

Rape or Sexual Assault

Information for GPs



Patient feelings and how they cope after a sexual assault

Everyone reacts and feels differently after experiencing a traumatic event such as rape or sexual assault and whatever the survivor is feeling is a 'normal' response to what has happened.

Some common feelings that may be experienced are: anger numbness, fear, self-blame, guilt, sorrow, anxiety, panic attacks, flashbacks (reliving the events), sleeping problems, isolation, powerlessness or denial. This list of effects can be endless, and some may experience all or none of these feelings.

Sexual assault is a traumatic experience and some of the long-term effects can be: recurring nightmares, relationship problems, flashbacks or depression. Some cope by self-medicating through drugs and/or alcohol to try to block out the memory of what happened, controlling their eating or self-harming. Whatever they are feeling, or however they may be coping, they are surviving the trauma of what has happened in their own way.

Helpful reactions to disclosure

It may be very difficult for the patient to talk about what happened and they may fear not being believed (some people so not want to tell anyone, and some never will). However, as a survivor of sexual violence it can be extremely hard for them to just forget about what has happened, no matter how hard they may try.

As part of the healing process, simply breaking the silence and talking about their thoughts and feelings can help immensely. The GP/patient relationship is therefore imperative here as disclosure can signal the beginning of survivors regaining control over their own life and moving on, and your reaction can be crucial.

Many people worry about how to act or what to say. But there are some simple principles that survivors of sexual abuse or assault might appreciate:

- ◆ If a patient discloses sexual violence to you, don't brush it aside as if it's unimportant. Don't say "I think you should look forwards, not backwards", because this is just what they have unsuccessfully been trying to do. On the other hand do not insist that details of the assault are imparted to you. Respect their desire for privacy. Listen, stay calm and supportive and tell them you appreciate them telling you, as you know it can often be very difficult.
- ◆ Don't try to take charge, don't assume in advance what they might need or not need, or that they are irreparably damaged. For some people, simply disclosing and being acknowledged will be sufficient. Remember to ask your patient: "how do you think this has affected your health and wellbeing?", "Are there some effects you would welcome help with?"
- ◆ Understand that healing can take time. Remember to remind the survivor that they don't have to go through this process alone and that there are helpful agencies they can contact.
- ◆ If people have not disclosed, but you have reason to suspect they may have suffered childhood abuse or other sexual assault which has affected their physical and mental health, don't be afraid to ask sensitively about it. Saying for instance "I wonder if this may have happened to you in the past" or "a number of my patients who experienced the same problems as you, had bad experiences in childhood" can bring great relief to people who find it extremely hard to speak of it themselves.

You are also conveying to your patient that the issues are taken seriously by you and your team.

Many professionals are nervous about offending or upsetting their patients or clients, but research with survivors themselves suggests that they become far more frustrated at professionals failing to recognise or ask about problems relating to sexual violence.

For example, retired GP Willie Angus has written in the British Medical Journal (1996:313:210) about how, once he began to explore the subject, more than 80 patients revealed a sexual abuse history to him in the space of 2 years: **“I was never criticised by patients for asking them...those to whom it did not apply seemed undisturbed and answered in the negative. Most survivors were considerably relieved when the question was asked, as they had, in many cases, tried to bring up the subject, but felt unable to do so in case they were disbelieved or rejected”**.

Facts about sexual violence

Current legal definition of rape: The Sexual Offences Act 2003 (the Act) came into force on the 1st May 2004. The Act extends the definition of rape to include the penetration by a penis of the vagina, anus or mouth of another person.

Current legal definition of sexual (indecent) assault: Sexual assault is an act of physical, psychological and emotional violation, in the form of a sexual act, which is inflicted on someone without consent. It can involve forcing or manipulating someone to witness or participate in any sexual acts, apart from penetration of the mouth with the penis, the penetration of the anus or vagina (however slight) with any object or the penis, which is rape.

Sexual violence can be perpetrated by a complete stranger, or by someone known and even trusted, such as a friend, colleague, family member, partner or ex-partner.

In summary, **sexual violence is any kind of unwanted sexual behaviour**.

Most forms of sexual violence or assault are criminal offences, and all of them have a significant and harmful impact which can be as distressing as rape itself and can last a lifetime - especially if the violence was experienced when the survivor was a child.

Sexual violence is an aggressive abuse of power and a form of control which causes humiliation, pain, fear, intimidation and even guilt.

Instances of sexual violence occur more commonly than is realised; as many as **1 in 4 women are estimated to experience sexual violence at some point** during their lifetime.

The World Health Organisation estimates that 1 in 5 girls and 1 in 9 boys are sexually abused in childhood.

Children do not always tell someone about their abuse. The NSPCC estimate that 72% of sexually abused children did not tell anyone about it at the time, 27% told someone later, and around 31% still had not told anyone about their experiences by early adulthood.

For further information please visit:

Barnsley Sexual Abuse & Rape Crisis Services
www.bsarcs.org

Rape Crisis England & Wales
www.rapecrisis.org.uk

The Survivors Trust
www.thesurvivorstrust.org

Mankind Initiative
www.mankind.org.uk

Child Line
www.childline.org.uk

Barnsley Safeguarding Children Board
www.safeguardingchildrenbarnsley.com