

SUPPORT GROUPS

RUNNING SUPPORT GROUPS WITH
SURVIVORS/VICTIMS* OF SEXUAL
AND GENDER BASED VIOLENCE

ENHANCING VICTIM
SERVICES PROJECT

SUPPORTED BY A VICTIMS OF
CRIME ACT (VOCA) GRANT:
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THE NJ ATTORNEY
GENERAL'S OFFICE

*Note: Both the terms "victim" and "survivor" are used in this document, as each individual who experiences sexual violence may identify differently throughout the recovery process.

INTRODUCTION

This guide was assembled by Rutgers University's Center on Violence Against Women and Children to support direct service providers and practitioners working with survivors of violence and abuse in the context of support group programs on campus. Although the fields of gender-based violence and victim assistance are very broad, this guide recognizes the flexibility and efficacy of a support group modality in assisting diverse groups of survivors across various agency settings and on college campuses. Specifically, it recommends providing survivors of violence and abuse with a trauma-informed, psychoeducational support group model because of its noted benefits for client populations with histories of trauma, social stigma, internalized shame, and compounded disempowerment. The guide's focus on trauma-informed group practices that foster trust and safety for students is a common thread throughout all of its recommendations, from decision-making on group composition and format to policies on confidentiality and inclusion.

For direct service providers and practitioners in the planning phase of services, this guide is meant to provide readers with an overview of select best practices from the field but is by no means a one-size-fits-all plan for all support group programs. It will highlight structural choices that practitioners can make in the planning process to promote healthy, cohesive, and therapeutic group processes while pointing out the types of considerations other support group programs have made in order to be responsive and sensitive to survivors' needs. The guide can also be used to quickly introduce new practitioners to the basic workings of support group structures and dynamics, as well as help them diagnose and address common problems encountered by group facilitators.

In recognition of both the availability of countless other support group resources and the noticeable gaps in evaluative research of support group programs with diverse client groups, this guide urges practitioners to use its content as a jumping off point that leads to further exploration of evidence-based best practices. Whenever possible, this guide can be used as a tool for program development, troubleshooting group issues, and in orienting new service providers, but it should not be the only source practitioners use in providing support group services to survivors.

To aid practitioners in their search for additional tools, handouts, and suggestions for best practices, this guide will also provide a list of support group resources and curriculums shared by other programs working with survivors of violence and abuse.



BENEFITS OF TRAUMA-INFORMED, PSYCHO-EDUCATIONAL SUPPORT GROUPS

The following section will discuss the unique challenges for survivors of sexual and gender based violence as well as the ways in which support groups are especially beneficial to survivors of trauma.

What are the unique challenges for survivors of sexual and gender violence?

For many survivors of abuse and trauma, processing and healing from experiences of victimization can be an intense and difficult journey. Not only are these events painful and disturbing for the survivors to remember, but they also cause considerable harm to a survivor's sense of safety, self-esteem, hopefulness, and overall psychosocial functioning. Internalized stigma and shame surrounding gender violence and sexual abuse can also add additional layers of distress to a survivors' experience, hindering their ability to trust others to understand their story. Some scenarios of interpersonal abuse may have long eroded survivors' support-seeking capacities, community ties, and recognition of real attempts at intimacy. As such, any therapeutic service that aims to promote healing and empowerment for survivors must also offer them safe, validating spaces and opportunities to create authentic human connections.

Why are support groups beneficial to survivors?

Although various pathways to healing exist for survivors of abuse and trauma, the support group modality can be very powerful and beneficial when used appropriately in practice. The support group setting gives victims the opportunity to safely disclose their experiences with peers who share similar emotions and a common purpose. Group members are able to validate and normalize victim experiences in many ways that a counselor or advocate cannot while reaffirming a survivor's hope in social acceptance. Through the offering of mutual support, empathy, constructive feedback and advice, group members practice and model for one another the components of healthy, reciprocal relationships. Members are also able to build their confidence and self-efficacy when they successfully apply learned skills and insights in helping other members or making meaningful changes outside of group (Yalom, Leszcz and Moly, 2005).

The increase in popularity of "trauma-informed" support groups has also demonstrated how an increased sensitivity to traumatic experiences is steadily becoming the standard of care for work with survivor populations. Whether they are survivors of physical abuse, sexual violence, intimate partner violence, and/or stalking, group members are likely to have experienced multiple traumatic events that have understandably left them feeling unsafe and powerless (Graham, Powell, & Karam, 2013). Trauma-informed practices promote a survivors' recovery from trauma by recognizing the impact of trauma on client functioning, addressing triggers for traumatic stress in group, and enacting service models that help clients feel safe and empowered (Elliott et al., 2005; Machtinger et al., 2015).

Overall, the impact of having a trauma-informed support group can be rather significant as it involves consistently relaying a message to group members that their voices, experiences, and healing processes matter. An evidence-based, trauma-informed approach also enables facilitators and staff to feel more confident and empowered in their work, knowing that they are not unwittingly re-traumatizing their clients. Some helpful guidelines for trauma-informed care, as well as tips for fostering safety and trust, will be discussed in greater detail in *Fostering Trust and Safety*.

A TRAUMA-INFORMED SUPPORT GROUP CAN HAVE THE FOLLOWING BENEFITS:

- 1** Provides a safe space for disclosure
- 2** Disrupts patterns of isolation and validates common experiences
- 3** Counters stigma and shame
- 4** Provides trust-building exercises
- 5** Encourages reconstruction of self-esteem
- 6** Reinforces support-seeking behaviors
- 7** Exposure to education and information exchanges
- 8** Creates opportunities for altruism and empowerment

Confidentiality, documentation, and legal responsibilities

The following section discusses issues related to promoting safety and trust through confidentiality, recommendations for implementing a confidentiality policy, proper documentation of support group activities, as well as under what circumstances one might be required to breach confidentiality.

Confidentiality

A major part of the work involved in promoting safety and trust with group members will come from both the thoughtful design and effective communication of the group's policies on confidentiality. Establishing clear, comprehensive agreements on confidentiality allows for group members to feel emotionally secure in their disclosure of personal details and experiences to a larger audience. Giving careful consideration to how often facilitators share and underline the group's confidentiality practices also helps to ensure that clients understand its role in the healing process as well as its importance to the facilitators.

For support groups servicing survivor populations, maintaining confidentiality is also a crucial component in protecting the physical safety of clients since disclosure of personal information may put some clients at higher risk for danger. Group members should be instructed to follow confidentiality guidelines outside of group and refrain from sharing any information about its proceedings to other people as a matter of personal safety. Facilitators should also inform group members that despite their best efforts to safeguard client information, confidentiality cannot always be guaranteed in a support group setting. Accordingly, group members should take care to not reveal any personal information that could potentially threaten their safety if leaked by a group member. In addition to educating group members about their obligations to protect group confidentiality, it is also important to make sure that all facilitators, staff, and any other collaborating parties sharing the group space understand their obligations to keep the group's membership, purpose, and location confidential.

Just as importantly, support group facilitators and staff should discourage practices that infringe on clients' rights to privacy but that are not necessarily covered by a confidentiality policy. Even amongst authorized support group staff and participating group members, it is appropriate to limit how many persons are able to access clients' private information. For instance, support group facilitators should avoid having group or one-on-one conversations with clients in unrestricted spaces that cannot protect the clients' privacy from prying eyes or eavesdroppers. Facilitators and staff members should also avoid discussing clients in areas that are not private, such as waiting rooms, hallways, lunchrooms, etc. Support group facilitators can also be mindful of client privacy by only requesting personal information that is relevant to the support group treatment and/or necessary for ensuring the safety of the client and others. Group members should be given the option to refuse disclosure of private information and should not be pressured by facilitators or other group members to disclose.

RECOMMENDATIONS AND SUGGESTIONS FOR IMPLEMENTING A CONFIDENTIALITY POLICY:

- 1** Be sure to communicate verbally and in writing all the client interactions and disclosures that will or will not be included in the group's confidentiality agreement. See Obligations to Breach Confidentiality below.
- 2** Ensure that communications and subsequent discussions about confidentiality occur at the beginning of work with clients and are revisited regularly throughout the duration of the group.
- 3** Ensure that all verbal and written communications about confidentiality are disseminated in a manner that is accessible and understandable to all clients.
- 4** Be mindful of how the support group collects and stores identifying information. Although attempts can be made to protect clients' privacy, such as by using first names only, certain data about the client (age, race, gender, address, etc.) can be identifying in combination or context.
- 5** Advise clients against disclosing any information related to the support group outside of group and against greeting other members outside of group without their permission.
- 6** Inform clients that they do not have to share certain information or details if doing so could put their safety at risk.
- 7** Advise clients to be mindful of confidentiality when making arrangements for transportation.
- 8** Consider whether the support group will institute a special policy regarding the use of cell phones or other electronics at group. For example, some groups that serve victims of stalking do not allow the use of devices at group that can be tracked by GPS.
- 9** Be transparent with clients about how the support group will respond to any breaches in confidentiality.

Documentation

Proper documentation of support group activities helps practitioners adhere to professional ethical codes for standards of practice, comply with insurance company requirements for billing, and protect themselves against malpractice claims. Although documentation is a necessary component of running any support group or therapeutic service, it is important to keep in mind special considerations when working with survivors of violence.

Like any other practice setting that handles sensitive personal information, it is imperative that all electronic or hard copy information regarding clients and group sessions is stored securely and cannot be accessed without proper authorization. In the case of clients with histories of abuse, this is not only part of the practitioner's ethical commitment to protecting their privacy but also as a matter of safety.

Record-keeping of group sessions and content should be kept as minimal as ethically and legally possible. There is always some degree of risk that support group documents can be subpoenaed and that any potentially stigmatizing information in clients' records can be used against them in court. As such, practitioners should document client participation and progress with the client's best interest in mind, recognizing that many abusers attempt to discredit their victims in court by unearthing any private mental health records.

Advise clients that in order for any confidential information to be released, they must provide the practitioner with their consent in writing. In the event that a client requests the release of confidential records to be used in court or to corroborate their receipt of services, the practitioner can instruct them to sign a release form specifying what information they wish to be released.

Obligations to Breach Confidentiality

To foster trust and transparency, clients should be informed during the initial communications about confidentiality that certain scenarios exist in which facilitators or staff are legally or ethically compelled to breach confidentiality.

- New Jersey state law makes it mandatory for any person having reasonable cause to suspect child abuse to report the information to the State Central Registry, 1-877 NJ Abuse (1-877-652-2873).*
- New Jersey state law regarding mental health professional's "Duty to Warn" charges them with the responsibility to report client activities if they are perceived to be an imminent threat to themselves or to others (N.J.S.A. 2A:62A-16).
- Other ethical obligations to breach confidentiality, such as the duty to report suspected abuse of an elderly person, may be voluntary but can still be conveyed to clients in the confidentiality agreement.
- Depending on client age and agency policy, it may be necessary to acquire a minor client's consent in order to communicate with parents about client activities or information.

To prevent any misunderstandings, clients must be briefed on the particulars of these scenarios and on what they can then expect to happen if facilitators or staff feel compelled to breach confidentiality. In some cases, informing the client beforehand of the intent to breach confidentiality may be appropriate. Discussing the situation and the reporter's legal obligations prior to contacting outside parties can provide the client with the opportunity to take control of the process and to engage in any necessary safety planning.

When working with survivor populations that are also members of a campus community, facilitators should inform clients of any university policies, such as those stemming from Title IX, which concern mandatory reporting of gender-based violence. Whereas many school employees are required by Title IX to report any information regarding incidents of alleged sexual or gender-based violence to the Title IX coordinator, a select group of school employees are designated confidential sources. Typically, confidential sources are school employees who provide or support the provision of counseling, advocacy, health, mental health, or sexual assault-related services to students and are exempt from the mandatory reporting requirement. If applicable, it is important that support group facilitators clarify their status and responsibilities under Title IX as early as possible during client engagement. Doing so can allow survivors to make informed decisions on which persons to disclose to and as well as give them an idea of what may happen after their disclosure.

Facilitators: Selection, Competencies, and Expected Challenges

The following section discusses the importance of the facilitator's role in conducting a support group with survivors of abuse and violence, the facilitator's responsibilities and required skills and tips for facilitating groups.

The Importance of the Facilitator Role

A large degree of the support group's success will depend on the facilitator(s) who leads it. Conducting a support group with survivors of abuse and violence requires that the facilitator come prepared with knowledge, skills, and experience in carefully navigating conversations about potentially traumatic experiences. They must perceive each client's roadblocks to healing and promote growth through productive group interactions. Most importantly, the facilitator is in charge of instilling hope in the healing process, creating a safe, therapeutic space, and assuring clients that the group modality is effective in its overall purpose. With such an important role to play in the maintenance of a support group, it is essential that facilitators hold a clear understanding of the competencies required to address all of their responsibilities. It is equally important that employers, supervisors, and co-facilitators give these qualifications significant thought as the facilitator selection process may represent the greatest investment in the group planning process.

Some of the competencies that are indicative of an effective facilitator include

- Knowledge about issues affecting survivors of abuse and violence
- Training or experience in working with a survivor population
- Strong organizational and communication skills
- Comfort with enforcing clear personal boundaries
- Confidence within a leadership role
- Empathy and non-judgmental presence
- Self-awareness about one's own weaknesses and strengths
- Passion and conviction in the power of the support group
- Solid commitment to ethical principles
- Ability to give compassionate, constructive feedback
- Capacity to work cooperatively with another co-facilitator
- Personal focus on self-care and self-awareness

Support Group Facilitator Responsibilities & Skills

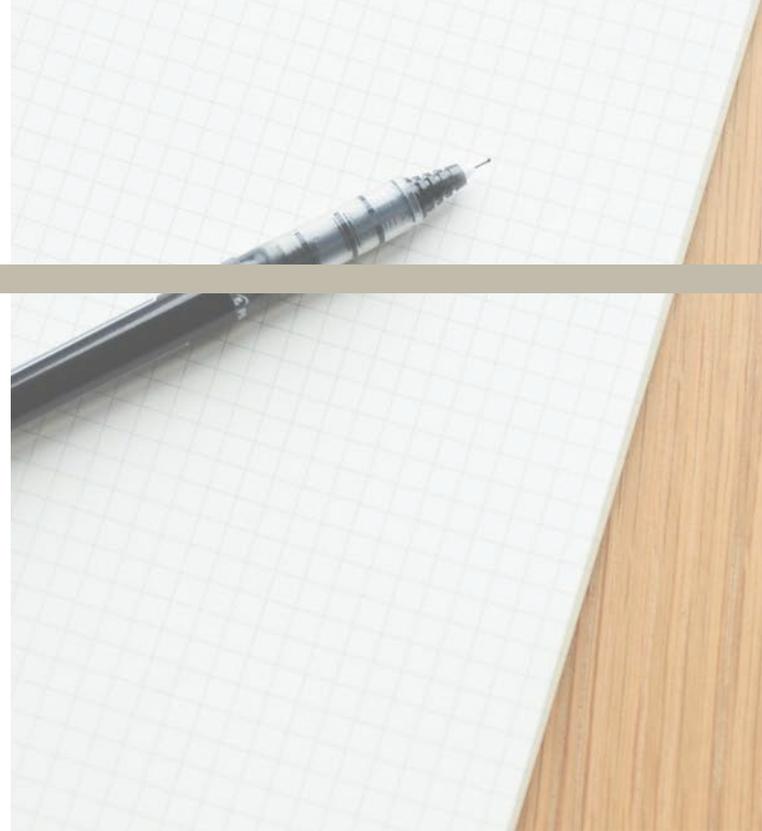
Many of the support group facilitator's responsibilities will be somewhat intuitive, such as making sure that group sessions operate on a regular basis by tending to logistical and organizational duties. These tasks may include maintenance of the meeting space, screening participants, tracking attendance, developing curriculums or session agendas, safeguarding confidentiality, overseeing diversity and accessibility, and evaluating group efficacy. Some of these tasks are further described in other sections.

However, the most important (and potentially most challenging) job of the facilitator is that of ensuring the group is sticking to the goals and objectives mutually agreed upon by the facilitator and group members. Depending on the purpose or goals of the group, the facilitator can play a wide range of roles with different levels of involvement. Whereas groups with psychoeducational components may call for facilitators to actively lead group discussions based on predetermined teaching points, a more traditional support group might entail simply guiding constructive, client-driven interactions. In all groups, the facilitator will be responsible for serving as a catalyst for positive change, establishing and maintaining a safe space, setting appropriate group norms, and for tuning in to any dynamics that may be unproductive for clients and the overall group healing processes.

If the selected facilitator is new to the role, it would be beneficial for them to receive training and/or assistance in developing necessary group leadership skills. Below are some common facilitation skills taken from "The Power of Social Connection: Developing and coordinating sustainable support group programs for survivors of sexual violence" (Graham, Powell, Karam, 2013) accompanied by examples of how they may be employed in typical group situations.

CONCLUSION

We hope this toolkit can serve as an individual and collective catalyst for wellness practice. Our commitment to the anti-violence movement necessitates a commitment to caring for ourselves, because we ourselves are valuable, and because it will allow our work to be sustainable. This commitment works best when integrated into the very structure of our organizational priorities, with leadership serving as a model, and with staff encouraged to take time out when needed to engage in self-care practice. The resources highlighted in this toolkit provide a starting point for your office to incorporate wellness activities when needed that can keep valuable members of the team ready to serve students in need. We intend for this tool to inspire positive and creative responses from those in this helping field to stay productive and balanced. It is the role of each person involved in service provision to identify and engage in self-care activities regularly to maintain an effective response to victims/survivors. Making this task a priority helps ensure that everyone is receiving the care they deserve.



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Appendix A

Example Wellness Initiative

Do an initial introduction of your Wellness Initiative by emphasizing the importance of prioritizing self-care in the workplace. How can your workplace culture become more conducive to self-care? Ask staff to complete the following worksheet to get a conversation going about self-care strategies:

Self-Care Basics.

<http://www.selfcareinsocialwork.com/wp-content/uploads/2013/03/WORKSHEET-2.pdf>

After completing this activity, ask questions such as:

1. What are some of the challenges your staff are experiencing?
2. What activities are your staff interested in participating in?
3. Does anyone have specific skills or areas of interest they would be interested in contributing?



Month



Wellness Theme: Mindfulness & Relaxation

Potential activities/resources to include:

1. You Really Need to Relax: Effective Methods.

<https://socialwork.buffalo.edu/content/dam/socialwork/home/self-care-kit/exercises/effective-methods-for-relaxation.pdf>

2. How to Practice Mindfulness.

<https://www.mindful.org/how-to-practice-mindfulness/>

3. A 5-Minute Breathing Meditation to Cultivate Mindfulness.

<https://www.mindful.org/a-five-minute-breathing-meditation/>

Encourage staff to use meditation apps throughout the month, and give them time to celebrate their outcomes during a staff meeting.

Month

Wellness Theme: Recognizing & Preventing Burnout

Potential activities/resources to include:

1. Are you showing signs of burnout?

http://www.headington-institute.org/files/testareyouburnedout2_edited_10092.pdf

2. What to do about burnout: identifying your sources.

http://www.headington-institute.org/files/what-to-do-about-burnout_edited_82038.pdf

3. Preventing burnout.

http://www.headington-institute.org/files/preventing-burnout_edited_81785.pdf

Encourage staff to incorporate some preventative activities into their monthly routine! This could include regular exercise, making sure they are getting 8 hours of sleep each night, etc. and give them time to celebrate their outcomes during a staff meeting.

Month

Wellness Theme: Practicing Self-Compassion

Potential activities/resources to include:

1. Kristen Neff - Resilience and Self-Compassion.
<https://www.youtube.com/watch?v=xyjLKgfV7Sk>

2. Professional Quality of Life Scale.
http://www.proqol.org/uploads/ProQOL_5_English_Self-Score_3-2012.pdf

3. Self-Compassion Journal.
<http://self-compassion.org/exercise-6-self-compassion-journal/>

Encourage staff to make regular entries into their self-compassion journal throughout the month, and give them time to celebrate their outcomes during a staff meeting.