



Dissociation and dissociative disorders

Explains what dissociation and dissociative disorders are, including possible causes and how you can access treatment and support. Includes tips for helping yourself, and guidance for friends and family.

If you want to contact us with any feedback, email contact@mind.org.uk.

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What is dissociation?

Many people may experience dissociation (dissociate) during their life.

If you dissociate, you may feel disconnected from yourself and the world around you. For example, you may feel detached from your body or feel as though the world around you is unreal. Remember, [everyone's experience of dissociation is different](#).

Dissociation is one way the mind copes with too much stress, such as during a traumatic event.

There are also common, everyday experiences of dissociation that you may have. Examples of this are when you become so absorbed in a book or film that you lose awareness of your surroundings. Or when you drive a familiar route and arrive at your destination without any memory of how you got there.

Experiences of dissociation can last for a short time (hours or days) or for much longer (weeks or months).

Dissociation may be something that you experience for a short time while something traumatic is happening. But you also may have learned to dissociate as a way of coping with stressful experiences. This may be something that you've done since you were young.

[“I felt like my body didn't belong to me, it was like I was an outsider watching my own story unfold.”](#)

When might I dissociate?

- For many people, dissociation is **a natural response to trauma** that they can't control. It could be a response to a one-off traumatic event or ongoing trauma and abuse. You can read more on our page about the [causes of dissociative disorders](#).
- Dissociation might be **a way to cope with very stressful experiences**.
- You might experience dissociation as a **symptom of a mental health problem**, for example [post-traumatic stress disorder](#), [depression](#), [anxiety](#), [schizophrenia](#), [bipolar disorder](#) or [borderline personality disorder](#).
- Some people may dissociate **as part of certain cultural or religious practices**.

You may experience dissociation as a **side effect** of [alcohol](#) or [some medication](#), or when [coming off some medication](#).

[Dissociation | Watch Paul, Anamoli, Hayley and Paul talk about what life is like with different types of dissociation \(YouTube link\)](#)

How might I experience dissociation?

Dissociation can be experienced in lots of different ways.

Psychiatrists have tried to group these experiences and give them names. This can help doctors make a [diagnosis of a specific dissociative disorder](#). But you can have any of these dissociative experiences even if you haven't been diagnosed with a dissociative disorder.

Having difficulty remembering personal information

You might:

- Have gaps in your memory where you can't remember certain events
- Not be able to remember information about yourself or your life history
- Forget how to do something you've been able to do well in the past
- Find that you have items that you don't remember ever owning

A psychiatrist might call these experiences **dissociative amnesia**.

Travelling to a different location or taking on a new identity

You might travel somewhere and forget how you got there. You may forget important details about yourself and take on a new identity during this time.

A psychiatrist might call these experiences **dissociative fugue**.

Feeling like the world around you is unreal

You might:

- See objects changing in shape, size or colour
- Feel detached or separate from the world around you
- See the world as 'lifeless' or 'foggy'
- Feel like you're seeing the world through a pane of glass
- Feel like you're living in a dream
- Feel as if other people are robots (even though you know they aren't)

A psychiatrist might call these experiences **derealisation**.

Feeling like you're looking at yourself from the outside

You might:

- Feel as though you are watching yourself in a film or looking at yourself from the outside
- Feel as if you are just observing your emotions
- Feel disconnected from parts of your body or your emotions
- Feel as if you are floating away
- Feel unsure of the boundaries between yourself and other people

A doctor or psychiatrist might call these experiences **depersonalisation**.

Feeling your identity shift and change

You might:

- Switch between different parts of your personality
- Speak in a different voice or voices
- Use a different name or names
- Feel as if you are losing control to 'someone else'
- Experience different parts of your identity at different times
- Act like different people, including children

A psychiatrist might call these experiences **identity alteration**.

Difficulty defining what kind of person you are

You might:

- Find it very difficult to define what kind of person you are
- Feel like your opinions, tastes, thoughts and beliefs change a lot

A psychiatrist might call these experiences **identity confusion**.

What are triggers and flashbacks?

A **trigger** is a reminder of something traumatic from the past, which can cause you to experience dissociation or other reactions. It could be something you hear, see, taste, smell or touch. It could also be a specific situation or way of moving your body. Many different things can be triggers.

In a **flashback**, you may suddenly experience traumatic sensations or feelings from the past. This might happen when you experience a trigger. The flashback might make you feel like you're reliving a traumatic event in the present. The experience may cause you to switch to another part of your identity.

You may experience different identity states with different memories. These may resurface during flashbacks.

“A flashback is a sudden, involuntary re-experiencing of a past traumatic event as if it is happening in the present.”

What are dissociative disorders?

You may be diagnosed with a dissociative disorder if you have regular experiences of dissociation that are distressing. And if these experiences affect your everyday life.

Dissociation might also be a symptom of other mental health problems. You can still [seek help for this](#).

This page has information on:

- [Dissociative identity disorder](#)
- [Depersonalisation or derealisation disorder](#)
- [Dissociative amnesia](#)
- [Dissociative amnesia with fugue](#)
- [Other specified dissociative disorder \(OSDD\)](#)
- [Unspecified dissociative disorder \(UDD\)](#)
- [Why might it be difficult to get diagnosed?](#)

Dissociative identity disorder (DID)

If you have dissociative identity disorder, you will experience intense changes in your identity. You may feel like different aspects (states) of your identity are in control of your behaviour and thoughts at different times. This can happen in various ways:

- Each of your identity states may have different patterns of thinking and relating to the world.
- Your identity states may come across as different ages and genders.
- You may feel you have one 'main' part of your identity that feels most like 'you'. Some people call this a host identity.
- The different parts of your identity may have memories or experiences that conflict with each other.
- Some people refer to these different parts of your identity as alters or parts, and to all the parts together as a system.

- You might not feel like you have control over when different parts of your identity take over.
- You may experience amnesia, which means you don't remember what happens when another part of your identity is in control.

The charity [First Person Plural](#) has more [information about DID](#).

Do I have multiple personalities?

Dissociative identity disorder used to be called multiple personality disorder (MPD). This is because many people experience the changes in parts of their identity as separate personalities in one body. In fact, the different parts of your identity are all part of one personality. But it might not feel like they're joined up or working together as a whole.

Dissociative identity disorder is the result of a natural way of coping with childhood trauma. Our page on the [causes of dissociative disorders](#) has more information.

“I have many separate, distinct and unique 'parts' of my personality. My 'parts' or 'alters' collectively add up to the total person that is me... They are each a letter, and I am a sentence.”

Looking after yourself with dissociative identity disorder (DID)

DID can make looking after yourself harder. You might find that different parts of your identity have different needs. You may need to use different coping techniques for the different parts of your identity. If something doesn't feel possible just now, you can try something else, or come back to it another time.

For more information about coping with dissociation, see [our page on self-care](#).

Other dissociative disorders

There are a number of other dissociative disorders. The diagnosis you are given will depend on the symptoms you experience most and how these affect your life.

These are the main symptoms or characteristics of each disorder:

Depersonalisation or derealisation disorder

You might experience regular [depersonalisation](#) or [derealisation](#).

Dissociative amnesia

You might be unable to remember important information about who you are, your life history or specific events.

Dissociative amnesia with fugue

You might experience a state of mind where you forget everything about who you are (a fugue). In the fugue you may travel to a new location and act like a different person in a different life.

Other specified dissociative disorder (OSDD)

You might have dissociative symptoms that don't fit into any other diagnosis. The person making your diagnosis will explain why your symptoms don't fit into any other diagnosis.

Unspecified dissociative disorder (UDD)

You might have dissociative symptoms that don't fit into any other diagnosis. But the person making your diagnosis may not have enough information to make a full diagnosis (for example in an emergency).

[Depersonalisation: my four months of terror. I now understand that fighting panic only intensifies it. Read Callum's story \(blog post\).](#)

Why might it be difficult to get diagnosed?

- **You might have symptoms of other mental health problems** as well as dissociation. If your doctor is more familiar with these mental health problems, they may only diagnose these problems without realising that you also have a dissociative disorder.
- **Mental health professionals often don't get enough training on dissociative disorders.** They might not even think about the possibility of a dissociative disorder when assessing your mental health. This means that they might not ask you the right questions about your symptoms.
- **Understanding more about your life history can help mental health professionals make a diagnosis.** But they don't always ask about childhood abuse or trauma at an assessment. Even if they do ask, you may not remember it (if you experience amnesia). Or you may find it too hard to talk about.

- **Some people coping with dissociative symptoms try to keep them hidden from others.** It might feel difficult to talk openly about your experiences.

What can I do if I disagree with my diagnosis?

If your diagnosis doesn't feel right to you, it's important to discuss this with a mental health professional so you can get the right treatment.

It may help to ask your doctor to refer you to a mental health professional who knows more about dissociation for a full assessment. If you are not satisfied with the assessment and support you have received from local mental health services, [the Clinic for Dissociative Studies](#) may be able to help you.

Our pages on [seeking help for a mental health problem](#) have information about how to make sure your voice is heard, and what you can do if you're not happy with your doctor.

Can dissociative disorders make people act violently?

The media often portrays people with dissociative disorders, particularly DID, as being dangerous or violent. This is a harmful and inaccurate stereotype. See our information on [stigma and misconceptions](#) to read more about the myths surrounding violence and mental health.

What causes dissociation?

There are many experiences that can cause dissociation. Different experiences might lead us to experience dissociation briefly, or for a longer period.

Short-term dissociation

Brief experiences of dissociation are quite common. They can happen to us all sometimes. For example, during periods of intense stress or when we're very tired. Some people also find that using drugs like cannabis can cause feelings of [derealisation](#) and [depersonalisation](#).

Dissociation is also a normal way of coping during traumatic events. For example, some people may dissociate while experiencing war, kidnapping or during a medical emergency. In situations we can't physically get away from, dissociation can protect us from distress.

Long-term dissociation

Dissociation is a natural response to trauma while it's happening. But some of us may still experience dissociation long after the traumatic event has finished. Past experiences of dissociation during traumatic events may mean that you haven't processed these experiences fully.

If you experience trauma in childhood, dissociation may become a way that you cope with this trauma over a long time. Your brain and personality are still developing in childhood, so you may not learn other ways of dealing with other kinds of stress. This may mean you develop a dissociative disorder as an adult. Examples of trauma include:

- Physical abuse
- Sexual abuse
- Severe neglect
- Emotional abuse

How can trauma lead to dissociation?

Experts believe that trauma can cause dissociation because of the way we respond to threat. There are different theories about how this happens.

There are a few ways that we might instinctively respond in a threatening situation.

You may have heard of the fight-or-flight responses. These are instinctive responses to threat that involve either fighting back against the danger or running away from it.

Sometimes you can't do these things and will respond differently. If you're very young, or in a situation you can't get away from, your response to the threat may be more passive, such as:

- The **freeze** response, which makes the body immobile. You might feel paralysed or unable to move. This response is most often linked to dissociation. Dissociation in humans is like when animals freeze when they're in danger.
- The **fawn** response, which is where you try to please or win over the source of the threat to prevent it from causing you harm.

Separating experiences

If you experience dissociation during a traumatic event, you may separate different parts of the experience, so you don't have to deal with them all together. Different aspects of the experience may not feel 'joined up'. Your actions, memories, feelings, thoughts, sensations and perceptions may feel separate.

For example, you might store your memories of an experience in a way that you can't access day-to-day. This is usually called amnesia. You might also remember what happened but not feel the emotions or sensations that were part of it.

If you experience dissociative identity disorder (DID), you might feel as if different memories or sensations happened to different people. This is usually called having different identity states.

This can help you cope if the things that happened would be too much for you to deal with all together as a child. But it may make it hard for you to develop one clear identity as you grow up.

“I would disconnect myself from being in the room where the abuse was happening. I almost felt like I was watching it happen to me, but I wasn't feeling it or wasn't part of it. It became something that happened automatically.”

For more support you can contact these organisations:

- The [National Association for People Abused in Childhood \(NAPAC\)](#) offers support for adults who were abused as children.
- [Survivors UK](#) provides support for men who have been abused.
- [Childline](#) is there to help children who are upset or scared about anything, including abuse.
- If you are worried about a child you know, the [National Society for the Prevention of Cruelty to Children \(NSPCC\)](#) can help.
- [The Survivors Trust](#) provides contact with local organisations which offer support for people who have experiences sexual abuse.
- For other organisations which may be able to help you, see our [useful contacts](#) page.

How can I help myself?

This page offers some practical suggestions for helping you cope with dissociation, such as:

- [Keep a journal](#)
- [Try visualisation](#)
- [Try grounding techniques](#)
- [Think about practical strategies](#)
- [Make a personal crisis plan](#)
- [Talk to people with similar experiences](#)
- [Look after your wellbeing](#)
- [Dealing with stigma](#)

Keep a journal

Keeping a journal may help you understand and remember different parts of your experience. It could:

- Include writing and artwork you do at different times. If you have DID, you may write or make different kinds of art while experiencing different identity states
- Help you become more aware of the different parts of your identity

- Help you remember more about what happened in the gaps in your memory

“Using a journal to express my inner turmoil helps me deal with it.”

Try visualisations

Visualisation is a way of imagining different scenes and environments. Doing this can help to soothe difficult feelings and thoughts. For example:

- You might find that imagining you are wearing protective clothing helps you feel more relaxed in stressful situations.
- It might help to imagine a place that feels safe to you (and your different identity states). When you feel anxious or threatened, you can imagine going to this place for peace and safety.

If you experience different identity states, you might be able to imagine a place where they can all meet and talk. Your therapist might be able to help you do this.

Try grounding techniques

Grounding techniques can help you feel more connected to the present. They might help you cope with intrusive thoughts or difficult feelings, memories and flashbacks. You could try:

- Breathing slowly while counting
- Tuning into different sounds around you
- Walking barefoot and noticing how the ground feels
- Wrapping yourself in a blanket and noticing how it feels around your body
- Holding an ice cube or splashing cold water on your face
- Touching something with an interesting texture or sniffing something with a strong smell

Focus on the sensations you are feeling right now. You might find it helpful to keep a box of things with different textures and smells. For example, you could include a blanket and some smooth stones.

First Person Plural's website has more [tips for grounding](#) and [dealing with flashbacks](#).

“It's strange because it took me a long time to realise that I didn't need to dissociate to keep myself safe.”

Think about practical strategies

Dissociation can make day-to-day life hard. Practical strategies could help you cope, such as:

- Wearing a watch with the time and date
- Keeping a list of friends and family and their contact details
- Writing notes to yourself in the house or on a whiteboard

Make a personal crisis plan

A personal crisis plan is a document you make when you're well. It explains what you'd like to happen if you're not well enough to make decisions about your treatment, or other aspects of your life. Sometimes it's called an 'advance statement'.

See our page on [planning for a crisis](#) for more information about making crisis plans.

Talk to people with similar experiences

- Try peer support. Unfortunately, there aren't many peer support groups specifically for people with dissociative disorders. But you can contact First Person Plural for more information, and see our pages on [peer support](#). Or you could try Mind's online peer support community, [Side by Side](#).
- Read about other people's experiences. If you don't want to talk, you may still find it helpful to read about other people's experiences. This might give you new perspectives or help you find ideas for coping with dissociation. You can read about others' experiences on online forums, like Mind's Side by Side community. Our pages on [online mental health](#) have more information about finding ways to connect with other people online.

Look after your wellbeing

- Try to get enough sleep. Sleep can give you the energy to cope with difficult feelings and experiences. You might find it helpful to learn relaxation techniques. Our pages on [coping with sleep problems](#) and [relaxation](#) have more information.
- Think about your diet. Eating regularly and keeping your blood sugar stable can make a difference to your mood and energy levels. Our pages on [food and mood](#) have more information.
- Try to take some exercise. Exercise can be really helpful for your mental wellbeing. Our pages on [physical activity](#) have more information.

“Depersonalisation, derealisation and dissociation are now only occasional features in my life. But when I am under a lot of stress or not sleeping properly, I find I dissociate more.”

Dealing with stigma

Unfortunately, some people don't understand much about dissociation and dissociative disorders. And they may hold misconceptions about you. This can be upsetting, especially if the people who feel this way are family, friends or colleagues.

It's important to remember that you're not alone. You don't have to put up with people treating you badly. Here are some options for you to think about:

- Show people this information to help them understand more about dissociation and dissociative disorders.
- Talk to other people who have dissociative disorders by going to a support group - or setting one up for yourself. See our [peer support pages](#) for more information.
- Share your experience with others. Mind publishes [blogs and video blogs](#) (mental health selfies).
- Know your rights. Our pages on [legal rights](#) provide more information.

See our pages on [stigma and misconceptions](#) for more information.

What treatments can help with dissociation and dissociative disorders?

This page has information on treatments which may be able to help if you have a dissociative disorder, including:

- [Talking therapy](#)
- [EMDR for dissociative disorders](#)
- [Medication](#)

Can I recover from a dissociative disorder?

Yes. If you have the right diagnosis and treatment, there's a good chance you'll recover. This might mean that you stop experiencing [dissociative symptoms](#). For example, the separate parts of your identity can merge to become one sense of self.

Not everyone will stop experiencing dissociative symptoms completely. But treatment can help you feel more in control of your life and your identity. Some people find that being able to dissociate is comforting and may not be ready to stop dissociating completely.

Talking therapy

[Talking therapies](#) are the recommended treatment for dissociative disorders. Counselling or psychotherapy can help you to feel safer in yourself. A therapist can help

you to explore and process traumatic events from the past, which can help you understand why you dissociate. They can also support you in developing new ways of managing your emotions and your relationships.

“Slowly my other parts are telling me about their memories of my abuse and I'm telling them about my life now and, bit by bit, we're piecing things together and working through it with the help of counselling.”

Accessing therapy

Most talking treatments for dissociative disorders take several years. Unfortunately, the NHS mostly offers short-term or medium-term therapy. This isn't usually effective in treating dissociative disorders.

You may need to be very persistent to get the right help from the NHS or consider alternative ways to access treatment. An advocate may be able to help. See our pages on [advocacy](#) and [making yourself heard](#) for more information.

You may also want to seek therapy outside the NHS. You can search for therapists who specialise in dissociative disorders on the [UK Council for Psychotherapy \(UKCP\)](#) or [British Association for Counselling and Psychotherapy \(BACP\)](#) websites.

Some private therapists offer a 'sliding scale' of fees for those on a low income. If you're on a low income, it's worth asking a therapist if they have low-cost places available.

Choosing a therapist

Not all therapists are familiar with dissociation. Some therapists may not have experience of working with trauma. So it may take time to find a therapist who feels right for you.

It's absolutely fine to meet with as many therapists as you need to find the one you want to work with. The therapist you choose should be:

- Accepting of your experience
- Willing to work with or learn to work with dissociation and trauma
- Be prepared to work with you long-term
- Someone who makes you feel safe

See our pages on [finding a therapist](#) and [getting the most from therapy](#) for more information.

“I have learnt ways to control it and have begun to explore my feelings about my past without using dissociation to cope with it.”

EMDR for dissociative disorders

[Eye movement desensitisation and reprocessing \(EMDR\)](#) was created to help people process traumatic memories. Standard EMDR is not helpful for most people with dissociative disorders. The treatment should be adjusted to make it safe and effective. EMDR for dissociative disorders focuses on specific memories for shorter time periods.

Working in this way helps to prevent too many traumatic memories appearing too quickly, which is sometimes known as flooding. This can make the experience feel less intense. EMDR should only be used when you're feeling reasonably stable and by professionals who know about treating dissociative disorders.

Medication

There are no drugs licensed to treat dissociation specifically. Your doctor might offer you [psychiatric medication](#) to treat other problems you may experience alongside dissociation. These problems may include [depression](#), [anxiety and panic attacks](#), [suicidal feelings](#), [hearing voices](#) and [OCD](#).

These medications might include:

- [Antidepressants](#)
- [Antipsychotics](#)
- [Mood stabilisers](#)

You'll only be offered medication for dissociative identity disorder (DID) if the dominant parts of your identity experience the problem you want to treat.

NEAD

Non-epileptic attack disorder (NEAD)

Some people with dissociative disorders experience seizures. These seizures don't seem to have a physical cause. They're called dissociative seizures or non-epileptic attacks. If you experience these seizures, you may be diagnosed with non-epileptic attack disorder (NEAD).

Although these seizures don't have a physical cause, this doesn't mean that they're not real or that you're acting.

If you have a dissociative seizure, you may:

- Have convulsions of the arms, legs, head or body (on one side or affecting the whole body)

- Lose control of your bladder or bowels
- Bite your tongue
- Go blank or stare in an unseeing way
- Have other symptoms that look like epilepsy

Dissociative seizures may be caused by the brain dealing with overwhelming stress by 'shutting down'. You can find out more about non-epileptic attacks on the [Epilepsy Action](#) website.

“My own non-epileptic seizures are similar to a tonic epileptic seizure - going stiff and rigid, gasping. This is combined with visual disturbances.”

What can friends or family do to help?

This page is for friends and family who want to support someone with dissociation or a dissociative disorder.

It can be hard to see someone you care about experiencing dissociation. But family and friends can really help. This page has some suggestions for ways you can support the person you care about, while also looking after your own wellbeing.

Try to be patient and understanding in daily life

- If somebody you care about experiences dissociation, they may not always respond to you as you'd expect.
- Ask them what would help. But be aware that they may not always know or be able to tell you.
- If they want to tell you about their experience, try to listen with acceptance.
- Touching and intimacy can be difficult for some people. It might help to ask them what's OK and talk about this together.

“Having understanding family and friends help me.”

Think about how to deal with identity alteration

- If they experience identity alteration you may have to communicate with different parts of their identity at different times.
- You may need to develop different ways of managing when different parts of their identity are taking over. It may help to try and find some way of relating to each part of their identity.
- Try to stay calm. It will help if you can be a safe and soothing presence, even if they're upset, angry or scared.

Help them to find the right support

You can:

- Help them find an [advocate](#) and support them to meet with different therapists
- Offer extra support and understanding before and after therapy sessions
- Help them make a [crisis plan](#) if they think it would be helpful

There may be times when you can't offer them the support they need. Think about who's the best person to contact at these times. Have a look at our information on [supporting someone to seek help](#).

Think about how you could help keep them safe

- **Your loved one may have triggers** that bring on dissociative symptoms and flashbacks. Understanding their triggers means you can help them avoid them or feel more prepared for dissociative symptoms when they occur.
- **You may want to offer them support with grounding activities.** You could offer to help your loved one figure out what works best for them, and gently remind them to use the techniques they find helpful.
- **If someone you love is hurting themselves or struggling with suicidal thoughts, it can feel really scary.** See our pages on [supporting someone who is suicidal](#), and on [supporting someone who's self-harming](#) for more information.
- **There might be times where your loved one needs extra help to stay safe.** Talk to them about what situations they might need extra support with, and what you can do to help.

Look after yourself

It's important to make sure you look after yourself, too.

- You might find it helpful to find a therapist for yourself. Have a look at our [information on talking treatments](#).

- Have a look at our information on [how to cope when supporting someone else](#) and [how to improve your mental wellbeing](#).
- It can help to talk to other people with similar experiences. Mind's [Side by Side](#) community offers a chance to connect with other people online.

Useful contacts

Mind's services

- [Mind's helplines](#) provide information and support by phone and email.
- [Local Minds](#) offer face-to-face services across England and Wales. These services include talking therapies, peer support and advocacy.
- [Side by Side](#) is Mind's support online community for anyone experiencing a mental health problem.

Other organisations

Childline

[0800 1111](tel:08001111)

childline.org.uk

Support for children and young people in the UK, including a free helpline and 1-2-1 online chats with counsellors.

Clinic for Dissociative Studies

[020 7794 1655](tel:02077941655)

clinicds.co.uk

Information and treatment for people with dissociative disorders. Accepts NHS referrals.

Epilepsy Action

epilepsy.org.uk

Information about coping with epilepsy, seizures and non-epileptic attack disorder (NEAD).

European Society for Trauma and Dissociation

estd.org

Society for professionals working with trauma and dissociation.

First Person Plural

firstpersonplural.org.uk

Support and information for people with complex dissociative disorders and their family and friends.

The International Society for the Study of Trauma and Dissociation (ISSTD)

isst-d.org

Academic society providing information for professionals and the public about trauma and dissociation research.

The National Association for People Abused in Childhood (NAPAC)

[0808 801 0331](tel:08088010331)

support@napac.org.uk

napac.org.uk

Supports adult survivors of any form of childhood abuse. Offers a helpline, email support and local services.

National Society for the Prevention of Cruelty to Children (NSPCC)

[0800 800 5000](tel:08008005000) (for adults concerned about a child)

[0800 1111](tel:08001111) (18 or under – Childline helpline)

nspcc.org.uk

Support and information for children and anyone worried about a child.

Survivors UK

[020 3322 1860](tel:02033221860) (SMS)

[074 9181 6064](tel:07491816064) (WhatsApp)

survivorsuk.org

Support for men who have experienced rape or sexual abuse, including text lines and an online chat service.

The Survivors Trust

[0808 8010 818](tel:08088010818)

thesurvivorstrust.org

Lists local specialist services for survivors of sexual violence, including advocates and Independent Sexual Violence Advisors (ISVAs).