

A Guide

for

Family

and

Friends

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How to use this guide...

Clients

Please give this guide to anyone who you think may be affected by your experience. Often, family and friends want to help but don't fully understand what you are going through and do not know what to say or how to support you.

This guide may help them to understand and feel equipped to support both yours and their own emotional responses.

You may find it helpful to read this guide first so that you know what kind of advice they are being given.

Family & Friends

If someone you care about is sexually assaulted, it is likely to affect you too. This guide will help you to understand how survivors of sexual assault, and their family and friends, may respond to this negative experience.

This guide will also offer some practical ways to support those individuals who have experienced trauma, as well as describe ways in which you can look after your own emotional needs, which are just as important.

Those who experience trauma, and their friends and family, are likely to feel some sort of negative emotions (e.g. anger, anxiety, confusion, feeling overwhelmed). These emotions are a normal part of recovery which may last longer than people anticipate.

Remember...

What you are feeling is a normal reaction to an abnormal situation.

What is sexual assault?

The term sexual assault refers to sexual contact or behaviour that occurs without explicit consent of the victim. Some forms of sexual assault include:

- Attempted rape
- Fondling or unwanted sexual touching
- Forcing a victim to perform sexual acts, such as; oral sex or penetrating the perpetrator's body
- Penetration of the victim's body, also known as rape.

Sexual assault myths¹

Understandably, people find sexual assault very difficult to talk about.

However, not talking about sexual assault can mean that misunderstandings and inaccurate information about survivors and perpetrators is common. For example, if someone did not fight their attacker, then they are to blame. Such misinformation is referred to as a rape myth, and can often lead to victim-blaming.

Below are some of the most common rape myths in our society. These are often reinforced by ill-informed and unbalanced media reports of sexual violence. Myths relating to male survivors of sexual assault still exist, the most common of which are detailed further below. By identifying some of these beliefs as myths, you can help support your friend/family member to recover from the trauma.

Remember...

Sexual assault can take many different forms, but one thing remains the same: it's never the survivor's fault.

¹ **Source:** Rapecrisis.org.uk

Myth

Rape is a sexually motivated crime.

Fact

Studies show that the major motive for rape is power, not sex. Sex is used as a weapon to inflict pain, violence and humiliation. Most rapists appear to have normal personalities with an abnormal tendency to be aggressive and violent. Between 60% - 75% of sexual assaults are planned in advance.

Myth

Women are most likely to be raped outside, after dark and by a stranger.

Fact

Only around 10% of rapes are committed by 'strangers'. Around 90% of rapes are committed by known men, and often by someone who the survivor has previously trusted or even loved. People are raped in their homes, their workplaces and other settings where they have previously felt safe. Rapists can be friends, colleagues, clients, neighbours, family members, partners or exes. Risk of rape shouldn't be used as an excuse to control women's movements and restrict their rights and freedom.

Myth

People who were sexually abused as children are likely to become abusers themselves.

Fact

This is a dangerous myth, offensive and unhelpful to adult survivors of childhood sexual abuse, which is sometimes used to explain or excuse the behaviour of those who rape and sexually abuse children. The vast majority of those who are sexually abused as children will never perpetrate sexual violence against others. There is no excuse or explanation for sexual violence against children or adults.

Myth

Men of certain races and backgrounds are more likely to commit sexual violence.

Fact

There is no typical rapist. People who commit sexual violence come from every economic, ethnic, racial, age and social group.

Myth

Once a man is sexually aroused he cannot help himself. He has to have sex.

Fact

Men can quite easily control their urges to have sex; they do not need to rape someone to satisfy them. Rape is an act of violence and control, not sexual gratification.

Myth

If a male experiences sexual arousal or orgasm from abuse, this means he was a willing participant or enjoyed it.

Fact

In reality, males can respond physically to stimulation (get an erection) even in traumatic or painful sexual situations. Therapists who work with sexual offenders know that one way a perpetrator can maintain secrecy is to label the child's sexual response as an indication of his willingness to participate. "You liked it, you wanted it," they'll say. Many survivors feel guilt and shame because they experienced physical arousal while being abused. Physical (and visual or auditory) stimulation is likely to happen in a sexual situation. It does not mean that they wanted the experience or understood what it meant at the time.

Myth

Boys abused by males are or will become homosexual.

Fact

Experts in the human sexuality field do not believe that premature sexual experiences play a significant role in late adolescent or adult sexual orientation. It is unlikely that someone can make another person a homosexual or heterosexual. Sexual orientation is a complex issue and there is no single answer or theory that explains why someone identifies himself as homosexual, heterosexual or bi-sexual. Whether perpetrated by older males or females, boys' or girls' premature sexual experiences are damaging in many ways, including confusion about one's sexual identity and orientation.

Myth

Boys are less traumatized by the abuse experience than girls.

Fact

Studies show that long term effects are quite damaging for either sex. Males may be more damaged by society's refusal or reluctance to accept their victimization, and by their resultant belief that they must "tough it out" in silence.

Myth

Boys and men can't be victims of sexual assault.

Fact

Men are often told early in life that they should be able to protect themselves but, under the threat of rape, the "fight or flight mechanism" comes into operation for them too. Just as with women, cooperation can save their lives, especially when they legitimately believe that they may be killed or seriously injured otherwise.

Myth

If the perpetrator is female, the boy or adolescent should consider himself fortunate to have been initiated into heterosexual activity.

Fact

In reality, premature or coerced sex, whether by a mother, aunt, older sister, baby-sitter or other female in a position of power over a boy, causes confusion at best, and rage, depression or other problems in more negative circumstances. To be used as a sexual object by a more powerful person, male or female, is always abusive and often damaging. Believing these myths is dangerous and damaging.

Myth

People often lie about being raped because they regret having sex with someone or out of spite or for attention.

Fact

Disproportionate media focus on false rape allegations perpetuates the public perception that lying about sexual violence is common when in fact the opposite is true. False allegations of rape are very rare. The vast majority of survivors choose not to report to the police. One significant reason for this is the fear of not being believed.

What kind of reactions do people have to trauma?

Physiological responses to trauma: Stress-Response

When someone experiences a sexual assault, their body will respond in one or more of the following ways; fight, flight, freeze, appease. The person does not choose to react in a particular way as it is often better to respond immediately in order to survive or to protect others. When we are in danger it can be hard to analyse and reason, make decisions, and/or remember parts of the trauma, as the threat demands all of our attention. However, when we are safe, we can often analyse how we behaved, and survivors can sometimes put themselves down for how they responded during an assault. You can help them by reinforcing the message that their survival instinct kept them as safe as possible in that moment.

FIGHT

When the body goes into 'fight' mode, a rush of adrenaline floods into the blood system to provide the person energy to fight. However, about a third of survivors do not do this, and family and friends can often struggle to understand why. Fighting an attacker could be very risky and lead to more harm.

FLIGHT

Similar to fight mode, the body is given a rush of adrenaline but this is used to run away from situation. However, this may not be an option if force or coercion is being used, or if the survivor believes this will make the situation worse.

FREEZE

People may automatically freeze and only when the immediate danger has passed are they able to release the tension by running away. This is very common but the consequences for later self-appraisal can be very negative; people often don't understand why they didn't fight back or run away. Studies have shown that fewer physical injuries are sustained when someone does this.

APPEASE

This is when the person may go along with what the attacker wants them to do, in an attempt to appease them. Studies have shown that fewer physical injuries are sustained when someone does.

Fight Or Flight Response

When faced with a life-threatening danger it often makes sense to run away or, if that is not possible, to fight. The *fight or flight response* is an *automatic* survival mechanism which prepares the body to take these actions. All of the body sensations produced are happening for good reasons – to prepare your body to run away or fight – but may be experienced as uncomfortable when you do not know why they are happening.

Thoughts racing

Quicker thinking helps us to evaluate danger and make rapid decisions. It can be very difficult to concentrate on anything apart from the danger (or escape routes) when the fight or flight response is active

If we don't exercise (e.g. run away or fight) to use up the extra oxygen then we can quickly start to feel dizzy or lightheaded

Dizzy or lightheaded

Changes to vision

Vision can become acute so that more attention can be paid to danger. You might notice 'tunnel vision', or vision becoming 'sharper'

Breathing becomes quicker and shallower

Quicker breathing takes in more oxygen to power the muscles. This makes the body more able to fight or run away

Dry mouth

The mouth is part of the digestive system. Digestion shuts down during dangerous situations as energy is diverted towards the muscles

Adrenal glands release adrenaline

The adrenaline quickly signals other parts of the body to get ready to respond to danger

Heart beats faster

A faster heart beat feeds more blood to the muscles and enhances your ability to run away or fight

Bladder urgency

Muscles in the bladder sometimes relax in response to extreme stress

Nausea and 'butterflies' in the stomach

Blood is diverted away from the digestive system which can lead to feelings of nausea or 'butterflies'

Palms become sweaty

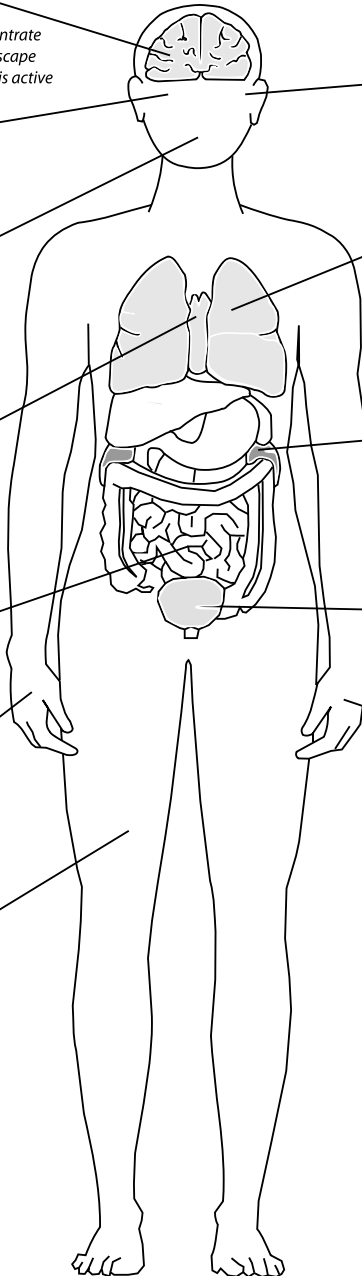
When in danger the body sweats to keep cool. A cool machine is an efficient machine, so sweating makes the body more likely to survive a dangerous event

Hands get cold

Blood vessels in the skin contract to force blood towards major muscle groups

Muscles tense

Muscles all over the body tense in order to get you ready to run away or fight. Muscles may also shake or tremble, particularly if you stay still, as a way of staying 'ready for action'



Physical responses to trauma, and how to respond.

A variety of reactions are often reported and/or observed after trauma. Most survivors exhibit immediate reactions and whilst many recover with time, some people continue to show trauma reactions and meet the criteria for trauma-related stress disorders, including mood and anxiety disorders.

The following sections focus on some common reactions across domains (emotional, cognitive, behavioural, social, and developmental) associated with singular, multiple, and enduring traumatic events. These reactions are often normal responses to trauma but can still be distressing to experience. Such responses are not signs of mental illness, nor do they indicate a mental disorder².

How people respond to trauma can be greatly influenced by the response survivors have from those around them about the assault.

Emotional

Behavioural

Cognitive

Existential

Immediate

Emotional Reactions

Numbness and detachment
Anxiety or severe fear
Guilt (including survivor guilt)
Exhilaration as a result of surviving
Anger
Sadness
Helplessness
Feeling unreal; depersonalization (e.g., feeling as if you are watching yourself)
Disorientation
Feeling out of control
Denial
Constriction of feelings
Feeling overwhelmed.

Delayed

Emotional Reactions

Irritability and/or hostility
Depression
Mood swings, instability
Exhilaration as a result of surviving
Anxiety (e.g., phobia, generalized anxiety)
Fear of trauma recurrence
Grief reactions
Shame
Feelings of fragility and/or vulnerability
Emotional detachment from anything that requires emotional reactions (e.g., significant and/or family relationships, conversations about self, discussion of traumatic events or reactions to them).

What can you do?

Help the person to know that their feelings and emotions are normal.
Help the person to feel safe to express their emotions if they want to.
Encourage them to express their emotions through talking, writing, music, art etc.
If you notice judgmental self-talk, gently try to offer some reassurance and point out these judgments are normal but that you don't agree with them at all.
Try to stay calm as this will be reassuring to them.
If the person is feeling overwhelmed by the emotion help/remind them to ground themselves.
Try to avoid responding with anger as this may worsen symptoms. If you notice yourself becoming stressed, try to take time out for yourself and then return when you feel more able to talk things through.
Ask the person what might help them to feel more comfortable and safe.

Immediate Cognitive Reactions

Difficulty concentrating
Rumination or racing thoughts (e.g., replaying the traumatic event over and over again)
Distortion of time and space e.g., traumatic event may be perceived as if it was happening in slow motion, or a few seconds can be perceived as minutes
Memory problems (e.g., not being able to recall important aspects of the trauma)
Strong identification with victims.

Delayed Cognitive Reactions

Intrusive memories or flashbacks
Reactivation of previous traumatic events
Self-blame
Preoccupation with event
Difficulty making decisions
Magical thinking: belief that certain behaviours, including avoidant behaviour, will protect against future trauma
Belief that feelings or memories are dangerous
Generalisation of triggers (e.g., a person who experiences a home invasion during the daytime may avoid being alone during the day)
Suicidal thinking.

What can you do?

If they have flashbacks or reactivation of trauma with you, gently remind them they are safe now and it is not happening again. Try to stay calm as this will be reassuring to them. Be patient afterwards and don't expect them to feel fine straight away. Help them to feel comfortable.
If you notice that they aren't paying attention to what they are doing, you could gently bring this to their attention as they may not have noticed.
Help the person to know that these reactions are normal. Help the person to feel safe to express their thoughts if they want to. This might be through talking, writing, music, art etc.
If the person is feeling overwhelmed by their thoughts help/remind them to ground themselves.
Ask the person what might help them to feel more comfortable and safe.

Immediate Behavioural Reactions

- Startled reaction
- Restlessness
- Sleep and appetite disturbances
- Difficulty expressing oneself
- Argumentative behaviour
- Increased use of alcohol, drugs, and tobacco
- Withdrawal and apathy
- Avoidant behaviours
- Difficulty with intimacy

Delayed Behavioural Reactions

- Avoidance of event reminders
- Social relationship disturbances
- Decreased activity level
- Engagement in high-risk behaviours
- Increased use of alcohol and drugs
- Withdrawal
- Difficulty with intimacy

What can you do?

Be sensitive to things they find hard to be around, e.g. violent films or turning on the news without talking to them first. If they find something you do unpleasant, do not take it personally. You are both learning how to manage, and communication is key.

If the incident happened in a familiar setting you could help them to change the environment in some way.

Be aware that sleep might be affected and that this is likely to affect their concentration and energy levels. Please do your best to support them.

Ask the person what might help them to feel more comfortable and safe.

If they have difficulty with sexual intimacy, do not be offended. It is perfectly normal to take time before feeling able to be sexually intimate after an assault.

Try to talk about it and reassure them you are willing to go at their pace.

If they feel pressured they are likely to feel more distressed.

Immediate Existential Reactions

Intense use of prayer
Restoration of faith in the goodness of others (e.g., receiving help from others)
Loss of self-efficacy
Despair about humanity, particularly if the event was intentional
Immediate disruption of life assumptions (e.g., fairness, safety, goodness, predictability of life).

Delayed Existential Reactions

Questioning (e.g., "Why me?")
Increased cynicism, disillusionment
Increased self-confidence e.g., "If I can survive this, I can survive anything"
Loss of purpose
Renewed faith
Hopelessness
Re-establishing priorities
Redefining meaning and importance of life
Rewriting life's assumptions to accommodate the trauma (e.g., taking a self-defence class to re-establish a sense of safety).

What can you do?

It is normal to question the world and the intentions of others after an assault. Try to gently remind them of good people in their life.
Encourage them to talk about these things, either with you or someone who understands what they are going through.
If the person is feeling overwhelmed by their reactions help/remind them to ground themselves.

Grounding.

The guidelines below are provided in the 'Self Care Pack', which are given to survivors of sexual assault, who have been seen at the SARC.

Guidelines

1

Grounding can be done anywhere, any place or any time and no one needs to know you are doing it.

2

Use grounding when you are experiencing a trigger, when you feel strong emotions, feel like using substances, harming yourself or feel yourself dissociating.

3

Keep your eyes open to stay in touch with the present.

4

Stop yourself from talking about negative feelings at this stage, you want to distract away from this.

5

Focus on the here and now, not just the past or future.

6

Grounding is more than just a relaxation strategy, it is used to distract and help extreme negative feelings. It is believed to be more effective for trauma than relaxation alone.

How to do it...

Mental Grounding

- Have a good look around and describe your environment in detail, e.g. 'I am on the train, I can see trees and a river...'
- Mental games, e.g. go through the alphabet thinking of different things such as types of dogs, cities etc.
- Age progression, if you have regressed you can slowly go back up e.g. 'I am now 9, 10, etc. until you are back up to your current age.'
- Describe an everyday activity in detail, such as how to make a recipe.
- Imagery, for example imagining a stop sign in your head, gliding on-skates away from the pain, changing the 'TV channel' in your head to a better 'show' or imagining a wall as a buffer between you and the pain.
- Safety statements, thinking 'I am safe now, I am in the present not the past, I am in this location and the date is...'
- Use concentration, say the alphabet backwards or practice some tricky sums.

“I am **safe now**,
I am in the present
not the past...”

Physical Grounding

- Run warm or cool water over your hands.
- Focus on your breathing, notice each inhale and exhale, slow it down and repeat the word 'safe' on each inhale.
- Grab tightly onto your chair as hard as you can.
- Touch different objects, your pen, your keys etc.
- Dig your heels into the floor; remind yourself that you are connected to the ground.
- Carry a grounding object in your pocket, a small rock etc. that you can touch whenever you feel triggered.
- Stretching, extend your arms, fingers, or legs as far as you can.
- Clench and release your fists.

“Focus on your breathing,

notice each inhale and exhale,

slow it down and

repeat the word

‘safe’ on each inhale”

Soothing Grounding

“Say **kind** statements
to **yourself**, e.g.
you will get
through this”

- Say kind statements to yourself, e.g. you will get through this.
- Picture people you care about, look at photos of them.
- Think of a place you feel comfortable, it could be real or imagined, for example the beach, mountains etc.
- Say coping statements such as ‘I can handle this, I have done it before’ etc.
- Plan a safe treat such as a nice dinner, bubble bath etc.
- Think of things you are looking forward to, like seeing a close friend.

Grounding requires practice for
it to be effective as possible.

Speak to the person about how you can support them
to use grounding techniques. They may use those
listed above or they might have developed their own.

Self-Care.

Providing a trusting, listening, and supportive network around the survivor will help them to manage difficult thoughts and feelings.

However, they may need additional expert support, from a counsellor or psychologist. If this is the case, try to support them in their therapy as this is so important to their recovery.

It is also important to take care of yourself as you support your friends or family member. You can experiment with the grounding techniques (p11) and advice above if you begin to feel any of the symptoms discussed or overwhelmed by what has happened.

You may also find the suggestions below helpful:

Engage in a relaxing activity

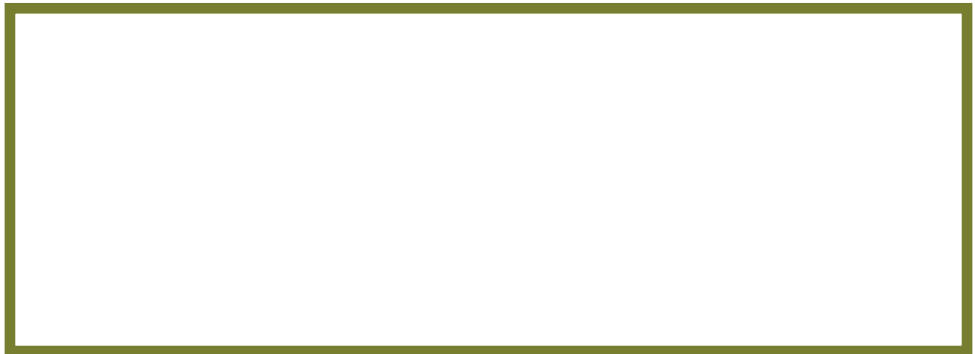
Keep doing the meaningful activities that you enjoy

Ask friends or family for support

Seek therapy

Emergency contact details.

If you or your friend/family member needs mental health crisis help, please contact your local mental health support service on:



If you need to talk to someone about how you feel, or how to deal with someone experiencing a mental health crisis, you can also contact NHS Choices: NHS Choices provides 24 hour support, seven days a week with trained nurses.

You can call NHS Choices on 111 or visit their website, which provides information and advice about mental health, including a mental health symptom checker.

**Thank you for reading this booklet.
Your commitment to supporting your friend or family
member is likely to mean a lot to them.**

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Your opinion means a lot to us.

If you found this booklet useful, or if you have any suggestions for improvements, please contact us via email at:

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Thank you!



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