

Fact Sheet 2:

Responding to disclosures of sexual assault in the context of family violence

This information is intended for specialist family violence practitioners working within the Victorian context to strengthen understanding, skills and confidence when responding to disclosures of sexual violence within the context of family violence.

Responding to a disclosure of sexual violence

Sharing an experience of sexual violence within the context of an intimate partner relationship takes a lot of courage. The sexual violence may be recent, have occurred in the past, or it may be ongoing.

While every disclosure is different and there is no one-size-fits-all response, this fact sheet provides guidance to support sensitive and safe responses to disclosures of Intimate Partner Sexual Violence (IPSV). The way a victim survivor's disclosure is responded to can significantly impact their wellbeing, healing and recovery and influence their next steps in their journey to be safe from violence.

Please note that this fact sheet does not replace existing organisational policies or professional or statutory obligations for responding to disclosures of sexual violence or family violence. Family violence practitioners are required to use the MARAM Framework (Multi-Agency Risk Assessment and Management).



Barriers to disclosing intimate partner sexual violence

Victim survivors can experience many barriers to reporting IPSV, including but not limited to:

- **fear** of making the violence worse or experiencing other consequences
- **concerns** they won't be believed or will be judged or criticised
- **believing** that they are to blame for the abuse or feeling shame and embarrassment
- **concerns** about confidentiality
- **not** recognising the behaviours as sexual violence
- **dependency** on the perpetrator, for example, for daily care, financial support, housing etc.
- **perpetrator** tactics of social isolation and coercive control to limit opportunities for disclosure
- **living** in a state of crisis – focusing on day-to-day functioning, personal safety, finances and, living arrangements.

Victim survivors from marginalised communities often face further barriers to reporting and help seeking, which can include:

- **fear** or distrust of police
- **fear** or distrust of social workers and child protection authorities, especially amongst Aboriginal families
- **fear** of further discrimination or being denied access to support services when disclosing sexuality or gender identity.

- **fear** of further discrimination when disclosing relationship structures that differ from closed, monogamous relationships
- **fear** of further discrimination about their culture, religion or ethnicity
- **a lack** of culturally inclusive support services, especially in rural and remote areas
- **fear** of deportation if in Australia on a spousal or protection visa
- **financial** and social implications for family members overseas (e.g. capacity to send money back to extended family, implications over dowry, shame/stigma for reporting partner to authorities)
- **physical** and communication barriers to reporting and being listened to and taken seriously by authorities.

Identifying IPSV: Multi-Agency Risk Assessment Management Framework (MARAM)

Victim survivors of Intimate Partner Sexual Violence (IPSV) may find it difficult to recognise or articulate their experiences. In such cases, family violence practitioners play a crucial role in identifying and acknowledging sexual violence within relationships.

Family violence practitioners and specialist sexual assault counsellor advocates are prescribed under MARAM, and must undertake family violence screening, identification, risk assessment and risk management for all clients.

According to the MARAM framework, sexual violence is a serious indicator of heightened risk of family violence lethality. Identifying and responding to sexual violence, and assessing risk in cases where sexual violence is present, is a critical aspect of practice for specialist family violence and sexual assault workers.



Preparation and planning

In order to respond to disclosures of IPSV effectively, it's important to do some preparation and planning. This means being aware and having an understanding of:

- organisational policy and procedure, including:
 - reporting responsibilities, including to child protection and other statutory bodies
 - assessment and management of risk (including family violence, suicide, self-harm)
- the gendered drivers of family and sexual violence
- trauma and disclosures (see below for more information)
- referral, support and reporting options for victim survivors of sexual violence
- when and how to use secondary consultations with specialist sexual assault services to support you in your role
- self-care and available support to workers.



Trauma and disclosures

Experiences of sexual violence will impact victim survivors differently. For some, sexual violence can be a single incident or multiple traumatic events that may have distressing psychological, emotional and physical impacts.

Trauma responses can include:

- **intrusive** thoughts, memories and flashbacks of the experience
- **a sense** of shame and guilt
- **anxiety**
- **depression**
- **low mood**
- **a sense** of powerlessness
- **anger.**

"Trauma results from an event, series of events or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional or spiritual wellbeing."

– Substance Abuse and Mental Health Services Administration, as quoted in National Association of Services Against Sexual Violence (NASASV)

When responding to disclosures of sexual violence, it is important to remember that victim survivors will have varying experiences and presentations of trauma. For example, not every victim survivor will express high levels of emotion or cry when disclosing an experience of sexual assault. Be mindful not to make assumptions about the impact of the trauma based on a person's outward presentation. For more information please see, [Blue Knot Fact Sheets](#).

Responding to disclosures of sexual violence

Sharing an experience of sexual violence within the context of an intimate partner relationship takes a lot of courage.

A supportive and validating initial response to disclosures of sexual violence can make a significant difference for victim survivors who may be apprehensive about sharing deeply personal or difficult information.

While every disclosure will be different, and there is no one way to respond, these are some key steps that you can take to provide a supportive and safe response.

The most important things you can do are to:

- **listen** without interruption or judgement
- **show** that you believe them and take their experience seriously
- **create** opportunities for choice and control
- **not request** or expect them to share detailed information about the sexual assault
- **offer** information and further support for the person to access specialist services, if appropriate
- **gain consent** before making referrals.

Guiding principles

Safety considerations

- Explore if there are any immediate risk concerns. For example: Is the sexual violence current? Is the person concerned that they are at an increased risk? Are there any risks to children? Is the person at risk of suicide or self-harm?
- Refer to internal policies and procedures that your organisation may have when responding to disclosures of violence.

Confidentiality

Offer confidentiality but be clear about your professional responsibilities and mandates. For example: *'What you tell me is confidential – that means I won't tell anyone else what you share with me. There are some situations when I would need to share information, such as if you or anyone else is at risk of harm...'*

Listening without judgement

- Allow the person to share their experience in their own time without interruption, and offer breaks as needed.
- Actively listen, validate and acknowledge the courage it took for them to share their experience.
- Respond with empathy.
- Be mindful of language.
- Do not pressure or impose any decisions on next steps. Create time and space for the person to determine what decisions best suit their particular circumstances. It is up to the person making the disclosure to decide whether they want to act and follow up on any referral information.

Communication

- Use active listening skills with minimal interruptions, for example head nods, positive facial expressions that signal attention and understanding.
- Maintain eye contact, as appropriate (be mindful of cultural differences).
- Watch and listen for non-verbal cues.
- Seek clarification as necessary – particularly regarding risk and safety.
- Consider the use of open and closed questions.
- Summarise what you have heard to show understanding and allow opportunities for them to correct any misunderstandings.

Information, referral and support options

- Be clear about your role and what you can do.
- Provide information regarding referral, support and reporting options.
- Obtain consent prior to making any referrals.

Self-awareness

- Be aware of your own reactions and responses.
- You may want to move into problem-solving, but it may be more appropriate to allow space and listen, or simply acknowledge and validate the person's experience.

What to avoid when responding to disclosures

Sometimes practitioners may inadvertently make statements or ask questions that place blame on the person sharing their story. Try to avoid these types of comments and remember that victim survivors are never to blame for their experiences.

Try to avoid:

- **talking** about your own personal experience of sexual violence
- **asking** a lot of questions to find out all of the details.
- **suggesting** that they should or could have done something different to protect themselves or are to blame, for example, "Why didn't you say something sooner?"
- **promising** to keep the disclosure a secret particularly where it involves a person under 18 years of age.
- **assuming** the person is attention-seeking, making up the abuse or seeking revenge

- **ignoring**, disbelieving or minimising their experience
- **pressuring** them to disclose more information than they feel comfortable to..

Referral, support and reporting options

There are specialist sexual assault services across Victoria that support victim survivors of sexual assault and their family and friends, as well as services that work with children and young people who may be displaying harmful sexual behaviour.

They also provide secondary consultation to professionals, such as family violence practitioners, regarding appropriate services and pathways for victim survivors.

[Find a local specialist sexual assault service.](#)

References

Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's Concept of Trauma Guidance for a Trauma Informed Approach. Substance Abuse and Mental Health Services Administration. Quoted in: NASASV Standards of Practice Manual for Services Against Sexual Violence (3rd edition). (2021). pp. 16.