



Supporting women who have survived sexual violence

Rape and Sexual Abuse Support Centre (RASASC)
Rape Crisis South London

The Rape and Sexual Abuse Support Centre

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This resource is intended as guidance for support professionals working with women who may have experienced sexual violence, either as children or as adults. Some of the content may be distressing. Please be mindful of how you may be impacted by this resource and supporting survivors of sexual violence more broadly, and see the end of the document for recommendations on self-care.

Violence against women and girls

Sexual violence is one category under the umbrella of Violence Against Women and Girls (VAWG), a term used to denote forms of violence and abuse which disproportionately affect

women and girls. Violence Against Women and Girls is recognised as both cause and consequence of gender inequality. This means that many women and girls, including trans women, are likely to experience some form of sexual violence in their lifetime. VAWG is overwhelming perpetrated by men against women. Some forms such as female genital mutilation may more likely be carried out by women against other women, though the violence itself is both a cause and consequence of men's structural power. This may mean female survivors feel safer talking to other women about their experiences.

Provide this as a choice for all female survivors.

The United Nations recognises 8 strands of VAWG:

1. Domestic Violence
2. Sexual violence & rape
3. Stalking and Harassment
4. Honour-based violence
5. Forced marriage

6. Female Genital Mutilation
7. Prostitution & trafficking
8. Sexual exploitation

It is important to bear in mind that the women/girls you are supporting may have experiences of more than one form of violence as listed above; for example, a woman could be raped by an abusive partner within the context of domestic violence, or by a man who has trafficked her. Avoid making assumptions about what a woman may/may not have experienced, and be led by what she tells you.

Understanding sexual violence

Sexual violence is not limited to physically violent or unwanted sexual acts, but can include coercion into sexual activity, attempted rape/sexual assault, and threatening or unwanted sexual comments or advances.

Messaging around sexual

violence in the media and popular culture often distorts the meaning of rape and erases other forms of sexual violence; as a result some of the women you meet may not immediately identify their experiences as being a form of sexual violence. Women are also taught to minimise or dismiss their experiences, and can feel as though what happened to them was not important. In these instances validate that everyone has a right to their own body and to for their boundaries to be respected. Everyone has a right to make choices about how who touches their body and to feel safe.

In England and Wales, The Sexual Offences Act (2004) defines the following:

Rape is: Penetration of the vagina, anus or mouth of another person with a penis without the person's consent when the perpetrator does not reasonably believe that person consented.

Consent is defined as agreeing by choice and having the freedom and capacity to make that choice.

Children 12 years and under CANNOT legally give consent. All penile penetration of a child under 13 years is rape.

Freedom to consent:

A person is free to make a choice if nothing bad would happen to them if they said no. For example, a person is not free to say choose if;

- they are being threatened with violence (both by the perpetrator and/or by someone else such as a brothel owner or boyfriend)
- they feared for the continuation of their studies if they refused
- they are being blackmailed using images or social sabotage
- there is a power imbalance between two people, i.e. because of age, status or some kind of dependency (i.e. drug use, financial control).

Capacity to consent:

Capacity is about whether you are physically and/or mentally able to make a choice and to understand the consequences of that choice. For example, a person does not have the capacity to give consent if;

- they are drunk or high on drugs - this means someone may still be physically able to have sex but they can't give legal consent
- they are asleep or unconscious
- they are under 13 years old

A person may also not have capacity to give consent if they have a disability of some kind, including. learning difficulty, physical disability or feel disabled through mental health.

Consent is not ongoing;

consent needs to be negotiated every time you have sex and also during sex as you start to do different things.

When discussing any form of

sexual violence remember that a woman may not have been *physically* forced into the act - she may have been coerced, or may have felt unable to prevent the act due to fear of something bad happening to her or someone else if she were to refuse. If physical force was not used or if she feels she did not 'fight back', she may be harbouring feelings of self-blame or fear of being judged by others. Where this is the case, it can help to talk about the freeze response (in more detail below) as well as to encourage her to think about the perpetrator's choices rather than her own. This can help to shift focus onto the person who has full responsibility for what happened - the perpetrator.

Responses

An experience of sexual violence can often feel life-threatening and, as such, triggers involuntary survival responses.

Flight: An attempt to escape the threat and the perpetrator.

Friend: An attempt to reason with - or appeal to the humanity of - the perpetrator. Where this is employed it might be mistaken for consent; however, the key feature is that the woman will try to mitigate some of the violence she is anticipating (for example, requesting that the perpetrator use contraception).

Freeze: The most common physical response to the threat of sexual violence is to freeze. Freezing comes about when the part of the brain controlling our survival response (the amygdala) deems that friend, fight or flight are not likely to be successful. It is a truly frightening experience to have someone else in control of your body at a moment when you experience your body as frozen, immovable from the inside.

Flop: Flop occurs when the body shifts from a position of

tension (as is observed in 'freeze') to a 'floppy' state, whereby muscle tension is lost. Making the body 'floppy' is designed to reduce the risk of physical harm and injury, for example women may lubricate vaginally in order to lessen the likelihood of tearing.

All of these survival responses are to be understood as fluid and involuntary. A woman may move through all or any of the above throughout any experience of sexual violence. In addition, all of the above states may be accompanied by a dissociated state where a woman mentally takes herself somewhere else, often observing the violence as if it were happening to someone else.

Freeze is overwhelming the most common response from both women, and men, who are raped. This creates another source of self-blame for many survivors who can experience a freeze or floppy response as being betrayed by

their own body, as well as judgement from others about why they didn't 'fight back'. It is important to recognise that freeze is an active response - it is a way of 'fighting back' by shutting down the nervous system until the threat passes.

Impacts

The experience of sexual violence - whether in a one-off incident or repeatedly over a period of time - may have a number of different impacts on a survivor, some of which may be experienced simultaneously.

Sexual violence for most survivors induces shame. At the time of the offence she would have felt out of control and so one of the ways survivors can claim back a sense of control is by over-emphasising how responsible they were for what happened to them. It may take a long time to truly shift those feelings of responsibility and this can

only begin to happen when she feels more in control of her life and her choices. This may be particularly difficult when working with refugee women who are experiencing a loss of control across many other areas of her life.

Survivors of sexual violence may respond in ways which fit the criteria for a range of mental health problems, the most common of which is Post-Traumatic Stress Disorder (PTSD). Every survivor will respond differently, so it is important not to use this guidance as a check-list but to be led by what a survivor discloses about the way she has been impacted.

Reliving the Trauma: A survivor may have nightmares and flashbacks - overwhelming sensory experiences, often with very vivid tastes, smells, sounds and feelings. In their mind they can see everything that happened - reoccurring - they can also feel the emotions and physical sensations of

what happened - fear, sweating, smells, sounds, pain. Ordinary things can trigger off flashbacks, a smell, a sound, a sight, or seemingly nothing at all.

Avoiding the Trauma: Given the unpleasant nature of re-experiencing a traumatic event, there is a logic to numbing and avoidance. Flashbacks, nightmares and panic attacks are so debilitating, it is natural for a survivor to try and avoid being triggered. This might mean trying to avoid remembering - drinking alcohol or using drugs. Or it might mean ensuring that she has no time to think - putting everyone else's needs first. Unfortunately, the numbing often spreads to involve many important and previously enjoyable activities, including feelings of detachment from others, including those with whom they had been close before the trauma. Avoidance may be seen as the ultimate form of numbing. When faced with the

threat of sexual violence, or the reality of it being perpetrated, a survivor may dissociate. She may subsequently struggle to reintegrate her mental and physical self, leading to a sense of alienation from her body. This means she may have a loss of memory about what happened during the rape, or she might carry on with life “as normal”, suppressing memories, sensations and emotions and acting as if everything is ok.

Hyperarousal/Hypoarousal: In response to trauma, the reptilian part of the brain, the brainstem, will put the body’s nervous system into action in order to ensure the best possible chance of surviving the trauma (fight, flight, friend, freeze, flop). When the body has to do this repeatedly, as with repeated rape or childhood sexual abuse, certain responses become the ‘default’ option when the slightest trigger is detected. This default may be to go into hyperarousal, which is

characterised by rapid heart rate, faster breathing, rapid eye movement, inability to sit still, nervous laughter/chattering, shakiness heightened skin colour and hypervigilance. Or the default may be hypoarousal, which leads to a person being very still and shut down, an inability to make eye contact or to speak properly, difficulty moving and keeping balanced, slow heart rate and breathing, and pale skin colour. Survivors may have difficulty concentrating and may display irritability because they are always on edge but unable to fall or stay sleep. Both hypo and hyperarousal are extremely damaging to the body in the long term, because in evolutionary terms they are only designed as rapid responses to traumatic situations. Being in either of these states for any length of time is toxic for internal organs and also an enormous mental strain. It is understandable, therefore, that survivors will often self medicate with drugs

or alcohol, or engage in what is labelled as 'self harming' behaviour in order to either calm themselves down or stimulate themselves into action.

Coping strategies

Every survivor's experience is unique to her, as is her response to what has happened. Broadly speaking, we can say that a survivor of sexual violence is likely to feel unsafe, disempowered and often worthless. However, you may not be able to see any of the impacts the experience has had on her as she may be suppressing these in order to be able to continue to function normally, or may be minimising how she feels. Coping strategies might include:

Forgetting: For some, the only option for surviving abuse is to bury their experiences so deep in their mind that they actually forget that it ever happened.

Denial: The survivor may deny that anything really happened. If you don't acknowledge that something has happened then you don't have to feel the shame and experience the stigma that comes with surviving sexual violence.

Minimising: "It wasn't that bad", "he didn't hurt me that much", "far worse things have happened to other people". Survivors minimise because to take on the whole experience, feelings and effects would be too much.

Hiding: Some survivors hide the abuse and their feelings through overworking; putting everything into work or caring for others so that nobody will know and she has no time to feel.

Drugs or Alcohol: Some people use drugs or alcohol to minimise or numb the pain. Drugs and alcohol are also used by survivors as a way to separate from a painful reality, to gain peace from their

feelings and memories, or simply to start to feel good again.

Self-Harm: Self-harm is a way of surviving in the face of unbearable pain. It will always have a purpose, and will be helping her live in the face of what has been done to her. The most common forms are cutting, burning or bleaching. Also smoking and alcohol are also common forms of self-harm. Telling someone to stop self-harming without addressing the underlying feelings will simply make her feel more disempowered and less likely to talk about what she is going through.

Eating Distress/ Eating Disorders: Sexual violence is the experience of someone else controlling your body. In response many survivors control their own body through limiting what goes into/comes out of it, e.g. bulimia, anorexia. Some survivors over-eat as a way of building a barrier and keeping safe.

How to support survivors

Make yourself open to disclosure

A survivor will be able to sense if you are uncomfortable, disbelieve her or don't want to hear about her experiences, and this will shut her down. Maintaining eye contact and using non-verbal encouragers ('mmm', nodding) can help to create a safe environment. Use gentle phrases such as 'take your time' and questions like 'is there anything I can do to help you feel safe to talk' to help her begin to tell her story. Make sure your conversation is taking place somewhere with relative privacy and let her know what the limits to confidentiality are before she starts speaking to you.

Address current safety

Check out whether she feels safe currently (is the perpetrator still in the vicinity? Is she worried it might happen

again?). If not, ask what might help to make her feel safer. If the violence was recent, be aware that she might not have disclosed to anyone else and so may not have received any medical attention. Remember she may also be at risk of pregnancy and STIs. Ask whether she is experiencing any physical pain, bleeding or discomfort and if she needs any medical assistance. The National Rape Crisis Helpline can help find her nearest specialist sexual assault referral centre who can help with medical care. Avoid giving safety advice - no matter how well-meaning - as this can be experienced as patronising and judgmental. Instead ask her what she can do to feel safe, remember she has the answers and only she knows what she is able to do.

Engage the mechanism of choice

Sexual violence is about taking away someone's choices. When supporting a survivor ensure you help to engage her

mechanism of choice. This means that instead of taking away any of her decisions or any decisions that need to be made by both of you, ask her. For example when deciding where to sit, ask first where she would like to sit. Ask her what she needs from you or how you can help, rather than thinking you need to know what she needs. Always ask before touching her for any reason and consider a no-touch policy.

Adopt a non-judgemental attitude

Avoid using the words 'should', 'ought' or 'must' and instead reflect back what the survivor is disclosing - e.g. 'that sounds frightening', 'you're feeling unsafe'. Remind yourself that at the time and since, she has responded in the best way she can given the resources she has. This means that we need to leave behind our own judgements about what we believe we would have done in her position. Every person is different and quite often the

way that we respond during and after sexual violence is not what we would have anticipated.

Use questions sparingly

Questions can be experienced as penetrative, particular those that suggest a causal or definitive reason. At all times avoid using 'why' questions as these can feel very accusatory. Why questions can always be reframed: for example, 'why are you crying' can be reframed to 'what is it that is making you cry' - this is a small but significant shift away from casting her as the sole agent towards recognising she is responding to something or someone. Use closed questions when trying to ascertain factual, immediate information particularly around safety concerns. Use open questions of the format 'when', 'where' and particularly 'how' to help her explore her feelings. You can also reframe questions gently using 'are you able to say...' to introduce, or by using an approach where you

adopt a position of uncertainty - 'I don't understand, you say its fine but what you've experienced is terrifying?' - to help level power dynamics whilst validating her experience.

Empowerment

Any experience of sexual violence will be disempowering. She may feel she has lost control and is unable to make decisions, or may experience feelings of hopelessness. A key step in moving through this experience is to feel back in control of decisions about your life and your safety. You can help a survivor to do this by asking what she would like from you going forward, and how you can support her to do this. Be honest about what you can/can't do. Recognise her strengths in all that she has survived. Point to and acknowledge the inner resources she has, and help her to hold onto the hope for change, peace and safety.

Helpful phrases

Some of the phrases and questions below may be useful when supporting a survivor of sexual violence. Use this as a guide rather than a definitive list.

Opening

It is difficult knowing where to start. Would it help if I asked a few questions?

You say you are feeling fine and yet you sound like you've been hurt.

Would it help to talk about what has happened?

It can be a bit frightening talking about what has happened for the first time, is there anything I can say that would make you feel more comfortable.

During

LISTEN. Do not interrupt.

Let her know it is safe to talk to you

Do not give advice. She is the expert on her life and her experience.

Be ok to say 'I don't know but I can try to find out.' For information on specialist services, including reporting, give her the number for Rape Crisis rather than 'hazarding a guess' at the answer.

Gently prompt with closed questions: Would you like to tell me a bit more? Do you feel comfortable telling me...? Let it be ok for her to say no and respect her boundaries when she sets them.

Gently challenge self-blame by focusing on the perpetrator's strategies, choices and actions.

Open Questions

Where do you feel safest/safe?

How have you managed to cope with these feelings?

What would help right now?

How long have you been feeling like this?

What do you need from me?

Other Examples

Is there anything you would like to tell me?

What you are saying sounds like someone else talking?

Are you able to tell me more about ?

You have said that 'it' was not right, I am wondering what 'it' was that was not right.

You have told me what has happened to you but I am having difficulty understanding how you are feeling about it.

I am confused because what

you have told me sounds very frightening and yet you are laughing.

Can you tell me what that means to you so that I can understand it better?

You say you are okay and yet you sound hurt.

End sessions with hope, empowerment and any decisions she has made. Speaking to you and surviving means she has already shown she is stronger than the perpetrator and has more control than they expected.

Self-care for supporters

Supporting survivors of sexual violence and other forms of trauma can take its toll, and it is important to build in ways to reflect on how you are feeling and to take time to rest and recover.

- Be gentle with yourself.

- Remind yourself that you are an enabler, not a magician.
- Contact the National Rape Crisis helpline for support for yourself.

Useful Contacts

Some of the following specialist organisations are London based. If you are outside of London please contact the Rape Crisis Helpline for information about services in your area.

Rape Crisis (National)
0808 802 9999

www.rapecrisis.org.uk

Open Every day of the Year
12-2.30 & 7-9.30

Support for all women and girls, including trans women, 14 years and over, who have experienced sexual violence at any point in their lives.

Safeline (National)
0808 800 5008

<http://www.safeline.org.uk/>

Sexual violence specific support for men and boys who have survived rape and sexual

abuse, including counselling, helpline and advocacy.

RESPOND (National)
0808 808 0700

www.respond.org.uk

Specialist sexual violence support for anyone with learning difficulties. Counselling, Advocacy, Helpline.

HAVENS (London)
0203 299 6900

www.thehavens.org.uk

For all survivors of sexual violence at any age. Provides medical care, forensic examinations, casework and counselling.

GALOP (London)
0207 704 2040

www.galop.org.uk

Specialist sexual violence support for LGBT people including casework, advocacy and helpline support.

SWISH (London)
020 7812 1809

<http://www.swishproject.org.uk>

Free confidential support and information, including counselling and advocacy, for anyone involved in the sex industry.

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Open every day of the year 12 to 2.30 and 7 to 9.30pm

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One small step on the journey to recovery.....