

The Survivor's Guide to Help seeking

Content note: All information is based upon a survivor's personal experience. Whilst this does not take away from the validity and vitality of what is written- it is subjective and will vary survivor to survivor.

Trigger Warning: Sexual Violence, PTSD

Seeking-help when you've experienced sexual violence can be breathtakingly difficult, and even when you have a good impression of what your options are, it's difficult to know what to expect, or what will suit your needs best. For that reason, I have developed this guide, based on my personal experience, on how the different care trajectories look.

1. General Practitioner

It can be appealing, especially in the direct aftermath when you are very unsure what to do, to contact your GP for basic physical care, and redirection to psychological care. Much about the way in which this will work depends on the individual doctor, but in my individual case, I encountered someone who felt out of their depth. She insisted that this was a job for the police, even though I said I didn't want to make a case, she said they would give me a check-up there if I went. However, you are equally likely to encounter someone who is less distressed by the issue, or who knows more about where you should seek help further. I can imagine that in the same way I felt, it could seem lower threshold to go to your GP, especially if you know them already. Should you go, I suggest you start by indicating you want to be tested for all relevant conditions, and that you need to be redirected to psychological care, before disclosing the reason. And don't be afraid to insist on your needs- I wish I had.

2. Police

I finally went to the police in an effort to obtain specialized care. I arrived with friends for support, and while they could not enter the interview with me, it was good to have people for the hour of waiting time while specialized agents were called.

This mode of care seeking comes with two warnings

1. The intake interview can be traumatic
2. For the best chance of making a case you need to go within 72 hours without showering for DNA evidence to be recovered.

Had I known what it would be like, I think I may have been more capable of dealing with it. The primary goal of the police is to determine the likelihood of a successful case, and as such they ask intrusive and insensitive questions. This is not intentionally so, but a hazard of their jobs, and the fact that they face such cases on a daily basis. Even if you don't immediately want to make a case, it can be good to keep the option open to yourself by going to the police first, and as such the interview and the DNA evidence are very important.

After the intake interview, the typical care trajectory involves you being assigned a case manager who helps you get all the physical and psychological care you need, and checks up on you regularly to see how you're doing. In my case, because the 72 hours had elapsed, I was not given a case manager, or any care at all. Knowing now that they are supposed to provide this care regardless, I can suggest to you, should you go, that you are entitled to care, and should insist if they do not offer it.

Regardless of whether you want to make a case or not, in an emergency situation where your or someone else's safety is at risk, always start by calling the police.

3. Sexual Assault Center

The SAC, or CSG in Dutch, is the designated organization for cases of sexual violence in the Netherlands, with an emergency telephone center with trained staff. I ultimately heard about it through gossip, and I had a friend make the first call. Though I was past the usual time for acute care, as a result of my previous failed attempts at seeking help, they redirected me to a specialized psychologist. Partly because they were the first to actually help me, personally I consider the SAC the best option for seeking help, also because their emergency contact number is more accessible for immediate help, and because they can redirect you to all care without the waiting lists of other methods. The level of English of the call-center staff may not be adequate for all caller's needs, so it may be worth having a Dutch friend there to help translate just in case.

If you want to have a case manager, which I strongly recommend as well, you will want to contact them within 72 hours, or at latest 2 weeks. If you're past that point, they can still help you, but you won't have a designated contact person.

Psychological Care

This form of care can take different forms depending on the severity and type of symptoms. Roughly half of all survivors develop some form of Post-Traumatic Stress Disorder (PTSD), and while this is troubling, it is very treatable.

Symptoms include: flashbacks, intrusive thoughts, nightmares, anxiety, hyper arousal, avoidance, hyper vigilance, persistent fear horror anger guilt or shame, diminished interest in activities, can't recall features of event, problem concentrating.

I experienced most of these, and it took me a while to obtain care, I had developed chronic PTSD as it had lasted more than a month. I attended two different types of therapy over two years, each for 6 months, and found them incredibly effective in dealing with my symptoms. The first was EMDR therapy, which deals with memory-based symptoms such as flash-backs. Memories that are associated with strong emotions like fear get trapped in short-term memory, which causes them to resurface frequently, and EMDR, through stimulating confrontation with a memory and changing the associated thoughts and emotions, helps return it to long-term memory. It is thus very confrontational, but also incredibly effective.

About six months after I stopped treatment, I started struggling again- not with flashbacks, but with general anxiety and depression. I was afraid to be alone, and I wasn't sure why, and my mood was largely uncontrollable. Going back in to therapy was a difficult decision, but healing is a long term process, and sometimes progress is two steps forward, one step back. I went to my (new) GP, got redirected to a psychologist who met my needs (speaks English etc.), and started a more standard trajectory of care (talking psychotherapy).

Conclusion

If you are reading this, you're probably going through a difficult time, and there's nothing I can do to change that. But I can assure you that there are ways to get through, that it will get better, and that you are not alone. I've been there, I got through it, and it does pass.

Signed

A Survivor

"There is nothing stronger than a broken woman[person] who has rebuilt herself."- Hanah Gadsby