PREVENTION of Post-Sexual Assault Stress

Information and Instructional Manual for Professionals Using the Video
PREVENTION of
Post-Sexual Assault Stress

Whom is this video for?

- The enclosed 17-minute instructional video titled “Prevention of Post-Sexual Assault Stress” was developed to help older adolescent and young adult sexual assault victims prepare for and better cope with the medical exam that usually takes place within 72 hours of a sexual assault.
- The video is also designed to help adolescents and young adults cope with emotional reactions commonly experienced after a sexual assault.
- This video may be helpful for sexual assault victims in medical and nonmedical settings. At this time, it has only been evaluated in the medical setting.

Why might this video be helpful?

- Not all, but many adolescent sexual assault victims experience symptoms of posttraumatic stress (e.g., flashbacks, nightmares, hyperarousal, avoidance), depression (e.g., sadness, sleep problems), and drug and alcohol problems.
- The amount of distress experienced in the hours and first days following the sexual assault is a predictor of distress in the future.
- Medical examination procedures are expected to be stressful since they involve cues related to sexual assault.
- Preparing adolescents for what to expect in the medical examination, educating them about common reactions to sexual assault, and teaching them healthy coping skills may help reduce potential exam-related distress and risk of Post-Traumatic Stress Disorder (PTSD), depression, and drug and alcohol abuse following the assault.
- Adolescents could benefit from learning positive coping skills to help them deal with possible symptoms in the future.

Components of the video

1. The Medical Exam
   Adolescents are familiarized with forensic exam procedures via modeling and information provision.
Steps to Recovery

Adolescents are provided with:

- Psychoeducation about common reactions to sexual assault
- Education about problematic avoidance strategies
- Education about, and modeling of, more adaptive coping responses
- A review of potentially harmful coping responses in the form of drug and alcohol use
- Descriptions of the pitfalls of social isolation and avoidance and recommendations for maintaining or increasing positive activities

How to use this video

- We recommend showing the full video (components 1 & 2) prior to the sexual assault medical exam. This is the way it has been used and evaluated. It may also be helpful to give sexual assault victims the take-home brochure which provides information about potential reactions to sexual assault and useful coping strategies.

- When requesting adolescent girls’ and women’s verbal consent to view the video, we recommend first describing the video contents and explaining that research on the impact of the video is ongoing. Be clear that this is her choice.

- A suggested introduction to the video follows:

  "…..I would like to see if you are interested in watching a brief video about [the medical exam you will have today and] some possible psychological reactions you might have later, in reaction to the assault. If you would like to watch this video, I would be more than happy to answer any questions you might have about the video. The video lasts about 15 minutes."

- This video was developed for victims of rape and therefore the term “rape” is used in the video. We do think the information in the video should be helpful for girls/women who have had other types of sexual assault (e.g. molestation, attempted rape).

  It may be helpful to let girls or women know this up front by simply stating:
  "This video uses the word rape when describing sexual assault. Rape is only one type of sexual assault. We think it may be helpful to girls/women who have had any type of sexual assault that involves unwanted sexual contact."

- Be respectful of the adolescent’s or young adult’s choice as to whether she wants to watch the video.

- After watching the video, the brochure "Prevention of Post-Sexual Assault Stress" may be helpful as a reminder of key components of the video. If used, it is recommended that the accompanying brochure be given to the adolescent after the video has been viewed.

- This video is not a substitute for formal treatment. It is recommended that practitioners be familiar with local mental health agencies and provide referral resources (see Resources section). Sexual assault victims will likely benefit from receiving information regarding treatment resources if their symptoms do not improve within the first month.
Who should administer this video?

Programs differ with regard to key personnel who may be able to administer the video. These may include sexual assault examiners (e.g., nurses, physicians), rape crisis advocates, and/or staff familiar with the sexual assault exam.

Not enough time?

It is understandable if you have concerns that you do not have enough time to administer a 17-minute video before the sexual assault exam. Typically there is a delay between the time the sexual assault victim arrives at a facility and the start of the medical exam. We recommend using this time to administer the video.

We have found that it is helpful if all staff members working as part of a crisis-response team are educated about the video and are prepared to implement the video when sexual assault victims arrive.
How to play the DVD...

To play the DVD, you will need a DVD player of some kind. You may use one that connects to a television or is part of a combination Television/DVD Player unit. You may also have a DVD player in your computer. Look for the “DVD” logo on the side of your computer where you insert data CDs.

Preliminary support for this intervention

- Preliminary support has been found for this intervention at the time of the medical exam in a study involving 205 adolescent and adult women who were victims of sexual assault (Resnick et al., 2005). Ninety-seven adolescent girls and women watched the video before the rape exam and 108 received care as usual.

- Findings at the time of the medical exam showed that, when compared to those in the non-video group, adolescents and women in the video group:
  - Had a larger reduction in pre- to post-exam ratings of their subjective distress.
  - Reported less anxiety after the medical exam.

- In addition, adolescent girls and women who saw the video reported experiencing less anxiety/distress while watching the video than those who were waiting for the exam to occur.

- Follow-up data with adolescent girls and women at approximately 6 weeks post-sexual assault indicated that:
  - Adolescent girls and women with a prior history of rape who were in the video group scored lower on PTSD symptoms than those with a prior rape history who were in the non-video group (Resnick et al., 2005).
  - Regardless of prior rape history, adolescent girls and women in the video intervention group had less marijuana abuse than those in the non-video group (Acierno et al., 2003).

- Future Directions
  - Research on the impact of the video is currently ongoing.
  - Further research is needed to replicate the initial study findings in order to identify whether the video is helpful to sexual assault victims seeking medical care.


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The views, policies, and opinions expressed in these materials do not necessarily reflect those of the acknowledged agencies.

These websites may assist you in finding national and local advocacy resources:
http://www.nsvrc.org/index.html
http://www.rainn.org/counseling-centers/index.html

Treatment guidelines regarding PTSD, depression, and substance abuse may be helpful resources, as well:
http://www.psych.org/psych_pract/treatg/pg/prac_guide.cfm
http://www.nida.nih.gov/DrugPages/Treatment.html
http://www.istss.org/resources/traumatic_stress.htm

These materials were developed in collaboration with Sexual Assault Examiners and Rape Crisis Personnel/Advocates.
CONTACT If you have questions and/or would like additional information about research with this intervention, please contact:

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To download additional copies of these materials please visit:

http://www.musc.edu/saprevention

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