

**Theoretical and Intervention  
Preferences of NYC Rape Crisis  
Counselors**

**Summer 2005**

**The New York City Alliance Against Sexual Assault**

## Introduction

This summer the New York Alliance Against Sexual Assault conducted a research study to identify the theoretical and intervention preferences of rape crisis counselors and service providers throughout the city. With this study, we hoped to determine the differences and similarities in the types of treatment provided, based on the type of agency and the type of client. In addition, we hoped to gain a better understanding of the interests, training, and needs of counselors in New York City. It is our hope that this report will serve as a collaborative tool, facilitating contact between counselors who have similar interests and/or concerns.

We conducted this study using a survey containing sixteen questions. The survey was distributed to eleven hospital-based rape crisis programs, and three community based programs. We received 14 responses. In addition, we conducted face-to-face in depth interviews with 8 counselors. These interviews were conducted to gather more in depth information about the preferences and needs of rape crisis counselors.

## Literature Review

According to the National Violence Against Women Study, 1 out of every 6 women in the United States experiences rape or attempted rape in her lifetime (Tjaden & Thoennes, 1998). In addition, the lifetime prevalence of physical assault by an intimate partner is between 25-30%. The consequences of rape and sexual assault are devastating. Rape and assault are more likely to result in PTSD than any other traumatic civilian event (Norris, 1992). Nearly every person experiences symptoms of PTSD immediately after a rape, and 47% of people develop chronic PTSD symptoms (Foa et al., 1991). In addition

to PTSD, 52% of childhood sexual abuse survivors become depressed (Boudreaux et. al 1998). Additionally, 42% of adult sexual assault survivors experience depression.

There are also issues of co-morbidity associated with rape and attempted rape. 49% of women with PTSD suffer from major depression and 28% succumb to substance use disorders (Kessler, 1995). Those with PTSD are three times more likely to have serious problems with alcohol and drug abuse (Resnick et al., 1993). In addition to issues of co-morbidity, another problem among rape survivors is revictimization. Nearly 40% of sexual assault survivors experience revictimization (Kilpatrick et al., 1992). Substance abuse, active PTSD symptoms, and depression increase the risk (Kilpatrick et al., 1997).

There are multiple philosophies and models used to treat survivors of sexual assault. The general models addressed in the survey include crisis intervention, psychoeducation, cognitive behavioral therapy, psychoanalytic/psychodynamic, client centered, substance abuse/addictions, feminist theory, creative therapy (art/play/psychodrama), somatic/body therapy, solution-focused therapy, and narrative therapy. There are also several short-term trauma models mentioned, as well as integrated models for trauma and substance abuse, and integrated models for trauma and mental health disorders (Please see below for a brief description of each model listed above, as well as for additional models.) Although each case is very different, the most effective interventions used for the treatment of PTSD are the prolonged exposure method (level A rating), stress inoculation training (level A rating), cognitive therapy (level A rating), cognitive processing therapy (level B rating), and EMDR (level A/B rating) (Hembree et al., 2003).

## Descriptions of Therapy Modalities and Philosophies

### GENERAL MODELS

- 1. Crisis Intervention:** Crisis intervention therapy aims to intervene as quickly as possible after the traumatic event occurred. The goals are to help the client clarify the event, minimize the use of destructive coping skills, and create productive coping techniques.
- 2. Psychoeducation:** This therapy involves the therapist teaching the survivor about the impact of trauma, common disorders associated with trauma, and ways to cope with symptoms.
- 3. Cognitive Behavioral Therapy:** Cognitive behavioral theory stems from the idea that people are characterized by how they think about the world, and that the way they think and interpret events leads to emotional responses. The goal of CBT in the context of rape crisis counseling, is to teach the client to identify and change irrational or dysfunctional thoughts about their rape that are causing negative emotions and reactions (Hembree et. al 2003).
- 4. Psychodynamic /Psychoanalytic:** Psychoanalytic therapy aims to uncover unconscious thoughts, emotions, and behaviors. Psychodynamic theory also focuses on uncovering repressed thoughts and emotions while focusing on the dynamics of the client's family.
- 5. Client Centered:** Client centered therapy, developed by Carl Rogers, is focused on the therapist establishing a warm, safe environment for the client, and providing genuine empathy. The therapist normally does not give advice.
- 6. Substance Abuse/Addictions:** Substance abuse therapy involves addressing the use of a substance such as alcohol or drugs as a coping method. The goal is to work through the addiction and develop more adaptive coping methods. CBT and 12-step programs are the most common approaches.
- 7. Feminist Theory:** Feminist theory aims to empower women by focusing on power disparities in relationships.
- 8. Creative Therapies:** Creative therapy involves using art, dance, and drama, to promote self-awareness, express trauma, aid communication, and facilitate change. These techniques are often used in survivors who have difficulty verbalizing their emotions (<http://www.mental-health-matters.com>)
- 9. Somatic/Body Therapies:** Somatic therapy a holistically orientated therapy that works to address the "bodily" memory of trauma by helping the client recognize where they are carrying physical tension ([www.inner-healing.com](http://www.inner-healing.com))

- 10. Solution-Focused Therapy:** Solution focused therapy seeks to establish goals and solutions to a client's problem that utilize the client's strengths. The client sets their own goals and is aided by the therapist through psycho education and interactive counseling.
- 11. Narrative Therapy:** Narrative therapy involves telling and retelling the story of a trauma in order to better understand it, and work through the problems associated with it.

#### SHORT TERM TRAUMA MODELS

- 12. Beyond Trauma: A Healing Journey for Women (Covington):** This is a gender-responsive integrated curriculum for trauma treatment and substance abuse. It involves psycho education, and focuses on developing coping skills (Covington).
- 13. Critical Incident Stress Debriefing (Mitchell & Everly):** This is a 7-phase group therapy designed to take place soon after a trauma occurs. During this process, clients go through the facts of their trauma, address their reactions and symptoms, and learn about stress reduction.
- 14. Cognitive Processing Therapy (Resick & Schnicke):** This treatment program combines cognitive therapy and exposure therapy. The cognitive component works to teach patients to identify and modify distorted thoughts. The exposure component consists of writing a trauma narrative and reading it repeatedly (Hembree et. al 2003).
- 15. Counting Method (Ochberg):** In this technique, the therapist counts out loud to 100 while the client focuses on their trauma. Afterwards, the trauma is discussed and worked through. This method works by linking the trauma to the security provided by the therapist's voice.
- 16. Dialectical Behavior Therapy (DBT) (Linehan):** DBT is based on the idea that some clients react abnormally to emotional stimulation and have a hard time returning from peak arousal to baseline. The goal of DBT is to teach methods to evaluate emotions and thus reduce life-threatening behaviors ([www.mental-health-matters.com](http://www.mental-health-matters.com)).
- 17. EMDR (Shapiro):** Eye movement desensitization and reprocessing involves the therapist asking the patient to generate anxiety producing images and thoughts while he or she elicits rapid saccadic eye movements by having the patient track the therapist's finger as it is waved back and forth. The belief is that eye movements override neural blockage of a traumatic event (Hembree et. al 2003).
- 18. Exposure (Foa & Rothbaum):** Exposure therapy was developed to help patients address their feared objects or situations through confrontation. In an exposure session, clients are instructed to use imagery, memory, and real life objects to

construct a vivid, anxiety producing image of a traumatic event, and are encouraged to remain in the anxious state until their fear of the event declines (Hembree et. al 2003).

- 19. Growing Beyond Survival (Vermilyea):** This is a self-management workbook for trauma survivors, that teaches empowerment and coping skills by helping clients understand their emotions and reactions. It can be used in individual or group therapy, as well as in a self-help capacity.
- 20. Guided Imagery (Naparstek & others):** Guided imagery is a self-directed relaxation tool that helps the survivor of a traumatic event regain control by reducing their anxiety and anger. It helps survivors confront traumatic memories using indirect symbolism and metaphors, and works to naturally elevate serotonin-like neuro-hormone levels (Naparstek, 2001).
- 21. The PTSD Workbook (Williams & Poijula):** This workbook helps clients understand PTSD and understand the symptoms plaguing them. It teaches coping skills and intervention approaches.
- 22. Somatic Experiencing (Levine, Rothschild, Ogden):** This technique is a short-term naturalistic approach to healing trauma. Somatic Experiencing involves using an awareness of body sensation to help people heal their traumas, rather than relive them (Levine).
- 23. Skills Training in Affective & Interpersonal Regulation (STAIR) (Cloitre):** This is a two-phase approach that works to help clients effectively regulate their emotions, and improve their interpersonal relationships.
- 24. Stress Inoculation (Meichenbaum & Kilpatrick):** Stress inoculation therapy is aimed at helping patients develop coping skills for stress management. Patients are encouraged to implement skills such as deep breathing, role-playing, and modeling, when confronting rape-related fears (Hembree et. al 2003).
- 25. Thought Field Therapy (EvTFT) (Callahan):** Evolving Thought Field Therapy is a mind, body, energy psychotherapy that involves alleviating negative emotions through activation of acupuncture points. The acupuncture meridians involved in the psychological issues are repeatedly tapped by the patients fingers in order to restore balance (TFT worldwide site)
- 26. Tapas Acupressure (Fleming):** Tapas Acupressure was developed in 1993 by an acupuncturist. It works to reduce stress by focusing ones attention on specific acupuncture points in the face and back of the head. It has been used worldwide for treatment of trauma (TAT site).
- 27. Traumatic Incident Reduction (Gerbode):** TIR works to alleviate the effects of trauma by having the client repeatedly “view” the traumatic event as if they were

watching a videotape. The goal is to replay the incident enough times so that the client no longer has negative emotions associated with it (Healing Arts <http://www.healing-arts.org/tir/>)

- 28. Visual Kinesthetic Dissociation & Trauma Pattern Release:** In this approach, the client is encouraged to dissociate from the trauma and experience it as if out of body.

#### INTEGRATED MODELS FOR TRAUMA AND SUBSTANCE ABUSE

- 29. Addiction and Trauma Recovery Integration (ATRIUM) (Miller & Guidry):** ATRIUM is based on the idea that trauma impacts the mind, body, and spirit, and is designed to intervene on all fronts. The program utilizes a 12-week curriculum, and integrates CBT, relational treatment, psychoeducation, and expressive activities (Finkelstein et al.)
- 30. Concurrent Treatment of PTSD and Cocaine Dependence (CTPCD (Brady):** This is twice a week, 16-session program designed for both men and women. It combines cognitive-behavioral techniques and exposure therapy to teach sobriety and coping skills (Najavitis)
- 31. Helping Women Recover: A Program for Treating Addiction (Covington):** The HWR program involves an integrated curriculum addressing trauma and addiction. The program includes 17 sessions designed to address the four modules of self, relationships, sexuality, and spirituality. The curriculum utilized expressive arts, relational theory, CBT, and a women's journal (Finkelstein et al.)
- 32. Seeking Safety (Najavitis):** Seeking Safety is a treatment manual based on the principles of safety and interpersonal treatment, and addresses cognitive, behavioral, interpersonal, and case management. This manual is based on present focused therapy and is designed for individuals with PTSD and substance abuse histories (Finkelstein et al.)
- 33. Substance Dependence PTSD Therapy (SDPT) (Triffleman):** This is a five-month, twice a week program with a "trauma-informed phase" and an "addiction focused phase." It teaches coping skills, and uses cognitive restructuring and in vivo exposure (Najavitis).
- 34. Transcend (Donovan):** This technique was developed for Vietnam veterans with PTSD and substance abuse problems. It involves 12 weeks of group therapy, rehab, skills development, and trauma processing (Najavitis)
- 35. Trauma Adaptive Recovery Group Education and Therapy (TARGET)(Ford):** This program involves a strength-based approach and works to reprocess emotions related to the trauma. It addresses substance abuse and PTSD, and teaches a step-by-step approach to overcoming PTSD symptoms (Najavitis)

**36. Trauma-Relevant Relapse Prevention Training (Abueg & Fairbank):** This program is based on developmental and learning models, and helps clients learn to cope with their trauma by developing effective mechanisms and skills. It is a three phase program (Najavitis)

**37. TRIAD (WCDVS):** Triad women's trauma manual is designed to treat women with issues related to trauma, mental health, and substance abuse. It is a cognitive-behavioral model with a primary goal of reducing psychiatric and trauma-related symptoms (Finkelstein et al.)

#### INTEGRATED MODELS FOR TRAUMA AND MENTAL HEALTH DISORDERS

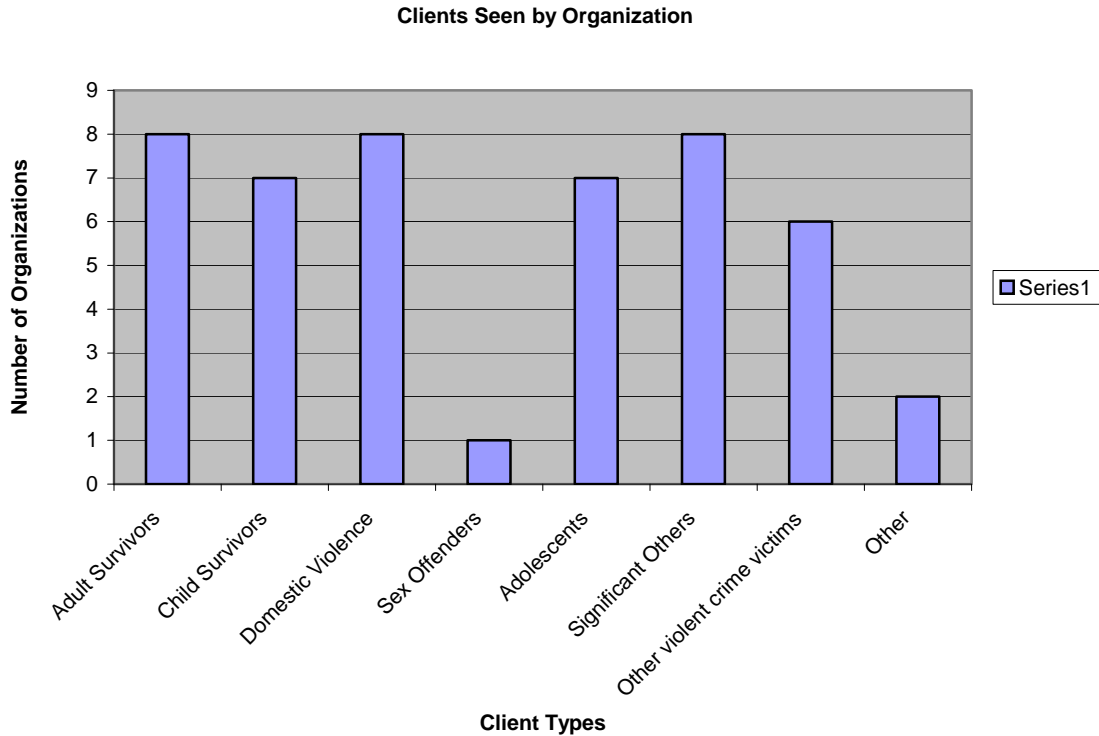
**38. Trauma Recovery and Empowerment Model (TREM) (Fallot, Harris):** This is a manualized group intervention program designed for trauma survivors with severe mental disorders. It covers 33 topics and focuses on teaching coping skills, establishing boundaries, and building relationships.

### Data Analysis and Survey

#### Demographics of Survey Respondents (Questions 1-5)

We received 14 responses from counselors from 8 organizations. 57% of the respondents were social workers, 36% were program directors/coordinators, and 7% were nurses. The years of experience among the respondents ranged from 2-25 years.

**Which of the following clients does your organization serve? (Question 6)**  
**GRAPH 1**



This graph shows the frequency of client type seen by counselors in each of the eight organizations that responded. The clients marked as “other” include GLBT rape and sexual assault survivors, and people affected by 9/11. As shown by the graph, the most common clients are adult survivors of trauma, survivors of domestic violence, and the significant others of trauma survivors.

**Types of Groups Led In The Past Year (Questions 7-8)**  
**CHART 1**

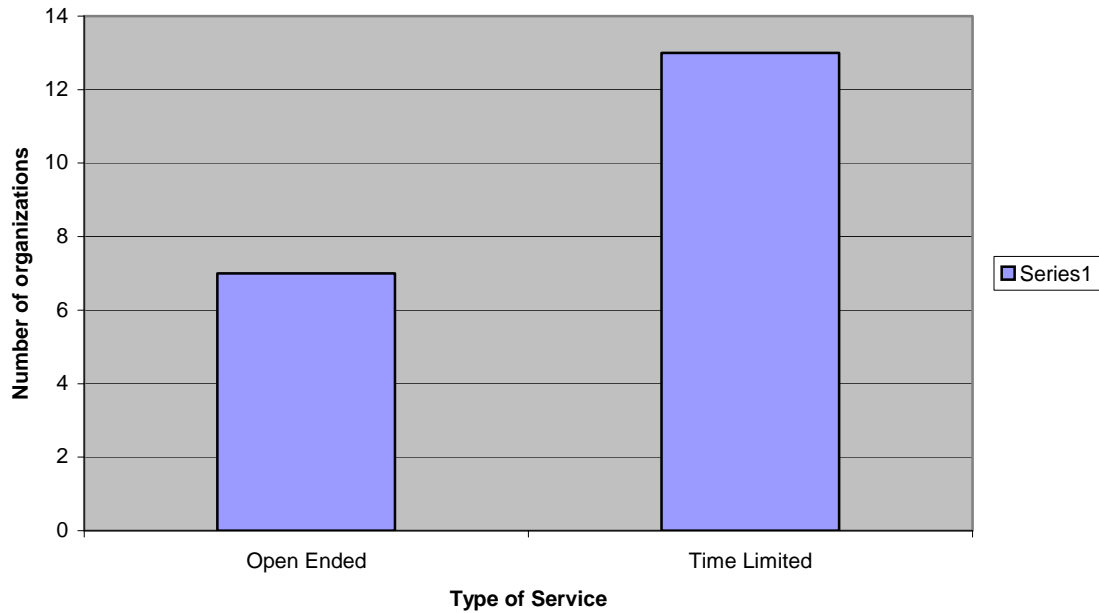
Type of Group	Length	Treatment Method Used	Manualized (y/n)?	Type of manual
Adult Female Survivors of childhood sex abuse (CSA)	12 weeks	Supportive therapy, psychoeducation, insight oriented, narrative therapy	No	
Long term group for adult female survivors of CSA	11 monthes	Supportive therapy, psychodynamic therapy	No	
Seeking Safety	12 weeks	Seeking Safety, integrated	Yes	Found in published book

		trauma/substance abuse		
Trauma and Recovery	12 weeks	CBT, coping skills, "telling story"	No	
Domestic Violence (in Spanish)	Bi-weekly year round		No	
Art therapy for survivors of CSA	12 weeks	Art therapy	Yes	Developed in agency
Transgender survivors of CSA	10 weeks	CBT	No	
Domestic Violence	12 sessions	Psychoeducation, problem solving	No	
Adult male survivors of CSA	2, 16 week groups		Yes	Developed in agency
Women's empowerment	12 week	Support and Psychoeducation	Yes	Developed in agency

The types of groups led by rape crisis counselors in the city are varied and unique, but are mostly focused on domestic violence, sexual assault, and childhood sexual abuse. There was a strong desire among respondents to start more groups based on their client's needs and their own intellectual interests. Ideas for new groups included more Spanish-speaking groups, coed groups for CSA survivors, movement therapy groups, a group for survivors of same-sex rape and assault, a group for teenage assault survivors, a group addressing eating disorders and sexual assault, and more groups focused on addiction.

## Type of Counseling Services (Question 10) GRAPH 2

Type of Individual Counseling Services

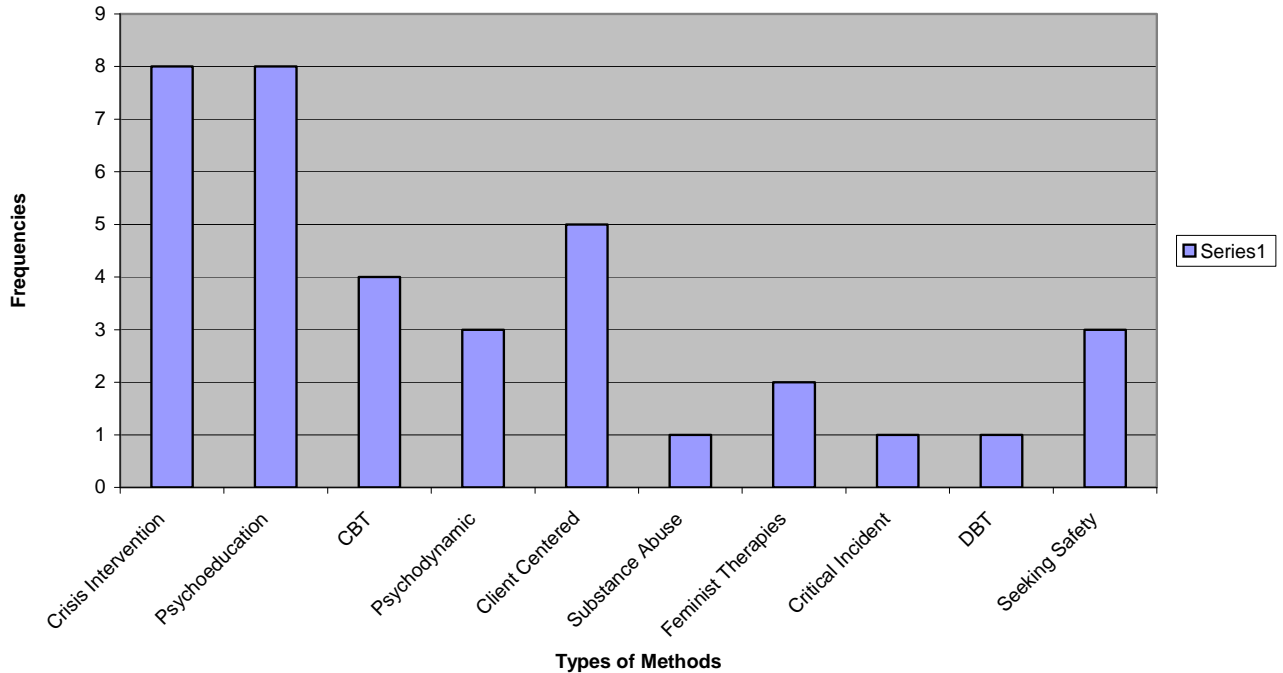


Of the fourteen respondents, 7 (50%) reported offering open-ended counseling sessions while 13 (93%) reported offering time-limited services. When broken down by organization, 3 three of the programs (38%) offer only time-limited counseling while 1(13%) program offers only time-limited.

## Training in Different Therapy Models

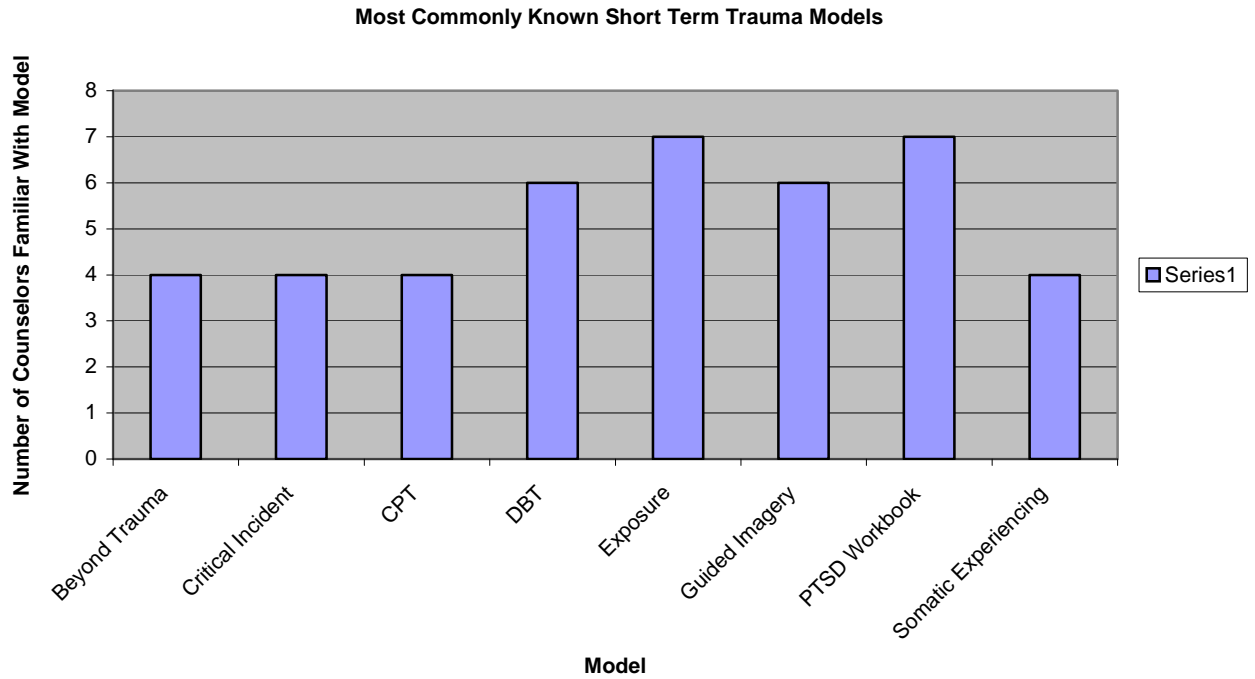
### GRAPH 3

Frequencies of Treatment Methods Counselors Indicated The "Knew A Great Deal About"



This graph depicts the frequencies of treatment methods that counselors indicated they “knew a great deal about,” a rating of “4” on the survey. Eight counselors (57%) knew about crisis intervention and psycho education. Five counselors (36%) were very familiar with client-centered therapy. Four counselors (29%) knew a lot about cognitive behavioral therapy, while 21% knew a lot about psychodynamic theory and the Seeking Safety model. Although counselors tended to know “a great deal” or a “fair amount” about general models of treatment, knowledge of the short-term trauma methods such as the exposure method or DBT were less common (A graph of the top 8 most commonly known short-term trauma methods is depicted below). With the exception of Seeking Safety method, counselors were not very familiar with the integrated models for trauma and substance abuse. Only one counselor knew “a fair amount” about integrated models for trauma and mental health disorders such as the TREM method. Summaries of each of the treatment modalities are provided earlier in the report.

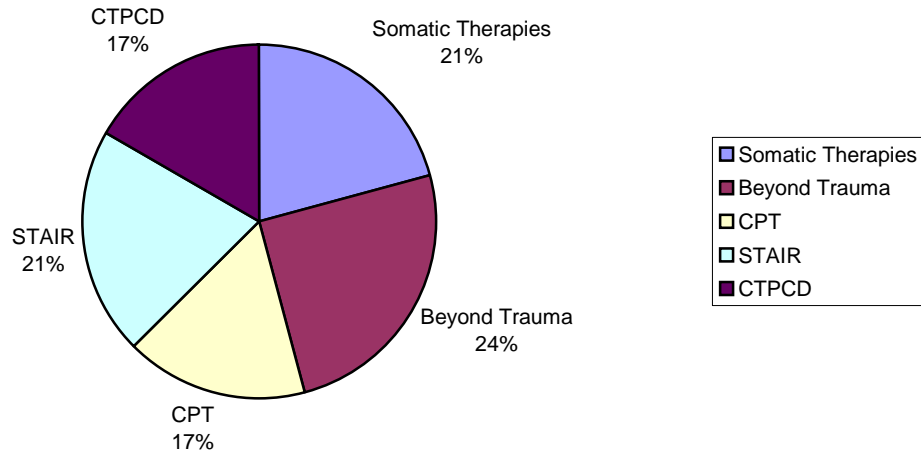
## GRAPH 4



This graph depicts the top eight most commonly known short-term trauma models among respondents. Seven counselors (50%) were familiar with exposure therapy as well as the PTSD workbook. Six counselors (43%) knew about DBT and Guided Imagery. Four counselors (29%) knew about Beyond Trauma, Critical Incident Stress Debriefing, CPT, and Somatic Experiencing.

## GRAPH 5

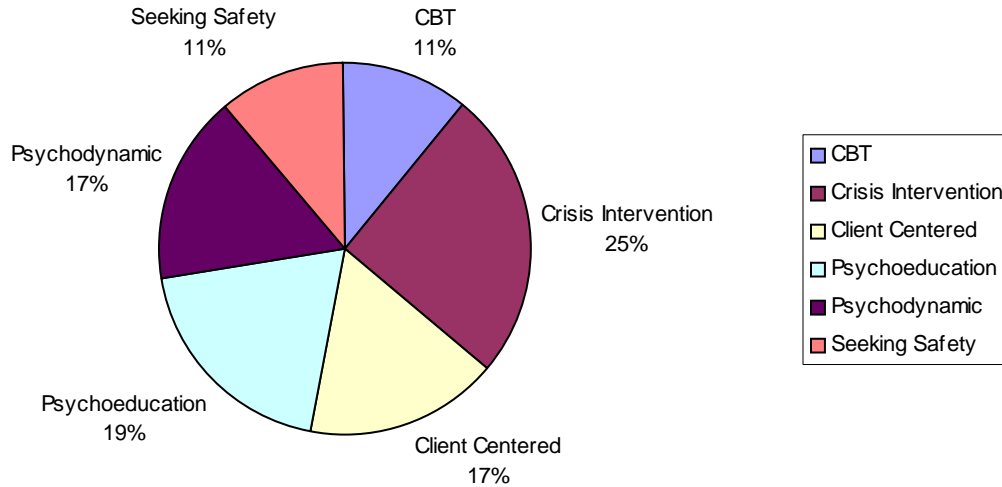
Want to learn more about



We also asked counselors which of the treatment methods they wanted to learn more about. The top ten treatment methods that counselors want to learn more about are depicted in the pie chart above. When asked which treatment method they wanted to learn more about, 24% of counselors said the Beyond Trauma method, 21% mentioned Somatic therapies, 21% said the STAIR method, 17% said CPT, and 17% said Concurrent Treatment of PTSD and Cocaine Dependence (CTPCD).

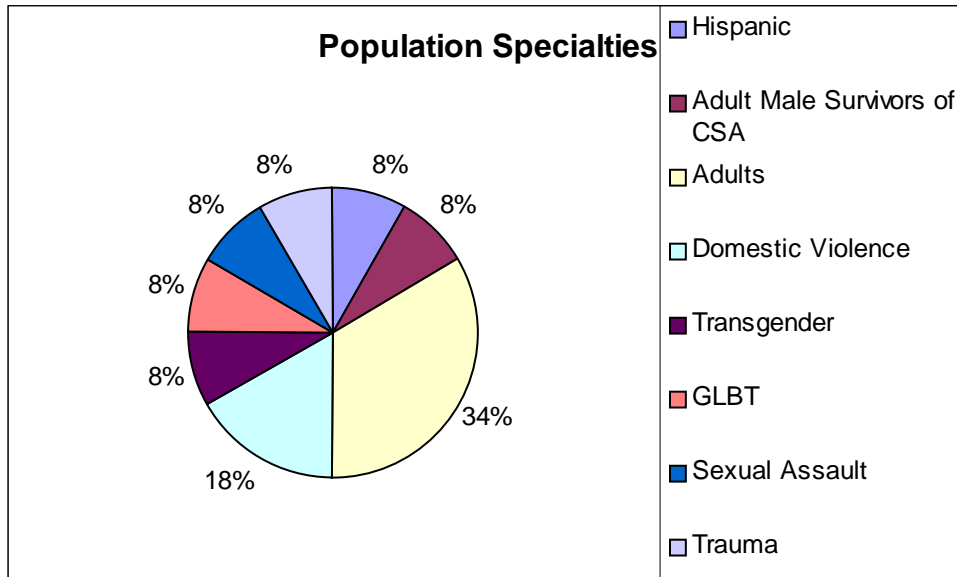
**Treatment Methods Used Most (Question 12)**  
**GRAPH 6**

**Treatment Methods Used Most**



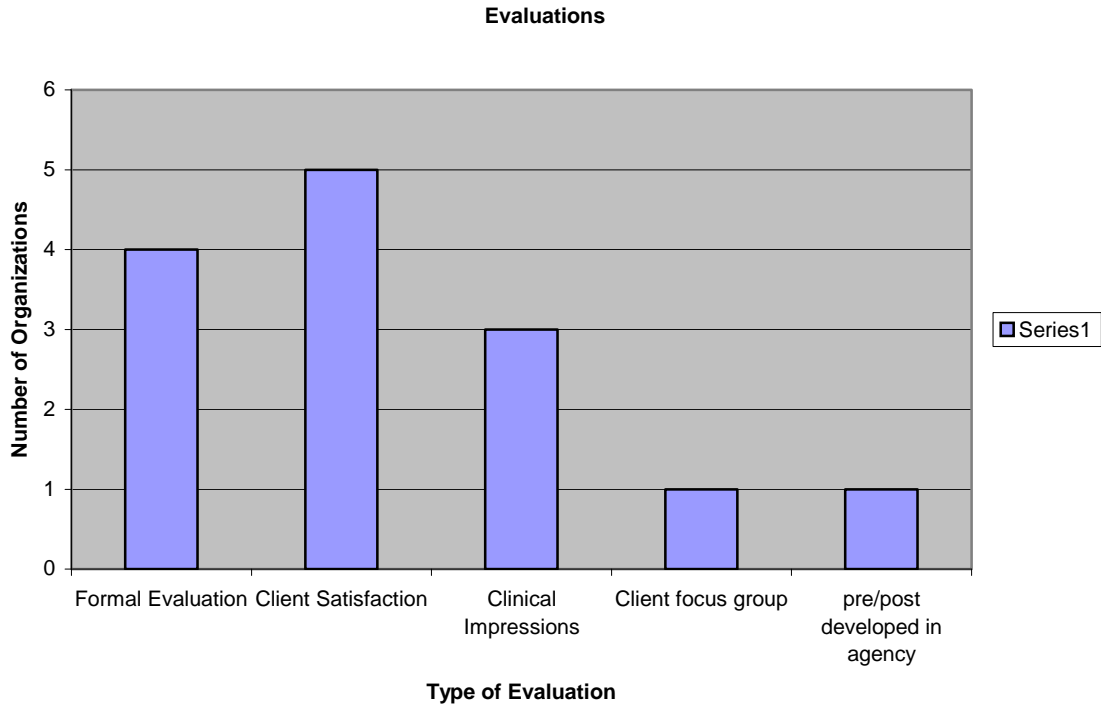
The pie chart above represents the preferred treatment modalities of the respondents. When asked what treatment methods they used most, 25% of the counselors said they used Crisis Intervention therapy, 17% indicated psychodynamic theory, and 19% used psycho education, and 17% used client centered therapy. Two respondents indicated that in addition to the treatment methods listed, they also used the RICH model and Judith Herman’s method. The RICH model is a component of Risking Connections: A Training Curriculum for Working With Survivors of Child Abuse. RICH stands for Respect/Information/Connections/Hope and is based on creating a therapeutic alliance, which empowers survivors to deal with their trauma while addressing the vicarious trauma of the counselor (a link to a website with more information on this method is listed in the resource guide). Judith Herman’s method of Trauma and Recovery is empowerment based and works to address the symptoms associated with PTSD.

**Treatment and Population Specialties (Questions 13-14)**  
**GRAPH 7**



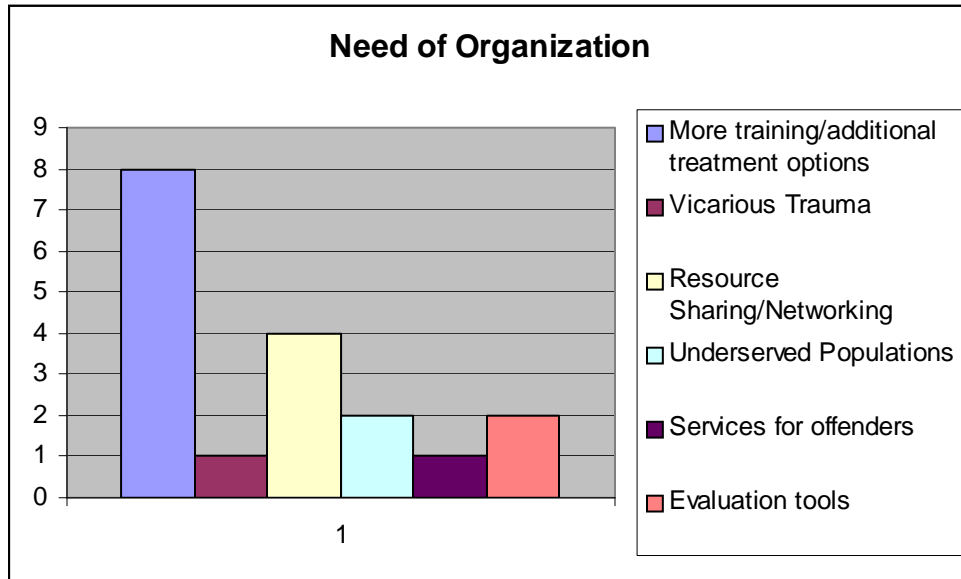
Of the fourteen counselors who responded, four indicated that they specialize in a particular treatment model. Twelve indicated that they specialized in counseling a particular population. Of those who specialize in counseling a particular population, four (34%) specialize in treating adults, while two counselors (18%) work with survivors of domestic violence. One counselor (8%) works with Hispanic survivors of sexual assault, one counselor specializes in treating adult male survivors of childhood sexual assault, and one counselor works primarily with the transgender population. Finally, one counselor specializes in treating GLBT populations, one works mostly with sexual assault survivors, and one specializes in treating trauma.

**Evaluations (Question 15)**  
**GRAPH 8**



Of the eight organizations that responded, when asked what type of evaluation method they used, 4 (50%) said they conducted formal evaluations, 5 (63%) used client satisfaction surveys, 3(38%) looked at clinical impressions, and 1 (13%) used a pre/post PTSD test developed in the agency, and 1 used a client focus group.

**Services Needed (Question 16)**  
**GRAPH 9**



The last question of the survey asked counselors what (other than money or staff) would be most helpful in improving their organization. Despite the diversity of the different programs, the desires were quite similar. The most common needs are for more training opportunities (89%), more resource sharing (44%), and better evaluation tools (22%). Specifically, one counselor noted the importance of expanding services to “underserved groups such as men, lgbt survivors, immigrants, Spanish speaking, [and the] disabled.” Another wanted to include “services for offenders” and “for significant others of survivors.” Several noted a desire to form a “deeper connection with other sexual assault service providers.”

### **Interviews**

Eight counselors from seven different organizations were interviewed in addition to filling out a written survey. The interviews contained questions about training, client population, treatment methods, evaluations, support groups, and vicarious trauma. The highlights of the interviews are detailed below.

#### **Training**

- All counselors interviewed said they received the majority of their specialized training in areas such as trauma or substance abuse on the job, rather than in school.
- Several counselors expressed the opinion that more training in how to integrate substance abuse treatment with trauma treatment would be helpful. One noted, “Staff who don’t come from substance abuse background are a bit afraid of it but need to [learn to] understand [it] as a compulsive behavior.”

- Most of the counselors interviewed expressed a desire for training in newer treatment methods and felt comfortable integrating them into practice. Several counselors mentioned EMDR as something they would like more training in, although cost and time were barriers. One counselor expressed a desire to learn more about neuro-psychomotor therapies. One counselor expressed a desire for more training and implementation of non verbal therapies, because “trauma is stored in different parts of our brains” so non verbal therapy “serves as a good complement to traditional [talk] therapy.”

#### Substance abuse and treatment

- Several of the counselors noted their desire to treat substance abuse and trauma concurrently, as opposed to referring a client out to a drug treatment program and having a mandated amount of “sobriety time” before trauma counseling could begin. These counselors pointed to the interconnection between trauma and substance abuse as the reason for their interest.

#### Evaluations

- Most programs do not conduct any formal evaluation.
- There is a desire for training on how to conduct simple, effective evaluations that are not too time consuming. One counselor mentioned a desire for “technical assistance” in how to conduct evaluations. Yet another wanted “someone to come in and implement” evaluations since time was so short already.

#### Vicarious Trauma

- There was strong agreement that vicarious trauma needs to be addressed more frequently and seriously. Although many counselors noted that it was talked about between staff or in one-on-one supervision sessions, everyone felt it was an important issue that deserves more attention, especially “among administration.”

#### What Does Your Program Need?

- Several counselors mentioned a need for better evaluation tools.
- Several counselors expressed a desire for additional training on treatment modalities. A few mentioned wanting to learn more about each of the methods listed on the written survey.
- Most counselors wanted more staff support for vicarious trauma.
- Several counselors mentioned expanding their programs to address the needs of more diverse populations (such as working with immigrants, the elderly, the disabled, and GLBT people).
- There was a strong desire for more communication and resource sharing between the different rape crisis programs in the city.

## Acknowledgements

We would like to thank the following organizations for their participation in our survey: Long Island College Hospital Rape Crisis Intervention/Victim's of Violence Program, Beth Israel Medical Center Rape Crisis & Domestic Violence Program, Mount Sinai Sexual Assault and violence Intervention Program, New York Presbyterian Hospital Domestic and Other Violent Emergencies Program, Saint Luke's Roosevelt Hospital Crime Victim's Treatment Center, St. Vincent's Catholic Medical Centers of New York Staten Island Region , St. Vincent's Hospital Rape Crisis Program, Safe Horizon, and The NYC Gay and Lesbian Anti Violence Project.

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## Resource Guide

(This guide provides links and information about websites that address current research on the treatment of rape and sexual assault survivors, as well as information on the different treatment modalities).

1. **The Department of Justice's Violence Against Women & Family Violence Page** (<http://www.ojp.usdoj.gov/nij/vawprog/welcome.html>): This website contains research as well as links to current research on violence against women. It also has information about funding opportunities and upcoming conferences.
2. **The National Violence Against Women Prevention Research Center** (<http://www.musc.edu/vawprevention>): This website contains statistics, research, recent articles, grant information, and advocacy information. There is also useful information on treatment modalities and evaluation methods.
3. **The International Society for Trauma Stress Studies** (<http://www.istss.org/resources/index.htm>): This website contains information on trauma, PTSD treatment options, and vicarious trauma.
4. **David Baldwin's Trauma Information Pages:** (<http://www.trauma-pages.com>). This site contains information about trauma and trauma support, as well as links to articles, search engines, and databases related to trauma.
5. **The Pilots Database:** (<http://www.ncptsd.va.gov/publications/pilots/>). Produced by the Department of Veteran's Affairs, The Pilots Database is an electronic index to literature about trauma and trauma stress. It is a free service.
6. **The National Center for PTSD:** (<http://www.ncptsd.va.gov/>). This site provides information, resources, and search engines related to PTSD and trauma.
7. **EMDR Institute Inc.** (<http://www.emdr.com>): This site provides information on the efficacy and use of EMDR. There are also links to training information and reference guides.
8. **The Foundation for Human Experiencing** (<http://www.traumahealing.com/index.html>). This website hosts Dr. Peter Levine's guide to somatic experiencing. It describes the theory behind SE, as well as the techniques utilized in practice.
9. **Emotional Freedom Techniques: A Universal Healing Aid** (<http://www.emofree.com>). This website explains the theory and practice of several EFT techniques such as guided imagery. There are learning tools and explanations of how to apply EFT to PTSD and rape crisis counseling.
10. **Thought Field Therapy Worldwide:** (<http://www.tftworldwide.com/meetbdb.html>). This website introduces the theory

and practice of Thought Field Therapy. It provides links to workshops, testimonials, and practice information.

11. **Tapas Acupressure Technique:** (<http://www.tat-intl.com>). This site explains TAT and has links to workshops, events, and free books. Also on this site are guides for TAT as well as videos of TAT being performed.
12. **Mental Health Matters:** (<http://www.mental-health-matters.com>). This site contains a database of different disorders, symptoms, and treatment methods.
13. **The Inner Healing Web Site:** (<http://www.inner-healing.com>). This site explains somatic therapy and contains links to books and workshops about it.
14. **Stephanie Covington's Web Site:** (<http://www.stephaniecovington.com>). This contains information about "Beyond Trauma: A Healing Journey for Women." There are articles, information about training and speaking engagements, and a link to The Center for Gender and Justice.
15. **The Healing Arts Site:** (<http://www.healing-arts.org/tir/>). This site provides information on Trauma Incident Reduction Therapy and its use in treating PTSD.
16. **Counselor: The Magazine for Addiction Professionals:** ([http://www.counselormagazine.com/display\\_article.asp?aid=oct04PTSDSUD.htm](http://www.counselormagazine.com/display_article.asp?aid=oct04PTSDSUD.htm)). This site contains a wonderful article by Najavits with summaries of techniques for treating PTSD and substance abuse disorders.
17. **Risking Connections Website** (<http://www.sidran.org/catalog/trrc.html>): This site explains the Risking Connections workbook and outlines the RICH method.