

## Module 4: Impact of Sexual Assault

### Time Required

3 hours

### Purpose

This module helps participants explore the physical and emotional impact of sexual assault.

### Lessons

- Physical Impact of Sexual Assault (30 minutes).
- Psychological Impact of Sexual Assault (25 minutes).
- Impact on Partners, Family, and Close Friends (5 minutes).
- Individual Factors That Affect Reactions to Rape (2 hours).

### Learning Objectives

By the end of this module, participants will be able to

- Assess the physical and psychological impact of sexual assault.
- Describe the potential impact of rape on people with a range of particular characteristics.

### Equipment and Materials

- Laptop PC (with PowerPoint), LCD projector and screen (or blank wall space for projection), PowerPoint presentation, and vignette 2.
- Participant's materials.
- Flip chart and easel.
- Multicolored, thick markers (dark colors only) for use with flip chart.
- Masking tape.
- Seven sheets of 8.5"x11" paper (see Preparation below).

## Preparation

- Carefully review the group process scenarios and vignette 2, which is found on the SAACT Web site available at [www.ovcttac.org](http://www.ovcttac.org), and be prepared to present an “ideal” response. Because protocol, facilities, and resources vary by community, base the response on existing procedures at your center.
- Prepare sheets of paper with one of the following phrases written on each sheet:
  - Man.
  - Person with a physical disability.
  - Gay or lesbian person.
  - Person with a developmental disability (e.g., a very low IQ).
  - Person older than age 50.
  - Person with a mental illness.
  - Person from a culture that differs from yours.

Tape these sheets of paper, which will be used in the activity described on pages IV-15 through IV-16 of the trainer's materials, around the room.

## Physical Impact of Sexual Assault [30 minutes]

**Show visuals 1 and 2.** Review the module's purpose and objectives.



Tell participants that to best meet the needs of rape victims, they must first understand the far-reaching impact of rape.

**Show visual 3.**



### *Brainstorm Activity*

*Ask participants to refrain from looking at their materials for this activity. Explain that the group is going to brainstorm a list of some of the physical results of sexual assault. Ask for a volunteer to take notes. As participants come up with suggestions, say "yes" or "no" depending on whether the suggestion is or is not a likely physical impact of sexual assault. The note taker should write down all of the "yes" answers on the flip chart. When participants finish offering all their suggestions, tell them that you are now going to explore the physical results of sexual assault in greater detail.*



## Nongenital Physical Injury

**Show visual 4.**



Explain that it is typically assumed that rape victims experience physical injury during a rape. It also is assumed they fight back and are injured as a result. This is not commonly the case. The literature indicates that physical injury resulting from sexual assault is relatively rare, and even minor injury occurs in only about one-third of reported rapes (Ledray, 1999). As discussed earlier, injury is more common in stranger rapes than in rapes by someone the victim knows intimately (Bownes, O'Gorman, and Saters, 1991; Ledray, 1998). Older victims may be more likely to sustain injury. One study showed that victims older than age 50 were twice as likely to be injured (63 percent) than younger victims (32 percent) (Tintinalli and Hoelzer, 1985). Another study indicated that male victims are injured more often than female victims. In this study of 351 rape victims, the rate of physical injury for male rape victims was found to be 40 percent, compared with 26 percent for female victims (Pettrak and Claydon, 1995).



## Genital Trauma

### Show visual 5.

Explain that few rape victims sustain significant genital trauma as a result of the sexual assault. In one study, vaginal injuries represented only 19 percent of the total injuries, and these injuries were always accompanied by complaints of vaginal pain, discomfort, or bleeding (Tintinali and Hoelzer, 1985). The literature also suggests that colposcopic (magnified) examination is often helpful to visualize vaginal abrasions, bruises, and tears that may be too minute to see with the naked eye (Frank, 1996; Slaughter and Brown, 1992). These minor injuries, the result of tightened pelvic muscles and the lack of pelvic tilt and lubrication during forced penetration, usually heal completely within 48 to 72 hours. With naked-eye visualization alone, genital trauma is seen in only 10 to 30 percent of sexual assault cases (Cartwright et al., 1986; Tintinali and Hoelzer, 1985). With colposcopic examination, genital trauma has been identified in up to 87 percent of cases (Slaughter and Brown, 1992). Because rape victims often fear vaginal trauma, it is important that they seek a medical examination and that the extent of the trauma, or lack thereof, is explained to them (Ledray, 1999).

## Sexually Transmitted Infections

### Show visual 6.

Explain that, although one study found that 36 percent of rape victims coming to the emergency department stated that their primary reason for coming was concern about the possibility of having contracted a sexually transmitted infection (STI) (Ledray, 1991), the actual risk is rather low. The U.S. Centers for Disease Control and Prevention (CDC) (1993) estimate that the risk of rape victims contracting gonorrhea is 6 to 12 percent, chlamydia 4 to 17 percent, syphilis 0.5 to 3 percent, and HIV less than 1 percent. The specific STI risk varies from community to community.

Since the early 1980s, HIV has been a concern for rape survivors, even though the actual risk appears very low. The first case in which seroconversion—the process of going from

HIV-negative to HIV-positive—was suspected as the result of a rape occurred in 1989 (Murphy, Harris, and Forester, 1989). Claydon and colleagues (1991) reported four more cases in which the researchers believe a rape resulted in a subsequent HIV seroconversion. While these numbers are extremely low considering the number of rapes that occur, the effect on the individual victim is, of course, significant.

Explain that, even if the survivor did not inquire about HIV in the emergency department, studies have shown that, within 2 weeks, this typically became a concern of theirs or their sexual partner's. Based on the rape survivors' recommendations, the researchers suggest that even if the survivor does not raise the issue of HIV or AIDS in the emergency department, the Sexual Assault Nurse Examiner (SANE) or medical professional should in a matter-of-fact manner provide information about their risk, testing, prevention, and safe-sex options. This enables the victim to make decisions based on facts, not fear (Ledray, 1999).

Tell participants that how best to deal with the issue of HIV is a complicated and controversial matter (Blair and Warner, 1992). Rates of infection vary by locale, as does the actual risk of infection. The decision to offer prophylactic treatment should be based on an assessment of the risk level of the rape combined with HIV prevalence in the specific geographic area. A rape is considered high risk if it involves rectal contact, vaginal contact with tearing, or existing vaginal STIs that have caused ulcerations or open sores disrupting the integrity of the vaginal mucosa. It also is considered high risk if the victim knows or suspects that her assailant is an IV-drug user, HIV-positive, or bisexual (Ledray, 1999).

Explain that the risk of HIV exposure after sexual contact is generally reported to be lower than through other types of exposure, such as needle sticks, needle sharing, mother-to-infant transmission, or blood transfusions. While the actual risk varies from study to study, if the assailant is known to be HIV-positive, the risk of HIV infection from sexual contact may be similar to that from a needle stick (Royce et al., 1997).

### ***Group Process Scenario: STIs***

***Group process scenarios are good exercises to enhance participants' understanding of specific issues and to warm up for formal role plays.***



**Show vignette 2**, which is based on the following STI scenario:

***STI Scenario: A caller who was sexually assaulted the night before is concerned about STIs, including HIV/AIDS. What should the counselor tell her?***



***Ask participants to offer ideas on how to handle the situation. Tell them there is space for their notes on page IV-4 of their materials. This activity will help you to determine whether participants are learning the material. If you do not get appropriate suggestions in response to the scenario from a range of participants, you may need to review the information. After suggestions are offered, summarize the ideas and model an appropriate response, or reinstruct as necessary.***

### **Pregnancy**



**Show visual 7.**

Explain that rape victims of reproductive age often fear becoming pregnant as a result of a rape. The actual risk is the same as that from any one-time sexual encounter: an estimated 2 to 4 percent (Yuzpe, Smith, and Rademaker, 1982). Most SANE programs and medical facilities offer emergency contraception to women at risk of becoming pregnant, provided they are seen within 72 hours of the rape and have a negative pregnancy test in the emergency department.

Oral contraceptives such as Ovral or Plan B (levonorgestrel) are often used for emergency contraception. This treatment is not 100 percent effective in preventing pregnancy. A review of 10 studies found an overall effectiveness rate of at least 75 percent, which does not mean that 25 percent will become pregnant; rather, if 100 women have intercourse in the middle 2 weeks of their cycle, approximately 8 would become pregnant without postcoital interception. With interception, only 2 (a reduction of 75 percent) of the 100 would become pregnant (American College of Obstetricians and Gynecologists, 2002).

Plan B (levonorgestrel) was developed specifically to prevent pregnancy after unprotected intercourse. It is believed to act as emergency contraception by preventing ovulation or fertilization by altering tubal transport of sperm and/or ova. It may also inhibit implantation by altering the lining of the uterus.

## General Health Risk

### Show visual 8.



Explain that sexual assault not only affects victims' health directly and immediately but also can have a significant and chronic impact on their general health for years to come. Stress appears to suppress the immune system and increase susceptibility to disease (Cohen and Williamson, 1991). Stress caused by a sexual assault also may result in injurious behaviors such as substance abuse or eating disorders (Felitti, 1991; Golding, 1994). Increased sexual activity with multiple partners sometimes follows rape, which may result in increased exposure to disease (Ledray, 1994). In addition, interpreting a sexual assault as a threat to one's body may lead to increased attention to subtle symptoms and a heightened concern about health integrity (Cohen and Williamson, 1991). Emotional reactions to the assault also can be interpreted as physical disease symptoms (Koss, Woodruff, and Koss, 1990).

**IV**

## Psychological Symptoms Perceived as Physical

### Show visual 9.



Explain that rape victims may seek physical rather than mental health care following a sexual assault because it is less stigmatizing. Physical symptoms often are more obvious than those of psychological distress (Kimerling and Calhoun, 1994). In their sample of 115 sexual assault victims, Kimerling and Calhoun found that 73 percent sought out medical services during the first year after a sexual assault, while only 19 percent pursued mental health services of any kind. Low levels of social support were associated with higher use of medical services, and higher levels of social support resulted in better actual physical health and health perception. The victims reporting physical symptoms most likely identified gynecological

problems and sexual dysfunctions. The victims of more severe or multiple crimes were the most likely to seek medical care. The researchers suggest that disease resistance may be compromised by the stress of victimization.

Walker and colleagues (1995) found that women with chronic pelvic pain were significantly more likely than women without it to be survivors of sexual abuse. Those suffering from chronic pain also were more likely to be depressed and have substance abuse problems, phobias, and sexual dysfunction.

Koss, Koss, and Woodruff (1991) found that the single most powerful predictor of total annual visits to a physician and outpatient costs was severity of victimization, exceeding the predictive power of age, ethnicity, self-reported symptoms, and actual injury. They also found that rape victims were twice as likely to seek the help of a physician than nonvictims, with visits increasing 56 percent in victim groups compared with 2 percent in nonvictim groups.

## Sexual Dysfunction

### Show visual 10.



Explain that, not surprisingly, studies have found that sexual dysfunction is a common, and often chronic, problem following a sexual assault. Reactions may include a loss of sexual desire, inability to become sexually aroused, slow arousal, pelvic pain associated with sexual activity, lack of sexual enjoyment, inability to achieve orgasm, fear or avoidance of sex, intrusive thoughts of the assault during sex, vaginismus, or abstinence. Mentioned repeatedly in the literature are avoidance, loss of interest in sex, loss of pleasure from sex, painful intercourse, and fear of sex (Abel and Rouleau, 1995; Burgess and Holmstrom, 1979; Kimerling and Calhoun, 1994; Koss, 1993; Ledray, 1994, 1998).

This subject has not, however, received the attention it would appear to deserve, considering the extent of the problem. In one of the earliest reports on the impact of rape, Burgess and Holmstrom (1979) found that 71 percent of the rape victims they interviewed 6 years after the assault still avoided sexual contact and were less sexually active. In a study of 100 women, 61 percent of the women who were sexually abused, compared

with 31 percent of a control group, experienced some form of sexual dysfunction for 2 to 4 years after the assault (Chapman, 1989).

The researchers stress that while rape victims may become sexually active again within months of the assault, they still may not enjoy sex years later. Celibacy may be a coping strategy. Counselors run the risk of delegitimizing assault-related sexual problems by not recognizing both the sexual and aggressive components of rape.

## Substance Abuse

### Show visual 11.



Explain that, in a college sample of 6,159 students surveyed by Koss (1988), 73 percent of the assailants and 55 percent of the victims had been using alcohol or other drugs before the sexual assault. While rape victims may indeed be more vulnerable to being raped as a result of substance abuse, which leads to intoxication and increased vulnerability (Ledray, 1998), it is important to recognize that rape also can result in substance abuse, possibly as an attempt to dull the memory and avoid thinking about the rape (Goodman, Koss, and Russo, 1993; Koss, 1993; Ledray, 1994). In a national sample of 3,006 survivors, both alcohol and drug use significantly increased after a sexual assault, even for women with no prior history of drug or alcohol use or abuse (Kilpatrick et al., 1997). This study also found that women who already were using drugs and alcohol to cope at the first measurement point were more likely to have a history of prior sexual abuse. The researchers concluded that sexual abuse plays a significant role in initiating and maintaining substance abuse in women, with younger women at an even greater risk.

## Psychological Impact of Sexual Assault [25 minutes]

Tell participants that researchers agree that rape victims experience more psychological distress than do victims of other crimes. Compared with nonvictim control groups, rape victims consistently report more symptoms of anxiety, fear, depression, and post-traumatic stress disorder (PTSD) (Frazier and Borgida, 1997).



**Show visual 12.**

*Brainstorm Activity*



*Ask participants to refrain from looking at their materials for this activity. Explain that the group is going to create a list of some of the psychological effects of sexual assault. Ask for a volunteer to take notes. As participants come up with suggestions, say “yes” or “no” depending on whether the suggestion is or is not a likely psychological effect of sexual assault. The note taker should write down all of the “yes” answers on the flip chart. When participants have offered all their suggestions, tell them that you are now going to explore the psychological impact of sexual assault in greater detail.*



**Anxiety**

**Show visual 13.**

Explain that rape victims consistently are found to be more anxious than nonvictims during the first year after a rape (Frazier et al., 1993), reporting more trait and phobic anxiety (Kilpatrick, Veronen, and Resick, 1979). In one study, 82 percent of rape victims met the DSM criteria for generalized anxiety disorder, compared with 32 percent of nonvictims (Frank and Anderson, 1987).



**Fear**

**Show visual 14.**

Tell participants that death is the most common fear during the assault, with a more generalized fear commonly continuing after the assault (Dupre et al., 1993; Ledray, 1994). Post-rape fear can be specifically related to factors associated with the sexual assault or widely generalized to include fear of all men (Ledray, 1994). Because fear is subjective, it is generally evaluated using self-report measures. While evidence of the type and duration of fear varies, up to 83 percent of victims report some type of fear following a sexual assault (Frazier, 1997; Nadelson et al., 1982). Girelli and colleagues (1986) found that the subjective distress of fear of injury or death during rape was more significant than the actual violence in predicting severe post-rape fear and anxiety. Thus, it is

important to recognize that the threat of violence alone can be psychologically devastating (Goodman, Koss, and Russo, 1993).

## Depression

### Show visual 15.

Explain that depression is one of the most commonly mentioned long-term responses to rape (Abel and Rouleau, 1995; Atkeson et al., 1982; Frazier, 1997; Kilpatrick and Veronen, 1984; Ledray, 1994). As with anxiety, symptoms of depression also overlap with those of PTSD. Such overlapping symptoms include

- Weight loss or gain.
- Sleep disturbance.
- Feelings of worthlessness.
- Diminished interest in pleasurable activities.
- Inability to concentrate.
- Depressed mood.
- Suicidal thoughts.



## Suicidal Ideation

### Show visual 16.

Explain that, while actual suicides following a rape are relatively uncommon, suicidal ideation is a significant issue. Up to 20 percent of rape victims may attempt suicide (Kilpatrick et al., 1985), and many more rape victims—33 to 50 percent—report that they considered suicide at some point after the rape (Ellis, Atkeson, and Calhoun, 1981; Resick et al., 1988). During the immediate post-rape period, rape victims are nine times more likely than nonvictims to attempt suicide (Kilpatrick et al., 1987).





## Self-Blame and Shame

### Show visual 17.

Explain that self-blame is a common response in rape victims (Ledray, 1994; MacFarlane and Hawley, 1993) and is associated with more depression and poor adjustment following the rape (Frazier, 1990).



## Post-Traumatic Stress Disorder

### Show visual 18.

Tell participants that one-third to one-half of victims who have experienced a sexual assault that meets the legal definition of rape, without requiring participants to specifically label the experience as rape, met the criteria for PTSD at some point in their lives. They also are more likely to meet the PTSD criteria than nonrape victims. It appears that the more severe forms of sexual assault result in more severe symptoms of distress and that women who report a sexual assault to the police or other authorities report higher PTSD rates (Rothbaum and Foa, 1992).

The basic elements of a PTSD diagnosis are

- Exposure to a traumatic event.
- Reexperiencing the trauma (flashbacks or intrusive memories).
- Symptoms of avoidance and numbing (attempts to avoid thoughts or situations that remind the survivor of the traumatic event, inability to recall certain aspects of the traumatic event, or feeling disconnected from others).
- Symptoms of increased arousal (exaggerated startle response, feeling easily irritated, constant fear of danger, or physiological response when exposed to similar events).

Symptoms must be present for at least 1 month and must cause clinically significant distress or impairment (American Psychiatric Association, 1994).

## Factors Associated With Higher Levels of Post-Rape Trauma

Show visual 19.

Explain that pre-assault, assault, and post-assault factors all play a role in recovery, although studies present a conflicting picture of them (Resick, 1993). Resick concluded from her review of available studies that the victim's psychological functioning before the rape and during the assault accounted for some of the variance. The degree of actual violence may not be as significant as the victim's perception of the threat of danger. Significant factors associated with more severe and prolonged post-rape trauma include prior sexual victimization; the use of avoidant coping strategies; self-blame; prior mental health history, especially depression; a history of substance abuse (Frazier, 1990; Ruch et al., 1991), and a lack of social support following the sexual assault (Resick 1993). These factors are especially important for the counselor to consider when making initial referrals for followup and when contacting the survivor for followup.



Show visual 20.

***Group Process Scenario: Psychological Impact***

***Read the following Psychological Impact scenario to the group and ask participants to offer ideas on how to handle the situation. Tell participants there is space for their notes on page IV-11 of their materials.***

***Psychological Impact Scenario: A caller who was sexually assaulted 6 months ago is experiencing sleeplessness and weight gain and having trouble concentrating. She is experiencing recurrent pelvic pain, but her doctor has not been able to find a physical cause. What are some of the psychological effects of assault that this caller might be experiencing?***

***This activity will help you determine whether participants are learning the material. If you do not get appropriate suggestions in response to the scenario from a range of participants, you may need to review the information. After***



*suggestions are offered, summarize the ideas and model an appropriate response, or reinstruct as necessary.*

## Impact on Partners, Family, and Close Friends [5 minutes]



Show visual 21.

Family members and those close to the victim have been recognized as secondary or indirect victims (Heinrich, 1987; Koss and Harvey, 1991; Ledray, 1994). As a result, they, too, often suffer many of the same initial and long-term symptoms of distress experienced by the rape survivor, including shock and disbelief, fear, anxiety, a sense of helplessness, depression, and anger. Understandably, female partners, friends, and family members are more likely to become fearful than are males (Davis, Taylor, and Bench, 1995). Family and friends may become overly protective of the victim, further limiting her activities. Or, they may blame her for the assault (Heinrich, 1987). As Ledray (1994) points out, this type of blame is often a misdirected attempt to deal with their own feelings of guilt for not protecting their loved one and not preventing the assault. It also may be an attempt to preserve their own sense of safety and security by blaming the victim for a behavior in which they believe they would never engage. The more similar they are to the victim, the more they may feel compelled to find something about the victim to blame to maintain their own sense of safety and security (Ledray, 1994).

A partner's, friend's, or family member's high level of stress does not necessarily correlate with the degree of distress the victim is experiencing. Nor does it necessarily interfere with the ability of the significant other to support the victim. However, it can be associated with unsupportive behaviors such as an egocentric attitude, emotional withdrawal, and a tendency to blame the victim (Davis, Taylor, and Bench, 1995).

It is common for the victim to become angry with family members who are themselves upset ("It didn't happen to them, so they have no right to be so upset.") This is especially true when family members appear more upset than the victim.

Victims may also take out their anger on family members (Ledray, 1994; Mitchell, 1991). If the family is not prepared and does not understand the reasons for this behavior, they may reject the victim, and she may lose her social support when she needs it most.

## Individual Factors That Affect Reactions to Rape [2 hours]

Sexual assault is traumatic for all victims; however, a number of factors can affect the nature and extent of the trauma. These include gender, age, disability, race, culture, and refugee and immigration status. This section examines these factors and their impact on victims. It is important that participants use this information as a general guide. Emphasize that part of being a good first responder is the ability to be flexible and to understand that each person will react to assault differently.

Show visual 22.

### *Participant Presentations*

*Explain that the sheets of paper taped around the room each contain a brief description of a victim of sexual assault. Each victim has a specific characteristic that might affect her/his reactions to rape, as well as her/his needs after a rape. Ask participants to move around the room and read each description. Participants should then stand next to the sheet of paper that describes a characteristic they find particularly interesting or challenging. The participants should form a group with the others who are standing next to the same sheet of paper. Ideally, at least two people should be in each group. However, a participant can choose to work alone if no one else has chosen the characteristic he or she has chosen.*

*Tell participants they are now going to conduct a group project to closely examine the specific characteristic they chose. Refer participants to pages IV-14 through IV-58 in their participant's materials. Tell each group that these pages contain information about how different characteristics or factors might affect individual reactions to rape, as well as strategies for handling these reactions. Tell participants they should find the pages in the participant's materials that*



*discuss the specific characteristics they chose to examine. They will have about 15 minutes to read their assigned pages. Each group will then work together for about 20 minutes to prepare a 10-minute presentation that addresses the questions provided on page IV-13 in their materials. These questions encourage participants to think about strategies for working effectively with people with the characteristics they are examining.*

*The presentations might be panel discussions, illustrative role plays, and so forth. Allow participants to use sheets of flip chart paper, markers, and masking tape as needed to prepare their presentations. Each member of the group should be included in preparing and delivering their presentation.*

*While they are preparing their presentations, encourage participants to request clarification from other members of their group and from you, if necessary. Remind participants to address the questions provided on page IV-13 and to focus their presentations on issues an advocate would need to be aware of when dealing with a person affected by the individual factors they have studied. For example, if a group studies male victims of rape, their presentation would address the specific issues an advocate would need to keep in mind when working with male victims.*

*When the groups give their presentations, the audience should be allowed to ask questions. Prompt each group to discuss anything of importance that was not included in their presentation.*

*Finish the activity by thanking the groups for their work. Point out that this section of the participant's materials also includes additional information about other groups that participants should read outside of the training.*



**Show visual 23.** Ask for questions about anything discussed in this module.

## Module 4 References

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## Module 4: Impact of Sexual Assault

### *Purpose*

This module will help you explore the physical and emotional impact of sexual assault.

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## Module 4 Objectives

By the end of this module, you will be able to

- Assess the physical and psychological impact of sexual assault.
- Describe the potential impact of rape on people with a range of particular characteristics.

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## Brainstorm Activity

Physical Impact of Sexual Assault

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## Nongenital Physical Injury

- Physical injury resulting from sexual assault is relatively rare.
- It is more common in stranger rapes.
- Older victims are more likely to sustain injury.
- Male victims who report are injured more often than female victims.

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## Genital Trauma

- Few rape victims sustain significant genital trauma.
- Colposcopic (magnified) examination is helpful to visualize injuries too minute to see with the naked eye.

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## Sexually Transmitted Infections

- Concern is often high, but actual risk is rather low.
- HIV is a concern of victims or sexual partners.
- Medical professionals should provide information.
- Rape victims are at a lower HIV risk than those exposed to needle sticks, needle sharing, mother-to-infant transmission, or blood transfusions.

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## Pregnancy

- The actual risk is the same as that from any one-time sexual encounter: an estimated 2 to 4 percent.
- Medical facilities offer emergency contraception.

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## General Health Risk

- Sexual assault not only affects a victim's health directly and immediately, it can also have a significant and chronic impact on their general health for years to come.
- Stress appears to suppress the immune system.
- Increased sexual activity with multiple partners sometimes follows rape.

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## Psychological Symptoms Perceived as Physical

- Rape victims may seek physical versus mental health care.
- Low levels of social support = higher use of medical services.
- Symptoms most likely to manifest are gynecological problems and sexual dysfunctions.
- Victims of more severe crimes and multiple crimes are most likely to seek medical care.

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## Sexual Dysfunction

- Sexual dysfunction is a common reaction and often a chronic problem.
- This may include loss of sexual desire, inability to become sexually aroused, slow arousal, pelvic pain associated with sexual activity, a lack of sexual enjoyment, inability to achieve orgasm, fear and avoidance of sex, intrusive thoughts of the assault during sex, vaginismus, and abstinence.

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## Substance Abuse

- Rape victims may be more vulnerable to being raped as a result of substance abuse.
- Rape can also *result* in substance abuse.

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## Brainstorm Activity

Psychological Impact of  
Sexual Assault

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## Anxiety

- Rape victims are more anxious than nonvictims.
- 82 percent of rape victims met criteria for generalized anxiety disorder.

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## Fear

- Death is the most common fear during the assault.
- Continued generalized fear occurs after the assault.

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## Depression

- Weight loss or gain.
- Sleep disturbance.
- Feelings of worthlessness.
- Diminished interest in pleasurable activities.
- Inability to concentrate.
- Depressed mood.
- Suicidal thoughts.

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## Suicidal Ideation

- The likelihood of completed suicide following a rape is low, but suicidal ideation is a significant issue.
- In the period immediately following the rape, victims are nine times more likely than nonvictims to attempt suicide.

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## Self-Blame and Shame

- Common response.
- Associated with more depression and poor adjustment after the rape.

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## Post-Traumatic Stress Disorder

- Exposure to a traumatic event.
- Reexperiencing the trauma.
- Symptoms of avoidance and numbing.
- Symptoms of increased arousal.
- Symptoms present at least 1 month, clinically significant.

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## Factors Associated With Higher Levels of Post-Rape Trauma

- Victim's perception of the threat of danger.
- Prior sexual victimization.
- Use of avoidant coping strategies.
- Self-blame.
- Prior mental health history.
- History of substance abuse.
- Lack of social support following the sexual assault.

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## Group Process Scenario: Psychological Impact

A caller who was sexually assaulted 6 months ago is experiencing sleeplessness and weight gain and having trouble concentrating. She is experiencing recurrent pelvic pain, but her doctor hasn't been able to find a physical cause. What are some of the psychological effects of assault that this caller might be experiencing?

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## Impact on Partners, Family, and Close Friends

- Secondary or indirect victims.
- Often suffer many of the same initial and long-term symptoms.
- Overprotection or blame.
- Partner's, friends', and family's high stress associated with unsupportive behaviors (emotional withdrawal, blaming).

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**Participant Presentations**

Participant's materials,  
pages IV-14 through IV-57

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**Module 4**

Questions or comments?

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