly. Prior to the group experience, members usually have had few, if any, positive experiences discussing their assaults, and they often say that this is the first time they have been able to discuss the assault without feeling as though they were being judged by others. Members may interpret this sense of intimacy and bonding as an indication of immediate mutual trust. This can be misleading, and the leaders must proceed cautiously and not assume that a solid base of trust has been built.

During this stage, participants establish their membership within the group. By sharing the details of the assault and its aftermath, they begin to reveal more of their identities. Often, members in this stage will say things such as "My rape wasn't as bad as hers," or, conversely, "My rape was worse than hers." These statements are made in an attempt to validate their experiences and to determine whether the group will actually meet their needs.

The responses of leaders and members will establish group norms and guidelines. There may be some initial testing in relation to leaders' actual or perceived authority in the group. Leaders must maintain an active role in defining group boundaries. Their challenge is to create a safe environment where members can develop enough trust to share material com-

fortably. They must be active in pointing out similarities in content material at the same time that they validate each woman's experience. In addition, leaders must be sensitive about setting limits on the type of material that is revealed. During the bonding stage, group leaders and members jointly establish goals for the group. The leaders' role is to help members develop short-term goals that are realistic in terms of what the group can provide.

Establishing Closeness

As the group members become close to and trusting with one another, commitment to the group intensifies and more anxiety-laden material begins to be discussed. The members begin to work more intensively on their particular goals. In addition, by helping other members, each woman enhances her sense of power and her self-esteem. Group members begin to function more as a unit at this stage and do not look only to the leaders as the sole source of validation. Because the topic of sexual assault deals extensively with closeness, a group participant will sometimes express the fear that other group members are the only people in her life who really understand her. Therefore, group leaders should help members define closeness outside as well as within the group.

Letting-go

As the group begins to face the approach of the final session, the "letting-go" of members begins. Themes common to loss will emerge, such as withdrawal, anger, fear, sadness, abandonment, and powerlessness. Members again focus primarily on their individual needs. Attention may return, at the last minute, to the group leaders as a possible resource for unresolved issues. A sense of panic is often expressed about "not having accomplished enough." Mastering the task of letting-go and developing concrete plans for a continued support system are the major tasks of this stage.

This stage also provides the opportunity for group members to evaluate their accomplishments, to identify the skills they have learned, and to appreciate their resolution and recovery process. Some members may report a recurrence of the same fears or symptoms that initially brought them to the group. This is a common phenomenon, and group members can apply their newly learned skills to the situation.

The process of letting-go must begin to be actively discussed by the ninth session. Leaders must be careful not to make decisions in reaction to members' fears. It is common for group members to want to recontract for additional sessions. Although each situation needs to be evaluated, it is important that members be offered the option of either leaving the group after the twelve weeks or discussing a new contract (after careful consideration). The task of resolving the feelings related to letting-go is ultimately the same task group members can and will achieve regarding their sexual assaults.

CONCLUSION

Post-group assessments have indicated that all group members have derived benefit from participation in SASGs. Women have reported changes such as raised self-esteem, increased assertiveness, and improved personal relationships. As a result of the group, some women entered into close relationships for the first time or began a new career. Others reported notable changes in their dreams: They no longer dream of being victimized in their sleep by people chasing after them or of drowning. They have been able to change the course of their dream actions and survive the dangerous scenes that are represented in the dreams. The mastery of situations in dreams is one example of the rape resolution skills women have developed in the group.

Participation in sexual assault survivors groups is a growth experience for both group members and leaders. As a woman in one of the authors' groups noted, the Chinese symbol for "crisis" is a combination of both danger and opportunity. Sexual assault, although it is a life-threatening as well as an emotional danger, offers the opportunity to reevaluate one's life and the world. Survivors groups allow both members and leaders to seize this opportunity.

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