



SEXUAL VIOLENCE AND TRAUMA

WHAT IS TRAUMA?

A traumatic event is defined as a person experiencing, witnessing, or being confronted with an event that involves actual or threatened death or serious injury, or a threat to the physical integrity of self or others. Examples include violence to self or others (such as domestic violence, child abuse, or physical assault), sexual assault, natural disasters, traumatic loss of a loved one, life-threatening accidents, war, or acts of terrorism. The emotional responses to a traumatic event may include fear, helplessness, and/or horror.

WHAT IS SEXUAL VIOLENCE?

Sexual violence is the use of sexual actions and words that are unwanted by and/or harmful to another person. Some common terms that are used interchangeably with sexual violence are *sexual abuse* and *sexual assault*.

Sexual assault is defined as any sort of sexual activity between two or more people in which one of the people is involved **against his or her will (meaning without consent)**. The sexual activity involved in an assault can include many different experiences. Women and men can be the victims of unwanted touching, grabbing, oral sex, anal sex, sexual penetration with an object, and/or sexual intercourse.

WHAT IS SEXUAL CONSENT?

Sexual consent is free and *active* agreement, given equally by both partners, to engage in a specific sexual activity. Consensual sex requires sober, verbal communication without intimidation or threats. A lack of communication or assuming that the person wants sex can result in rape or attempted rape. "Without consent" can mean that the victim is unable to say "no" to sex. A person is considered unable to consent when asleep, mentally incapacitated by alcohol or drug use (either legal or illegal substances), or when the person involved is under the age of 18 or mentally disabled.

Consent is not present when either partner:

- Fears the consequences of not consenting (including use of physical force)
- Feels threatened or intimidated.
- Is coerced (Sexual coercion is making someone submit to an unwanted sexual act by intimidating, threatening, misusing authority, manipulation, tricking, or bribing with actions and words).
- Says no, either verbally or physically (e.g., crying, kicking, or pushing away)

- Has disabilities that prevent the person from making an informed choice.
- Is incapacitated by drugs or alcohol
- Lacks full knowledge or information of what is happening.
- Is not an active participant in the activity.
- Is below the legal age of consent.

There are a lot of ways that people can be involved in sexual activity against their will. The force used by the aggressor can be either physical or non-physical. Some people are forced or pressured into having sex with someone who has some form of authority over them (e.g., doctor, teacher, boss). People can be bribed or manipulated into sexual activity against their will. Others may be unable to give their consent because they are under the influence of alcohol or drugs. In some cases, the sexual aggressor threatens to hurt the person or people that he/she cares about. Finally, some assaults include physical force or violence.

TYPES OF SEXUAL VIOLENCE

CHILD ABUSE AND INCEST

Child sexual abuse is defined as both contact and non-contact activities of a sexual nature that take place between an adult and a child, or between two children where one child has power over the other.

Incest is sexual abuse that is committed by one family member against another. Also called familial sexual abuse, incest can be committed by a parent, step-parent, guardian, sibling or other family member, or an unrelated person living with or treated as part of the family.

Stop It Now!, a non-profit organization dedicated to the prevention of child sexual abuse, provides this list of harmful contact and non-contact behaviors:

Abusive Physical Contact and Touching includes:

- Touching a child's genitals for sexual purposes
- Making a child touch someone else's genital or play sexual games
- Putting objects or body parts inside the vagina, in the mouth or in the anus of a child for sexual purposes

Non-Contact Sexual Abuse includes:

- Showing pornography to a child
- Deliberately exposing an adult's genitals to a child
- Photographing or videotaping a child in sexual poses
- Encouraging a child to watch or hear sexual acts

- Inappropriately watching a child undress or use the bathroom

COMMERCIAL SEXUAL EXPLOITATION

Commercial sexual exploitation involves paying someone for sexual activities, or for sexually graphic materials or behaviors. Forms of sexual exploitation include: stripping, prostitution, pornography, human trafficking (selling adults and children for sexual acts).

PROFESSIONAL SEXUAL EXPLOITATION

Professional sexual exploitation involves inappropriate use of sexual actions and words by professionals and volunteers that work within a helping context. Any sexual interaction between helping professionals and clients is sexually violating, even if the victim views it as consensual. Helping professionals are bound ethically and/or legally to not have sexual interaction with clients, patients, and others they serve. Examples of helping professionals include: counselors, pastors, doctors, therapists, lawyers, victim advocates, teachers, nurses, and social workers.

RAPE

Rape is unwanted, coerced, and/or forced sexual penetration. The perpetrator may penetrate the victim's vagina, mouth, or anus, either with a body part or another object. The victim also may be forced to penetrate the perpetrator's vagina, mouth, or anus.

RITUAL SEXUAL ABUSE

Ritual sexual abuse is an organized form of sexual abuse, frequently involving numerous perpetrators and victims. Groups who perform ritual abuse use their beliefs to justify their practices; the abuse is used to control and condition victims. Ritual abuse occurs regularly and/or in formalized or systematic manner, and often involves mind control, drugs, torture, child sexual abuse, rape, violent pornography, and prostitution.

SEXUAL HARRASSMENT

Sexual harassment involves unwanted verbal and sexual advances, requests for sexual favors, and other visual, verbal, or physical conduct of a sexual nature. Sexual harassment can also include: stalking, voyeurism ("peeping toms"), exhibitionism/exposing, and obscene comments and phone calls. Sexual harassment can occur in the workplace, school, and other settings such as public transportation, shopping malls, community events, social gathering, places of worship, and health care facilities. The perception of the victim, not the intent of the harasser, determines whether particular words or actions are harassing.

SEXUAL VIOLATION

Sexual violation involves the use of sexual contact behaviors that are unwanted by and/or harmful to another person but do not involve penetration. This can include touching or rubbing against a non-

consenting person in public (“frottage”), forced masturbation, and non-consensual touching of the breasts, buttocks, genitals, and other sexualized body parts by another person.

MYTHS ABOUT SEXUAL VIOLENCE

Myth: The victims of sexual violence are always women.

Fact: *Men, women, and children can be victims of sexual violence. Sexual violence can occur to anyone, no matter what their age, race, gender, sexual orientation, or social standing. Statistics show that one out of every four females will be impacted by sexual violence by the age of 18, and one out of every six males will be impacted by sexual violence by the age of 18.*

Myth: If a child was being sexually abused, he/she would tell someone right away.

Fact: *There are many reasons why children do not tell about abuse right away. Sometimes a child does not tell anyone about the abuse for a very long time. Children are often confused by the abuse, or they may have been threatened by their abuser. Even if a child is normally open, many children do not tell about abuse right away. If a child is abused by a biological parent, 55% do not disclose the abuse.*

Myth: Lots of people say that they were sexually assaulted when they never were.

Fact: *According to the FBI, only 2 or 3 of every 1000 cases of sexual assaults are “false reports.” It is not uncommon, however, for a survivor to say that the assault did not happen when it actually did. This may happen due to pressure from other people, fear of the perpetrator, etc.*

Myth: Sexual assault is an impulsive, uncontrollable act of passion. The victim is irresistible to the rapist.

Fact: *Sexual assault is an act of power and violence, not of sexual desire. The majority of rapes are planned. It is the vulnerability of the victim that attracts the sexual predator. Victims range from infants to the elderly. Anyone, regardless of age, gender, physical appearance, marital status, ethnicity, religious background, or social class can be a victim of sexual violence.*

Myth: Sexual assault occurs only in large cities.

Fact: *Sexual assault has been reported all across the country, in large cities and small towns. While more sexual assaults occur in large cities, this is only because there are more people in large cities than in rural areas. Survivors who live in rural areas may not have the same anonymity in a small town or access to services that he/she would have in a large city. Survivors in small communities may therefore be less likely to tell someone, report it to the police, or seek support.*

Myth: Most survivors of sexual violence were assaulted by a stranger.

Fact: *Most reported cases of sexual violence occur by a person that the survivor knows at least casually. In child sexual abuse, many times the abuse is a family member such as a parent, step-parent, aunt, uncle, grandparent, or sibling. In adult sexual assault, the attacker is usually well-known and trusted by the victim, such as a boy/girlfriend (or ex dating partner), family friend, close neighbor, or relative.*

Myth: Males are less traumatized by sexual violence than females.

Fact: *Many studies show that the long-term effects of sexual violence can be damaging for both males and females. Males may have more difficulty with society's unwillingness to accept that boys and men can be sexually assaulted, and that sexual assault for males can be traumatic. The belief that males should "tough it out" in silence can be damaging for boys and men and lead to prolonged suffering. It is important for male survivors to be supported by friends and family and to be encouraged to express their thoughts and feelings so that they can heal.*

Myth: Women are sexually assaulted when they are out alone at night. If women stay home they will be safe.

Fact: *Studies show that the majority of sexual assaults are committed in either the victim's home or the offender's home.*

Myth: Most rapists hide in dark alleys, waiting for a stranger to walk past.

Fact: *Once again, many sexual assaults occur in the victim's home or the offender's home. In many cases, the victim met the offender in a public place and then was forced into going with the offender to the place of the assault. It is also common that the attacker is well-known and trusted by the victim.*

Myth: Most sexual assaults involve a black man assaulting a white woman.

Fact: *In 93% of assaults, the rapist and victim are of the same race. In 3.3% of sexual assault cases, black men did rape white women, while in 3.4% of the cases, white men raped black women.*

Myth: Most males that are sexually assaulted are assaulted by homosexual males

Fact: *While many child molesters have gender and/or age preferences, many child molesters who seek out boys are not homosexual. They are child molesters. Heterosexual males are also more likely to sexually abuse older males. Again, many rapists report that the motive for the crime is not sexual gratification but having power and control over another person. The assault proves, in the offender's mind, that he is more powerful than the victim. Offenders can be homosexual or heterosexual (straight or gay), married or single, male or female.*

Myth: Most rapists are poor.

Fact: *Rape crosses all class lines. People have been sexually assaulted by doctors, lawyers, police officers, and other authority figures. Because of their social and financial positions, these offenders are not usually prosecuted for the acts of violence, and their actions are not often publicized. People in positions of authority can misuse their power to exert control over others.*

Myth: No person can be sexually assaulted against his or her will.

Fact: *Sexual assault is a crime of violence, not sexual passion. In many cases, some type of force is used (such as physical force or the use of a weapon). Often, the victim is threatened with death if he or she resists. Confronted with the fear of being beaten or killed, many victims do not attempt to fight an attacker. This is not giving consent; this is the victim doing what she/he has to do in order to survive the assault.*

Myth: Sexual assault is provoked by the victim. Victims ask for it by their action, behaviors, or by the way they dress.

Fact: *To say that someone wants to be sexually assaulted is the same as saying that people ask to be mugged or robbed. In fact, most sexual assaults are at least partially planned in advance and the victim is often threatened with death or bodily harm if he or she resists. Sexual assault is a violent attack on an individual using sex as a weapon. Sexual acts are used to defile, degrade, and destroy a victim's will and to gain control over his or her body. For the victim, it is a humiliating, near-death situation. No person would ask for or deserve such an attack. Victims of sexual assaults are of all physical types, appearances, genders, sexual orientations, and ages.*

Myth: Only “bad girls” get sexually assaulted.

Fact: Sexual assault occurs in all parts of our society. Most attackers choose their targets without regard to physical appearance or lifestyle. Victims are of every type, race, and age.

Myth: Rapists are crazy, deranged, abnormal perverts. They are lonely men without female partnership.

Fact: *Many rapists are married and have consensual sexual relations while also assaulting other men, women, or children. Rapists themselves do not describe their motivation in terms of sexual gratification, but in terms of hatred and gaining power over another person. Sex is used as a weapon to inflict violence, humiliation, and degradation on a victim. Sexual offenders come from all educational, occupational, racial, and cultural backgrounds. They tend to be different from the normal, well-adjusted male only in having a greater tendency to express violence and rage.*

TRAUMA REACTIONS

After a trauma, people often experience fear and anxiety. Sometimes these feelings occur after being reminded of the trauma, and at other times these feelings may come “out of the blue.” These feelings of anxiety and fear are reactions to the experience of a dangerous and life-threatening situation. Survivors may experience changes in their body, feelings, and thoughts because their view of the world and their feelings about their safety have changed as a result of the trauma.

There are three main categories of symptoms that many people experience after a trauma, and these symptoms are known as Post-Traumatic Stress (PTS) symptoms. Some people may not experience all of these symptoms after a traumatic event, and some people may experience high level of these symptoms and develop Post-Traumatic Stress Disorder (PTSD). Not all people who experience a trauma develop PTSD, but experiencing some PTS symptoms is common.

The first two categories of symptoms involve how fear and anxiety are experienced after a trauma. These feelings are often experienced in two main ways:

- 1) Re-experiencing the memories of the trauma
 - a. Frequent, sudden, and upsetting memories about the trauma, including images and thoughts about the trauma.

- b. Repeated distressing dreams about the event.
 - c. Feeling or acting as if the traumatic event were happening again (such as reliving the trauma through flashbacks).
 - d. Strong mental and emotional pain when presented with people, places, or things that are reminders of the trauma. These reminders are also known as “triggers.” Triggers may include certain places, certain times of the day, certain smells or noises, or certain objects, people, or situations.
 - e. Strong physical reactions when presented with reminders of the trauma (such as shakiness, chills, fast heart beat, etc).
- 2) Feeling keyed up, jittery, or always alert and on the lookout for danger (also called hyperarousal)
- a. Problems falling asleep or staying asleep
 - b. Problems concentrating
 - c. Feeling “overly alert”
 - d. Being startled very easily
 - e. Angry outbursts or being irritable

A common way that people try to decrease anxiety and distress associated with trauma is to try to avoid places, people, or other reminders of the trauma or to try to distract themselves. These are some ways that survivors may avoid reminders in order to cope with the trauma:

- 1) Trying to avoid thoughts, feelings, or conversations that remind the survivor of the trauma.
- 2) Trying to avoid activities, places, or people that remind the survivor of the trauma.
- 3) Not being able to remember important details about the trauma.
- 4) Not enjoying or participating in activities that the survivor once enjoyed.
- 5) Staying away from friends and family
- 6) Feeling numb or having difficulty expressing feelings.

Common Thoughts that occur after Sexual Violence

Survivors often have problems with difficult thought patterns due to their experiences, such as taking more responsibility for the assault than they should. Survivors might also try to explain why the assault happened using unreasonable logic, such as the manipulative explanations that their abuser used. These thoughts are not silly, stupid, or unimportant, but it is important that they are replaced gradually with healthier ways of thinking.

Common Thoughts Survivors May Have:

Shock and Uncertainty

- Shock is often the first response after assault occurs, but it may come later as well. At times the sense of shock may feel paralyzing, and can make progress in coping difficult.
- Uncertainty is often seen as denial, such as trying to pretend the assault did not happen or trying to minimize its effects. This is viewed as unhealthy and avoidant.

- Both shock and uncertainty serve important protective and coping purposes, especially if there is a history of previous trauma. But these thoughts should be used for protective and coping purposes temporarily, not long-term.

How to help a survivor with shock and uncertainty:

- *Be gentle and supportive when helping the survivor accept the reality of what has happened.*
- *Do not force the survivor to “face reality” before he/she is able to do so.*
- *Do not assume that shock and uncertainty mean that the survivor is not able to understand what happened or that he/she will have these thoughts forever. Realize that the survivor is having these thoughts for a good reason.*
- *Help the survivor to understand what happened in a gentle, safe, supportive, and gradual way.*

Sense of Shame and Disgrace

- Feeling “different,” dirty, or worthless
 - This is common for men and women, as well as adults and children, but it may be more common in adolescents, the elderly, and males.
- Survivors of trauma often think that there must be a reason they were assaulted, and that if they can figure out the reason they can prevent it from happening again. This may allow the survivor to feel a sense of control over the situation. While this reasoning may seem illogical, it may be strongly felt by the survivor.

How to help a survivor with a sense of shame and disgrace:

- *Tell the survivor that it is common and normal for him/her to feel this way, but that you do not see him/her as different or shameful. It is important that you challenge this feeling.*
- *Always treat the survivor with respect, and never treat them as if they are less important than other people.*
- *Find readings, movies, or other resources that tell other survivors’ stories and show that survivors are normal people.*

Problems with Thought Processes

- Poor concentration, “spacing out” (also called dissociation), unwanted thoughts about the trauma, and/or being unable to think of anything other than the trauma.
- Often problems with thought processes occur in response to a “trigger” or something that reminds the survivor of the trauma. This trigger may be obvious, or the survivor may not realize that he/she has been triggered.
- These types of problems may have a big effect on the survivor’s daily functioning and interactions with other people. These problems must be dealt with quickly so that additional problems (such as loss of job, relationships, and risky behaviors) can be avoided.

How to help a survivor with thought process problems:

- *Tell the survivor that problems with thoughts are common after an assault and that they are NOT “going crazy.”*
- *Be aware of potential triggers and help the survivor come up with plans for healthy ways to cope with triggers.*
- *Talk to the survivor about their thought problems in a gentle and non- judgmental way and suggest things that might be helpful.*

Negative Outlook/Change in the Way the Survivor Views the World

- Feeling that the world is not a friendly or safe place.
- Survivors may become cynical and negative after a trauma. This can be frustrating and disturbing to family, friends, and colleagues.
- This reaction is even more common if this is not the first trauma that the person has experienced.

How to help a survivor with negative outlook problems:

- *Do not try to force the survivor to be positive, happy, or optimistic – he/she has a reason to feel skeptical.*
- *Recognize and tell the survivor that there are terrible things in the world, but remind him/her of some of the good things. Support the survivor by saying that he/she has the right to feel negatively about the world, but also talk to the survivor about the positive parts of his/her life and the world.*
- *Point out and encourage any positive things that the survivor says or does. For example, being a role model, speaking out about sexual violence, being willing to pursue legal action, volunteering, helping others in a support group, etc.*
- *Use humor when appropriate, this can help bring laughter and joy to a negative situation.*
- *Be aware of signs of depression or suicidal thinking.*

Increased Anxiety and Overprotection of Others

- Survivors often feel that both they and the people they care about are at higher risk for being harmed again.
- This anxiety is understandable, but may be taken to extremes and cause problems with children and spouses, especially if the survivor becomes so overprotective that he/she tries to limit others.

How to help a survivor with increased anxiety:

- *Help the survivor to see the difference between “common concerns” and things that he/she may be over-sensitive to because of the assault.*
- *Help the survivor develop plans to allow loved ones to let the survivor know they are okay when doing things that create anxiety. For example, text messaging or calling the survivor to check-in.*

- *Help the survivor to gradually allow others more freedom as he/she becomes more comfortable. Support and encourage a plan for gradually lessening the overprotective behaviors.*

Loss of Trust

- Many survivors feel a great sense of loss of trust.
- Survivors may feel a loss of trust in themselves, such as not trusting their own judgment, or feeling that they missed the signs that might have warned them of the assault.
- Survivors may experience a loss of trust in others as a result of the betrayal experienced by the assault.
- While loss of trust is understandable, it can be extremely damaging to a survivor's functioning, coping, and healing.

How to help a survivor with loss of trust:

- *Show the survivor that you trust his/her judgment, for example by asking his/her opinion, praising good decisions, and asking for his/her thoughts on important decisions.*
- *Help the survivor name one person that he/she can trust with at least one piece of information.*
- *Tell the survivor that it is healthy to have different levels of trust for different people in his/her life, and that it is okay if he/she feels different levels of trust with different friends and family members.*
- *Be honest and reliable in your interactions with the survivor. DO NOT make promises that you may not be able to keep. ALWAYS follow through with what you say you will do.*

Common Feelings That May Occur After Sexual Violence

After an assault, survivors may have many different feelings that may feel powerful and different from other feelings that they have had in the past. It is important to know what feelings are common for assault survivors, and that it makes sense that survivors feel the way that they do. It is also important to know that these feelings are important. Survivors might find it difficult to do some of the daily activities that they normally do because their feelings are so strong at times. If these feelings continue to be intense for more than a few weeks or if they interfere with daily functioning and relationships, it is important for the survivors to see a therapist to help them with their feelings.

Common Feelings Survivors May Have:

Anxiety

- Extreme worry or fear, beyond what is considered "normal." For example, worry or fear that interferes with daily functioning and creates uncomfortable physical symptoms (headache, racing heart, sweating, muscle tension, etc).

How to help a survivor with anxiety:

- *Help the survivor find ways to feel safe and support his/her attempts to relax.*

- *Listen to the survivor and encourage him/her to talk about worries and fears.*
- *Be kind and understanding towards the survivor's feelings. Be gentle when trying to help him/her so that you do not increase fear and worry.*

Depression, Sadness, and Grief

- Depression is extremely common among survivors of sexual violence. Feelings of sadness and hopelessness can be severe and overwhelming. Depression may result in suicidal thoughts and attempts, or other risky behaviors (see behavioral response section).
- Grief can occur due to the survivor's loss of control, loss of trust in others and the world, loss of self-confidence, and loss of happiness and well-being.

How to help a survivor with depression, sadness, and grief:

- *Talk to the survivor about the signs of depression and grief.*
- *Take suicidal thoughts seriously and immediately contact a Rape Crisis Center for professional help if the survivor shows suicidal thoughts or behaviors. If you are concerned about the survivor's immediate safety, call 911 or take him/her to the Emergency Room immediately.*
- *Listen and encourage the survivor to talk about feelings of depression and grief.*
- *Remove guns, other weapons, and potentially deadly substances (such as pills and poisonous substances) to reduce risk of the survivor acting on their suicidal thoughts.*
- *Take these feelings and expressions of grief and depression seriously.*

Guilt

- Survivors often feel guilty for having somehow caused the violence. This is actually a way to take back a sense of control and a sense that future assaults can be prevented.
- Survivors may also feel guilty for causing their family and friends' pain and suffering, for having changed, or for not being able to do or enjoy certain things.

How to help a survivor with guilt:

- *Listen to the survivor talk about his/her feelings of guilt without rejecting them as irrational. Rejection of feelings can make the survivor feel less of a sense of control and leave him/her feeling more vulnerable.*
- *Help the survivor label his/her strengths and understand that what she/he did at the time of the assault was the best decision at that time.*
- *Keep telling the survivor that only the perpetrator is truly responsible for the violence, even if risky behaviors were involved.*
- *Recommend support groups to help the survivor see that victims are not responsible for the assault.*

Shame

- Feelings of shame can be intense and overwhelming for survivors. Feelings of shame can lead to withdrawal, isolation, worsened depression, and/or suicidal thinking.

- Even though shame may seem irrational to an outsider, it is very real and often debilitating for a survivor.

How to help a survivor with shame:

- *Always treat the survivor with the utmost respect.*
- *Be open, non-judgmental, and matter-of-fact when talking about sexual violence – do not avoid it.*
- *Remind the survivor that sexual assault is a crime of power.*
- *Allow the survivor as much control as possible over information related to the assault.*

Anger

- Anger can be beneficial, especially as a motivator, as a counter to depression, and by helping the survivor not to take full responsibility for the violence.
- Anger can also be troublesome, especially if the survivor shows his/her anger through physical aggression, self-injurious behaviors, attempts at revenge, or if it worsens depression.

How to help a survivor with anger:

- *Listen to the survivor when he/she wants to talk about feelings of anger and rage. Let the survivor know that these feelings are normal.*
- *Talk about how anger can be a helpful response if it is coped with in healthy ways.*
- *Help the survivor identify possible ways to cope with anger, such as physical exercise.*
- *Find out who or what the anger is directed at and whether there is any plan for revenge.*
- *Take threats against self and others seriously and take necessary steps to protect the survivor and others if needed.*
- *Help the survivor find legal and non-violent ways to express and release anger.*

Common Behavioral Responses to Sexual Violence

Changes in behavior, or the way a person acts, are often the most noticeable response to sexual violence. Although the actions may be understandable, they may still be problematic in the survivor's life and should be taken very seriously. These behaviors can and will improve over time with professional interventions and support.

Common Behavioral Responses:

Increased Awareness and Sensitivity to Surroundings

- Increased awareness of the surroundings is a survivor's way of trying to regain control and attempt to decrease the risk for any additional trauma.
- Many survivors show a super-increased awareness and constant monitoring of the surroundings. This is also known as hypervigilance. For example, the survivor may be always on the lookout for danger, may show checking behaviors (such as checking the locks on their doors

to make sure they are locked), or may be more afraid of being in the dark because they cannot monitor their surroundings.

- Many survivors also become more sensitive to being startled by unexpected sights, sounds, and touches. For example, he/she might visibly jump when hearing a loud noise or being touched on the shoulder. This is also called “exaggerated startle response.”

How to help a survivor with increased awareness and sensitivity to surroundings:

- *Talk to the survivor about these responses and remind him/her when they occur that they are normal responses to trauma.*
- *Give the survivor as much control over his/her environment as possible, for example: where they sit in a room, whether the door is open or closed, etc.*
- *Avoid sudden movements and actions as much as possible.*
- *Be sensitive to possible places or situations that might remind the survivor of the assault.*

Sleep Problems

- Some survivors might sleep too much, especially during the day; or
- Some survivors might not be able to sleep (insomnia).
- Some survivors might show a change in sleep schedule, such as staying up all night or sleeping all day.
- Some survivors might not be able to sleep in a certain place, such as having to sleep in a chair in the living room rather than sleeping in a bed.

How to help a survivor with sleep problems:

- *Tell the survivor that sleep problems are a common response to trauma and recognize that it is serious and distressing to the survivor.*
- *Help the survivor develop good sleep habits, such as setting up a regular time to go to sleep and wake up, creating a bedtime routine, avoiding things that will make the problem worse (such as caffeine, scary movies, or anything upsetting at night).*
- *Encourage the survivor to eat healthy foods and exercise regularly.*
- *Encourage the survivor to use relaxation techniques, such as deep breathing, yoga, and doing relaxing activities before bedtime.*
- *Discourage the use of substances as sleep or waking aids (such as alcohol or energy drinks) as these may worsen sleep problems.*

Avoidance, Isolation, and Withdrawal

- Avoidance, isolation, and withdrawal can be physical, emotional, or mental. For example, not going out of the house, not answering the door or phone, missing work or school, feeling emotionally numb, using drugs or alcohol to avoid painful thoughts or feelings, avoiding friends and family, feeling disconnected from mind and body, etc.

- Many times the avoidance, isolation, and withdrawal are experienced as mental and emotional, such as a feeling that even though the survivor is physically present, his/her mind is somewhere else and he/she isn't really connecting with the surroundings.

How to help a survivor with avoidance, isolation, and withdrawal:

- *Gently talk to the survivor about isolation.*
- *Be neutral and non-judgmental.*
- *Help the survivor identify the people and activities that are most comfortable.*
- *Help the survivor develop a plan for getting out and/or seeing at least one person (outside the household) each day.*
- *Help the survivor find a local Rape Crisis Center or other sexual assault resource agencies, hotlines, support groups, or Internet resources.*

Eating Problems

- Over-eating – some people use food and eating as a way to cope. This may include uncontrollable (compulsive) eating.
- Under-eating – some people lose their appetite or desire for food. This may become an eating disorder, such as anorexia or bulimia.
- Eating problems may be connected to a desire to change appearance, as some people believe that becoming heavier or thinner will decrease their chances of being assaulted again.

How to help a survivor with eating problems:

- *Talk to the survivor about the importance of nutritious food for feeling well emotionally.*
- *Remind the survivor that sexual violence is a crime of power, and looks usually have little to do with it.*
- *Help the survivor make a plan for healthier eating over time, for example by eating small meals throughout the day, finding healthy snacks, etc.*
- *The survivor may need professional help if he/she is showing signs of the following: significant weight gain or loss, attempts to hide the eating problems, purging behaviors such as excessive exercise, vomiting, or using laxatives, feeling as if the eating problems are beyond his/her control. Eating disorders are dangerous and can be life-threatening. It is important to find professional help for the survivor if they are showing symptoms of an eating disorder.*

Aggressive Behavior

- Aggressive behaviors are often used as a way for a survivor to try to feel a sense of control over his/her situation, including control over other people.
- Aggressive behaviors may be physical, such as hitting, kicking, or destroying property. Or verbal, such as yelling, provoking, threatening, or putting down others.
- Aggressive behaviors may be directed at self, other people, animals, objects or property, or a combination of these things.
- Aggressive behaviors are especially common in child, adolescent, and male survivors.

- Sexually aggressive behavior can occur, but is more common in children and adolescents.

How to help a survivor with aggressive behaviors:

- *Do not ignore the aggressive behaviors – acknowledge them in a matter-of-fact and non-judgmental way.*
- *Make sure you have clear, consistent, and firm boundaries and rules – avoid yelling and hitting back. Use physical contact only if needed for protection.*
- *Help the survivor identify other ways of feeling in control. Give choices that he/she may use to feel more in control.*
- *Encourage the survivor to exercise daily in order to relieve his/her tension.*
- *Do not connect the behavior to the sexual violence, as this is only helpful later when the survivor feels safer and more in control.*
- *The survivor needs professional help if aggressive behaviors involve sexual aggression towards animals, or fire-setting behavior. Contact law enforcement if there is a danger to self or others.*

Self-Injurious Behavior

- Sometimes survivors do things to themselves that are harmful, such as picking at their skin, cutting themselves, or hitting/banging their bodies.
- This is often seen in children and adolescents, but can also be seen in adults.
- Sometimes self-injurious behavior involves risky behaviors, such as behaviors or situations that may leave the survivor vulnerable to additional harm.

How to help a survivor with self-injurious behaviors:

- *Acknowledge the problem and its seriousness – this will not go away on its own. Without help, self-injury can lead to serious medical problems or death.*
- *Help the survivor find a Rape Crisis Center or other experienced Mental Health Professional.*
- *Help the survivor identify when the self-injurious behavior occurs and find other ways to cope with the thoughts and feelings that lead him/her to self-injure. For example, discuss other ways to express emotions such as talking with a trusted person, writing in a journal, or using art music, dance, or even exercise as an alternative release.*
- *Make sure that knives, scissors, and other harmful items are not available to the survivor.*

Substance Abuse

- Using legal and illegal substances (such as illegal drugs, prescription medications, and alcohol) may become a problem for survivors as they try to self-medicate and numb their feelings.
- Prescribed medications can be very beneficial, but survivors should work with experienced health care providers so that prescription medications are taken properly.
- Taking too much medication and using other substances can lead to increased avoidance, numbing, depression, anxiety, and addiction.
- Substance use can also increase a sense of powerlessness.

How to help a survivor with substance abuse problems:

- *Talk with the survivor about the painful and difficult feelings he/she is experiencing without minimizing them.*
- *Help the survivor find a Rape Crisis Center, other therapist, or medical provider experienced in treating both substance abuse and trauma.*
- *Support the survivor's efforts to avoid using substances and help him/her find different ways to cope with thoughts and feelings.*
- *Explain that withdrawal from or suddenly stopping the use of substances may make their symptoms worse.*

Extreme Changes in Appearance

- *Changes in appearance may include changing hair color, cutting hair, getting piercing and tattoos, and changing the types of clothing usually worn.*
- *This may be seen by the survivor as a way of protecting him/her self from future assaults.*
- *While these changes may not be harmful, sometimes the survivor may regret these changes later (especially tattoos) and these changes may add to the survivor's problems with poor self-image.*
- *Extreme physical changes may also be a sign of more complicated feelings of powerlessness.*

How to help a survivor that makes extreme changes in appearance:

- *Help the survivor identify ways that they can protect themselves in better ways, such as taking a self-defense class, creating a safety plan, etc.*
- *Help the survivor make a plan for making extreme changes in a way that involves a waiting period between the time he/she decides to make the change and the time that he/she actually makes the change in order to give him/her more time to think about the decision.*

Changes in Sexual Desire and Behavior

- *Changes in sexual desire and behavior may be seen as a lack of interest in or avoidance of both sexual and non-sexual intimacy (for example, avoiding physical touch including hugging, holding hands, kissing, etc.)*
- *Some survivors may show an increased interest in intimacy or sex, or may become sexually promiscuous.*
- *Sexual problems may not become an issue until adulthood for children and adolescents who have been sexually abused.*

How to help a survivor who has changes in sexual desire and behavior:

- *Talk to the survivor about how these changes may be a part of his/her reaction to the assault.*
- *Help the survivor find appropriate health care for birth control and safe sex information.*
- *If you are a romantic partner of a sexual assault survivor, help the survivor identify ways to become more comfortable with intimacy. For example, going more slowly in intimate situations and letting him/her know that saying "no" or "stop" is okay and that you will respect that.*

PASAC Services

All services at PASAC are free and confidential. We serve people of any age & background. The Purchase Area Sexual Assault Center provides services for children and adults, and males, and females. Survivors can receive our services regardless of whether they decide to file a police report or press charges against their abuser. We are here to listen, to help survivors express their thoughts and feelings of anger and fear, as well as to guide survivors to regaining control over their lives again. These are the types of services we provide:

- A 24-hour helpline where survivors can speak to a trained volunteer or staff member in times of crisis. The helpline number is: 1-800-928-7273
- Crisis counseling can be arranged at any time with a trained volunteer or staff member.
- Victim advocacy services are provided for both children and adults. Victim advocates can meet a survivor at the hospital, interact with law enforcement on a survivor's behalf, come with the survivor to court proceedings and legal meetings throughout his/her assailant's arrest and trial.
- Specialized therapy, such as individual, group, family, couples, play therapy, trauma-sensitive yoga, and psychoeducation are provided. All therapy is performed by professionals trained in trauma-specific therapy practices.
- Support groups for survivors of rape, childhood sexual abuse, and incest.
- PASAC staff can help survivors find additional resources and make referrals if necessary.
- Victim advocates can also help with Victim Compensation Claims.
- PASAC also offers free professional training to any group, but specializes in law enforcement, medical, and legal presentations.
- The Center staff also offers free prevention education classes for elementary, middle, and high school students, as well as college classes and adult groups.

How Therapy Can Help

Therapy can help with the many different symptoms that have been explained previously in this booklet. Therapy can help reduce symptoms by helping survivors learn to understand the how trauma effects them and how to cope with their symptoms in healthy ways. In therapy, survivors learn that their reactions are normal. By regaining control and a sense of safety, survivors can rebuild their lives. With help and support, survivors can accept the sexual violence as a part of their life which has not been forgotten, but which no longer controls their thoughts, feelings, and behaviors.

What to Expect in Therapy:

Many survivors have concerns about starting therapy, such as fears about talking about what happened and experiencing more PTS symptoms. Trauma therapy is structured so that traumatic information is discussed gradually, over time. The therapist first spends time getting to know the client, and allowing the client to become more comfortable in the therapy setting. The therapist will then talk to the survivor about PTS and common effects of trauma. The therapist will teach the survivor important healthy coping skills during the first several sessions, such as relaxation skills, feelings identification, and self-care skills.

Therapy is made to fit each individual's needs. Once the client is able to use healthy coping skills to handle difficult thoughts and feelings, the therapist and client will decide together if the client feels ready to begin talking about thoughts and feelings about being sexually assaulted. Once again, talking about or doing art projects about the sexual assault are done in a gradual way so that trauma processing does not become overwhelming. Trauma processing helps the client stop avoiding painful thoughts and feelings and learn how to cope with them. Discussing trauma issues can be difficult at times, and there are no guarantees with therapy, but many clients feel relief and freedom when able to talk about the trauma in a safe and supportive place. After trauma processing, the client and therapist work together to make plans for life after therapy, such as identifying support systems, ways to continue using healthy coping skills, ways to continue to feel safe and in control, etc. Therapy is empowering because the therapist and client identify the client's strengths and together are able to see the growth, healing, and change that occurs throughout the therapeutic process.