n contemporary Australian society it is still rare for sexual assault to be viewed as a 'family matter'. Myths about sexual assault say it happens in dark alleyways, is perpetrated by 'sick' strangers, and is experienced by the very unfortunate few. But sexual assault happens to almost one in five women in Australia, and while some women are sexually assaulted outdoors and by someone they don’t know, many sexual assaults happen in private residences, and 80% of sexual assaults are perpetrated by a person the victim/survivor knows (ABS, 2005; see Morrison, 2006). These sexual assaults, and their ramifications, do not occur in a vacuum. They have profound short and long-term effects on the individual victim/survivor, their family, and the community they exist within. They also have significant costs for society as a whole.

It is the effects of sexual assault on family members – those who may both ‘care about’ and attempt to ‘care for’ the individual victim/survivor – and on overall family functioning, that is the concern of this paper. The paper also addresses the ways the reactions of family members to the sexual assault of a 'significant other' can be helpful or unhelpful for their recovery. The article concludes by listing ways that families can best care for family members who have experienced sexual assault; how family members can care for themselves if a significant other has been sexually assaulted; and the policy implications of these suggestions. Overall, the aim of the article is to increase our understanding about the impact of sexual assault on families, and suggests ways that families and society may do a better job of ‘caring’ about and for individual sexual assault survivors, and sexual assault as a social issue.

The paper focuses on the effects of sexual assaults that are not perpetrated by a family member. The effects on families of intra-familial rape, incest, and sexual assault as part of family violence are different topics. However, I use the term ‘non-perpetrator family member’ to acknowledge the extent to which family members are often themselves the perpetrators of the sexual assault of a family member. Also, the paper mostly focuses on the familial impacts of the sexual assault of adult and young adults, rather than children.
Why do families matter? Introducing issues of ‘secondary trauma’, response to disclosure, and care

This article discusses two reasons why families matter when it comes to the effects of sexual assault: firstly, in relation to the ways families and individual family members can be adversely affected by the assault; and secondly, the way family members can have an adverse or positive impact on the victim/survivor of the assault, through the way they react and behave post-disclosure or post-assault.

‘Secondary victims’

Parents, children, partners, siblings and other family members of a victim/survivor can all be affected by rape and its aftermath (Daane, 2005). In the field of trauma research, witnessing the trauma of a family member or ‘significant other’ is recognised as traumatic within its own right, creating ‘secondary victims’ of traumas including sexual assault (Figley & Kleber, 1995). Often, these ‘secondary victims’ will even experience similar ‘symptoms’ to the primary victim/survivor of the sexual assault. Yet there is little research or attention paid to these ‘other’ people impacted by sexual assault, little appropriate social validation or understanding of their pain, and little funding given to formal specialist service provision to meet their needs. The issues and support needs of non-perpetrator family members of victim/survivors of sexual assault warrants attention in its own right. Also, meeting the needs of these family members who care about and for primary victim/survivors will equip them to better respond to, and care for, primary victim/survivors of sexual assault.

Family responses to disclosure of rape

Research has found that family members can respond both very helpfully and very unhelpfully to a victim/survivor post-assault. The nature of this response can be an important if not crucial determinant to a survivor’s recovery. Helpful responses include believing the survivor, and listening to them; unhelpful responses include not believing them, discounting their experience, and blaming them for the attack.

Research has found that it is the negative responses, in particular, that can be particularly influential, further harming the survivor. Negative responses can also have ramifications on a survivor’s access to professional post-assault support. In this way, the reactions of family members can inadvertently (or blatantly) play a ‘gate-keeping’ role between the communication of victim/survivors with the formal support system, and the legal system. Negative family responses to rape can also lead to a shattering of family relationships, communication and functioning (see Lieveore, 2005).

These two issues place the non-perpetrator family member in a complex position. On the one hand, they are constructed as (secondary) ‘victims’ of the assault. On the other hand, they are constructed as having the potential to perpetrate more rape-related harm on the victim/survivor, through their reactions to the assault. Appreciating both these perspectives, and how they overlap, is important. I believe an approach that emphasises the ways for family members to appropriately care for and about the survivor of sexual assault, yet which also acknowledges and addresses the needs of non-assaulted family members, will be most helpful to all.

How does sexual assault affect the individual victim/survivor?

Research on the topic of family members of victim/survivors has found family members may experience similar ‘symptoms’ to those experienced by the primary victim/survivor of sexual assault. Because of this, it is important to summarise what the effects of sexual assault are before proceeding. Recognising these effects of rape is also an important part of creating a better response and facilitating prevention overall. As Winkler (1991), an anthropologist and sexual assault victim/survivor puts it:

“If we don’t understand these acts of horror, and if we cannot succinctly define them as they really exist and are experienced, then people in this culture from jurors to our family members [my emphasis] will continue to support rapists and their acts of horror” (p. 14).

So, what are the effects of sexual assault? I will concentrate mostly here on the effects of sexual assault on adult and young adult women. As an aside, I do not wish to be prescriptive about what a survivor ‘will’ experience - this will of course differ from person to person. Rather I state below what have been documented as the range of effects that can be experienced by a victim/survivor of sexual assault. It is important to mention that these effects are also heavily influenced (in both positive and negative ways) by the responses of others, and society in general.

Experiencing a trauma of any kind – for example, a severe accident, death of a loved one, torture, or participation in warfare – profoundly affects a person. Often, a person’s life will be changed forever, and their previous beliefs about themselves and the world will be shattered. For people who experience the trauma of sexual assault, this is also the case.

During the sexual assault, victim/survivors may experience intense pain and terror, including the real and terrifying fear they will die. They may also experience ‘disassociation’, a psychological ‘fleeting’ from an unbearable event: ‘many rape victims have noted that during the attack they step outside of their body and mentally watch the attack’ (Winkler, 1991, p. 14).

After the attack, survivors may also experience dissociation, may have ongoing fears, and may experience anxiety (Petrak, 2002). They may also experience shock at what happened to them, and experience a state of confusion, and denial. They may experience Post Traumatic Stress Disorder (PTSD), and the many ‘symptoms’ it entails. Contributed to by the reactions of others, survivors may also experience self-blame and low self-esteem. They may self-harm, have suicidal ideation (Stepakoff, 1998), attempt suicide (Petrak, 2002), and commit suicide. Other physical effects of sexual assault may include chronic disease, gynaecological symptoms, damage to the urethra, vagina and anus; headaches, eating disorders, and irritable bowel syndrome.
Indeed, sexual assault may have profound effects on many if not all aspects of a victim/survivor’s life. Sexual assault can disrupt and alter a victim/survivor’s relationship with the surrounding community and world. It can have a profound effect on her/his relationships with others, impacting on intimate, friendship and family relationships (Crome & McCabe, 1995). It may also have a significant impact on her/his overall life-style, paid working life, home life, leisure activities, and community life. Victim/survivors may also suffer ‘secondary victimisation’ through their adverse experiences of the responses of the medical, health and criminal justice system to sexual assault victim/survivors (Ahrens, 2006), and may receive other harmful and negative responses from friends, family and broader society (Davis & Brickman, 1996). Previous spiritual life and/or beliefs may be profoundly challenged and/or shattered by the experience of a trauma such as sexual assault, with further consequences for survival. Finally, sexual assault may have financial costs including loss of earning, loss of earning capacity, medical expenses, counselling expenses – and of course many other intangible costs not measurable in monetary terms (Mayhew & Adkins, 2003). It is also important to note that, despite all these profoundly negative effects, many victims of sexual assault not only ‘survive’ but, living with the experience of the assault, go on to lead rich lives.

Overall, given these effects, it is not perhaps surprising that those who care about and care for victim/survivors of sexual assault may also be affected by the assault.

‘Secondary traumatisation’: The impact of sexual assault on family members of victim/survivors

As already stated, people who witness the assault or ramifications of the assault of another, but particularly a loved one or ‘significant’ other, will be profoundly affected. In effect, they themselves are ‘assaulted’ by the violence experienced by the family member, and may become ‘secondary victims’. The term ‘secondary traumatisation’ has been used in the small body of research in the field of trauma to refer to effects of sexual assault where a ‘secondary victim’ experiences similar trauma symptoms to the victim/survivor themselves. Reimer and Ferguson (1995) outline a model of ‘trauma processing’ that applies to secondary victims. This model is comprised of five stages:

1. Trauma awareness, when the sexual assault is disclosed to the ‘secondary victim’. Sometimes, the family member may not know all the details straight away, so each disclosure by the primary victim may result in a new awareness for the secondary victim of what happened and the ways it affected the victim/survivor.

2. Crisis and disorientation: For healing to begin to occur, the trauma must be recognised, ‘dealt with’ and ‘integrated’, but this will involve a degree or period of ‘crisis and disorientation’ or being ‘off balance’.

3. Outward adjustment: An appearance of coping, at both personal and relationship levels occurs, but without the full depth of the trauma having been ‘integrated’. Established relationship patterns may prevail, as if there has been a return to existing status quo, usually until the (primary) victim/survivor begins to ‘move on’ in her/his own healing and recovery.

4. Reorganisation: New forms of relating are said to develop as a result of ‘integration and resolution of the trauma’, and re-organisation in terms of the personal ‘cognitive schema’ (beliefs about themselves and the world) of primary and secondary victims.

5. Integration and resolution: The trauma is ‘integrated’ and ‘resolved’ into the person’s life.

Despite these different and seemingly progressive stages, this is not a linear process: individuals tend to return back and forth to various stages from time to time. Also, it should be noted that this model suggests the healing of the ‘secondary victim’ is intertwined with that of the ‘primary’ victim/survivor.

Impacts of sexual assault on family relationships and family functioning

The research on the impact of rape on family and family functioning has been limited (Crome & McCabe, 1995). Perhaps this is because these issues remain so taboo and under-recognised – both within research and in society in general. Rape in general, is still an under-researched and under-recognised issue.

The existing research on the impact of rape on family relationships and functioning has found that many adult rape survivors experience periods of marital/partnership, parental, and family disruption post-assault. This can commence in the initial stages of the post-rape period or much later in time. There is often an increase in relationship termination and/or alteration in living arrangements post-rape. This can extend to a breakdown in communication, and issues of secrecy can predominate (issues of secrecy and communication are discussed in more detail below).

Research has also found a high level of interpersonal sensitivity and fearful reactions in adult rape survivors towards both familiar and unfamiliar people (Crome & McCabe, 1995). Victim/survivors may find their fear is generally directed to people of the same sex as the attacker. Some victim/survivors may have significant difficulties trusting people again, may tolerate only moderate amounts of intimacy or, by contrast, form dependent relationships and make ‘unrealistic’ expectations of others. For others, intimacy and sexual behaviour may become fused, so that many relationships are sexualised (Crome & McCabe, 1995).

In addition, family and significant others may also experience considerable distress following the sexual assault of a family member or loved one, and the physical and psychological symptoms they suffer can also disrupt life-styles and family structures (Cwik, 1996). Responses of family members to the assault include shock, helplessness and rage and can “parallel the affective responses of the victim in the acute post-traumatic period” (Silverman, 1978, p. 169). Feinauer (1982) states that victim/survivors and their families may, “have a sense of estrangement from others. They may feel violated and different. They may lose their
sense of community and belonging” (p. 38). Research also states that survivors and family members may feel a sense of “devaluation and guilt” (White & Rollins, 1981), or “devaluation and shame” (Silverman, 1978, p. 168).

Furthermore, the sexual assault and its aftermath may also ‘bring to the surface’ other long-standing family and/or relationship issues (White & Rollins, 1981). These feelings may be reflected in both self-blame and blame being directed towards other family members.

A family does not of course exist in isolation – society’s attitudes towards rape and victims in particular inform these family issues. Social responses to rape are still unfortunately dominated by various myths about rape that, for example, blame the victim, encourage secrecy, and favour the perpetrator’s view of reality (‘she asked for it’, etc., see discussion below).

Of course, it must also be noted that, while emphasising all these negative impacts, some sexual assault survivors may also find that some relationships are strengthened through the experience of rape survival.

**Impacts of sexual assault on specific family members and relationships**

Having discussed the potential broader impact of sexual assault on families and family functioning, I now want to look at the impact of sexual assault on particular family relationships.

**Impact of sexual assault on intimate partners and intimate partner relationships**

Like other family members, intimate partners may experience ‘secondary trauma’ as a result of the sexual assault of their partner. Non-assaulted partners have been found to display traumatic symptoms similar to their abused partners, and non-assaulted partners have been found to have significantly higher levels of trauma symptoms than their peers in a comparison group (Nelson & Wampler, 2000, 2002). Researchers suggest that female and male intimate partners of victim/survivors need to be understood as distinct populations (Jacob & Veach, 2005). Again, partners’ responses to the rape of their partner are informed by broader social attitudes towards rape and rape victims.

Most of the research on intimate partners of sexual assault victim/survivors is on male intimate partners of female victim/survivors. Male partners, like other family members, have been found to be affected by – and respond to – the sexual assault of their female partner in a myriad of ways, ranging from extremely unhelpful to extremely supportive (Duane, 2005). Holmstrom and Burgess (1979) categorised these different responses as being either ‘modern’ (that is, he sees rape as an act of violence causing injury to the victim) or ‘traditional’ (that is, he sees rape as sexual and focuses on the emotional harm and stigma caused to him). Men of this ‘traditional’ view were also found to blame the victim/survivor for the assault and focus on the harm to themselves (including feeling betrayed, ashamed, and repulsed by their victim/survivor partner). Other research has found that male partners of female victim/survivors described experiencing PTSD-like ‘symptoms’, including painful thoughts and feelings, and that some of their responses also reflected acceptance of common societal ‘rape myths’, such as being “critical of the victim [and] making inappropriate and negative comments” (Smith, 2005, p.149).

Very little research exists on female partners of male victim/survivors of sexual assault. In one study of female partners of male victim/survivors of childhood sexual abuse, it was found that these female partners commonly experience abuse themselves at the hands of their victimised partners, and were blamed for their partner’s anger. (The authors qualified their findings by, however, by pointing out that the research participants were volunteers, and may have been partly motivated to participate because of the violence they were experiencing, and thus not be representative of all partners of male victims of sexual assault/abuse) (Jacob & Veach, 2005).

Most of the women in this study also spoke of feelings of sadness and empathy for their partner.

**Parents of victim/survivors**

There has been no research to date on the secondary trauma of non-perpetrator parents and other family members of people sexually assaulted in adulthood. By contrast, there is a relatively large body of research on the parents of victim/survivors of child sexual assault, including intra-familial rape, which I do not have the space to engage with here. Much of this research has focused on the mother’s response to disclosure of the abuse, and her own history of abuse, which is a by no means straightforward relationship (see Brekenridge, 2006). However, some of this research also demonstrates the harm parents can experience because of the sexual assault of their child.

Manion et al. (1996) found parents experience ‘secondary traumatisation’ because of the sexual abuse of their child. Studies of parents of child victims of sexual abuse have found these parents suffer clinical levels of distress at up to three times the prevalence of the general population (Manion et al., 1996; Newberger et al., 1993). In a UK study of women attending a peer-support group for mothers whose children had been sexually abused, a sense of guilt and failure as a mother was a common initial reaction to discovery of the abuse. Many of the women also described feelings of depression, and strong feelings of anger towards men in general. Some mothers expressed the belief that the ‘recovery’ of mothers is a key factor for the recovery of their children. This points, again, to the inter-connectedness of family members’ reactions to sexual assault.

**Children of victim/survivors**

Similar to parents, there have been no primary studies to date on the specific effects of sexual assault on children of adult victim/survivors. However, there has been extensive national and international research on the impacts of domestic and family violence on children, and many perpetrators of domestic violence include sexual assault as part of their repertoire of controlling behaviour. While the focus of this article is not on family situations where the sexual assault is perpetrated by a family members – that needs to be a focus within its
own right – this literature on family violence is worth mentioning here, because it indicates the extent to which children may be affected by the rape of a family member.

Research on the impact on children of witnessing family violence has found that the impact is so profound, it needs to be considered a form of child abuse per se (Victorian Law Reform Commission, 2006). Children who have been exposed to violence between parents often display similar reactions and developmental problems as children growing up in war zones (Berman, 2000). Children of all ages suffer emotional distress, psychological disturbance and behavioural difficulties as a result of witnessing family violence (Ibesi, 2005, 2006; James, 1994).

Reactions of family members and society to victim/survivor disclosure, and the effects of these responses

A significant body of research has documented the negative reactions from community systems (legal system, health system) when a victim/survivor discloses they have been raped. Negative responses by community systems can have a determinative impact on whether the rape is brought to justice through the legal system, and whether a victim/survivor receives appropriate health care and other needed support.

Within the family, negative reactions to the disclosure of sexual assault can be overt, such as blaming or doubting the victim, denying the victim help, or telling the victim to stop talking about the rape. Less overt and even well-intentioned negative reactions might include encouraging secrecy, or patronising behaviour (Ahrens, 2006).

Research has found that these reactions can be determining factors in the victim/survivor’s recovery. For example, one study found that all negative social reactions to the disclosure of sexual assault were strongly associated with increased psychological symptoms in the victim/survivor, whereas most positive social reactions were unrelated to ‘adjustment’ post-assault (Ullman, 1996). Victims experiencing negative social reactions also reported poorer adjustment, even when other variables known to affect psychological recovery were controlled. The only social reactions related to better adjustment were being believed and being listened to by others.

There is a connection between the distress of a family member about a significant other’s sexual assault, and the way they react to the disclosure of sexual assault. Research on both non-sexual assault and sexual assault has found that even if a family member or ‘significant other’ is very distressed (by the assault on the victim/survivor’s family member), this does not have to interfere with the ability of a family member to engage in supportive actions. However, high levels of distress are associated with higher levels of unsupportive behaviour of significant others. Indeed, expressing a high level of distress can itself be an unsupportive response, because the focus is drawn away from the victim/survivor needing support, onto the comfort and support of the significant other.

Overall, higher levels of unsupportive behaviour has been found to be more likely among significant others of sexual assault victims than significant others of non-sexual assault victims (Davis, Taylor, & Bench, 1995; Davis & Brickman, 1996). Male significant others, in particular, were far more likely to engage in unsupportive actions in sexual assault cases than in non-sexual assault cases (Davis & Brickman, 1996) (see also the section on male intimate partners, above). As discussed already, this is an area of particular concern: another study found that ‘partners’ were the most important support suppliers for people who have been criminally victimised in general, and that respondents who indicated that their partners’ support had been insufficient suffered a deterioration in their wellbeing (Denkers, 1999).
caused Karen to question the efficacy of disclosure, and she did not disclose to anyone again for 19 years: “in effect, her sister’s reaction confirmed her own doubts and fears about whether her experience qualified as rape” (Ahrens, 2006, p. 267). The fact that she was unsure of whether the experience qualified as rape also affected Karen’s perception of her options – for example, she never considered reporting the assault to the police, going to the emergency room, seeking mental health services, or contacting a rape crisis centre.

Ironically, ceasing to disclose may actually have a positive impact on survivors’ recovery, because it can help them avoid such damaging negative reactions. Yet, silencing people’s experiences of rape not only means we are doing something fundamentally wrong. It also means we lose expert knowledge about rape, obstructing our ability to prevent it from happening. Results from research on the response of people to disclosure, as Ahrens (2006) concludes, “attest to the importance of continued efforts to reduce rape acceptance and train support providers on how to effectively support rape victims” (p. 273).

Loss, grief, and the family

Huge losses can follow a sexual assault. Intangible losses, such as loss of trust and faith in other humans, in the world in general, in a spiritual figure, and loss of elements of personal identity, and dreams about life, can all ensue. Also, there can be more tangible losses, such as loss of a career or job, loss of a place of residence, loss of social and/or family status, loss of relationships. Some victim/survivors have described losing literally everything. For example, ‘Pat’ stated: “I went from a comfortable life [married to a university professor], well-educated, to losing everything and being homeless” (Lievore, 2005, p. 81). Family members may be part of this loss, and can contribute to the losses of victim/
survivors. They may also experience loss themselves. These losses can lead to immense grief.

It can be argued that the expression and resolution of this grief is not socially sanctioned. It is “disenfranchised grief”: “the grief that persons experience when they incur a loss that is not or cannot be openly acknowledged, public mourned or socially supported” (Doka, 1989, in Dwyer & Miller, 1996). As Dwyer and Miller state, grief may become disenfranchised for three reasons: the relationship between the grieved and the griever is not recognised, the loss itself is not recognised, or the griever is not recognised. In relation to incest, or intra-familial rape, all three may apply (Dwyer & Miller, 1996).

In cases where the perpetrator is not a family member of the victim/survivor, it could be argued that the second two reasons (the loss itself is not recognised, and the griever is not recognised) are valid. Given the low levels of awareness and validation of the losses experienced by victim/survivors, and losses of family members of victim/survivors of sexual assault, grief may not be socially sanctioned in relation to a rape. Furthermore, as Dwyer and Miller point out, senses of shame, self-blame and self-doubt can act as powerful constraints to recognising feelings of grief, as the loved victim/survivor and family as a whole changes.

When family members adopt culturally accepted rape myths and themselves play a part in creating more loss, and more grief, ‘re-traumatising’ and/or silencing the victim/survivor ensues, and matters of grief are complicated still more. A lack of recognition of losses can leave family members invalidated and unsupported in recognising and resolving their grief (Dwyer & Miller, 1996).

When socially sanctioned traumas and losses happen in our society, they are often accompanied by a ritual or rituals, such as a funeral (Dwyer & Miller, 1996, p. 138), or other commemoration (such as a war veterans’ statue or parade for those who survived). There is no socially sanctioned, appropriate ritual after a rape occurs to yourself or a loved one. Instead, there is often disbelief, ridicule, isolation, blame, re-traumatisation, and silence, including within the family. Exploring and addressing the ‘ripple effects’ of rape on individuals and their families is an important way of coming to terms with the reality of sexual assault, for the purposes of providing a better response to rape, and contributing to overall prevention efforts (see Morrison, Quadara, & Boyd, 2007).

**Conclusion**

Large gaps exist in the literature on the impact of sexual assault on family members of victim/survivors. Certain family relationships (such as between adult children and their parents, between siblings, between extended family members) hardly figure at all in the existing research. As Cwik (1996) states, ‘all too often these ‘other’ victims of rape are overlooked during the acute and follow-up phases of intervention’. I have also not specifically discussed the way sexual assault affects family formations in Aboriginal Australian communities, where a deep legacy of trauma through de-colonisation and other violence and profound injustices already exist; in refugee families, where often multiple traumas have prompted fleeing a country and home; and in other families that are culturally and linguistically diverse. These have been and must continue to be addressed in other articles.

Rape is often viewed as a trauma, which is helpful in many ways, including the validation of the harm caused by events such as sexual assault to a person (see Morrison et al., 2007). However, one of the problems with research on trauma is that it tends to look at and measure the effects on the individual of a traumatic event, classify ‘symptoms’ and indicate the helpfulness of certain ‘treatments’. While this is crucial in validating an individual’s experience and alleviating their pain, on its own, it can also have an individualising effect: our focus on the effects of rape stays at the level of the individual. This is problematic if we are also to view rape as a social problem, with social solutions. It also runs contrary to a theme that has run throughout this paper: the extent to which family members (and indeed others) are inter-connected when it comes to the harm of and recovery from sexual assault. To this end, I would like to close by summarising how non-perpetrator family members may effectively ‘care’ for victim/survivors of sexual assault, how they themselves may be better ‘cared for’, and the social and policy implications of these suggestions.

**How can families care for sexual assault victim/survivors?**

It can be difficult to care appropriately for a survivor of sexual assault in the family, particularly if you yourself are extremely distressed – but a positive response can be invaluable. Here are some basic principles and practical ways family members may respond positively and helpfully to a victim/survivor of sexual assault:

- **Belief:** It is important to believe survivors when they say they have been raped, and to accept what the survivor tells you happened. A dominant ‘rape myth’ is that people ‘cry rape’ (make false claims) – in fact the opposite is true – most people don’t report rape to the police, and many don’t talk about it to anyone.

The majority of rapes will not fit the common stereotype of ‘stranger rape’ that involved violent force or a weapon. In order to believe the victim, you may need to change your attitudes about who rapes, how rape happens, and what rape is (see point on ‘education’ below). Believing someone when they tell you they have been raped also involves fully accepting that something as terrible as the assault/abuse happened, which may be difficult for some. Believing someone also involves not minimising their experience; if they say it was a horrific event – it was, and the research above shows that it is.

- **Non-judgemental listening:** Listening non-judgementally is a good way of showing you believe, and listening to a survivor can be particularly helpful within itself – just letting them talk about what happened. Discussion cannot be forced, however – listen when they want to talk about it, but don’t pressure them to talk. Overall, it’s important a survivor is able to stay in control of the communication about the assault. For example, if a survivor asks you to keep the matter confidential, this needs to be honoured.
- Lack of blame: Another dominant rape myth in our society is one which tends to either explicitly or implicitly blame the victim. However, it is always the perpetrator who is responsible for a rape occurring—they have committed the crime. Holding the victim responsible for some or all of the rape means the perpetrator is not held accountable for his violent crime. Even if you think the survivor exercised ‘poor judgement’, or made a ‘mistake’, no one ever deserves to be raped. Rejecting viewpoints that blame the survivor is very supportive of the survivor, and is likely to assist their recovery.

- Meeting practical needs immediately post-assault: Immediately post-assault, a survivor needs to feel safe—she or he needs a safe and secure place to go. She or he also needs to have their physical and medical needs taken care of, because they are often in shock. Things like access to medical attention, if needed and/or desired, and access to clean, warm comfortable clothes can be helpful. Research has found that survivors find accessing a rape crisis counsellor post-assault very valuable. In Australia, free services for rape victims exist locally for many. A survivor can also be referred to a free 24-hour phone line, counselling service or other rape crisis centre. A rape survivor may also want to be accompanied to the police station, if she/he wants to report to the police. She/he also needs someone supportive to stay with them—sometimes this place can be filled by a supportive family member, or also by a rape counsellor/advocate.

- Respect: While meeting these needs, as a general principle it is always important for the survivor to be treated with respect. Keeping her or him informed about what is happening, respecting their decisions, needs, feelings and opinions, is vital. It might be tempting to be ‘over-protective’ of the survivor post-assault, particularly if they are a younger family member, but not being patronising, and treating the survivor with respect is a healing act.

- Letting them stay in control of decision-making: Because being sexually assaulted involves suffering profound dis-empowerment, it is important survivors are able to regain control over what happens to them next. It is important to meet immediate needs. Let survivors decide what actions they want to take post-assault, whether in regard to attending specialist sexual assault service, a crisis care unit, the doctor, the police. You can helpfully provide them with information to inform their choices and, for example, accompany them to appointments. Respect their decisions post-assault—they know what is best for them at a particular time.

- Respecting the healing process: For a long time after the assault, the survivor may seem ‘different’, and may take a long time to recover. She or he may in fact be changed forever. It is very ‘normal’ for a survivor of rape to be experience acute distress and other symptoms, and behave in different ways (see discussion of the possible effects of rape, above). Accepting this may take patience, yet being able to do so will be of great support to the survivor. Don’t try to ‘make it better’—they will be better in their own time.

- Resist any urge to adopt negative stereotypes about victims of rape. They are behaving in different ways because they have survived a trauma, which has taken enormous strength, courage and resistance. Be sensitive to issues such as physical or sexual contact (if relevant)–it may be appropriate to ask permission before you touch or hold the survivor. Maintain communication with the survivor as a way of indicating your belief in them, and your support and care for them.

- Seeking understanding and education about sexual assault, and support for yourself: It is likely to be very helpful for the survivor if you are able to educate yourself and increase your own understanding about sexual assault, and the ‘recovery’ process. Seek support and care for yourself, too—it will be easier to be supportive of others if you yourself are adequately cared for.

How can non-assaulted family members care for themselves?

As this article has shown, the sexual assault of a family member can entail the experience of trauma for other family members. As well as needing to care for the survivor family member, other family members may also require care themselves.

- Lack of blame: When bad things happen to family members, it may be tempting to blame yourself. But just as the sexual assault is not the fault of the victim, it is also not the fault of you. The person who is at fault is the perpetrator—they are responsible for the rape occurring. No matter what happened, you and the victim are not responsible for the criminal actions of another person. Also, reminding yourself that you are not able to ‘make’ the survivor feel better, no matter how much you want to, may also be helpful—it is not your fault that they are feeling bad or behaving differently.

- Validating your distress: It can be useful to assure yourself that it is ‘normal’ for you to feel extremely distressed about the sexual assault of a family member, and for your whole family to be deeply affected. As an individual you may feel fear, anger, guilt, shame, impatience, and may experience symptoms of trauma, as discussed above. It may be helpful if you are able to acknowledge what you are experiencing, and why, rather than as if nothing has happened or changed.

- Seeking support: It may also be helpful to talk with people that you can trust about what has happened, if this is possible/appropriate. It may also be helpful to seek professional support, such as through a rape crisis service or specialist sexual assault counselling service, who are also available to see family members of victim/survivors.

- Seeking knowledge and understanding: It may be helpful to educate yourself more about sexual assault. You can do so through a number of ways, such as through visiting the website of the Australian Centre for the Study of Sexual Assault (www.aifs.gov.au/acssa), enquiring for more information, or asking local rape crisis centres for...
information, or visiting their websites. Education about rape can help rebut powerful myths about rape. Getting involved in rape prevention can also be a way of positively and powerfully channelling your feelings of anger and powerlessness to help prevent sexual assault occurring in the future.

Practising self-care: Given that you and other members of your family are likely to be going through an extremely difficult time, it is important to prioritise taking care of yourself. Reduce stress levels, eat well, sleep well, take medical advice when needed, and so on.

Policy implications

Community education: More community education needs to be put in place that rebuts rape myths. This will facilitate a more positive response to survivors of sexual assault, by family members, health and legal services, and the wider community. In general, rape needs to be conceptualised as a family and social issue, as well as an issue facing individuals – this will also strengthen prevention efforts.

Funding for services for family members: Research emphasises the importance of long-term counselling in relation to family of victim/survivors, as well as for the victim/survivors themselves (Silverman, 1978; White & Rollins, 1981). Specialist sexual assault service providers need to be funded to supply sufficient care to non-perpetrator family members of sexual assault victim/survivors, as well as to victim/survivors. Currently, the numbers of sessions they can offer are usually limited. Non-assaulted family members must be able to access professional support, including that which helps them better care for and about victim/survivors of sexual assault.

Research: There needs to be more research on these issues, providing more knowledge and greater awareness on matters facing families dealing with sexual assault.

References


White & Rollins, 1981). Specialist sexual assault service providers need to be funded to supply sufficient care to non-perpetrator family members of sexual assault victim/survivors, as well as to victim/survivors. Currently, the numbers of sessions they can offer are usually limited. Non-assaulted family members must be able to access professional support, including that which helps them better care for and about victim/survivors of sexual assault.

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References


