



herstory

Survivor Guide

Had an uncomfortable sexual
experience, but not quite
sure what to make of it?
Our guide can help.

Make sense of what happened.
Navigate your options. Take action.

www.herstory.global/gettheguide



*"I always think about how
my life could have been
different if **had I known
back then a story** like
what ended up happening
to me."*

- Survivor(1)

WELCOME TO THE HERSTORY **survivor guide**

The time after being sexually assaulted can be confusing and overwhelming—majority of women are not able to make sense of what happened(2). Survivor stories and studies alike tell us of how healing it is to hear your experience reflected in the stories of others, and validated by experts. Indeed, defining your experience based on the facts of the matter has been linked with better adjustment.(3,4.) Without access to accurate information widely spread misconceptions unfortunately often fill in the gaps. We believe every survivor should have access to fact-based information and real-world survivor stories. Our objective is to empower survivors by providing you with the information you need to make sense of what happened, navigate your options and take action—should you choose to do so. We hope you will find this guide insightful and empowering on your journey of discovery and healing.

Before we begin, we want to make you aware of a few matters:

- The information provided is not medical or legal advice, and may not apply to specific situations or all localities. Should you need specific legal or medical advice, it's best to consult relevant professional advisors.
- Although Herstory is primarily designed for adult female survivors of acquaintance sexual assault, anyone can be the victim of sexual assault. No matter what, it's never ever the fault of the victim. Also, the information may not be complete—if you don't see your experience reflected, it doesn't mean it wasn't valid.
- Content warning: the information in this guide and the publications it links to contain definitions and descriptions of sexual assault. If you feel triggered, you may want to stop reading the guide and/or seek professional help.
- Please read our Terms of Use at herstory.global/terms-of-use for more details.

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MAKE SENSE OF **of what happened**

Learn key definitions and facts as well as understand your responses to help you piece together what happened.



NAVIGATE **your options**

You have options and don't have to navigate them alone. Find out what some of them are and read about the benefits and possible risks to help you evaluate what's right for you.



TAKE **action**

Find helpful resources to get started if you've decided to move forward with one or more options.

MAKE SENSE OF what happened



"It took me 5 years to realize I was sexually assaulted - and now I can finally recover."

- Survivor(5)

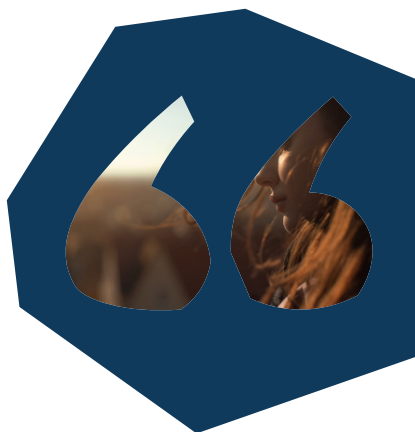
You might be grappling with making sense of what happened. Confusion, self-blame and denial are common(6,7,8) in particular when the perpetrator is someone the survivor knows(9) which is usually the case(10). If you feel something uncomfortable happened but are not sure how to define it, these resources can help. Even if you are not sure what to make of what happened, don't let it discourage you from exploring your options, and seeking support.

1. Learn the
Language

2. Dispel Myths

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Your Responses

1. LEARN the language



"At the time, I didn't have the language around rape and consent. I didn't have the knowledge around anything like that. I didn't know."

-Survivor(11)

After an uncomfortable and confusing experience such as sexual assault or coercion you might be learning a whole new vocabulary and be unsure how to define it. Here, we cover some of the key terminology and definitions in general terms to help you make sense of what happened. Legal definitions however can differ based on the locality, don't always reflect the victim experience(16) and evolve over time(144,145). To understand the legal terminology for what happened and/or possible diagnosis for symptoms following, it's best to refer to the relevant local laws and legislations, and speak with relevant professional advisors.

Consent: The U.S. Centers for Disease Control and Prevention's (CDC) National Center for Injury Prevention and Control (NCIPC) defines consent as *"words or overt actions by a person who is legally or functionally competent to give informed approval, indicating a freely given agreement to have sexual intercourse or sexual contact."*(12) UN Women provide the following guidelines for consent:

- **Enthusiastic:** "No," or "I don't know," and silence are not consent.
- **Given Freely:** Consent must be given voluntarily and cannot be obtained through coercion or force. It cannot be given by someone who is for example asleep, unconscious or intoxicated.
- **Informed:** Based on facts. For example, if a partner says they will use protection but don't, that is not consensual sex.
- **Specific:** Consent is given for a specific act (e.g. kissing). It does not mean agreeing to another act (e.g. sex). Consent needs to be present every time.
- **Reversible:** It can be revoked at any time. That means people are allowed to change their minds, or stop any activity at any time. (13)

Sexual Assault: Sexual assault refers to a range of unwanted sexual acts such as touching, kissing, rubbing, groping, forcing the victim to touch the perpetrator in sexual ways, and rape.(14)

Rape: The FBI defines rape as *"penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim."*(15) In general terms, rape typically refers to unwanted sexual intercourse that involves the use of force and/or the lack of consent.(16)

Sexual Coercion: Pressuring someone into sexual activity through for example verbal or physical coercion, threats or intimidation or through the use/abuse of authority.(17,18)

Sexual Harassment: The U.S. Equal Employment Opportunity Commission (EEOC) defines sexual harassment as unwelcome sexual advances, requests for sexual favours, and other verbal or physical harassment of a sexual nature. Unwelcome does not mean "involuntary." A victim may agree to certain conduct and actively participate in it even though it is offensive and objectionable (19) e.g. due to fear of repercussions of refusal (18). The sexual conduct is unwelcome whenever the person subjected to it considers it unwelcome(19).

Stealthing

Stealthing refers to non-consensual condom removal before or during sexual intercourse(150). The criminalisation of stealthing differs depending on the country, and the state.

Technology-Facilitated Sexual Violence (TFSV): TFSV refers to a range of behaviours where digital technologies are used to facilitate virtual and/or face-to-face sexually based harms. Such behaviours can include online sexual harassment, gender- and sexuality-based harassment, cyberstalking, image-based sexual exploitation, and the use of a carriage service to coerce a victim into an unwanted sexual act.(146)

Image-Based Sexual Abuse (IBSA): IBSA covers two behaviours. The first is "sexting coercion"(146) that is engaging in unwanted sexual behaviour through sexually explicit text, pictures, or video(147). The second is the creation, distribution, or threat of distribution, of intimate or sexually explicit images of another person without their consent (also known as revenge pornography). (146)

Acute Stress Disorder (ASD): ASD is a mental health condition that's triggered by a deeply disturbing or terrifying event (such as sexual assault) within the first four weeks of the traumatic event – either experiencing it or witnessing it. Symptoms may include flashbacks, nightmares, feeling wound up, anxiety or distress, as well as intrusive thoughts about the event.(20)

Post-Traumatic Stress Disorder (PTSD): PTSD is a mental health condition that's triggered by a deeply disturbing or terrifying event (such as sexual assault) after the first four weeks of the traumatic event — either experiencing it or witnessing it. Symptoms may include flashbacks, nightmares, feeling wound up (also called hyperarousal), severe anxiety or distress, as well as intrusive thoughts about the event. Multiple traumas over a longer time period can lead to complex post-traumatic stress disorder (CPTSD).(20)

Rape trauma syndrome (RTS): RTS is a psychological trauma experienced by a victim of rape(92) or other forms of sexual violence(21). RTS is often described as a particular type of post-traumatic stress disorder (PTSD), though it is more accurate to refer to rape (or sexual assault) as a traumatic event that can result in the development of PTSD, rather than to classify RTS as a subcategory of PTSD(143). The symptoms of RTS and post-traumatic stress syndrome overlap(21).

2. DISPEL myths



"Growing up, we're taught by our parents to fear attacks by strangers, to take care in dark alleyways, and never to walk home alone... I believed that story."

-Survivor(22)

Untrue myths are harmful and do not reflect the realities of sexual assault and trauma. They can lead to self-doubt, self-blame, and victim blaming by others. (23) Focusing on what the victim could have done differently makes the world feel like a safer place. It implies we have control over what happens to us.(24) In reality, anyone can be a victim of sexual assault (25,26). It is never, ever the fault of the victim. Here, we replace ten common myths with facts.

#1 Myth: Victims provoke sexual assault by for example dressing provocatively or by acting flirtatiously.(27,28)

Fact: Sexual assault is never, ever the fault of the victim. Sexual assault is often considered to be motivated by the desire to assert power over another rather than sexual gratification(29). Regardless, attire or flirtation is not an invitation for unwanted sexual activity, and nobody asks or deserves to be sexually assaulted.

#2 Myth: If the victim had a lot to drink, she is at least somewhat responsible for letting things get out of hand.(27,28)

Fact: Around half of sexual assaults involve alcohol consumed by the victim, the perpetrator, or both. This does not mean alcohol causes sexual assault. (14,30) Rather, identifying a vulnerable victim and/or administering or pushing alcohol are commonly used tactics to enable sexual assault.(25,30)

#3 Myth: If the victim agreed to go to the perpetrator's home or allowed them into theirs, sexual assault is a risk they should assume.(27)

Fact: Agreeing to one thing does not mean agreeing to sex. Perpetrators are often skilled at pushing victims' boundaries to create opportunities for committing sexual assault.(31)

#4 Myth: If the victim didn't fight back, it's not sexual assault. "Real" victims will have bruises and marks.(27)

Fact: Victims of sexual assault don't necessarily have bruises or marks(32). Perpetrators typically use psychological tactics (eg. trust, power) and alcohol as weapons(25,31,33) rather than excessive force(32) and victims resist passively (e.g. by freezing) rather than actively (e.g. by fighting)(34,35,36). These responses can be automatic(35,37).

#5 Myth: Perpetrators are monsters that attack women in dark alleys. If the victim knew the perpetrator or was in a romantic relationship with them it's not sexual assault.(38,39)

Fact: Perpetrators have different backgrounds, come from all walks of life(148), and are often seemingly regular men(25). Majority of sexual assaults are perpetrated by someone the victim knew and one in five by an intimate partner(10). Trust provides access(25). Based on US statistics, the majority (55%) of sexual assaults happen near or at the victim's home, and 12% occur at or near the home of a friend, relative, or acquaintance(149).

#6 Myth: Sexual assault is a misunderstanding(40). Or perpetrators assault because they don't know any better, or they get carried away and don't realise the victim is resisting(27).

Fact: Most sexual assaults are planned, and typically at the very least knowing, and often intentional. The majority of perpetrators are repeat offenders.(33) Based on studies if intimate partner violence offenders are able to read verbal and non-verbal cues of refusal but ignore them. The majority of sexual assaults do not involve a loss of control on the perpetrator's part.(18,41)

#7 Myth: Women say 'no', when actually they mean 'yes'.(27)

Fact: Saying no (or resisting in other ways - passively or actively) means the victim did not consent to the sexual activity.(18)

#8 Myth: If the victim's body responded, she must have actually enjoyed it, and you can't call it sexual assault.(42,43)

Fact: Physical arousal (36,44) and/or orgasm(44) during sexual assault are normal involuntary reactions, and based on studies can be the body's way of

protecting itself from injury. They can be triggered by fear or extreme anxiety.(45) These responses are not a sign of consent.(44)

#9 Myth: Women make up stories about being sexually assaulted (27). In particular if the victim did not report immediately, doesn't remember all details, gives contradictory statements or forgoes proactively sharing details that could make them seem complicit, they are probably lying.(34)

Fact: Studies estimate 5% of rape allegations are false and therefore, the overwhelming majority of sexual offence reports are true.(46) Labelling unwanted sexual experiences is typically a gradual process(7) and denial is a common initial coping strategy(139). Majority of victims never report sexual assault for a variety of reasons.(49) There's no connection between timeliness and truthfulness of reporting.(140).

It's not unusual for survivors to have vivid memories about the beginning of a sexual assault when their brain's defence circuitry was first triggered and the initial burst of stress hormones was released. Details or aspects of the experience that were of most significance may be intensely remembered. (34) Yet when asked to recall details about e.g. the time of day, or who and what was where at any given time, survivors may struggle or contradict themselves.(141) Survivors may also omit or minimise behaviours they don't understand or that they used to survive, such as appeasement, or flattery, out of fear that they will not be believed or that they will be blamed for their assault.(34) Indeed, most women don't disclose information that they can't make sense of - information, that experts might consider as typical victim behaviour.(142)

#10 Myth: If the victim agreed to some sexual acts before the assault, it's not sexual assault.(27) If the victim resisted but eventually gave in when pressured, it's not sexual assault.(18)

Fact: Consent needs to be freely given for each sexual act without the use of pressure or coercion. Everyone has the right to stop engaging in sexual activity at any point.(16,18)

3. UNDERSTAND

your responses



"Understanding how the brain responds to emotional stimuli like fear would have saved me over a decade of guilt and anxiety."

-Survivor(47)

Survivors often don't understand their own responses and feel they should have done more to prevent the assault.(34) The 'perfect victim' narrative tells a story of a woman who was attacked by a stranger, fought back profusely and reported it immediately.(48) It doesn't reflect the realities of sexual assault and trauma. There is no "right" or uniform response to sexual assault. (34) Typically the aggressor is someone the victim knows,(10) women resist passively,(34) don't report immediately (or at all)(49) and may maintain a relationship with the perpetrator(50). What may seem counterintuitive is often textbook when you understand how the brain responds to threat and trauma(51). Learning about common responses can help to empower survivors(52).

The Stages of Responses

Perpetrators are typically skilled at creating opportunities to assault.(31) The moments before the assault begins are called 'the anticipatory stage' (53). Some survivors report having had a bad feeling (54) while others may have never seen it coming(55-58). When the sexual assault starts, the victim usually experiences a heightened sense of awareness(37), followed by an initial freeze(59) and finally the brain defaulting to habitual behaviours(34,35) and/or extreme survival responses which can be accompanied by involuntarily bodily responses(36). Victims may go through several of these stages, or skip straight to a survival response. It's important to understand that these reactions are automatic.(37) After the assault almost all victims experience distress (60) and some develop PTSD (20) or rape trauma syndrome (RTS) (21). RTS can entail three stages - the acute, the outward adjustment and the resolution stage (61).

01

BEFORE | The anticipatory stage

02

DURING | Heightened awareness

03

DURING | Initial freeze

04

DURING | Habitual and psychobiological responses

05

DURING | Extreme survival responses

06

AFTER | The acute stage

07

AFTER | The outward adjustment phase

08

AFTER | The resolution phase

Responses Before Sexual Assault

"“Why did you put yourself in that situation?” was a common question I was asked... I was asked questions along the lines of, “were you drinking?” and “why didn’t you tell me sooner?” Neither of which were aimed at helping me feel supported and validated.”

- Survivor(62)

One of the most harmful myths related to sexual assault is about victims 'putting themselves in that situation'. It can lead to misplaced feelings of self-blame and victim blaming by others.(63) No matter what happened, it is never, ever the fault of the victim. Instead of reflecting on the victim's actions, understanding the skill at which perpetrators create opportunities to assault and tactics perpetrators employ(31) can help to reduce feelings of self-blame and help to place the blame where it belongs—on the perpetrator.

- Victims don't 'put themselves in that situation'. Instead, perpetrators are skilled at pushing boundaries to create opportunities to assault.(31) For example, acquaintance perpetrators typically have the ability to convince, con or lure their victims into opportunistic isolation (e.g. his/her place).(25)
- Alcohol does not cause sexual assault.(14,64) Instead, it is often used as an enabler and/or 'justification by the perpetrator to commit assault.(14,25,64)
- Majority of sexual assaults are committed by someone the victim knows(10). Trust provides access(25,31). This does not make it any less valid or traumatic(65).

Responses During Sexual Assault

"The moment where you consider giving in, or do give in, that's the moment you torture yourself about for the rest of your life. That's the moment where you think it happened to you because you are a bad and weak person, who wanted it really. When in fact, it's about survival. And whichever choice you make, it wasn't really a choice at all.

- Mhairi McFarlane, Author of 'Don't You forget About Me' (66)

Next, we'll explore different habitual, psychobiological (bodily) and extreme survival responses victims can experience during sexual assault. You might not have responded the way you thought you would or may feel like you should or could have done more to stop it from happening—this is common and can be very confusing. Understanding your responses can be empowering, and help you take steps towards regaining a sense of agency, and reduce possible feelings of misplaced self-blame(52). A common misconception is that victims will fight back or try to run away. In reality, women typically resist 'passively' not by fighting back.(34) There is no uniform or 'right' reaction, and these responses are often brain-based and automatic—beyond your immediate control(37). In the face of threat, stress hormones flooding the brain can cause a rapid and dramatic loss of prefrontal cognitive abilities, limiting our ability to think, plan and reason(68). Your body did what it needed to do to survive and there is no shame in that.

1

Freeze

"I didn't say no, but I didn't really know what to do. I just kind of froze."

- Survivor(67)

- Freezing is a very common response during sexual assault - based on one study, 70% of rape victims experienced "significant" and 48% "extreme" tonic immobility (temporary paralysis)(69). It's not only about feeling unable to move, it can also limit ones' ability to think of a way out of the situation(68). Freezing does not mean that the victim consented(70).

2

Submitting

"Eventually I gave in so I could get myself out of that situation."

-Survivor(69)

- Submission is a common response and can entail going along with the perpetrator without saying anything to avoid additional harm and/or the self-stigma of rape (70) under some form of duress (e.g. threat of harm, manipulation, intoxication(72), misuse of authority(73)).
- Possible "co-operation" in such circumstances can be an automatic survival defence mechanism that is activated in the presence of fear and danger and does not equal consent due to the circumstances.(43)

3

Befriend or tend

"I continued to sit, frozen, smiling politely, witnessing the assault in the mirror."

- Survivor(47)

- Befriend or tend means to try to politely negotiate or talk down the offender in order to maintain the relationship (trying to avoid insulting them or hurting their feelings).(48) For example, if the victim usually wards off unwanted sexual advances politely by saying "It's getting late, perhaps I should go", they might default to the same during an assault.(34,35,36).
- If the perpetrator is for example in a position of authority and/or due to "politeness conditioned" women may experience to this response.(52)

4

Fawn

"When I realized what was happening I made a moment-by-moment decision not to escalate. What increased danger would I be in if I made my internal feelings external?"

-Survivor(75)

- Fawning (also called the 'please' response) has been described as an "all-consuming and inexplicable urge to ingratiate ourselves to the dominant other" and as a biological imperative to 'make nice' with the perpetrator by simply letting something happen.(76)
- It involves monitoring and feeling into other people's state of mind (typically the aggressor) to anticipate a situation and respond by adapting and pleasing to avoid confrontation.(77)
- It's prevalent with complex trauma or complex post traumatic stress disorder (CPTSD) resulting from high-stress situations that have often been drawn out over a longer period of time such as partner sexual and domestic abuse.(76) However, it can also be a response to a one-off situation in particular when the perpetrator has power over the victim either in the moment or in a more sustained sense.(77)

5

Faint or flop

"I felt faint, trembling and cold . . . I went limp."

-Survivor(78)

- Faint or flop or 'collapsed immobility' is sometimes compared with the involuntary equivalent of an animal playing dead. The victim typically loses muscle tone and their heart rate drops. They can report feeling limp (34,78), sleepy, or like rag doll(79).
- After the threat or danger has passed, a state that promotes rest and healing can take place(80). For example, some survivors report having fallen asleep.

6

Fight or flight

"I tried to push myself away from him and reach for the door."

-Survivor(81)

- Fighting means to trying to fight off the aggressor, and fleeing refers to attempting to escape. A common misconception is that victims will try one or the other. In reality, this is quite rare though it does happen.(34)
- Women are typically not trained or socially conditioned to fight and it is therefore not a common habitual response.
- In addition, in most cases the victim knows the perpetrator and they use other strategies, not violence, to commit sexual assault, and so the victim may not be initially alarmed by the situation or understand to react with violence.(59)

7

Dissociation

"I just remember staring up at the ceiling and following the cracks in the paint until he was done."

-Survivor(82)

- Disassociation is when the brain 'disconnects' from what is happening and goes somewhere 'safe'.(83)
- Victims can report for example 'being on autopilot',(59) 'switching off', 'spacing out', 'feeling out of body' or focusing their gaze or their mental energy on something specific (e.g. staring at a ceiling fan, counting the seconds). Disassociation can also impact the victim's ability to recall the assault(59).

8

Psychobiological responses

"Although I didn't agree to what was happening, I was physically getting aroused by it."

-Survivor(84)

- Physical arousal(36,44) and/or orgasm(44) during sexual assault are normal involuntary psychobiological and bodily responses, and based on studies can be the body's way of protecting itself from injury and can be triggered by fear or extreme anxiety(45).
- Based on studies, approximately 21% of women experience physical arousal(44) and 4-5% orgasm(85) during sexual assault. A common analogy is tickling - even though it may be unpleasant and the subject may want it to stop, they can't help laughing. It doesn't mean you're enjoying it. Similarly, arousal and/or orgasm are not a sign of consent.(44)
- Some perpetrators have learned how fear, anxiety and physical stimulation can correspond to other forms of heightened arousal, and they exploit the connection(86) to try to coerce the victim into continuing the act and/or to justify their own actions,(43) as well as to confuse the victim into thinking they were somehow complicit and decrease the chances of the victim legitimising it as rape or sexual assault in order to lessen the chances of the victim reporting it while at the same trying to decrease their credibility should they do so(87).

Responses After Sexual Assault

"It wasn't until months later, after I began to experience increased anxiety, bouts of depression and a return of other symptoms of PTSD did I fully understand what had happened to me."

-Survivor(88)

The time after sexual assault can feel overwhelming. It is often not immediately clear what happened - confusion and denial are common as survivors try to piece it together. Survivors' responses after the assault are often misunderstood. Survivors themselves too don't necessarily understand them.(34) It is common to initially be in denial about what happened, and for example maintain a relationship with the perpetrator(6,50) while still working it out (6) or trying to re-shape it into something that is more manageable to handle(7,52). For some, the appearance of symptoms following the trauma is when they first start to take steps towards facing what actually took place(88).

Sexual assault can have short- and long-term physical and psychological impact on the survivor(61). They may develop acute stress disorder (ASD) within the first month following the assault and/or post traumatic stress disorder (PTSD) from one month, or later, following the assault(20), Rape trauma syndrome (RTS), which relates to not only rape but all types of sexual violence)(21). Rape trauma syndrome can relate to sexual assault and rape both (21) is often described as a particular type of PTSD, though it is more accurate to refer to rape (or sexual assault) as a traumatic event that can result in the development of PTSD(143). ASD, PTSD and RTS share similar symptoms such as intrusive thoughts, being constantly on guard and avoidance(90).

Rape trauma syndrome (RTS) identifies three stages of psychological trauma that rape survivors undergo: **1) the acute stage, 2) the outer adjustment stage,** and **3) the resolution stage**(61). Survivors may move backwards, forwards or between phases as they work through the trauma(91).

1

The Acute Stage

"I think I was in shock and my brain wanted to make what happened seem like something different."

- Survivor(137)

The acute stage takes place immediately following the assault and in the days and/or weeks after the assault and typically lasts no longer than two weeks. The survivor may be very expressive (e.g. hysterical, upset, crying), seem very controlled (e.g. little emotion, numb) or appear to be in a state of shock/disbelief (e.g. disorientation, difficulty concentrating and making decisions or doing everyday tasks, poor recall of the assault (92) or even laughing due to the shock and disbelief (65)). Establishing a sense of safety is central to this stage(86).

2

The Outward Adjustment Stage

"I just tried to forget about it after that. I thought, "I better move on, it was my mistake. I gave him the wrong message by going over"."

- Survivor(52)

During the second stage, survivors may try to carry on with their lives as normal to try and assure themselves that they can cope. They may try to for example avoid thinking about the incident as a coping mechanism.(21) Five common coping mechanisms include:

- **Minimisation:** pretending 'everything is fine'(92). For example it's common for victims to maintain or stay in a relationship with the perpetrator.(6,50)
- **Dramatisation:** not being able to stop talking about it.

- **Suppression:** refusing to talk about it.
- **Explanation:** analysing what happened.
- **Flight:** moving to a new home or city, changing jobs/schools, altering appearance.(92)

3

The Resolution Stage

"I accept what happened and I'm ready to heal."

- Survivor(138)

During the final stage the assault becomes a part of the woman's lived experience, but no longer defines her or is the central focus of her life or thoughts(21,63,92). Symptoms will ease off and can even disappear.(20) Recovery is not solely measured on eliminating symptoms and doesn't mean that the survivor will never again experience any symptoms. Factors such as whether you increase your involvement in the present, acquire skills and attitudes to regain control of your life, forgive yourself for guilt, shame and other negative cognition, and gain stress reduction skills for overall better functioning are important parts of healing too.(93) Accepting your innocence in the assault, and not just intellectually - you should feel it too is key to recovery.(63)

Based on research, sexual assault survivors have also reported some form of growth following the trauma of sexual assault. This is referred to as post-traumatic growth (PTG) - the positive psychological growth that a survivor might experience after enduring a traumatic event.(94) Eventually, it's possible for the survivor to also transform their own sense of purpose by not only not avoiding the topic but by "taking it on" for example by finding ways to help other survivors(93).

NAVIGATE your options



"There was no-one I felt I could turn to."

- Survivor(95)

**1. Set Your
Goals**

**2. Evaluate
Your Concerns**

**3. Assess Your
Options**

You're not alone, and you do have options when you are ready. You might be feeling conflicted about disclosing and reporting sexual assault(49), or simply have no idea where to begin. Losing control can be particularly daunting after sexual assault where lack of control and helplessness is central to the experience.(96) Evaluating goals, concerns and options can be a helpful step towards reclaiming control and understanding what's the best route for you.

1. SET your goals

"I was not sure what the next move was. I didn't think there was a next move."

- Survivor(97)



Healing

Reducing distress and developing coping skills to improve quality of life.



Justice

Making sure the perpetrator is held accountable for what they did.



Protecting others

Preventing the perpetrator from assaulting more victims.

To assess different options, it can be helpful to understand and set goals that are important to you. Every situation is different, but survivors tend to share some common goals such as healing, holding the perpetrator accountable for what they did as well as protecting others(7,8).

2. EVALUATE **your concerns**



*"If I could go back in time knowing what I
know now I would report, but I didn't."
- Survivor(22)*

You might be feeling worried about what might happen if you disclose to others, report or take other action. Although each situation is unique, survivors often share a few common concerns(7,8). Some survivors also feel they would have chosen differently had they had accurate information at hand (22). In absence of accurate information sadly widely spread misconceptions often fill in the gaps. Our objective is to address each concern objectively to help you in your process of making *informed* decisions. However, only you can ultimately decide what's right for you.

1

Not sure if what happened counts.

"I worried that what happened wasn't "serious enough" to be believed or taken seriously."

- Survivor(95)

Sexual assault does not necessarily involve a dramatic struggle (98)- most victims knew the perpetrator(10), and didn't fight back (34,35). It can still be just as traumatic(65,98).

2

Don't think I acted like a victim should.

"I'd behaved in ways that didn't make sense. I'd smiled and made pancakes. Facing the antagonism of an interrogation hardly seemed worth it."

- Survivor(99)

There is no "right" response to sexual assault (34) and responses are often automatic(100). Lack of understanding of common responses, which are typically passive, as well as perpetrator tactics(30) can make survivors feel complicit in what happened(34). If alcohol was involved, as it is in around half of cases, it's even more likely victims experience self-blame(30). What may seem counterintuitive is often textbook when you understand how the brain responds to threat and trauma.

3

Shame and fear of stigma.

"It was just easiest for me to pretend it didn't happen, I didn't want to be a victim, I was embarrassed, I was scared."

- Survivor(101)

It's important to remember that feeling shame, and self-blame are symptoms of trauma, not reality.(102) It's not your fault, and the shame isn't yours to bear.

4

Fear of not being believed, being judged, burdening others or that they won't care.

"I blamed myself. "Why did I go over to his building? Why did I then follow him up the stairs? Why did I even enter his apartment?" Who would believe me?"
- Survivor(82)

You might be worried about how people might react if you share with them what happened. The strength of the survivor's social support system has been shown to positively correlate with healing.(103) On the other hand, if the survivor believes that others have failed to react in a positive and supportive manner, there is also a greater risk of PTSD.(21)

Based on one study participants reported receiving high levels of social support and low levels of disregard from others. Yet, negative responses from others had a stronger impact on well-being than did positive responses.(104) When disclosing to loved ones it's often advised to start with people you feel most confident will react supportively.

When it comes to reporting to the police, based on one study, the assessment of the outcome of that experience appears to be more negative (71%) than positive (22%) (105). To mitigate a potentially challenging experience, sexual assault and women's centre's can typically provide 'befrienders' or advocates to accompany you in reporting for emotional support and to advocate for your rights.

5

Perpetrator didn't match expectations.

"What happened didn't fit any label that I recognised: he wasn't a stranger, there was no dark alley."

- Survivor(95)

When the perpetrator doesn't match the survivor's expectations, it can make her doubt her experience. Prevalent and flawed scripts tell a story of sexual assault being committed by strangers(8) whereas in reality perpetrators are usually seemingly regular men the victims know. Trust provides access.(25) In addition, perpetrators often contribute to the confusion through manipulation by for example compelling the victim believe it was consensual(106).

6

Don't want to get the perpetrator into trouble.

"My new boyfriend told me I shouldn't say anything. I would ruin his life. It wasn't that bad. I should just forget it and move on."

- Survivor(107)

It's not uncommon to have mixed feelings about the perpetrator if there was some kind of connection or acquaintance with them prior to the assault(108-110). Typically, perpetrators occupy a more powerful or dominant position in relation to the victim.(111) Idealisation and traumatic bonding are examples of cognitive or thought-process changes that can occur in response to traumatic stress.(108) It's also common for victims to maintain a relationship - at times romantic(112) - with the perpetrator(50), because they're still trying to make sense of what happened, get closure, regain control(6) and/or reshape it into

something else that is more manageable to process to neutralise the trauma(7,52).

Experiencing such emotions can feel “taboo” to survivors yet acknowledging and processing these emotions can, based on research, help to disidentify with the perpetrator.(108) Idealisation can be accompanied by blaming one-self (instead of the perpetrator) as an attempt to make sense cognitively and gain control over a traumatic experience by assuming responsibility.(8)

In addition, lack of awareness that most assaults are planned in some way (32,113) - they are intentional or at least knowing(32), and that most offenders don't stop at one assault (33,114) can also contribute to victims wanting to give the perpetrator the benefit of the doubt(8). In reality, most perpetrators make a series of seemingly irrelevant decisions that eventually lead to the commission of a sexual assault(113). Clark and Quadara (2010) argue that whether what happened seems “planned”, “opportunistic”, or even an apparent “misunderstanding”, the steps that perpetrators take to realise that opportunity are deliberate and calculated. They use the resources present in any given situation to minimise the victim's capacity to refuse sex and actively consent.(25)

7 Fear of retaliation.

The survivor may fear retaliation(49) from for example the perpetrator, their friends or in student/workplace cases from their place of study or employment. People who file grievances do frequently face retaliation(135). If you are retaliated against by your place of study or employment, or if no action is taken, you may be able to file a complaint with a POC governing your rights (e.g. in student cases the US the relevant IX Coordinator in your place of study(115) and/or the U.S. Department of Education's Office for Civil

Rights (OCR) (116) or in work cases a government agency e.g. a Labor Office such as the U.S. Equal Employment Opportunity Commission) depending on the country. Deadlines often apply.(117)

8

Confidentiality.

You may be worried about people you didn't want to find out doing so if you disclose to others (8,49). Losing control of your own narrative can be particularly concerning after an experience like sexual assault where lack of control and helplessness is central to the experience(96) and due to the trauma your trust in others may have been compromised(118). Understanding policies around confidentiality when it comes to formal reporting channels, and being purposeful and selective when it comes to telling loved ones - especially in the beginning - can be helpful strategies when it comes to disclosure. Remember, when sharing with for example loved ones you don't have to share every detail, only what you are comfortable with.

9

Don't believe anything will come out of it.

"The legal system requires proof beyond a reasonable doubt. I'd behaved in ways that didn't make sense."
-Survivor(99)

Lack of certainty if what happened would be considered a crime, lack of evidence(8,121), lack of trust in the system (121) and lack of awareness of the fact that charges can be pressed even in the absence of physical evidence(119) as well as lack of understanding of typical responses to sexual assault (34) combined with awareness of low conviction rates (120,121) can feel discouraging to many(121).

3. ASSESS

your options



"We say if it ever happened to us, we would act differently. But the truth is until you are in that situation yourself and you're forced to make a decision that could alter your life in huge ways, you really don't know how you will act."

- Survivor(122)

It's common to feel conflicted about what action to take, or to take any at all. To assess different options, it can be helpful to reflect on them in the light of your goals and concerns. There are valid benefits and risks for many of them. In general, empowering victims by giving back control can be helpful for recovery(21) and taking action can help the survivor regain some sense of agency(123). The outlined options may serve as a starting point in general terms, however these are just examples of options that might be available to you. Some of the information and available options can also differ based on your locality and circumstances. Only you can decide what's right for you.

Collecting physical evidence via a medical exam ('rape kit'):

- A medical exam also called a 'rape kit' can be performed for sexual assaults in general not rape only in order to collect and preserve evidence.
- In most cases, physical and DNA evidence needs to be collected within hours of the assault. However, it can reveal other forms of evidence (e.g. bruises and marks) even beyond this time frame.(124)
- Cases with physical evidence have been reported to be more likely to lead to arrest, be referred to the prosecutor, be charged, as well as result in conviction and have been associated with harsher sentences than cases without physical evidence(119).
- Even if the perpetrator is not prosecuted, their DNA may be added to a national database, making it possible to connect them to any future offences(124).
- In some localities (e.g. countries, states) the victim is required to file a police report should they request a rape kit while in others these are two independent decision making processes, and the victim can have the kit done and decide later if they want to make a police report.
- The conduct of the staff collecting the evidence can either ease or increase (including risk of re-traumatization) the distress involved in having a medical exam taken.(125,126)

Making a police report:

- If you have decided to report the sexual assault with the authorities, you will need to make a police report. It does not, however, guarantee that the perpetrator will be prosecuted and/or convicted(119,123). Most perpetrators will not go to jail or prison.(120)
- Sexual assault is a highly underreported crime - for example in the US 78 percent of rapes and sexual assaults go unreported, according to a Justice Department analysis of violent crime in 2016(128). Victims may chose not to report for a variety of reasons (see 'Évaluate Your Cocerns' section in this guide).

- The conduct of the people working in the criminal justice system can either ease or increase (including risk of re-traumatization) the distress involved in reporting(127). Based on one study, the assessment of the outcome of that experience appears to be more negative(71%) than positive (22%) (105). To mitigate a potentially challenging experience, sexual assault and women's centre's can typically provide 'befrienders' or advocates to accompany you in reporting for emotional support and to advocate for your rights.



Counseling and therapy:

- Based on research, survivors report better outcomes when short-term crisis intervention is followed by long-term services such as individual counseling combined with group support work.(129)
- Long-term mental health services might include a variety of therapeutic components such as an assessment, goal setting, a treatment plan and step-by-step

work toward therapeutic goals.(129) Examples of types of therapies can include: Cognitive Behavioural Therapy (CBT) (129,130) and Eye Movement Desensitisation and Reprocessing (EMDR) (130,131).

Joining a support group:

- Group therapy is often designed to target a specific issue (e.g. sexual assault) and involves one or more psychologists who lead a group of roughly five to 15 patients who typically meet for an hour or two each week.
- Some survivors attend individual therapy only, or in addition to groups, while others participate in groups only. In open groups new members can join at any time while in closed groups all members begin the group at the same time.(132)
- The group can be led by a psychologist, or by a peer (the latter is called a peer-led group).(133)

- Based on research group therapy and/or peer-led groups can provide empathetic and safe environments to share experiences with others thus having a positive impact on survivors' well-being.(133,134) There is a risk of painful memories being triggered, however this is interconnected with reciprocal healing.(134)
- One study found that group members were more comfortable in a peer-led group and acquired more knowledge and skills in a professional-led group.(133)

Finding a sexual assault survivor advocate or case manager:

- Women's organisations and sexual assault crisis centres can typically offer case manager services for those affected by sexual assault. You can approach them even if you are not sure if you define your experience as sexual assault.
- An advocate or case manager can serve as the primary initial point of contact, and help to:
 - Provide support for the victims' immediate needs
 - Assess safety concerns, provide information on resources that are available
 - Make sense of what happened in a supportive and non-judgemental environment
 - Navigate the survivor's options (e.g. seeking counselling, making a police report, writing down what happened), empower the survivor to make informed decisions and coordinate the services the survivor expresses they want to access

Telling loved ones:

- The decision to share with loved ones is often a difficult one, but most survivors (59%) do tell at least one person, and find comfort in doing so. Based on one study participants reported receiving high levels of social support and low levels of disregard from others. Yet, negative responses had a stronger impact on well-being than did positive responses.(104)

Overall, the strength of the survivor's social support system has been shown to positively correlate with healing.(103) On the other hand, if the survivor believes that others have failed to react in a positive and supportive manner, there is also a greater risk of PTSD.(21)

- Out of those that had disclosed 96% had told to at least one informal support provider, and 24% at least one formal support provider. Of the study participants, majority did not regret disclosing with 18% wishing they had not told someone, most commonly female friends and mothers. The most common reasons for regretting telling a person were that they made them feel ashamed or embarrassed and that the assault was their fault or they deserved it.(104)
- The reactions of the first people the survivor tells typically have a profound impact on the survivor's journey(103) and therefore, it's often recommended to start with the people you trusts most to react supportively.

Speaking to an attorney:

- An attorney can help survivors navigate what legal measures are available to them based on the laws of the locality and their specific situation (e.g. help to understand various requirements involved in filing a case, including the statute of limitations).

Filing a complaint with your place of study or work:

- If the perpetrator and the survivors study or work at the same place, the place of study or employer may have a disciplinary policy or Code of Conduct covering the behaviour in question as well as a process for filing complaints. Even if there is no policy, you can approach e.g. your line manager or the HR department. It is often recommended to document all interactions, and keep a record of them.
- HR decisions can be made based on victim testimonials and credibility assessments - that means the standard of proof without 'reasonable doubt' which can be required in court proceedings depending on the locality is typically not required in HR investigations(136).

- Some complaints can result in consequences for the perpetrator including expulsion from the place of study or termination of employment. Reporting does not, however, guarantee that the perpetrator will face consequences.
- People who file grievances do frequently face retaliation(135). If you are retaliated against by your place of study or employment, or if no action is taken, you may be able to file a complaint with a POC governing your rights. For example in student cases in the United States this could be the relevant IX Coordinator in your place of study(115) and/or the U.S. Department of Education's Office for Civil Rights (OCR)(116). Or, in work cases a government agency such as the Labor Office or in the United States the U.S. Equal Employment Opportunity Commission more specifically. Options may differ based on your locality, and deadlines often apply.(117)

TAKE action



"Understanding how the brain responds to emotional stimuli like fear (---) would have changed the entire narrative surrounding the event – things like victim-blaming and fear of reporting."

- Survivor(47)

If you've decided to move forward with one or more option, these resources can be helpful in getting started. However, these are just examples of options that might be available to you. Herstory does not provide any legal or medical advice. Only you can decide what's right for you. Some of the information and available options can also differ based on your locality and circumstances.

Having a medical exam done:

- You can visit a medical centre to have a sexual assault forensic exam (also known as a 'rape kit'). To find a medical centre that is prepared to care for survivors or for other questions in relation to the exam, you can call the national sexual assault hotline in your country.
- Where possible, try to avoid activities that could potentially damage evidence such as bathing, showering, cleaning up the area, eating or brushing your teeth, using the restroom, changing clothes or combing your hair. If you have done any of the above already, don't let it discourage you from getting the forensic exam done.
- In most cases, the DNA evidence needs to be collected within 72 hours of the assault. However, a sexual assault forensic exam can reveal other forms of evidence (e.g. bruises and marks) even beyond this time frame. If you've already e.g. changed your clothes, place the relevant belongings such as clothes you wore at the time of the assault in a paper bag to safely preserve evidence.

Making a police report:

- Depending on your locality, there may be several options for reporting a sexual assault:
 - Calling the relevant emergency number if you are in immediate danger.
 - Contacting the local police department. Women's organisations and sexual assault centres can typically have a befriender accompany you to the police station for emotional support and to advocate for your rights.
 - Visiting a medical centre. If you are being treated for injuries resulting from sexual assault or having a forensic exam ('rape kit') done, you can tell a medical professional that you wish to report the assault.
 - If you are a student you may be able to contact campus-based law enforcement, if any.
 - If it happened abroad and you are still in the country you can file a police report with the local authorities. If you've left the country, you will still

typically need to make the police report with the local authorities. Depending on the country some local authorities may allow for e.g. online reporting while others require the victim to travel back and make the police report in person. Your nearest local embassy, commission or consular may be able to provide guidance and assistance.

- If you have access to a national sexual assault hotline, they or a women's organisation/sexual assault centre can typically advise of best options.

Finding a sexual assault centre advocate or case manager:

- You can contact a local women's organisation, sexual assault centre or sexual assault hot lines to request to see a sexual assault advocate or case manager to help you navigate your options.

Finding a therapist or counselor:

- If you have health insurance, your insurance company may be able to provide a list of therapy providers covered and advise what is covered under your insurance policy.
- A general practitioner at a public or private hospital or medical clinic should be able to provide a referral.
- Women's organisations, sexual assault/rape crisis centres or sexual assault hot lines may be able to provide recommendations and connect you with therapists. They may also be able to offer initial free or discounted sessions.
- If you are a student, your place of education may offer therapy services and/or if they have a dedicated medical clinic they may be able to provide a referral.
- If you are employed, your employer may offer therapy services as part of your benefits package and/or if they have a dedicated medical clinic they may be able to provide a referral.
- You can search for therapists and psychologists in selected countries and cities at internet portals such as www.psychologytoday.com/intl/counsellors and <https://www.goodtherapy.org>.

- Online Apps such as BetterHelp offer virtual counselling.

Finding an attorney:

- You can make a police report without hiring a lawyer, but if you wish to consult one before hand and/or during the proceedings, or pursue other legal measures, some options for finding legal representation are:
 - Women's organisations and sexual assault centres may be able to provide recommendations and may even have agreements on discounted rates
 - If you are employed, your employer may offer an employee assistance program as part of your benefits package including services to recommend legal firms.

Reporting at your place of study or work:

- To understand what your place of education or work considers a violation, what the potential consequences for the perpetrator are, and what the policy states in terms of possible retaliation following a claim, you can study the relevant code of conduct and reporting processes. Even if there is no policy you can still file a report by e.g. approaching your line manager or the HR department.
- If you are retaliated against or if no action is taken by your place of study or your employer, you may be able to file a complaint with a POC governing your rights (e.g. a IX Coordinator in the US) or a government agency (e.g. a Labor Office) respectively depending on the country. Deadlines often apply.

Telling loved ones:

- If you've made the decision to tell loved ones, it is often advised to start by telling a person/people you trust most and are most confident will have a supportive reaction.
- Think about why you are telling them and what you are hoping to achieve from it (e.g. emotional support and understanding, support with navigating

your options). They might ask you how they can help. Think about it in advance, and tell them what you need from them.

- Think about what you want to say. Tell them what you want them to know - you don't have to share more than you feel comfortable with. If you get questions, have an answer prepared in advance for questions that you don't want to answer (e.g. 'I am not yet ready to share additional details, I value your support and hope you can respect my boundaries').
- People may not react the way you expect them to (for better or for worse) and for some people it may take some time to process. It's also not unusual for people not know how to react or worry about saying the wrong thing.
- Pick a time when they are not distracted or in a hurry.

For more information:



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Visit our website for more in-depth information on the areas we covered in this guide, as well as to explore additional areas such as common questions, perpetrator tactics and survivor stories. You can also request a resource from us through our site if you didn't find what you were looking for, or share your story to help others.



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