

Common Cognitive Responses To Sexual Violence

Survivors often become entangled in what seem to be irrational or illogical thoughts, including taking more responsibility than is warranted or seizing upon particular explanations for why the violence occurred. While such thinking may appear irrational, it makes sense to the survivor and provides reassurance and control in some way. Such cognitive responses should never be dismissed as silly, stupid or unimportant, but must be replaced gradually with more productive ways of thinking. If disturbances persist or interfere with daily functioning, referral to a Rape Crisis Center or other experienced professional is indicated.

Common Cognitive Responses

How you can help ...

SHOCK & DISBELIEF

- ◇ **Shock** is often the first response to the event, or may be delayed. It can be paralyzing, and can appear to thwart progress in coping or healing.
- ◇ **Disbelief** is often seen as denial and viewed as unhealthy and avoidant.
- ◇ Both serve important protective and coping purposes temporarily, especially if there is a history of previous trauma.
- ◇ Efforts to help with acceptance of reality should be gentle, slow, and supportive to avoid any triggering effect.
- ◇ Meet the survivor wherever s/he is in acceptance and comprehension of what happened – do not force her to ‘face reality’ before she is able to do so.
- ◇ Do not assume that shock and disbelief are indicators of limited cognitive ability or that they are permanent, but do assume they are occurring for good reasons.
- ◇ Help the survivor to understand what did happen in a gentle, safe, supportive and gradual way.

SENSE OF STIGMA

- ◇ Feeling “different,” marked, dirty or worthless.
- ◇ Common for all ages and both genders, but may be most common in adolescents, the elderly and men.
- ◇ Survivors often think there must be a reason they were targeted. This may allow the survivor to feel a sense of control over the situation and not be at the mercy of complete randomness. Though it may seem illogical, it may be strongly felt by the survivor.
- ◇ Educate the survivor that this is a common and normal reaction, but that you do not see them as stigmatized or different – it is critical that you challenge the feeling.
- ◇ Always treat the survivor with the utmost respect, never as second rate or less important than other people or clients.
- ◇ Locate readings, movies or other resources that have first person accounts by other survivors to help demonstrate that survivors are regular people; for special populations try to find accounts by members of their demographic group.

DISTURBANCES IN THE THOUGHT PROCESS

- ◇ Poor concentration, “spacing out” (dissociation), intrusive thoughts, and/or preoccupation.
- ◇ Often occur in response to a “trigger” or something that reminds the survivor, consciously or unconsciously, of the violation.
- ◇ Can have a profound effect on daily functioning and interactions, and must be dealt with as quickly as possible to avoid additional problems (i.e., loss of job, relationship, friendships, high risk behavior, etc.)
- ◇ Educate the survivor that this is a common response and NOT an indication of “going crazy.”
- ◇ Be alert to potential triggers and help the survivor develop plans for coping constructively. Often a change in temperature, physical surrounding or immediate environment can help, i.e., going outside (or in), splashing water on the face, drinking something warm or cold, or taking a short walk.
- ◇ Encourage the use of “thought blocking” techniques. For example, a survivor can visualize a stop sign and focus on the details of the sign – color, letters, shape, etc. Focusing on the details of this “neutral symbol” can help in regaining emotional and cognitive control.
- ◇ Acknowledge disturbances in thought in a gentle and non-judgmental way and suggest things that might be helpful.



NEGATIVE OUTLOOK/PESSIMISM/ ALTERED WORLD VIEW

- ◇ Survivors commonly feel that the world is neither friendly nor benign after severe trauma, especially one that is so personal and intimate.
- ◇ Survivors often become cynical, negative and pessimistic as a result, a reaction that friends, family and colleagues can find very disturbing and frustrating. Again, this is a way of trying to explain what happened and serves a purpose.
- ◇ This reaction is even more common if this is not the first interpersonal trauma the survivor has experienced.
- ◇ Don't try to infect the survivor with happiness or optimism – s/he has a legitimate reason to be skeptical.
- ◇ Acknowledge that there are terrible things in the world, but remind him/her of some of the good things. Validate the right to feel pessimistic, but also assert an alternative worldview.
- ◇ Respond positively to non-negative thinking; don't try to challenge the inconsistencies in thinking.
- ◇ Identify and encourage any positive contributions the survivor makes to others or the community, i.e., being a role model, speaking out, being willing to pursue legal action, volunteering, helping others in a support group, etc.
- ◇ Use humor when appropriate – sometimes it can soften a cynical worldview.
- ◇ Be alert to any signs of severe depression or suicidal ideation.

INCREASED ANXIETY AND OVERPROTECTION OF OTHERS

- ◇ Survivors often generalize their experience, and feel that both they and those they care about are suddenly more vulnerable.
- ◇ This anxiety is understandable, but may go to extremes and cause problems with children and spouses in particular if the survivor becomes so overprotective that activity is restricted.
- ◇ Help to distinguish between “common concerns,” and things she may be over-sensitive to as a result of the assault.
- ◇ Help develop plans to allow loved ones to let the survivor know they are okay when doing things that create anxiety, i.e., phone calls, messages, etc.
- ◇ Help the survivor to gradually allow others more freedom as s/he becomes more comfortable. Support and encourage a deliberate and systematic process for diminishing the overprotective behaviors.

LOSS OF TRUST

- ◇ Is often profound.
- ◇ Loss of trust in self, i.e., not trusting one's own judgment, and feeling that somehow one missed cues that might have warned of the assault.
- ◇ Loss of trust in others is a direct result of the betrayal experienced by the assault.
- ◇ While these responses are understandable, they can be extremely damaging to a survivor's functioning, coping and healing.
- ◇ Demonstrate that you trust the survivor's judgment – ask her/his opinion, praise good decisions, ask for thoughts on important matters.
- ◇ Help identify at least one person s/he can trust with at least one piece of information.
- ◇ Normalize that degrees of trust in others should vary from person to person, even among family and close friends.
- ◇ Maintain the highest degree of integrity and honesty in your interactions with the survivor. NEVER miss appointments, unless there is a compelling reason; DON'T make promises you may not be able to keep; and ALWAYS follow-through with what you say you'll do.

