

## Medical Advocacy

One of the first steps in providing care immediately following a sexual assault is to encourage the survivor to seek medical attention at a facility designated by the community. An examination has two primary purposes: 1) It provides immediate medical care by treating injuries, offering information and 2) it serves as a means of collecting evidence.

- In Alabama, collection of evidence must be done within 72 hours of the assault, but law enforcement may request an exam after 72 hours. The Alabama Crime Victims' Compensation Fund will pay for the forensic exam. The survivor may incur some additional costs for other medical treatment.

### Reasons for Seeking Medical Care

The survivor may:

- Be in shock;
- Have internal and/or external injuries;
- Be concerned about sexually transmitted infections;
- Be concerned about pregnancy. Approximately 3-5 percent of rapes results in pregnancy;
- Need the collection and documentation of physical evidence for the prosecution's case, the police investigation, and for potential monetary compensation.

What advocates can do:

One of the biggest barriers clients perceive in seeking medical attention is uncertainty about involving law enforcement. Evidence must be collected as soon as possible. It is important to help survivors understand that in order to collect evidence a police report is *no longer required* so that the decision to prosecute can be made at a later time. It is typically better for the survivor to go ahead and file a report in the presence of the nurse and advocate so the client feels safe and only has to tell the story one time.

If the client decides to have the examination, the advocate may talk with the client during the examination to distract from the experience. The advocate should focus on neutral or positive experiences. This distraction may help the client relax and may make the examination go more quickly.

## The Examination

It is important to prepare the client as much as possible as to what to expect during the examination because this may be the first time the client has had a pelvic examination and it also may re-traumatize them. In most cases, a Sexual Assault Nurse Examiner (SANE) will perform the examination.

- Persons 14 years of age or older can consent to their own medical treatment. This means they can consent or refuse a sexual assault examination.
- Before the exam, clients should sign a consent form. Signing this form does not obligate the survivor to complete the exam. Survivors can decline any part of the exam they are uncomfortable with.

**Medical History:** A medical history will be taken. The SANE will ask questions about the assault, health history, menstrual history and use of contraception. Questions about the assault can include time, place, date of attack, number of attackers, threats of violence or reprisal, restraints used, whether the survivor douched, bathed, gargled, defecated, urinated, changed clothes, has used drugs or alcohol, experienced a loss of consciousness, if ejaculation occurred and its site, if a condom was used, if objects were inserted in to the vagina, etc.

**Blood Samples:** Blood will be drawn if the assault was suspected to be drug induced.

Examination: A examination for signs of internal injury and collection of any physical evidence left by the rapist may be done. Traces of semen may be detectable for 72 hours. At the SANE Facility, a colposcope is used to detect and photograph injuries. In rare cases, the SANE may use a speculum to aid in evidence collection.

Physical Evidence: If the client chooses to report the rape, a Sexual Assault Forensic Exam (SAFE) kit is used collect evidence. This includes collection of pubic hairs, head hairs, foreign matter on the body (which could include samples of the rapist's hair, blood or skin), the clothes worn at the time of the assault, and pictures of documentation of any redness, swelling, scrapes, bumps, bruises or other evidence of external injury.

Clothing: If client is still wearing clothing that was worn during the time of assault the client may be asked to leave it as evidence. In the majority of cases, the underwear will be collected and submitted in the evidence kit. Survivors are NOT required to leave their clothes, but we do encourage them to do so. ACVCC may reimburse the survivor for costs associated with purchasing replacement clothes.

- If client has clothing evidence at home, recommend that they separate the clothing and place each item in a separate **PAPER** bag and call police to collect it. Paper bags are used instead of plastic because paper bags allow the clothing items to dry completely.

External Injuries: A physical examination will be done to look for bruises, scratches, cuts and other external injuries. The SANE will typically take pictures of any visible injuries with the survivor's consent.

Sexually Transmitted Infections (STIs): The client may choose to receive antibiotics which can help prevent several of the most common STIs. At this time, we are unable to offer preventative medications for other STIs.

- The client should receive information for follow-up testing. This information is included in the Teal Folder that is given to the survivor after the exam.
- The risk of acquiring HIV infection from a sexual assault is low. The overall probability of HIV transmission from an HIV-infected person during a single act of intercourse depends on many factors. These factors may include the type of sexual intercourse (i.e. oral, vaginal, or anal); presence of oral, vaginal, or anal trauma; site of exposure to ejaculate; viral load in ejaculate; and presence of a STD.
- Remind the survivor that it's important to have protected sex for the next six months to a year in order to protect their partners and of course themselves.

## Alcohol and Drug Facilitated Assaults

There are a number of ways in which the use of alcohol or drugs may contribute to an act of sexual assault. The substance most frequently involved in sexual assaults is alcohol, which the survivor may consume voluntarily. In some cases the survivor may not be aware of the level of alcohol content in drinks provided by the perpetrator. Increasingly, cases have been reported in which a variety of drugs are used by offenders to further impair the ability of the survivor to prevent the assault. Rohypnol and GHB are the drugs most frequently referred to in this context but there are several dozen drugs that could be used for this purpose, many readily available in this country. The drug may be added to the survivor's drink without her knowledge or administered in a variety of other ways.

Clues to substance induced assaults may be if the client had been drinking alcohol and says their reactions were not in proportion to the amount of alcohol consumed or if they have no memory. The effects of these drugs can include drowsiness, impaired motor skills, dizziness, confusion, and amnesia. It is important to work from what the client remembers and prepare them for the possibility that they may not remember more.

If medical personnel, law enforcement, or the survivor have reason to suspect the use of a drug by the perpetrator, an advocate should discuss with the survivor the ramifications of any type of drug testing. No testing should occur without the survivor's informed consent specifically agreeing to drug testing.

There are two main issues for the survivor in making the decision of whether or not to consent to a test for drug facilitated rape. First, the drugs can be very difficult to detect. Reasons for this include the speed with which the drug leaves the body and the fact that for multiple reasons a survivor may not be tested within the ideal timeframe. For all sexual assaults, reporting may be delayed as survivors struggle with issues of self-blame resulting from stereotypes and misconceptions about sexual assault and with discomfort and embarrassment with going through the evidence collection process. Where alcohol and drugs are involved, the survivor may be unconscious or disoriented during the majority of the time that the drug is still in their system, or need time to piece together what happened to them or recover from the effects of the experience. Because of these difficulties in detecting the drug, there is a high probability that even if a drug was used the test will come back negative. This can be emotionally difficult for the survivor to hear and could potentially undermine the investigation.

The survivor may also be reluctant to consent to the test because of fears or concerns regarding the use of drugs unrelated to the sexual assault. Survivors may have a medical condition which they prefer be kept confidential, but if medications they are taking related to this condition show up on the drug screen the medical condition may become public and may be used by the defense attorney to discredit the survivor, thereby hurting her/his chances for a successful prosecution. Illegal drug use may have occurred completely separate from the assault - even weeks or months previously. These drugs may or may not still be detectable but the survivor may have fears related to potential detection, not knowing how sensitive the

test will be. Once detected by the crime lab this information could be used against the survivor. Although the sexual contact is a crime regardless of whether or not the drug was consumed voluntarily, the survivor may have legitimate fears related to this becoming public knowledge and other potential consequences of the detection of the illegal drug use.

An additional concern for the survivor who has voluntarily ingested illegal drugs is that engaging in felonious criminal activity may make the survivor ineligible for compensation through the survivors of crime compensation fund.

Information provided to the survivor should include:

1. Review of the types of drugs that will be detected by the test
2. Explanation of the factors that make drug detection difficult and clarification that a negative test result does not mean that a drug was not used.
3. Discussion of the possible consequences of a negative result, both emotionally for the survivor and regarding the status of the case.
4. Clarification that in a criminal case the results will be available to the defense and may become public knowledge, including results related to prescription drugs she may be taking for medical reasons and any illegal drugs she may have taken voluntarily, even if unrelated to the assault. This could also potentially lead to the release of other private information otherwise protected by rape shield laws, such as medical or mental health conditions.
5. Opportunity for the survivor to ask questions and discuss concerns related to the test.
6. Explanation regarding how she/he will be notified of the results of the test.

If the decision is made to test for drugs and the survivor has signed the consent form, a urine sample should be collected within 72 hours of suspected *ingestion* of the substance. The medical facility should contact law enforcement or the Department of Forensic Sciences to verify where to send the samples and in order to maintain the chain of custody. There is specific forensic testing which is necessary to detect single dose levels of the drugs used to facilitate rape. When conducting a full drug screen, the hospital should confirm that the laboratory is testing the urine and blood samples for: Benzodiazepines, Amphetamines, Muscle Relaxants, Sleep Aids, Antihistamines, Cocaine, Marijuana, Barbiturates, Opiates, Ethanol, GHB, Ketamine, Scopolamine, and any other substances that depresses the central nervous system. Not all laboratories are equipped for such testing.

## Sexual Assault Forensic Exam (SAFE) Kit

Medical personnel must follow very strict instructions when collecting evidence. The SAFE kit should be opened by the SANE in front of the survivor, and should not leave the SANE's hands. It should not even be left with the advocate or the client. The examiner is responsible for the chain of custody at all times. If you are in an emergency room, you may notice the

examiner reading the instructions during the examination. Assure clients that this does not mean the examiner does not know what he/she is doing, rather they are trying to ensure the validity of the evidence. Otherwise the kit would have to be thrown out and inadmissible in court.

The instructions found in the SAFE Kit can be found on the following pages.

### **STEP 1: SEXUAL ASSAULT INFORMATION FORM**

Use SANE Facility chart rather than information sheet enclosed in kit except for body and genital diagrams. Include these with your documentation.

### **STEP 2: FOREIGN MATERIAL, OUTER CLOTHING AND UNDERGARMENTS COLLECTION**

(May omit if clothing has been changed or if patient has bathed)

Gather each item of clothing with patient standing over paper sheet from Foreign Materials bag placed over clean sheet so as not to collect fibers or debris from the floor. Place clothing in paper bags and staple shut. Refold paper sheet in manner to retain any foreign material present and return to bag.

### **STEP 3: DEBRIS COLLECTION** (May omit if patient has bathed)

Collect any debris such as dirt, fiber, hair, etc. and place in center of paper. Dried secretions (use Wood's lamp) should be collected by lightly moistening the swabs with distilled water and thoroughly swabbing the area. Be sure to document where you found the foreign matter.

### **STEP 4: HEAD HAIR CUTTINGS**

Cut a minimum of 5 hairs from each of the following scalp locations: center, front, back, left side and right side.

### **STEP 5: FINGERNAIL SCRAPINGS** (May omit if no contact)

Using the plastic fingernail scraper provided, scrape the patient's nails (both hands) over the provided paper sheet.

### **STEP 6: ORAL SWABS AND SMEAR** (May omit if no oral contact)

Use 2 swabs simultaneously to swab the buccal area and gum line. Use both swabs to prepare one smear. If collecting oral swabs as DNA standard, make sure to document "Known DNA sample" on envelope.

### **STEP 6A: KNOWN DNA SAMPLE** (This MUST be collected with all patients)

Same as Step 6 unless there was oral contact only. The known DNA swabs can be collected from the vaginal vault if there was no vaginal contact.

**STEP 7: PUBIC HAIR CUTTINGS** (May omit if no pubic hair)

Cut 15-20 pubic hairs from various locations. This should include any matted hairs.

**STEP 8: PUBIC HAIR COMBINGS** (May omit if no pubic hair)

Using comb provided, comb pubic hair downward so that any loose hairs and/or debris will fall onto paper towel placed under patient's buttocks.

**STEP 9: GENITAL SWABBING**

Moisten the sterile gauze pad with distilled water and swab the external female genitalia and perianal area.

**STEP 10: VAGINAL SWABS AND SMEAR** (May omit if no vaginal contact)

Use 2 swabs simultaneously, carefully swab the vaginal vault. Repeat swabbing with 2 more swabs. Prepare a smear on the slide.

**STEP 11: PENILE SWABS AND SMEAR** (May omit if no penile contact)

Use 2 swabs simultaneously, carefully **swab** the glans and the shaft of the penis. Prepare a smear on the slide. Using the 2 additional swabs, simultaneously swab the scrotum area.

**STEP 12: RECTAL SWABS AND SMEAR** (May omit if no rectal contact)

Use 2 swabs simultaneously, carefully swab the rectal canal. Repeat swabbing with 2 more swabs. Prepare a smear on the slide.

**STEP 13: ANATOMICAL DRAWINGS**

Complete and add to SANE Facility chart

- **All specimens should be allowed to air dry using the swab dryer before placing them in the appropriate sleeve, slide holder, or envelope.**
- **Seal slide holders with one of the white round seals provided.**
- **Complete all information asked for on each envelope of collected specimens.**

- **Return all specimens except clothing bags to box. Place copy of SANE Facility chart, consent for exam, diagrams, in box and seal with red police evidence seals where indicated.**



## Common STDs

	Signs	Treatment	Possible Problems
Chlamydia	75% of infected people have no symptoms. May be a mild mucus-like genital discharge painful urination, pain in the testicles or abdomen.	Antibiotics	May lead to infertility in men and women.
HPV Infection (genital warts)	Warts are painless possibly invisible growths around genitals in men and women. Contagious even without symptoms.	Cryotherapy, laser or chemical treatment. Women must have regular PAP smears for recurrences.	Some cell changes, especially on cervix, can be precancerous. Recurrences are possible.
Genital Herpes	Sores around genitals or anus often with small painful blisters. Contagious even without symptoms.	Avoid sexual contact while sores exist. Acyclovir capsules or ointment may help symptoms, but no cure.	May contribute to cervical cancer and be transmitted to child during birth.
Crab Lice	Itching. Visible, moving lice in pubic hair and eggs (nits) attached to hair shafts.	Treatments to kill lice. Recent sexual partners should be treated if infected	None
Trichomoniasis	Vaginal discharge, discomfort during intercourse, abdominal pain, painful urination and itching in genital area. Men usually no symptoms or similar to women.	Infected persons and their partners are treated with antibiotics.	If untreated may lead to bladder and urethra infections.
Gonorrhea	Creamy pus-like penile or vaginal discharge, painful urination or no symptoms	Infected persons and their sexual partners must be tested and treated with antibiotics.	Untreated can cause arthritis, heart, and reproductive problems. Can be transmitted to child at birth.
Syphilis	Painless ulcers at point of contact (penile shaft, vaginal opening, or anus). Secondary stage may include rash, swollen lymph nodes.	Infected persons and their sexual partners must be tested and treated with antibiotics.	Untreated can affect brain, pregnancies, or even be fatal.

HIV and AIDS	Most people show no symptoms for many years but are still able to transmit disease.	New medications may slow down the course of HIV and prevent complications. Must be tested for HIV antibody.	Spectrum of conditions. People with AIDS experience unusual life threatening infections, cancers, and neurological problems.
Hepatitis B	Many people have mild or no symptoms. Persistent flu-like symptoms, jaundice.	Hepatitis B vaccination at initial exam & follow-up dose at 1-2 & 4-6 months.	Can cause permanent liver damage

## What to Do when You Arrive at SANE

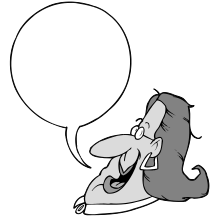
1. Before the survivor arrives, check SANE to make sure it's ready for the client. Check the bathroom to make sure it's stocked, make sure the client area is tidy and has tissues, a blanket, and referral information.
2. When the survivor arrives, introduce yourself to the survivor and explain your role. Let them know that you are there to offer information and support. Remind them that they may decline any or all of the examination or history taking/interview.
3. Check-in with client's feelings and needs at that moment. Remember **no food, drink, gum, smoke, or bathroom use** until after the examination unless medical personnel give permission.
4. Specific topics to discuss (no particular order - listen to client's needs and trust your instincts on timing):
  - What will happen during the examination (collection of evidence and speculum examination)?
  - Ask if they want to talk about what happened to them, help them *identify their feelings* as they discuss the details. **Listen and validate.**
  - What will happen with the police interview and court process?
  - Medication for sexually transmitted infections and follow-up testing.
  - Aftermath symptoms, emotions, and reactions.
  - Rape Response services (crisis counseling, criminal justice and legal advocacy, 24 hour hotline)
  - Domestic violence services or other community referrals as appropriate
  - Provide a Teal Folder to take home, and discuss contents. This folder includes important information about Rape Response and SANE services, important phone numbers, and referral information.
  - Be sure the client has information about how/who to follow-up with law enforcement.
  - Help them develop a plan to take care of themselves when they leave SANE:
    - Do they have a safe place to stay?

- Will they be around safe, supportive people?
  - What sorts of self-nurturing activities can they engage in?
5. Do something good for yourself.

## Crisis intervention

### A. Introduce Yourself

- Identify yourself only after you are sure you are talking with the person that requested services. Explain your role, agency services, and **confidentiality**. Allow them a minute to gather themselves – encourage them to take a deep breath.
- It might be natural for you to touch someone who is hurting, but this might be extremely frightening for someone who has recently been assaulted. Ask permission before touching a survivor.



### B. Acknowledge the assault and normalize feelings

#### 1. Acknowledge

- Thank the person for seeking services - acknowledge that this is sometimes very difficult to do.
- “I know you’ve been through a very difficult experience . . . Do you feel safe where you are now?”

#### 2. Believe

- If a client asks if you believe them, say “yes”. If you have doubts, reserve expression of those doubts until you can talk with **Rape Response** staff. **Under no circumstances** should you discuss the credibility of the story with law enforcement or other professionals even when the officer asks for your opinion. Your role is to support the survivor, not investigate.

#### 3. Normalize

- “It is common to feel like you’re going crazy.”
- “A lot of survivors I have talked to need \_\_\_\_\_, or feel \_\_\_\_\_, or experience \_\_\_\_\_.”
- Give information.
- “You might experience \_\_\_\_\_.”

### C. Aid client’s talking

#### 1. Use open ended vs. closed questions

- Use “what”, “how”, “tell me ...”
- Avoid “why”

#### 2. Door openers

- “Can you tell me more about ...”

- “Sounds like you’ve got something to say about this”
  - “How about that”
  - “I see”
  - “Oh”
  - “Really”
3. Encouragement
    - “I’m glad you came forward.”
    - “It takes courage to seek services.”
    - “Sometimes seeking help is the first step to regaining control of your life.”
  4. Partializing
    - Which one seems the most important?
    - Which one concerns you the most?
  5. Concreteness
    - What makes you think you can’t do anything?
    - Can you give me an example of when you felt like doing that?

D. Reflect client’s feelings

1. Reach for feelings
  - “That can really hurt.”
  - “That’s so frustrating / painful.”
2. Describe the behavior
  - “You sound angry.”
  - “Your voice is \_\_\_\_\_.”
3. Positive feedback
  - “You are surviving.”
  - “That took so much courage.”
4. Check to see if receiver understood.
5. Listen
  - ***Silence is okay and it is important to respect it. Silence may represent processing or gathering thoughts or even crying. Allow the silences.***

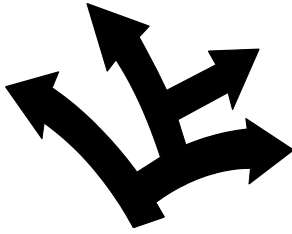
E. Acknowledge strengths - Help the survivor to understand that they are not to blame.

1. Discuss the reasons behind the guilt. For example, the survivor may think if they listened to someone’s advice or done something differently, they could have avoided the assault.
2. Point out the things they did to survive. For example, choosing to yell, talk, submit, fight back, etc was the right thing to do because the survivor is still alive.
3. Identify client’s coping mechanisms.
  - “How have you handled stress in the past?”
  - “What has worked for you?”
4. Determine client’s support network.
  - “Have you talked to anyone else about what has happened?”
  - “Is there anyone in your life that you would normally go to with a problem?”

- “Have you had to take some time off from work? How has your boss responded?”
- Always check with the victim before speaking with any family or friends about the details of the assault or what the victim has shared with you. Do not assume they would like you to share information with anyone.

## F. Create a course of action

### 1. Powerlessness vs. Empowerment



- Allow them to make decisions.
- Avoid giving advice. Assume the client has the strength / skills to gain control of life
- Use problem solving and goal setting
- Help client make small attainable goals.
- Give information.

2. Help client map out a plan for how to handle the most stressful or important aspect of the crisis and how you can help.
3. Specify next steps. What will client do? What will you do?
4. Raise the following issues if applicable and when client is ready to deal with them:
  - Medical exam
  - Police report
  - Remember to offer client medical and legal justice advocacy.

## G. Arrange follow-up

Let the client know that a counselor from Rape Response will contact them within the *next few days* to give additional information or answer additional questions. If they are alright with this, make sure that the number they gave the nurse is a good contact number, and if it's alright to leave a message. If they are not comfortable with a call, can staff send them some brochures in the mail? Does it need to be sent in plain envelope or is letterhead ok?

1. Also, encourage clients to call office to set up an appointment with a counselor if they are interested in ongoing counseling, want to talk more in person or just need more information.
2. Let clients know that they can call Rape Response any time (even months or years later).
3. Acknowledge that as life goes on survivors often find that they need to examine issues about the assault in different ways at different stages.
4. Give client a teal folder and explain the contents: resources, information about other services, information about Alabama Crime Victims Compensation Commission.

## Responding to a Survivor's Feelings

People cope with extraordinary circumstances to the best of their ability. No matter what anyone says or does, this experience will not simply go away. However, survivors can recover from the trauma and live productive lives. Survivors are able to use information about post-traumatic stress responses to help understand their experiences and reduce the impact of the traumatic event. The goal is management of psychological reactions, not elimination of reactions. The most appropriate way to respond to most feelings and behaviors is to actively listen and **normalize** their experience. All survivors of trauma have existing strengths and resources that are windows to recovery and healing. It is often not the lack of coping mechanisms, which create crisis, but rather, the lack of confidence in those coping mechanisms.

The following are additional responses you might find helpful. For all reactions, suggest finding a physical release for energy. Encourage exercise, regular sleep, and nutritional eating. Do not underestimate the value of overall good health. Also, let survivors know of Rape Response or another counseling center in their area for individual or group counseling when reactions are effecting their safety or interfering with daily living activities.

### If client experiences:

### Then:

#### **HYPERVIGILANCE**

- Help find ways to make surroundings feel safer (e.g. phone by the bed, propping something against doors/windows that will make a noise if opened).
- Help become aware of surroundings (the dangers that could present themselves and how to avoid them).

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#### **ANGER** (at “careless” people, probably including self.)

- Give some information on myths surrounding sexual assault.
  - Rape is a crime / no one has the right to rape.
  - Reaffirm that it was not their fault.
  - Encourage them to talk about feelings of guilt.
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**CONCERN ABOUT LOVED ONES**

- Find out if they can or would be willing to talk to their family or friends. Offer to role-play with the client about talking with loved ones.
- Inform client that friends/family can also utilize services.
- Validate fear. Put that fear in proper perspective (i.e. mother may tend to over-protect her kids).
- Help regain self-confidence by encouraging decision-making.

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**T R O U B L E SLEEPING**

- Get out of bed and do something else.
- Encourage them to sleep when they can.
- Write down thoughts.
- Create bedtime routine to provide comfort and security.
- Encourage the survivor to talk about assault during the day.
- Normalize.
- Inquire about sleep disturbances in the past. What worked or helped before?
- Help the survivor identify how they can feel safer.

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**DEPRESSION**

- Talk about anger, sadness, shame, guilt since these feelings are associated with depression
- Create plan to contact someone when there is a need to talk. Remind them that Rape Response is a 24-hour Hotline.
- Do something different (not a usual routine.)
- Brainstorm lists of things/activities that make the person feel good. Suggest he/she pick one daily.

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**WORRY** (about what others will think)

- Allow client to talk about it.
  - Suggest the survivor write down or draw thoughts & feelings.
  - Talk about society's reaction vs. their reactions to rape.
  - Talk about myths associated with rape and the actual facts to dispel those myths. Help clients identify their own beliefs/myths.
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**FEAR** (of strangers/  
places, feeling out of  
control)

- Encourage the survivor to go at their pace.
- Offer assistance and explain how you can help.
- Find out what they need from you/others.
- Provide physical contact only if requested and you are comfortable with it.
- Avoid close-ended questions.
- Focus on feelings rather than facts.
- Affirm that they are in control.

## Overview of Steps to Effective Crisis Intervention

A. Introduce yourself.	<p>Hello, my name is _____. I am an advocate with Rape Response.</p> <p>I am here to stay with you throughout the exam, answer questions and help you create a self care plan. Is there anything I can do to help you feel safe or more comfortable right now? <b>(do not give food, drink, or gum)</b>?</p>
B. Acknowledge the assault & NORMALIZE feelings	<p>I know you have been through a very difficult experience and you are probably having a lot of reactions.</p>
C. Aid client's talking	<p>What are you thinking about most now?</p> <p>Has anyone explained to you what's going to happen here during the medical exam?</p>
D. Reflect client's feelings.	<p>Sounds like you're feeling _____.</p> <p>I hear how _____ you were/are feeling about the assault.</p>
E. Acknowledge strengths	<p>How did you survive this assault? So you took care of yourself by doing _____.</p>
F. Create course of action.	<p>What are you planning to do about _____?</p> <p>Client: What should I do? Advocate: What options can you think of? Wait if the victim doesn't come up with an immediate answer. Remember, you are not responsible for the victim. Before offering any alternative you may have thought of, make sure the victim comes up with at least one first, if at all possible.</p>

## G. Arrange Follow-up

A counselor from Rape Response will contact you in a few days to see how you are doing, is that ok?

If not, would you like for staff to send you some brochures in the mail that may make what we've talked about clearer?

If you're not there, what message should be left?

This teal folder contains information about our services, what to expect in the coming days and weeks, information about other agencies, and information about the Alabama Crime Victims Compensation Commission.