

Emergent or Urgent Situations for the Pastoral Counselor: Mental Health Emergencies and ABC's of What to Do First:

Part 6: Rape and Sexual Assault

This part of the series addresses what to do if it is discovered that someone has been raped or sexually assaulted and what needs to be done immediately. If you 'google' 'rape crisis' on-line, a list of local rape crisis centers can be accessed. You can also call your local hospital and inquire into outpatient rape crisis services. Or your local county prosecutor's office should be able to advise you as to available 'Victim Witness' programs which provide follow-up counseling services for sexual assault victims, both adults and children. We need input from our brothers and sisters in other countries regarding where people should turn for emergency help in their own jurisdictions.

General Guidelines:

After having a family member murdered, which is considered the single worst traumatic event someone can experience, rape is considered the next most severe stressor contributing to onset of post traumatic stress disorder (PTSD). In many cases, these victims, who are usually adolescent girls or young women, are very frightened. Not uncommonly after suffering stranger assaults, they become housebound and afraid to travel. They become sleepless, anxious, jumpy, suspicious, and may experience intrusive recall of the traumatic event when other events or places reminiscent of the assault remind them of what transpired. In such cases, if a pastor or church member can provide immediate emotional support, this problem can be prevented from becoming chronic.

Male rape is probably the single most underreported crime in the U.S. today. Men or adolescent boys who are raped are rarely willing to come forward and report the incident. In my personal experience, most of the male rape victims I've seen were overtaken by drugs or alcohol, sometimes unknowingly after encountering their assailants in drinking establishments or while hitchhiking.

The majority of children who are sexually assaulted do not disclose it prior to adulthood, and many may never disclose it at all. The worst psychological effects are incurred in such cases of secrecy. In your youth groups, you can do much to make it safe for such a youngster to come forward. See the segment under Child Abuse for further advice about dealing with child victims of sexual assault.

What to Do Urgently:

- In the case of a child, the police or social services agency can facilitate a forensic interview completed by a professional who has been trained in how to interview young children and to obtain reliable information from them. Please do not

attempt to elicit details from a child until after a forensic interview has been completed! A serious problem in the U.S. is that children may be interviewed repeatedly. If you are a parent, insist that any child interview is audiotaped or videotaped. A properly documented interview will prevent the child from being retraumatized by continued interviews. Do not ever place a child in counseling or therapy to deal with a sexual assault until forensic interviewing is complete as this can actually lead to the defense claiming that details have been suggested to the child.

- In the U.S. if the assailant was a household member, in the U.S. you would first contact Social Services. If it was someone outside the family, one would first contact the police. In most cases, the victim will be directed to a hospital Emergency Room for examination.
- For children who are required to undergo an examination at the ER, preferably a parent or other familiar person should participate and attend with them, providing reassurance and support through the process. Some children may feel embarrassed and humiliated. The supporting adult may also be uneasy. If the parent is emotionally unable to "hold up" through the process, a lay person, deacon, or priest of the same gender as the child who is known by the child can accompany them, but ask the child beforehand who s/he would like to help him/her.
- The police or social services agency will facilitate a medical exam including collection of physical evidence, if there is any. Be aware that lack of such evidence does not prove that an assault didn't occur -- fully 50% of child sexual abuse exams result in no physical findings or evidence. Because the genital areas are richly supplied with blood (very vascular), healing is usually rapid, within a few days. In some cases of chronic abuse, there may be physical findings, scarring, and other changes that can be documented, but not in most cases.
- The parent will be interviewed as to the child's health history and any observed symptoms. Sometimes there are pre-existing medical conditions that can make interpretation of forensic evidence in an assault more complex. For example, recent courses of treatment with antibiotics can result in genital and urinary tract problems. And younger children may be less able to give crucial details about the context of the assault or the time line of events surrounding the incident, so the parent is needed to fill in this information.

- Suggest that the adult victim go to a local hospital ER and go with him or her. Some of the issues that the adult victim will typically have to address at that time are prophylactic treatment for STD (sexually transmitted disease) or for prevention of pregnancy. A pastor, deacon or lay support person can be of immense help in helping such a victim.
- Discourage brushing teeth, showering or bathing, or changing clothes, because collection of evidence will be done in the ER and evidence will be lost if such hygiene is carried out. Take a fresh change of clothes to the ER because any clothing worn at the time of an assault will be retained by police.
- Many victims do not go to police or the ER because they fear being blamed for their assaults. If the situation started out as a date, or if they met the assailant at a bar or party, the encounter may have begun as consensual but turned into a non-consenting situation. In some cases, drugs or alcohol were used and not always knowingly. Such victims may not remember everything that happened and hence are even more reluctant to come forward. Do your best to support the victim to disclose at the earliest possible moment. Delays in reporting will be more problematic. I once had a case where a prostitute was raped and we were successful in proving that the incident was not consensual, so while this is more extreme, it demonstrates that such situations can be successfully prosecuted. Many young women are killed in such situations because the assailants believe no one will know or care who the victims.
- Any ministry that can be offered to young women living on the streets should address these issues of assault.
- Mentally disabled men or women are very vulnerable to sexual assault by men who encounter them and who recognize their gullibility and naivete. Many of them are repeatedly assaulted sexually by various people. Any ministry offered to mentally challenged adults should address these issues, and teach them how to assert themselves and to avoid potentially compromising situations.

- Undocumented immigrant females are very vulnerable to rape and sexual assault because the perpetrators assume they will be too intimidated to report what happened, for fear of being deported. It happens at the hands of "coyotes" bringing the victim across the border. Rape or sexual assault in their countries of origin can in some cases help make a case for legal asylum into the U.S. Some of these victims are gay or lesbian and subject to continued abuse if they return home. In the U.S. sexual assault happens not only in social situations but even in the work place, especially where such individuals are working "under the table." I once had a case of a young woman raped at work when she was asked to work after hours by the person who had sponsored her to work in the U. S. You should know that police treat these cases very seriously, and they are not deported. Indeed, they are supported so that they can testify against the assailant.
- In most U.S. jurisdictions, laws have been passed that prevent the sexual histories of the victims from becoming an issue when these cases are prosecuted. In the old days, the defendant would depict the victim as a whore and create doubt about whether the incident was non-consensual. The most common defense is that the incident was consensual. But this no longer "sells" to juries as it might have in previous generations. Offer respect and lack of judgment about how the victim got into the situation, and help him or her come forward.
- In many U.S. jurisdictions, pastoral counselors and lay counselors can be trained in rape crisis intervention in their own communities and can serve on hospital rape crisis teams. This is a worthy training and service opportunity and it would be very good if at least one person from every church would go through this process and become the "go to" person in their church.

We solicit input from readers who have dealt with this issue personally; what was helpful and what was problematic when you or a loved one faced this situation? We also solicit input from those from other countries. Help us understand what the procedures are in your own country.

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