

What is Crisis?

We all experience a variety of stressful events in our lifetime. Each of us has unique ways of dealing with these events in order to maintain a comfortable emotional balance, and when the usual coping mechanisms fail, we seek new ways of coping. A crisis state comes into being when these new attempts fail to return us to the pre-crisis level of emotional balance.

Crisis is a state of feeling; an internal experience of confusion and anxiety to the degree that formerly successful coping mechanisms fail us and ineffective decisions and behaviors take their place. As a result, the person in crisis may feel confused, vulnerable, anxious, afraid, angry, guilty, hopeless and helpless. Perceptions often are altered and memory may be distorted.

Crisis is a time of opportunity and danger. Crisis is useful when it causes one to go beyond familiar coping skills (both internal and external) and to develop new skills, therefore becoming more competent and autonomous. A crisis is dangerous when it is not and the person becomes overwhelmed with anxiety and pain and adapts in negative ways.

Good mental health has been described as the result of a life history of successful crisis resolutions.

A crisis state involves the breakdown of coping behavior that may have been adequate in the past, and as such it is a departure from the “status quo” of the caller. A healthy, well-adjusted individual can experience a crisis as can someone who is mentally ill. In neither case do we pass judgement on how the person functions normally, but through crisis intervention assist the caller in returning to whatever is normal for them, hopefully, armed with new, more effective coping skills.

Development of a Crisis

1. A precipitating event such as a perceived loss or traumatic experience produces intense anxiety and dependence on problem-solving skills.
2. Usual coping skills fail; the problem is still present and anxiety increases. The individual must look outside himself for help.
3. External resources may be tapped (religion, other people, alcohol, etc.) and fail to return the person to a comfortable emotional level. Anxiety continues to increase and the person may feel helpless. Perceptions are altered and the individual may think of nothing else but his situation.

4. All known internal and external resources fail; this tension and anxiety become unbearable. At this point something must change.

Possible Crisis Outcomes

A person cannot stay in crisis. The body can't stand the physical and emotional strain indefinitely. Either the situation will change and the person will return to a pre-crisis state; the person will develop new coping skills and resources; or the person will avoid crisis by substance abuse, mental or physical illness, a suicide attempt, or other destructive behavior. Some precipitating events can never be undone (such as in the case of rape or death of a spouse) and so the option of returning to a pre-crisis emotional state is not possible. Even where the situational crisis may be resolved, the caller's range of possible experiences and feeling have been altered and denial may play a big part in any resolution that does not include growth and development of new coping skills.

What you can do:

Survivors display incredible coping mechanisms during the assault, even though they do not always realize it. You can reinforce their confidence in their coping mechanisms. As you listen to their experience identify where/when they succeeded: possibly by submitting or resisting, by escaping, or by calling Rape Response. Whatever they did to survive was the right thing to do. Helping survivors realize that they are survivors and regain confidence in their own resources is a very important aspect of healing. *Sometimes it's not the lack of coping mechanisms that causes crisis, but the lack of confidence in those coping mechanisms.*

As healthy people, we possess a pattern of physical, cognitive, emotional, and social responses that allow us to cope with crisis and grief. If those around us understand what we are experiencing, we are free to go through the process that will lead us to stability. One of the most important things an advocate can do is help survivors understand that their feelings are normal and perhaps prepare them for other possible reactions. Also it is important to be able to educate family and friends of survivors so they can know how to respond as well. Below is a list of some common reactions to trauma.

Physiological: When we are threatened with imminent danger or loss, a very primitive mechanism goes into effect. Hormones are secreted, breathing and pulse rates change, the body automatically prepares itself for a fight for survival. This reaction can last anywhere from a few minutes to a few hours but usually doesn't subside until the individual has had a period of time in a safe, non-threatening environment.

How this appears: Hypervigilance, exaggerated startle response, insomnia, fatigue, anxiety

Cognitive: When in crisis, our minds are unable to focus on a single subject. We are unable to process alternatives, and we are incapable of making decisions. The total thought process is focused on avoiding the danger that is threatening us. Memory filters may also loosen which results in a tendency to remember everything negative in the last few years (e.g. that she/he was let down or that these were warnings s/he did not heed). This tends to increase the sense of alienation.

How this appears: Flashbacks, amnesia, nightmares, difficulty concentrating, racing thoughts, spacing out, repeating thoughts, self-blame, confusion

Emotional: At the point of crisis, the main affective responses are fight, fright, and flight. Since this person is simultaneously searching for an escape from the danger, he or she may rapidly fluctuate between anger, fear, and denial. After some time she/he may question identity and role performance - "Who am I? Am I a worthwhile person?" "What kind of wife/husband am I, or, can I ever be?"

How this appears: Depression, guilt, shame, anger, sadness, grief, fear, mood-swings, feeling out of control, numb, empty

Social: People in crisis, because they have lost control of their situation, may not be sure which people to trust. To avoid re-experiencing the pain, she/he may avoid the attachments, thus adding to the sense of alienation. They tend to trust a predictable role figure (a doctor, police officer) rather than the actual person with whom they are dealing at the moment.

How this appears: Isolating, avoiding thoughts and feelings, avoiding places and people, sexual dysfunction, loss of interests.

Acute Stage of Trauma

Immediate Following Assault

What the survivor is experiencing:

1. Shock
2. Denial
3. Acute Distress
 - a) Physical symptoms
 - Injuries
 - General Soreness
 - Loss of appetite and/or nausea
 - Disorganized sleep patterns (nightmares, screaming in sleep, insomnia, too much sleep)
 - b) Emotional symptoms
 - Fear
 - Humiliation
 - Degradation
 - Guilt
 - Shame / Embarrassment
 - Anger
 - Mood-swings
 - Crying
 - Replaying rape
 - Sadness

(The following information is excerpted from Rape Crisis and Recovery: Burgess, S.W. and Holmstrom, LL: Bowie, Maryland: Robert J. Brady Co., 1979)

Victims express their feelings in conjunction with their fear of dying. These feelings range from humiliation, degradation, guilt, shame, and embarrassment to self-blame, anger, and revenge. Because of the wide range of feelings experienced during the immediate phase, victims are prone to experience mood swings. One victim who was employed as librarian said:

“Sometimes I am nervous inside. A book falls at work and I jump. On Monday and Tuesday I was really jumpy. Now I sort of have some energy. I want to calm myself down and I try...I can feel the tension building up...and I can get quite irritated and snap at people at work”.

Many victims realize their feelings are out of proportion to the situation they are in. They will report feeling angry with someone and later realize the anger was unfounded in that situation. Women become quite upset over their behavior, which, in turn, produces more distress for them. One 21-year-old woman said, “I am on the verge of tears all the time. It is just awful! I am

trying to be so independent; trying to live my own life and I am falling on my face with each step I take”.

What the survivor needs:

1. To feel safe
2. To be accepted, believed, understood
3. To make decisions about:
 - a) Seeking medical attention for injury, STD, pregnancy, legal evidence
 - b) Reporting to the police
 - c) Prosecuting
 - d) Whom to tell and how to tell them
4. To regain a feeling of control over her/his life
5. To act on her/his decisions: Survivors who take some action and who seek support seem to recover sooner.

What you can do:

- Be supportive by listening and affirming you are there to help. Assure them that when they are ready to talk that you are available to listen and you are able to handle the details.
- Do not make decisions for them. Provide information and choices and let them know that you support their decision.
- Provide information about the trauma symptoms they may experience.

Phase of Apparent Readjustment

Usually days to weeks, sometimes years after assault

What the survivor is experiencing:

1. Tries to suppress symptoms
2. Deny anything is wrong
3. “Over it now”
4. People in life ready for her to be back to normal
5. May stop dating
6. Move to new location
7. Isolating

(The following information is excerpted from Rape Crisis and Recovery; Burgess, S.W. and Holmstrom, LL: Bowie, Maryland: Robert J. Brady Co., 1979)

The victim continually tries to block the thoughts of the assault from her/his mind. She/he will say she/he is trying to blot it from her/his mind, to push it from her/his mind, but the thought of the assault continually haunts her/him. Five days following the rape one victim said:

I have trouble keeping the whole thing from coming into my mind. There are just so many thoughts running through. Once at work the thought came into my mind and it hit me and I lost my breath, the feeling was so intense.

There is a strong desire for the victim to try and think of how she/he could undo what has happened. She/he reports going over in her/his mind how she/he might have escaped from the assailant, how she/he might have handled the situation differently. However, she/he usually ends up saying that she/he would have been beaten or killed if she/he did not do what the assailant demanded.

The rape very often upsets the victim's normal social routine. In some cases, not just one but many aspects of the victim's life are changed.

Many victims are able to resume only a minimal level of functioning even after the acute phase ends. These women/men go to work or school but are unable to be involved in more than business type activities. Other victims respond to the rape by staying home, by only venturing out of the house accompanied by a friend, or by being absent from or stopping work or school.

There is often a strong need to get away. One victim said:

“I felt so caged in. I couldn't open a window for fear something would happen again...and I felt like screaming at times. I had to get a change of scenery”.

Another change victims make in their lifestyle is to change their telephone number. Many victims request an unlisted number. The victim may do this as a precautionary measure or after receiving threatening calls. Victims fear that the assailant may gain access to them through the telephone. They are also hypersensitive to obscene telephone calls, which may or may not be from the assailant.

What the survivor needs:

1. To be allowed to cope with the experience within own ability
2. To be supported
3. To have people ready to listen when they want to talk
4. Possibly to move – to reorganize life

What you can do:

- Do not think that this phase means a full recovery.

- Be aware that police officers, court appearances, seeing perpetrator, etc. may be more traumatic than the survivor may expect.
 - Nightmares or phobic reactions may indicate that work may be needed around certain aspects of the assault. Survivors can only deny/repress feelings for so long. Eventually they will come up in physical, emotional, or behavioral reactions.

Reorientation Stage

What the survivor is experiencing:

1. Can no longer deny rape's effects
2. Begin to deal constructively with results
3. Anger directed at rapist
4. Depression

(The following information is excerpted from Rape Crisis and Recovery; Burgess, S.W. and Holmstrom, LL: Bowie, Maryland: Robert J. Brady Co., 1979)

Dreams and nightmares are a major symptom with the rape victim and occur during both the acute phase and long-term process. One victim reported that her husband said she was screaming out in her sleep. He went to touch her to calm her down, and she screamed even more.

Victims report two types of nightmares following the rape. One type is a situation in which the victim dreams of being in a similar situation and is attempting to try and get out of the situation but fails. These dreams are similar to the actual rape itself. As one victim described her dream, "The man came back again and was trying to force me in the hallway and I was screaming and trying to get away. I was fighting as hard as I could... and then I woke up."

The second type of dream occurs as time progresses. The dream material changes and often the victim will report mastery in the dream. However, the dream content still is of violence, and this is disturbing to the victim. Often they will see themselves committing acts of violence such as killing and stabbing people. Therefore, the power gained in this second type of dream may represent mastery but the victim still has to deal with this violent image of herself.

Phobias

A common psychologist defense that is seen in rape victims is the development of fears and phobias specific to the circumstances of the rape. Victims will develop phobic reactions to a wide variety of circumstances. One such circumstance is being in crowds, as a victim stated, "I haven't been socializing. I haven't had any urge. This has really affected me. I haven't been out in a crowd since this happened".

Other victims are fearful of being alone after the rape. One victim said about entering her apartment, "I am still looking behind doors. I always leave the door open when I enter. It is all I can do to get into the apartment and turn the light on. I just can't relax. I always think someone is there". This victim was grabbed and raped six times after she entered her apartment by the assailant who was inside waiting for her. He also removed all the light bulbs from their sockets and was wearing rubber gloves and a mask.

The woman may develop specific fears related to characteristics noted in the assailant such as the odor of gasoline that one assailant had on his hands or alcohol which the woman could smell on the man. One victim who worked as a saleswoman said, “The other night, a male customer came in and had some of the same features – a moustache – as the guy who raped me. I could not go over and wait on him”.

Some victims describe a very suspicious, paranoid feeling. One 25-year-old victim said that when she got on the bus she felt as though the bus driver and everyone on the bus knew she had been raped. She had extreme difficulty sitting on the bus for the duration of her ride. The occurrence of a second upsetting situation following a rape can easily produce additional fearful feelings.

Sexual Lifestyle

Many women report a fear of sex after the rape. The normal sexual style of the victim becomes disrupted following a rape. The rape is especially upsetting if the victim has never had any sexual experience before the rape in that she has no other experience to compare it to and no way to know whether sex will always be so unpleasant. For victims who had been sexually active, the fear increases when the boyfriend or husband confronts the woman with resuming their sexual pattern.

There are also women who are not currently involved sexually with a man when the rape occurs. One victim stated during a hospital interview that she was glad she was not involved with a man at that point because she would be fearful of how she would handle the sexual part of the relationship. But two months following the rape, this victim said:

“At first I thought it was good that I wasn’t close to any man at that point in my life. But now I have a big question in my mind as to how I will be in a close relationship with a man. I know it has affected me in a sexual way but I have no idea to what degree”.

What the survivor needs:

1. To talk about the rape
2. To discover and express previously suppressed emotions (anger, fear, grief)
3. To resolve negative feelings about self
4. To see self as normal
5. To examine relationships with friends, family, partner
6. To identify and work on sexual concerns
7. To re-establish independence

- W**hat you can do:
- Provide information about rape trauma reactions. Reassure that the reactions are normal and understandable. They should not “be over it by now”.
 - Listen. They may need to tell you the whole story now.
 - Suggest professional counseling. Refer to Rape Response for additional services.

Long-term Adjustment Stage

What the survivor is experiencing:

1. Feels more comfortable
2. Regains sense of control over life
3. Integrates the experience into life

What the survivor needs:

1. On going support from family and friends
2. Permission to revisit these issues as needed in the future

Factors Which Influence Recovery

There are factors that influence the way in which a person copes with sexual trauma and how long symptoms are present. Some of these factors are:

1. Personality type- how resilient are they?
2. Support systems- who do they trust to help?
3. Relationship with offender- was it someone in their support system? Was it a stranger?
4. Degree of violence
5. Type of sexual assault(s)
6. Perception of assault
7. Social/cultural influences
8. Previous experiences with stress
9. Success in coping with previous crisis
10. Immediate personal contacts after the assault.

Because there are many variables in each situation it is important to meet survivors where they are and normalize their individual reactions. There are no absolutes in trauma or healing.

Grief

People must go through levels of a grief process. While there appears to be a sequence of moving from one to the other, the grieving person usually cycles back and forth among the possible layers, moving consistently towards the final stages, but seldom clearly in one or the other. It is advisable to allow the person to experience the pain at each stage. Well-intentioned attempts to "make it better" can often retard progress through a healthy grief reaction.

Shock: Following a severe loss, the survivor moves into a period of shock that may last from minutes to days. They will be observed fluctuating among feelings, not experiencing any particular emotion for a very long period of time. They will sometimes have to convince themselves that the event really happened, that things are no longer as they had been.

Anger: At some point, anger will surface as an emotion the survivor is experiencing. Initially, the anger may not remain focused on a single factor, but may float among possible causes of the loss. They may suddenly switch to other issues they are feeling. We may observe them expressing anger in totally unreasonable directions, but the fact that anger is being accepted by them as a viable feeling is healthy. It becomes dysfunctional when the anger becomes totally focused on themselves or when they are reluctant to move past this stage.

Bargaining: After a period of time, the person grieving begins to come to terms with what is required for them to return to normalcy. They will find that they must discard some of the feelings and behaviors that they have recently been experiencing. Sometimes one of the greatest barriers to this is the sense that they should not be returning to a normal life style after the trauma that they have experienced.

Depression: Though we might expect to experience depression in the early stages of grief, the earlier levels are marked more by a sense of mourning over the loss. However, as the person begins to accept that life will and must go on, this implies they have also accepted that the loss did actually occur. With that acknowledgment, they are also struck by the sense of what life will be like now without the person or situation that has been lost. This is usually of short duration, but may include some suicidal features.

Integration: Only when the person has progressed through the above stages will they be able to develop a style of living that does not include the lost person or situation. They will never forget the loss, but it will gradually become less and less of a preoccupation. They will take steps to prevent similar losses from happening again but as time passes, these preventative measures will either be discarded or will become part of a normal routine.

Acute Stress Disorder

The diagnostic term most commonly used to describe the crisis reactions on the previous pages is Acute Stress Disorder.

According to the DSM-5, a person with Acute Stress Disorder has been exposed to one or more of the following traumatic events:

- Experienced an event or events that involved a threat of death, actual or threatened serious injury, or actual or threatened physical or sexual violation of himself or herself
- Personally witnessed an event or events that involved the actual or threatened death, serious injury, or physical or sexual violation of others
- Learned of such harm coming to a close relative or close friend
- Or underwent repeated or extreme exposure to aversive details of unnatural death, serious injury, or serious assault or sexual violation of others

Following the traumatic event, eight (or more) of the following symptoms are present:

- A subjective sense of numbing, detachment from others, or reduced responsiveness to events that would normally elicit an emotional response
- An altered sense of the reality of one's surroundings or oneself (e.g., seeing oneself from another's perspective, being in a daze, time slowing)
- Inability to remember at least one important aspect of the traumatic event that was probably encoded (i.e. not due to head injury, alcohol, drugs)
- Spontaneous or cued recurrent, involuntary and intrusive distressing memories of the event
- Recurrent distressing dreams related to the event
- Dissociative reactions in which the individual feels or acts as if the traumatic event were recurring
- Intense or prolonged psychological distress or physiological reactivity at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event
- Persistent and effortful avoidance of thoughts, conversations, or feelings that arouse recollections of the trauma
- Persistent and effortful avoidance of activities, places, or physical reminders that arouse recollections of the trauma
- Sleep disturbance (e.g., difficulty in falling asleep, restless sleep, or staying asleep)
- Hypervigilance
- Irritable, angry or aggressive behavior

- Exaggerated startle response
- Agitation or restlessness

For a person with Acute Stress Disorder, the duration of the disturbance (symptoms described above typically occur for 3 or more days but less than 1 month after the traumatic event. The traumatic event causes significant impairment in social, occupational, or other important areas of the person's life. If symptoms persist for over 1 month, the person may have Post Traumatic Stress Disorder (PTSD).

Post Traumatic Stress Disorder (PTSD)

A person can go beyond Acute Stress Disorder and develop more ongoing persistent symptoms. A person who has rape trauma symptoms for an extended period of time (longer than one month) and the presence of flashbacks may be experiencing what is called Post Traumatic Stress Disorder (PTSD). It is very common for survivors to experience PTSD, and therapists at a rape crisis center are trained to help them heal.

Symptoms of PTSD may include:

1. Persistent reexperiencing traumatic event through recurrent memories or flashbacks. Often survivors can't stop reliving the trauma in their mind or predict when the memories will occur again. Sights, sounds, smell, or feelings can trigger flashbacks.
2. Persistent avoidance of thoughts, feelings, and activities associated with the trauma. Overall numbing.
3. Overwhelming emotions. May suddenly become tense, fearful, angry, etc. Often they may feel their emotions are out of control.
4. Persistent increased arousal. Irritability or jumpiness. Some survivors are unable to relax and have difficulty concentrating. Anxiety/panic attacks are common. People with PTSD may recall the trauma nightly in their sleep. Fear of nightmares may make sleep difficult.

According to the National Victim Center almost one third of all rape victims develop Rape related PTSD (RR-PTSD) sometime in their life. According to US Census estimates of the number of adult women in US approximately 1.3 million women currently have RR-PTSD and over 200,000 women will develop it each year. Also, women with RR-PTSD are 13 times more likely than women who have not been raped to have two or more major alcohol problems and 26 times more likely to have two or more major drug abuse problems (Crime Victims Research and Treatment Center, "Rape is America", 1992).

Remember that you cannot diagnose a client with PTSD or Acute Stress Disorder, but it is important to share short and long term effects of rape trauma.

Necessary Basic Assumptions

1. People cope with extraordinary circumstances to the best of their ability.
2. Post-traumatic stress responses are normal. Given the stress of the survival experience, almost every individual experiences psychological stress.
3. Assume no preexisting pathologies prior to the rape/abuse. Meaning – don't look for underlying issues. Work with the trauma survivors must address the trauma as the main stressor.
4. Survivors are able to use information about their experiences and post-traumatic stress responses to help themselves understand their experiences and reduce the impact of the traumatic event.
5. Survivors can recover from the trauma and live productive lives.
6. Certain coping skills can increase or decrease the intensity and frequency of post-traumatic consequences.
7. The goal is management of psychological reactions, not elimination of reactions.
8. All survivors of trauma have existing strengths and resources that are windows to recovery and healing.

