

Common Behavioral Responses To Sexual Violence

Changes in behavior are often the most obvious responses. While they may appear to be the most disturbing, they often make sense in the context of the assault. Although they may be understandable, they still interfere with a survivor's life and should be taken very seriously. These behaviors can and will improve over time with professional intervention and support.

Common Behavioral Responses

How you can help ...

HEIGHTENED AWARENESS & SENSITIVITY TO SURROUNDINGS

- ◇ A means of trying to regain control and minimize the potential for any additional trauma.
- ◇ **Hyper-vigilance**, a super-heightened awareness of and constant monitoring of the surroundings.
- ◇ **Exaggerated startle response**, i.e., an extreme reaction to sensory stimuli. For example, visibly jumping upon hearing a loud noise or being touched on the shoulder. This indicates a lowered tolerance threshold for external stimuli, and is often worsened by hyper-vigilance.
- ◇ Educate the survivor and normalize these responses when they occur.
- ◇ Give the survivor as much control as possible, i.e., over time and place of appointments, where to sit in the room, doors and windows open or closed, etc.
- ◇ Avoid sudden movements and actions as much as possible.
- ◇ Allow a few minutes for adjustment to new settings, before addressing difficult subjects.
- ◇ Be sensitive to possible environmental triggers that may be reminiscent of the assault. For example, if assault was at night, try to make contacts during daylight hours.
- ◇ If the response is severe, refer the survivor to a Rape Crisis Center or other experienced professional.

SLEEP DISTURBANCE

- ◇ **Hypersomnia**, or sleeping too much, especially during the day; or
- ◇ **Insomnia**, an inability to sleep; or
- ◇ **Change in sleep schedule** (staying up all night and sleeping all day); or
- ◇ **Inability to sleep in a certain place** (having to sleep in a chair in the living room rather than in bed).
- ◇ Normalize as a common response and acknowledge that it is serious.
- ◇ Help develop good sleep habits, i.e., regular time for going to sleep and waking, bedtime rituals, avoiding things that will exacerbate the problem (caffeine, scary movies, anything stimulating or upsetting at night).
- ◇ Encourage regular exercise and healthy eating.
- ◇ Encourage use of relaxation techniques, including yoga, meditation, progressive relaxation, etc.
- ◇ Discourage use of substances as sleep or waking aids, and explain how these may ultimately worsen sleep disturbance.

AVOIDANCE, ISOLATION & WITHDRAWAL

- ◇ **Physical, emotional and cognitive**, i.e., not going out, not answering the phone, not answering the door, missing work or school, avoiding friends and family, etc.
- ◇ **Primarily cognitive and emotional**, i.e., a feeling that even though the survivor is physically present, her/his mind is elsewhere and s/he isn't really connecting with the surroundings.
- ◇ Gently confront the survivor about isolation.
- ◇ Remain neutral and nonjudgmental always.
- ◇ Identify the people and activities that are most comfortable.
- ◇ Help develop a plan for getting out and/or seeing at least one person (outside the household) every day.
- ◇ Refer her/him to local Rape Crisis Centers or other sexual assault resource agencies, hotlines, support groups or Internet resources to help minimize feelings of stigma.

EATING DISTURBANCE

- ◇ **Over-eating** – some use food and eating as a means of coping. This may include compulsive eating.
- ◇ **Under-eating** – some completely lose their appetite or desire for food. This may include anorexia.
- ◇ May be connected to desire to alter appearance, as some believe becoming heavier or thinner will decrease chances of future victimization.
- ◇ Stress that nutritious food is essential 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 develop a plan for healthier eating over time – i.e. eating small meals throughout the day, identify healthy snacks, etc.
- ◇ Refer to a professional experienced with eating disorders and trauma, especially if this seems beyond the individual's control, if it appears to be something s/he is trying to hide, or if a bingeing and purging cycle develops.



AGGRESSIVE BEHAVIORS

- ◇ Survivors sometimes attempt to exert control over the environment, including over other people.
- ◇ Especially common among child, adolescent and male survivors.
- ◇ Aggression may be verbal or physical; may be directed at self, others, animals, objects or property or a combination.
- ◇ May manifest as sexually aggressive behavior or fire-setting, especially in children or adolescents.
- ◇ Do not ignore the aggressive behavior – acknowledge it in a matter-of-fact and non-judgmental way.
- ◇ Maintain clear, consistent, and firm boundaries and rules – avoid yelling, avoid any physical contact (except as needed for protection), and never hit back.
- ◇ Help identify other ways of feeling in control and give choices.
- ◇ Encourage daily physical activity to relieve tension.
- ◇ Do not connect behavior to the sexual violence, such analysis is only useful later when survivor feels safe and in control. For children, it may not be appropriate to make the connection overtly, but may be good to discuss with caretakers.
- ◇ Refer any sexually aggressive behavior, aggression towards animals, or fire-setting behavior to an experienced professional (and/or law enforcement agency).

SELF-INJURIOUS BEHAVIOR

- ◇ Sometimes survivors do things to themselves that are harmful, including pick at their skin, cut themselves, or hit or bang their bodies.
- ◇ This is often seen in children and adolescents, but can also be seen in adults.
- ◇ Sometimes this manifests as engaging in risky behavior, i.e., behaviors or situations that may leave the survivor vulnerable to additional sexual assaults or violence.
- ◇ Acknowledge the problem and its seriousness– this will not go away on its own. Without intervention, it can lead to infection or other medical complications.
- ◇ Refer the survivor to 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. 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 vigorous exercise as an alternate release.
- ◇ For children and adolescents, make sure knives, scissors and other harmful items are not available.

SUBSTANCE ABUSE

- ◇ Legal and illegal substances use may increase as a means of self-medication and numbing.
- ◇ Prescribed medications may be very beneficial; survivors should work with health care providers experienced in treating survivors of sexual violence to avoid misuse.
- ◇ Over-medication and use of other substances can lead to increased avoidance, numbing, depression, anxiety and unintentional addiction.
- ◇ Substance use can also increase a sense of powerlessness.
- ◇ Acknowledge the pain and difficult feelings without minimizing them.
- ◇ Refer the survivor to a Rape Crisis Center, other therapist or medical provider experienced in treating both substance abuse and trauma.
- ◇ Support efforts to avoid overuse of substances and help to identify alternative ways of coping.
- ◇ Explain that withdrawal from or discontinued use of substances may exacerbate cognitive, emotional or behavioral responses.

RADICAL CHANGES IN APPEARANCE

- ◇ May be seen as a means of protection from future assaults.
- ◇ May include changing hair color, cutting hair, piercing and tattoos, and type of clothing.
- ◇ While these changes may not be harmful, sometimes they cause later regrets (especially tattoos) and these changes may reinforce poor self-image and other emotional symptoms.
- ◇ Also reflects a more complicated issue around feelings of powerlessness and what survivors can do to protect themselves for the future.
- ◇ Identify other means of self-protection that may be more effective, i.e., self-defense class, safety measures, etc.
- ◇ Develop a plan for making radical changes that involves a waiting period between the time s/he decides to do something and when s/he actually does it so that the pros and cons can be weighed first.

CHANGES IN SEXUAL DESIRE/BEHAVIOR

- ◇ May be a lack of interest in or avoidance of both sexual and non-sexual intimacy.
- ◇ May manifest as increased interest in intimacy or sex, or as promiscuity.
- ◇ May not manifest until the future for children and adolescents.
- ◇ Explain how this may be a part of the reaction to the assault.
- ◇ Refer the survivor to appropriate health and medical resources for birth control and safe sex information.
- ◇ Assist the survivor in identifying ways to become more comfortable with intimacy, i.e., going more slowly, changing environmental conditions, being able to say “no” or “stop” as needed, etc.

