Important Things to Get Right About the “Neurobiology of Trauma”

Part 1: Benefits of Understanding the Science

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Dr. Kimberly A. Lonsway has served as the Director of Research for EVAWI since 2004. Her research focuses on sexual violence and the criminal justice and community response system, and she has written over 60 published articles, book chapters, technical reports, government reports, and commissioned documents – in addition to numerous training modules, bulletins, and other resources. Over her career, she has trained thousands of professionals across the country and around the world, in a diverse array of disciplines and settings, and volunteered for over 15 years as a victim advocate; in 2012, she was awarded the first-ever Volunteer of the Decade Award from the Sexual Assault Recovery and Prevention (SARP) Center in San Luis Obispo, CA. She earned her PhD in the Department of Psychology at the University of Illinois, Urbana-Champaign.

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This training bulletin series was written to explore some central concepts in the “neurobiology of trauma,” as it is understood by people working with sexual assault victims. Understanding essential scientific findings and avoiding any misinterpretation or misapplication can help professionals work more effectively with survivors. But before I do that, I want to briefly explain my experience and qualifications in this area.

Background

I am a clinical psychologist by training and an expert in psychological trauma, especially trauma resulting from interpersonal violence. Since the mid-1990s, I have studied the scientific literature on how stress and trauma can impact neurobiological processes that underlie attention, thinking, behavior, and memory processes. I have also personally conducted research on the neurobiology of trauma and traumatic memories. Since the early 2000s, my affiliation with Harvard Medical School has given me easy access to a vast number of scientific publications, allowing me to track historical and emerging trends and also to connect with top-flight neuroscientists from around the world, some of whom have reviewed my writing and teaching or sought my input on their research.

I am also a therapist, and my website draws many sexual assault survivors seeking help, so I have heard directly from numerous people about their personal experiences of being physically or sexually assaulted, and their memories of these experiences. As an expert witness, I have reviewed many recordings and transcripts of interviews with investigators who either have – or lack – scientifically sound knowledge and realistic expectations about survivors’ thinking, behavior, and memories. This can have a huge effect on the way questions are asked, how well survivors’ answers are listened to and understood, and the quality of the information collected and documented in their reports.

Based on those experiences and knowledge, I work to educate people – professionals, survivors, and others – on the neurobiology of trauma in the most scientifically sound and practically useful ways I can. In doing so, I have identified some over-simplifications and misunderstandings that can prevent professionals from understanding and working effectively with sexual assault survivors. I wrote this training bulletin series to address some of those over-simplifications and misunderstandings. I would like to start by clarifying what exactly we mean when we refer to the “neurobiology of trauma.”

What is the “Neurobiology of Trauma?” What Isn’t It?

What the sexual assault field typically refers to as the “neurobiology of trauma” is actually a combination of various branches of brain science that help to explain common – but commonly misunderstood – ways that victims (a) respond during a sexual assault, (b) encode and store the experience in memory, and (c) recall these memories later.

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1 The International Society for Traumatic Stress Studies (ISTSS) defines traumatic events as “shocking and emotionally overwhelming situations that may involve actual or threatened death, serious injury, or threat to physical integrity.” See http://www.istss.org/public-resources/what-is-traumatic-stress.aspx.
Yet this conceptualization includes only a small portion of the scientific research actually conducted on the neurobiology of psychological trauma. As applied in the sexual assault field, the “neurobiology of trauma” framework draws primarily from research on (a) animal and human behavior under stressful or dangerous (not necessarily traumatic) conditions, and (b) the impacts of moderate (not traumatic) stress on human cognitive and memory processes. A great deal of scientific research is excluded from this discussion and framework. Therefore, professionals who work in the sexual assault field should recognize that, scientifically speaking, “the neurobiology of trauma” involves much more than the focuses of their work and training, and they should not use the term as if it’s an all-encompassing explanation for all victim behaviors and memories.

What is Neurobiology?

Simply stated, neurobiology is the biological study of the nervous system. It is a multidisciplinary field that draws upon scientific disciplines including anatomy, physiology, molecular biology, mathematical modeling, and psychology to understand the fundamental and emergent properties of neurons (i.e., brain cells) and neural circuitries. Neurobiology helps to explain human experience, thinking, emotions, memories, and behavior in terms of brain structures and processes.

In addition, some of the most important insights into the behaviors and memories of sexual assault victims are not based on neurobiology research, and many victim responses do not require scientific research to be understood appropriately. For example, there are plenty of psychological and social reasons why most victims don’t physically resist during a sexual assault, why it often takes a while to tell someone about the assault or report it to law enforcement, and why many survivors maintain a relationship with a perpetrator. Many professionals in the field “understood” these victim behaviors, and responded appropriately, long before they knew anything about the “neurobiology of trauma.”

Not Just Stress and Trauma

It is also helpful to recognize that stress and trauma cover a continuum, with mild stress at one end and traumatic stress at the other. For ethical reasons, scientists cannot (and do not want to) traumatize people in research experiments. So, there will never be

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2 In the psychiatric, behavioral, cognitive, and brain sciences the “neurobiology of trauma” is a term that refers to many different issues, explored with many different types of research. Most of that scientific research has focused on long-term impacts of traumatic experiences on a variety of brain structures, circuitries, and processes, especially in people diagnosed with posttraumatic stress disorder (PTSD). Less commonly, scientists have also studied the neurobiology of dissociative disorders, major depression, and other psychiatric disorders that can occur after traumatic events. Many potential impacts of trauma (e.g., gene expression, hippocampal volume) are seldom, if ever included in professional trainings provided for law enforcement, prosecution, health care, victim advocacy, higher education, or the military.
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studies of what is happening in the brains of people while they are being sexually assaulted. But we do not need such studies to understand a great deal about what happens in people’s brains during stressful or traumatic assaults – or during natural disasters, military combat, terrorist attacks, attacks by large predatory animals, etc.

This is because the same brain structures and circuitries, and the same chemical and electrical processes, are involved along the entire stress continuum (especially from moderate to traumatic stress), just to differing degrees. This means that large bodies of scientific research – on how stress impacts (a) the brain’s prefrontal cortex and its “executive functions,” (b) behavior, and (c) memory encoding, storage, and retrieval – are all valuable to the sexual assault field. They shed light on thoughts and behaviors that are common during the stress and trauma of a sexual assault experience, and on common characteristics of sexual assault memories.

Benefits of Understanding the Science

When we understand the neurobiological basics of how people commonly respond while being sexually assaulted, and how stress and trauma can alter their memory processes, we reap many valuable benefits. These include more realistic expectations for victim responses during a sexual assault, more perceptive listening to their account of what happened, and more effective information-gathering about their memories and responses. But this knowledge should not be used to explain or make assumptions about any particular survivor’s responses or memories; each individual is unique.

For more information on the “neurobiology of trauma” and the implications for behaviors and memories of sexual assault victims, please see three prior training bulletins from EVAWI: (1) Becoming Trauma Informed: Learning and Appropriately Applying the Neurobiology of Trauma to Victim Interviews; (2) Trauma-Informed Interviewing and the Criminal Sexual Assault Case: Where Investigative Technique Meets Evidentiary Value; and (3) Understanding the Neurobiology of Trauma and Implications for Interviewing Victims. Also available is a 2-part webinar series entitled, Neurobiology of Sexual Assault (Part 1 and 2).

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3 A brain “circuitry” is simply a collection of brain areas that work together to perform certain functions, and while the brain is not a computer, neuroscientists understand it has having many different circuitries.


6 For reviews, see Hopper, J. (2018) “Why incomplete sexual assault memories can be very reliable,” and “Why Christine Blasey Ford can’t remember how she got home,” on my blog with Psychology Today.
More Realistic Expectations

One primary benefit of understanding this science, and accurately explaining it, is to create more realistic expectations about how people tend to respond during sexual assault, and how they encode and store such experiences as memories. Whether you are a police officer or other responding professional, or a friend or family member of a survivor, this understanding can help you avoid any expectation that the survivor might have yelled, fought, or tried to run away during the assault, or that they might have complete and linear memories of the experience. Instead, we will be better prepared to understand that rational thinking tends to be quickly impaired, that behavior tends to be reflexive and habitual, that people often dissociate and go on autopilot, and that only some parts of the experience get encoded and stored in memory.

More Perceptive Listening

A second benefit of understanding this science is to listen more perceptively to victim responses. For example, if we know the different types of freezing responses people can have, then we can recognize indicators of them when survivors say things like, “Suddenly I froze,” “My mind was blank,” or “All I could think was…” 7 If we know that stress and trauma can impair the decision making of the rational brain and shift a person toward habit-based behaviors, then we can recognize those behaviors for what they are, not as “failures” to respond rationally or effectively. If we know about tonic and collapsed immobility, we can recognize indicators of those reflexes, and know to gather more information about the person’s thoughts and other experiences in those states.

Finally, if we understand that dissociation can kick in at any time, leading the person to “space out” and not notice what’s happening to their body, then we won’t be surprised by missing pieces of memory due to dissociation at any point during the sexual assault. If we understand that habit behaviors can happen in dissociative “autopilot” mode, then we won’t be surprised that someone engaged in sex acts on autopilot, without wanting, choosing, or consenting.

The same is true for how we listen to people’s memories. If we know common characteristics of traumatic memories, we can recognize them in victim accounts: vivid central details; vague, inconsistent, and missing peripheral details; and missing time sequencing of details – especially later in the assault, when the memory circuitry tends to go into a minimal-encoding mode. We’ll know to keep listening, without bias or assumptions about whatever else the victim may disclose, with greater confidence that we’re unlikely to miss or misunderstand valuable information.

7 For a detailed explanation of “freezing” (from scientific and neurobiological perspectives), including how three different freezing responses can unfold over time (e.g., “detection freezing” and then “shocked freezing” in the initial seconds of a sexual assault, and “no-good-choices freezing” potentially following for seconds or even minutes into the experience), please see Hopper, J. (2018), “Freezing during sexual assault and harassment,” Sexual Assault and the Brain (blog), Psychology Today.
More Effective Information-Gathering

A third benefit is to improve the effectiveness of information-gathering from sexual assault victims. With an accurate understanding of this science, we are better equipped to collect detailed information about possible freezing responses, impaired reasoning capacities, habit behaviors, and survival reflexes – the very types of responses that have long been unrecognized and misunderstood, even misinterpreted as evidence that no assault happened, or that the sexual acts were consensual rather than forced or coerced.

We can also apply this knowledge to ask non-leading questions about central details, which often elicit remarkable and unexpected information that may line up with other evidence and make for very compelling testimony. We can avoid pushing for peripheral details that may never have been encoded, or may have rapidly faded from memory, and thereby prevent inaccuracies and inconsistencies that can be weaponized later. We can also be more careful when seeking time sequence information, especially later during the sexual assault, when the victim’s memory circuitry may not have had the capacity to encode and store some details about their experience, or how those details unfolded over time.

Avoiding Specific Assumptions

These three benefits can be true game changers for law enforcement investigators, prosecutors, and other professionals who work with survivors. But there is a risk if people take unwarranted leaps from such general understanding to specific assumptions about any particular survivor’s responses to being sexually assaulted, or their memories of what happened during the experience.

For example, we shouldn’t assume that a person froze during their sexual assault, because not everyone does. We shouldn’t assume they suffered extreme prefrontal cortex impairment and lost all rational thinking capacities. And we shouldn’t assume that the only habit behaviors a person will engage in while being sexually assaulted are passive and ineffective. Nor should we assume that someone experienced tonic or collapsed immobility the moment they say something like, “I felt like I couldn’t move.”

Instead, we must keep our minds open and engage in careful listening. And again, we must ask open-ended, non-leading questions to gather more information and fill in the entire picture, which will often have unique, new, or surprising aspects. These techniques allow us to avoid imposing assumptions, old or new, on survivors.

Next Up

With that general introduction in mind, I will provide more detailed information in the next two installments in this training bulletin series, focusing on two key topic areas: (1) Victim Responses During Sexual Assault and (2) Memory Retrieval or Recall.
Important Things to Get Right About the “Neurobiology of Trauma”

Part 2: Victim Responses During Sexual Assault

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Victim Responses During Sexual Assault

When it comes to describing the types of behaviors that people commonly exhibit while they are being sexually assaulted, the term that is most accurate, effective, and scientifically sound is “reflexes and habits.” In contrast, “fight or flight” or even “fight, flight, freeze” (or other similarly alliterative phrases) do not accurately reflect the behaviors of survivors or the neurobiological impacts of stress and trauma on behavior. They also fuel misconceptions that harm survivors, by creating false expectations for how they are supposed to behave when they are being sexually assaulted.

The History of “Fight or Flight”

According to conventional wisdom, the century-old phrase “fight or flight” was first introduced by Walter Cannon, a famous early 20th century Harvard physiologist. But it was most likely coined by someone else, perhaps a journalist, who used it to characterize Cannon’s research findings, and it stuck. In fact, Cannon did not study behavior at all – not fighting, fleeing, or any other type of behavior. As a physiologist, he focused on the body’s internal responses to stressful situations, not its outward behavior. This included studying how the body prepares to (among other things) potentially engage in behaviors that could facilitate coping and survival in dangerous situations. The behaviors that result from this preparatory response could include fighting or fleeing, but those behaviors are not what Cannon studied or wrote about.

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1 Careful reading of Cannon’s books and papers, even electronic searches of every word he ever published in the scientific literature, fails to turn up the phrase anywhere. He came the closest in his book *Bodily Changes in Pain, Hunger, Fear and Rage*, first published in 1915. Even then, the phrase was part of a longer one, used to refer to possible behaviors resulting from adaptations to wild life: “The increase of blood sugar, the secretion of [adrenaline], and the altered circulation in pain and emotional excitement have been interpreted in the foregoing discussion as biological adaptations to conditions in wild life which are likely to involve pain and emotional excitement, i.e., the necessities of fighting or flight.” Cannon, W.B. (1915). *Bodily Changes in Pain, Hunger, Fear and Rage: An Account of Recent Researches into the Function of Emotional Excitement*. New York, NY: D. Appleton and Company (p. 211).

2 Cannon primarily studied what he called “biological adaptations to conditions” that involve “pain and emotional excitement,” especially physiological responses associated with activation of the sympathetic branch of the autonomic nervous system and the release of adrenalin, including increased heart rate and blood pressure, elevated blood sugar, and inhibition of digestive processes. These internal physiological processes and the resulting emotions may – or may not – give rise to behaviors of fighting or fleeing.
Nonetheless, someone coined the phrase “fight or flight,” and attributed it to Cannon.\(^3\) Over time, it gained such popularity that most people immediately recognize the phrase and, unfortunately, interpret it to mean that fighting and fleeing are the two most common responses to a threat. This has created harmful misunderstandings about how people respond while they are experiencing traumatically stressful events like sexual assault.

**Most professionals who work with survivors know that the majority do not fight or flee when they’re being sexually assaulted.** That is especially true if the perpetrator is someone they know and thought they could trust, in situations that – just moments before – were normal social interactions (with a friend, acquaintance, co-worker, etc.). Instead, most people engage in reflex and habit behaviors that do not involve fighting or fleeing. Even when people do fight or flee while being sexually assaulted, those behaviors are usually reflexive or habit-based (e.g., as a result of law enforcement, military, or martial arts training). The phrase “reflexes and habits” is therefore more accurate and helpful for everyone, but especially for sexual assault survivors.

But what are these reflexes and habits? What follows is a very basic summary.

**Reflexes and Habits: A Basic Primer**

Research clearly demonstrates that the onset of stress and trauma frequently shift the brain from rational, deliberate processing by the prefrontal cortex to automatic, involuntary reliance on various reflexes and habits. Reflexive responses to stressful and traumatic situations are implemented by the brain’s defense circuitry,\(^4\) and habit-based behaviors evoked by stress and trauma are implemented by the brain’s habit circuitry.\(^5\) Under situations of stress and danger, the defense circuitry\(^6\) tends to automatically take control of our brains and behaviors, by implementing survival reflexes or triggering habit behaviors via the habit circuitry.

This makes total sense from an evolutionary and survival perspective: When a predator is coming at you or has you in its grip, thinking through a logical response with the prefrontal cortex (the rational part of the brain) is too slow and could get you killed, while

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\(^3\) Whoever it was that coined the catchy phrase “fight or flight,” their term has been a huge success. Databases for *The New York Times* and Google indicate that “fight or flight” first appeared in writing in 1919; that it was not used much in the 1920s and 30s; that its frequency of use rose over the 1940s, 50s and 60s; and that it finally took off in the late 60s and continued to increase greatly into the 2000s.


\(^6\) Many researchers used to refer to it as the “fear circuitry,” but people whose brains are dominated by that circuitry don’t necessarily experience fear, and we can’t ask animals if they’re afraid, so “defense circuitry” makes more sense. For more information, see: Kozlowska K., et al. (2015), Fear and the defense cascade: Clinical implications and management. *Harvard Review of Psychiatry*, 23 (4), 1-25.
reflexes and habits can be automatically implemented in a fraction of a second. It is important for those who work with survivors of sexual assault to understand these processes and to help survivors understand how their brains likely responded.

**Survival Reflexes**

One survival reflex is *freezing*, as defined by scientists who study animal behavior: an inhibition of movement that may automatically and instantaneously arise when danger or an attack is detected, which typically lasts a second or two but can persist for minutes under some circumstances. Others are *tonic immobility*, in which the body is literally paralyzed and muscles go rigid, and *collapsed immobility*, in which blood pressure and heart rate drop, the person may feel faint or pass out, and muscles go limp.

Tonic immobility is more common than collapsed immobility, and both survival reflexes typically come later than freezing, when people are restrained, fear for their lives, experience the assault as inescapable, or are being violated in a way they most feared and hoped to escape (e.g., being penetrated or forced to perform a particular act).

A fourth survival reflex is *dissociation*. When people are in a dissociative state, their awareness is automatically and involuntarily disconnected from disturbing and painful sensations and emotions arising in their bodies. Later the person may describe feeling “numb,” “unreal,” like they were “in a dream,” or something else along those lines.

Dissociation is much more common than fighting or fleeing during a sexual assault, and it is also more common than the survival reflexes of tonic or collapsed immobility. But because dissociation is an alteration of attention and awareness—not a behavior—it can also accompany behaviors such as fighting or fleeing (whether those are reflexive or habit-based), as well as the other survival reflexes of tonic or collapsed immobility.

**Habit Behaviors**

Even more common than reflex behaviors during a sexual assault (or any other attack or very stressful experience) are *habit behaviors*. These are often old habits learned during prior experiences of abuse, assault, exploitation, or domination. Especially for girls and women, being sexually assaulted can trigger polite and passive habits they have learned to resist unwanted sexual advances without causing a scene or bruising an ego. This includes turning away from an unwanted kiss, pushing a hand away, or saying things like, “I have to go home,” or “my boyfriend will find out.”

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Neuroscience has revealed a great deal about the responses that are predominantly governed by the defense circuitry, which is hard-wired into our brains and can trigger survival reflexes and well-established habit circuitries. But habits themselves are learned behaviors (not hard-wired), and they involve many different social and emotional aspects, so their variety and complexity are vast. As a result, while neuroscientists have learned a lot about the habit circuitry, they do not understand the detailed neurobiology of most of the unique habit behaviors that people learn from their individual experiences and then exhibit in stressful situations.

**Neuroscience Cannot “Explain” Any Particular Response**

This leads to a more general point, which is that neuroscientists will never be able to explain the exact neurobiological causes of any particular thought, emotion, or behavior, in any particular situation. This is especially true in highly complex social interactions, and it is important to keep in mind when considering the behaviors and neurobiological processes after a sexual assault has ended. To the extent the person is still stressed, they are likely to continue engaging in habit behaviors in the aftermath of the sexual assault. These habit behaviors can be quite complex, as described above. But plenty of non-habitual behaviors can get mixed in as well. Taken together, this means we will never know as much about the neurobiology of people’s behaviors after the sexual assault or other traumatic experience, as we do during those experiences.

**Some Examples**

To illustrate, we can look at some specific types of emotional behaviors. If we consider laughing or crying, those behaviors can have many different variations, each involving different combinations of emotions, motivations, vocalizations and movements. Usually we laugh because we are happy, and cry when we are sad. But we may laugh because we are nervous, or cry when we are angry. We can also laugh because we want other people to like us, or at least not to dislike us. If we are afraid that crying will make us look weak or pathetic, we might feel extremely sad but barely cry at all, or, despite trying not to, we may suddenly sob out loud. From these examples alone, we can see that it would be simplistic (and incorrect) to assume that such different forms of laughter or crying have the same neurobiological causes.

We often see this with sexual assault victims. Sometimes people smile or laugh not long after being sexually assaulted, despite the traumatizing harm they suffered. Others smile or laugh when they are talking about their sexual assault – even while being interviewed by law enforcement about very difficult details of the assault and its impact on them. Such smiling or laughter, on its own, cannot tell us whether or not those people were sexually assaulted (although of course many people have wrongly believed that it does). And the presence of such laughter reveals little or nothing about what was

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happening in their brains when they smiled or laughed, but it could be an indication that they have a habit of laughing when they are nervous or to avoid negative judgments.

The same could be said about many other behaviors that survivors may exhibit after a sexual assault, whether it is hours, days, or months later. They could be talking to a friend or family member, texting the person who assaulted them, or being interviewed by a law enforcement investigator or other professional. None of the behaviors exhibited at those times and in those situations can be explained simplistically by neuroscience.

The Same is True for Brain Chemicals

Similar logic applies to brain chemicals. Research has shown that during any traumatic or highly stressful experience, some brain chemicals play important roles in how the defense circuitry tends to dominate brain functioning, impair the prefrontal cortex, shift behavior to reflexes and habits, and alter the memory circuitry. Neuroscientists have also discovered that some brain chemicals can increase the probabilities of having certain kinds of thoughts and feelings, or the probabilities of engaging in certain kinds of reflexive or habitual behaviors. But while brain chemicals can influence such probabilities, they never determine the particular reflexes or habit behaviors produced. Therefore, we cannot attribute any particular behavior to any particular chemical.

Four Brain Chemicals You May Have Heard About

Over the past decade, four brain chemicals have gained attention for their potential roles in the brain’s response to sexual assault and “the neurobiology of trauma”: norepinephrine, cortisol, endogenous opiates, and oxytocin. Because there has been some confusion about the role of these particular chemicals, I will offer a very basic summary of what neuroscientists currently know about the activity levels and impacts of those chemicals during and after traumatic and highly stressful experiences, including sexual assault.

However, those who work with sexual assault survivors and other victims of violent crimes need not worry about these specific chemicals. It’s enough (and less likely to result in confusion), to simply understand the basics – as described in these training bulletins – of how the defense circuitry’s domination of brain functioning tends to alter attention, thinking capacities, behavior, and memory processing.

Norepinephrine

First, a great deal of scientific research has revealed that the defense circuitry increases norepinephrine activity in response to acute stress, with more severe or traumatic stress resulting in even greater activity. While relatively low increased norepinephrine activity

10 Increased norepinephrine activity also results in different modes of activity (i.e., phasic or brief vs. tonic or lasting), as reviewed by Valentino, R. J. & Van Bockstaele, E. (2008). Convergent regulation of locus coeruleus activity as an adaptive response to stress. European Journal of Pharmacology, 583, 194-203.
can enhance cognitive flexibility and prefrontal cortex function,\textsuperscript{11} highly stressful situations cause high levels of norepinephrine release in the prefrontal cortex that impair its functioning. That results in decreased capacities for the control of attention and rational, deliberative thought.\textsuperscript{12}

Generally speaking, the more stressful or traumatic an experience is, the higher the levels of norepinephrine activity are, which results in more prefrontal cortex impairment. This causes people's behavior to be more controlled by the brain circuitries responsible for reflexes and habits, and thereby more automatic and involuntary.

However, as noted above, it's simpler to leave norepinephrine (and other brain chemicals) out of the discussion, and just refer more generally to how the defense circuitry dominates brain functioning, which results in the common impacts described in these training bulletins on people's thinking and behavior.\textsuperscript{13}

**Cortisol**

The neurohormone cortisol is another brain chemical that researchers have found to play a role in responses to stressful experiences.\textsuperscript{14} Some studies have found increased cortisol activity after a sexual assault, but others have found blunted (decreased) cortisol activity afterward.\textsuperscript{15} In particular, a history of prior sexual or physical assaults has been associated with reduced cortisol activity immediately after a sexual assault. Regardless, it is impossible to say in any particular case that brain cortisol activity


\textsuperscript{12} Arnsten A.F.T. (2009). Stress signaling pathways that impair prefrontal cortex structure and function. *Nature Reviews Neuroscience, 10 (6)*, 410-422; Arnsten, A.F.T. (2015). Stress weakens prefrontal networks: Molecular insults to higher cognition. *Nature Neuroscience, 18 (10)*, 1376-1385. We also know that increased norepinephrine input to the hippocampus, a key structure in the brain’s (episodic) memory circuitry, contributes to time-dependent effects of stress on encoding and storage processes, but those memory processes are not a focus here.

\textsuperscript{13} Norepinephrine also has impacts on memory encoding and storage under stress and trauma, but again, it’s not necessary to get into those details and we can just understand the basics of how the defense circuitry impacts memory processes.


increased or decreased,\textsuperscript{16} during or right after a sexual assault, or to attribute any particular behavior of a sexual assault victim to that specific brain chemical.

**Endogenous Opioids**

Like opioids introduced externally (via pills or injection), the opioid peptides that are produced naturally within the brain (i.e., endogenous opioids) serve to decrease pain perception and sensitivity. It is therefore not surprising that endogenous opioid activity tends to increase in response to stress, danger, and trauma, and that it is involved in survival reflexes.\textsuperscript{17}

But this does not mean that opioid activity is always the cause when someone experiences dissociation or numbing of pain and emotional experience, either during or after a sexual assault. Dissociation and numbing may have a variety of neurobiological causes.\textsuperscript{18} There’s no way to know the particular cause, or combination of causes, for dissociation or numbing experienced by a sexual assault survivor – or anyone else – in the midst of a dangerous, traumatic, or extremely stressful experience, or in its aftermath. To put it simply, those are common experiences, triggered by the defense circuitry through a variety of neurobiological mechanisms.

**Oxytocin**

The fourth brain chemical often speculated to play a role in sexual assault responses is the peptide hormone oxytocin (which is again, produced naturally within the brain). In the popular media, oxytocin is often referred to as the main brain chemical responsible for social bonding and connection, partly due to research on bonding between mothers and infants, and studies on people’s experiences of connection to partners and friends.\textsuperscript{19} Plenty of research, though, shows that things are more complex.\textsuperscript{20}

\begin{itemize}
\item\textsuperscript{16} At least it is impossible without actually collecting biological samples that reveal cortisol activity.
\end{itemize}
Just as opioids aren’t necessarily responsible for survivors’ experiences of dissociation or numbing, oxytocin isn’t necessarily the cause of smiling, laughing, or other seemingly happy behavior. In fact, research on oxytocin and trauma reveals a complex picture: (a) emotional trauma and PTSD can decrease oxytocin; (b) the administration of oxytocin can increase traumatic memories and distress, not just decrease them; (c) oxytocin activity in response to acutely stressful experiences can differ for females versus males and for people with histories of childhood physical versus sexual abuse.21

Therefore, if someone is smiling or laughing during a medical forensic examination, law enforcement interview, or other social interaction following a traumatic experience such as sexual assault, we cannot necessarily assume oxytocin activity is causing it. There could be many reasons – related to social perceptions and motivations, shaped by culture, personality, and how the particular interaction is unfolding – and the neurobiological causes of all those responses are complex and impossible to know.

**Better to Think In Terms of Circuitries, Not Chemicals**

As explained previously, neuroscientists understand the brain as composed of many circuitries, that is, collections of brain areas that work together to perform certain functions (such as the defense and habit circuitries). These circuitries communicate with and influence each other in a wide variety of complex ways, and these interactions are also influenced by many factors, including inherited genes and how (traumatic) experiences can determine which genes are turned on or off in the brain, and when. As a result, the same brain chemical can have very different effects on different brain regions, and even within the same brain region, depending on a variety of factors that can change over time.

That’s why it’s much simpler, more accurate, and more helpful to understand the impacts of stress and trauma on the brain, thinking, behavior and memory in terms of key brain circuitries rather than specific brain chemicals.

**Next Up**

This concludes my very brief discussion of victim responses during sexual assault. In the next training bulletin in this series, I will focus on memory processes.

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End Violence Against Women International (EVAWI)

Victim Impact: How Victims Are Affected by Sexual Assault
And How Law Enforcement Can Respond

Kimberly A. Lonsway, PhD
Sergeant Joanne Archambault (Ret.)

April 2006
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Course Objectives

At the end of this training module, the learner will be able to:

- Recognize that there are as many responses to sexual assault as there are victims and prepare for any type of reaction.

- Understand the many effects that are seen on the physical, psychological, economic, and emotional well-being of sexual assault victims, including those during the sexual assault and immediate aftermath, the longer-term impact of sexual assault victimization, and how victims integrate the sexual assault experience and impact into their lives.

- Understand the ways in which this victim impact will influence the strategies that are most likely to be effective during a law enforcement investigation and criminal prosecution.

- Recognize the role that the response by law enforcement professionals and others have on the process of recovery for victims.

- Understand how a victim's community affiliations may affect their response to the sexual assault, including:
  - Victims who are non-white, foreign-born, and/or non-English speaking.
  - Male victims of sexual assault.
  - Gay, lesbian, bisexual, or transgender victims.
  - Homeless victims of sexual assault.
  - Elderly victims of sexual assault.
  - Victims who are sexually assaulted by their spouse or intimate partner.
  - Victims who are sexually assaulted more than once.
  - Victims whose sexual assault is facilitated by drugs and/or alcohol.
Introduction

This training module is designed to explain the impact of sexual assault victimization to law enforcement personnel and other community professionals. Our goal is to increase understanding of the many effects that are seen on the physical, psychological, economic, and emotional well-being of victims. Another goal is to explore the ways in which this impact will influence the strategies that are most likely to be effective during a law enforcement investigation and criminal prosecution.

Throughout the module, quotes will be incorporated from The Voices and Faces Project, a national documentary project created to give voice and face to survivors of sexual violence, offering a sense of solidarity to those who have lived through rape and abuse while raising awareness of how this human right and public health issue impacts victims, families, and communities. These quotes will be used to illustrate the points being made, and to connect them with the experiences of real people.

The module will therefore focus on describing a number of common behaviors and experiences that are seen among victims of sexual assault. However, the bottom line that law enforcement professionals and others must always remember is that there is no universal reaction to sexual assault (Allison & Wrightsman, 1993). Although there are many common behaviors and experiences of those victimized by sexual assault, there are just as many differences in the unique response of each victim.

Traumatic Experience Does Not End with the Sexual Assault

To understand the impact of sexual assault victimization, it is also important to keep in mind that the victim's experience of trauma does not necessarily end when the sexual assault does – the preliminary investigation and medical forensic examination are often seen by victims as a continuation of the traumatic event (Allison & Wrightsman, 1993).

That Monday after my rape… my best friend and his girlfriend took me to the ER… I painfully asked them not to call my parents or send them a bill, and then sat in a hospital gown. The nurse first yelled at me for showering… She said they would collect evidence, but I would have to talk to a police officer and report the crime right there. They wouldn’t let my female friend come into the room with me. I was sitting barely clothed and freezing in a hospital gown and the nurse who had first yelled at me for showering only gave me a minute to make the decision. I said no – I didn’t know what else to do. I was terrified and ashamed and didn’t want to talk to a police officer at that exact moment.

- Survivor referred to as "M" (The Voices and Faces Project)

I had a female nurse prepare me for the rape exam, but a male doctor performing the exam (with the nurse and the female deputy present). I pretty much tried to disassociate from the whole process and pretend it
was all a bad dream. The exam was very uncomfortable and painful. There were pictures taken, and I was humiliated.

- April raped and kidnapped by a boyfriend (The Voices and Faces Project)

As part of the medical forensic exam, both male and female victims are examined internally as well as externally, and other evidence collection procedures are conducted that are both physically uncomfortable and emotionally grueling. Similarly, the questions asked during a preliminary interview are invasive, embarrassing, and difficult.

No matter how competent and compassionate the medical and law enforcement professionals are, nothing can change the fact that the medical forensic exam and preliminary investigation are challenging for sexual assault victims, and these procedures are often seen as a continuation of the traumatic experience.

- To respond effectively, law enforcement and other community professionals must be familiar with the procedures involved in a medical forensic exam and other evidence collection procedures, so they can explain the process to victims.

- A detailed understanding of the procedures involved will also help officers and investigators to appreciate their emotional impact on sexual assault victims.

- It is also helpful when those professionals involved with the medical forensic exam work to develop their understanding of culturally specific information regarding a survivor’s particular reactions to sexual violence – for example, an appreciation of what it means, culturally, to expose their bodies to strangers.

Law enforcement professionals and others must also ensure that a victim advocate is contacted as soon as possible when a sexual assault is reported, to ensure that victims are receiving all of the information and support to which they are entitled. Victim advocates can be of great assistance, by providing victims with emotional support and information on the justice system process and costs, safety planning, and economic resources that will facilitate their participation in the forensic examination and law enforcement investigation (Koss & Harvey, 1991). Ensuring victims’ participation in a thorough investigation will increase the chance of holding a perpetrator accountable, but it may also yield economic relief for the victim’s financial losses resulting from the crime.

Resource: Expert Interview

In this video interview, Sergeant Elizabeth Donegan details the three most important things first responders should do when responding a sexual assault victim.
Victim Impact: How Victims Are Affected by Sexual Assault

Lonsway, Archambault

November 2020

Resource: OLTI Modules

These issues are discussed in greater detail in other OLTI modules, including:
Effective Victim Advocacy within the Criminal Justice System: A Training Course for Victim Advocates and Interviewing the Victim: Techniques Based on the Realistic Dynamics of Sexual Assault.

Common Experiences of Sexual Assault Victims

Sexual assault victims describe many common experiences, many of which are well-documented in the research literature and described in this module.

Resource: Expert Interview

In this video interview, Olga Trujillo describes how an understanding of trauma and its impact can change the way professionals respond to sexual assault.

However, it is always important to keep in mind that the presence or absence of any of these experiences cannot be used as a basis for judging the validity of a sexual assault report. While commonalities are often seen, each victim ultimately has a unique response to sexual assault. Therefore, officers and investigators can respond effectively by:

- Reassuring victims that their experiences are common, natural, or understandable.
- Assuring victims that their report of sexual assault is being taken seriously and investigated thoroughly.
- Contacting a victim advocate as soon as possible, to provide the victim with information, emotional support, various forms of assistance, and referrals for appropriate community resources to help victims address their housing, legal, transportation, financial, and any other safety needs.
- Documenting the victim’s experiences in the written report, so investigators and prosecutors can re-create the reality of the sexual assault from the victim’s perspective and corroborate the victim’s report of the sexual assault. This information can be used to support a victim’s claim for Crime Victim Compensation or restitution to recover costs of economic crimes and impacts such as property damage or theft, health care costs, or lost wages.

Dissociation or “Frozen Fright” During the Assault

In many cases, the way in which victims experience their sexual assault will affect how they respond later when dealing with law enforcement professionals, family members, friends, and others (Koss & Harvey, 1991). For example, many victims describe
experiencing a feeling of paralysis during the sexual assault that is often referred to as “frozen fright.” With this type of reaction, victims feel as if they are paralyzed during the sexual assault and are unable to think, act, or respond in ways that they would if they weren’t experiencing such significant trauma.

A feeling of panic, violation, helplessness, powerless to stop the assaults no matter how much I wanted it stopped. The guilt and shame came later. I felt like it was my fault that I didn’t recognize these monsters for what they were.

- Richard (quoted at The Voices and Faces Project)

A similar type of response is “dissociation,” which is commonly described as a state of dreamlike detachment. With this type of response, victims often feel as if they have “left their body” during the sexual assault. They may feel as if they are watching themselves being sexually assaulted from some perspective outside of their body, perhaps from the ceiling or from the corner of the room. They may also feel completely removed from their emotional reaction, as if they don’t know or care what is happening to their body during the sexual assault. As one sexual assault survivor described:

I left my body at that point. I was over next to the bed, watching this happen… I dissociated from the helplessness. I was standing next to me and there was just this shell on the bed… There was just a feeling of flatness. I was just there. When I re-picture the room, I don’t picture it from the bed. I picture it from the side of the bed. That’s where I was watching from.” (quoted in Herman, 1992, p.42-43).

The Advocacy Manual developed by the Oregon Attorney General’s Sexual Assault Task Force (2006) provides a more detailed description:

Dissociation is the disconnection from full awareness of self, time and/or external circumstances. A complex neuropsychological process, dissociation exists along a continuum from normal everyday experiences to disorders that interfere with everyday functioning. Common examples of normal dissociation are highway hypnosis, (a trance-like feeling that develops as the miles go by), ‘getting lost’ in a book or a movie so that one loses a sense of passing time and surroundings, and daydreaming. Experiences like sudden loss of memory and blurry consciousness of time can occur in the aftermath of a sexual assault. More serious dissociative disorders are a commonly occurring defense against childhood sexual abuse (Oregon Attorney General’s Office Sexual Assault Task Force, 2006, p.13-4).

Both of these common victim responses are helpful for law enforcement and other community professionals to understand, because they explain why sexual assault so often involves very little physical violence on the part of the suspect and/or physical resistance on the part of the victim.
• If the victim experiences frozen fright or dissociation during the sexual assault, the suspect may not need to use physical force in order to complete the sexual act, and the victim may not physically resist.

• As a result, victims all too often blame themselves for the sexual assault, and they often encounter skepticism, doubt, and blame from others when they describe what happened (e.g., “You didn’t resist, so you must have wanted it”).

• Victims with this type of experience might therefore be watching law enforcement professionals and others very closely for signs that they are not being believed or are being blamed for their sexual assault.

Officers and investigators must keep in mind that frozen fright and dissociation are very common experiences of sexual assault victims, and they do not indicate consent to any sexual acts that are forced upon them or committed when they are unable to consent. It is important to reassure victims with this type of experience that it is in fact a common response to being sexually assaulted, and that it doesn’t in any way mean that they are being doubted or blamed. Rather, their report of sexual assault is being taken seriously and investigated thoroughly.

Resource: Victim Interviewing

When interviewing a victim who responded with either frozen fright or dissociation, it is particularly helpful to document the exact words that victims use to describe their thoughts, feelings, and reactions during the sexual assault. This will often go a long way toward explaining to prosecutors, judges, or jurors what the experience of the sexual assault was like for the victim and highlighting the victim’s lack of consent. Please see the modules on Interviewing the Victim: Techniques Based on the Realistic Dynamics of Sexual Assault and Effective Report Writing: Using the Language of Non-Consensual Sex for more information.

Psychological Disorganization – Disorientation – Dissociation

During the sexual assault and afterward, many victims become disoriented and disorganized in their thinking (Allison & Wrightsman, 1993; Koss & Harvey, 1991). They may even lose their memory of all or part of the assault. In some instances, this is due solely to the trauma of being sexually assaulted. In others, it is exacerbated by the victim’s exhaustion, intoxication, and/or the influence of other drugs. In the immediate aftermath of a sexual assault, victims are often still trying to make sense of what happened to them – even while they are talking with first responders such as law enforcement officers, medical professionals, and victim advocates.

I had a bunch of ‘friends’ over and we were playing drinking games, one in particular called ‘Fuck the Dealer.’ I lost the game and later found out that the boys I was playing with thought it was funny to get me really drunk and rigged the game, so I would lose. I went to my room and passed out. He
came to my room and my best friend watched him go and that is when it happened. I woke up only wearing my bra and was in a lot of pain. I just had this sick feeling, so I called my friend into the room and that was when she said he came into my room. I called him and confronted him, and he tried to tell me that I was into it…but I got him to say that he just did it anyways and did not care that I was passed out. That was the worst realization.

- Elizabeth raped at 19 (The Voices and Faces Project)

As a result, victims may be inconsistent or unclear in their description of the sexual assault. Law enforcement professionals and others must keep this in mind when interviewing victims. This type of inconsistency or lack of coherence in the victim’s statement should not be seen as an indicator that the report is somehow dubious or that the sexual assault did not happen.

Well, since I wasn’t conscious during the assault, the first feelings in the morning were shame, embarrassment and anger. I wanted to and did ‘hide out’ the whole day. I did not tell anyone that day for fear that they would say, ‘Oh, she just got drunk and acted like a slut’…The police were not called. I didn't know who had done it to me and I was scared that they would just blame me, because I had been drinking.

- Brandi raped on her 21st birthday (The Voices and Faces Project)

In addition, the dissociation that was previously described as a common experience during the sexual assault can even last for some period of time afterward. Victims may describe feeling somehow separate from their physical bodies for a period of time during and/or after the assault, so reality is experienced as distant or dreamlike. Again, community professionals must understand that this reaction is common and should not be seen as an indication that the victim is not credible or that the report is not legitimate. This type of reaction can also be carefully documented in the investigator’s report, in order to re-create the reality of the sexual assault from the perspective of the victim and to help prosecutors, judges, and jurors understand the entire context of the event. This strategy is described in detail in the module Interviewing the Victim: Techniques Based on the Realistic Dynamics of Sexual Assault.

Nightmares – Flashbacks – Sleep and Appetite Disturbances – Difficulty Concentrating

Victims may also experience intrusive physical and psychological symptoms such as nightmares, flashbacks, sleep and appetite abnormalities, and difficulty concentrating (Allison & Wrightsman, 1993; Koss & Harvey, 1991). Lack of sleep and concentration can affect victims’ work and school performance, and therefore long-term economic security, as well as their health and safety. With respect to sleep and appetite, victims can exhibit these disturbances either by over-eating and over-sleeping or under-eating and under-sleeping (Allison & Wrightsman, 1993; Koss & Harvey, 1991).
I had difficulty sleeping. I found myself subject to unpredictable fits of crying and shaking at the most inconvenient times: at dinner in the cafeteria, on the basketball courts, in class...sometimes due to reliving the visions I could never completely remember, other times due to exhaustion and stress. I developed a stomach ulcer. I did my best to go to classes, to parties, to campus events...I even managed to survive that semester with a GPA of 3.24. I wasn’t there. I wasn’t conscious most of the time.

- Woman raped by friends of her best friend (The Voices and Faces Project)

Again, law enforcement professionals and others must keep in mind that the many disruptions in the physical and emotional life of sexual assault victims will affect not only their health and economic security, but also their ability to actively participate in the law enforcement investigation. Even victims who want to participate in the law enforcement investigation often find it difficult to do so when their physical and emotional reality is so disrupted. Officers and investigators must understand this and also document the victim’s description of physical and emotional symptoms because they can be used to corroborate the victim’s report of having been sexually assaulted.

Constant Reliving of the Assault

Victims often have intrusive memories of the sexual assault that are difficult to control and that disrupt their daily lives (Allison & Wrightsman, 1993; Koss et al., 1994). As many victims describe, these memories are not only intrusive and unwelcome, but they are also often accompanied by the feelings of terror and shame originally experienced during the assault (Koss & Harvey, 1991). These experiences may be exacerbated if the perpetrator is someone they see regularly at school, work, or home.

I tried to get on with my day-to-day life and plans, but that included the rapist occasionally being around. It made me so sick to have him around and smell his cologne that I realized I wouldn’t be able to keep the same friends and avoid him, so I told my friends I wouldn’t be around anymore because I couldn't deal with having him around harassing me.

- Myla raped by a co-worker (The Voices and Faces Project)

Sometimes victims re-enact the trauma of the sexual assault with a fantasy of changing the outcome (Koss & Harvey, 1991; Koss et al., 1994). Often, this is done internally, as they recall the events taking place before the sexual assault and imagine a different outcome in the situation. Again, it is helpful to reassure victims that these experiences are common and to document them in the report as corroborative evidence of the victim’s report of having been sexually assaulted.

Attempts to Re-Gain Control

Some victims may cope with the sexual assault by self-medicating with alcohol and/or drugs, while others may engage in casual sexual activity. These behaviors can put the
victim at risk for further harm and jeopardize their career, education, housing, benefits, and health. It can be difficult for friends, family members, and other support people to understand such behavior, just as it can be for responding professionals. However, this type of response makes sense when we consider the effects of trauma, and the ways in which victims often try to re-gain control over their lives. Sometimes, this process involves an effort to “re-claim” these activities, as if to demonstrate that the perpetrator cannot take away the victim’s right to act however he or she wants to.

*It was a bar that I’ve been going to for years, I knew almost everyone there. I still go there, part in hope I see him again, so I can call the police and have him arrested, they haven’t been able to find him. But mostly I still go there because I refuse to lose a place that I enjoy and meet all my friends there and sing karaoke. Why should I have to lose that? Especially because of him. I refuse to let him take that as well. Even though some nights it’s just too hard to be there, I get too scared, on those nights I allow myself to leave. I can’t be strong all the time.*  

- Erin raped by an acquaintance at age 30 (The Voices and Faces Project)

It is not difficult to see how this type of behavior can be used against victims as a challenge to their credibility. Therefore, it is important to document the victim’s description of the behavior, along with all of the corresponding thoughts and feelings that went along with the re-enactment, to demonstrate how such risky behavior is actually a way for victims to cope with traumatic stress and re-assert control over their lives. In fact, such behavior can actually be framed as corroborative evidence of the victim’s report of having been sexually assaulted.

**Shock – Disbelief – Helplessness – Powerlessness – Loss of Control**

One of the hallmark characteristics of sexual assault is the feeling of severe helplessness that is typically experienced by victims. As a result, victims often continue to experience the feelings of helplessness, powerlessness, and loss of control that were originally associated with the sexual assault – long after the event (Allison & Wrightsman, 1993; Koss & Harvey, 1991).

*I was terrified. I didn’t know if he was going to kill me. He wouldn’t let go of my throat and I couldn’t breathe. I felt stupid for bringing him to my house, even though I didn’t invite him in. I was sure I did something to deserve it or bring it on. But I was mostly scared, the whole time I was just so scared.*  

- Erin (The Voices and Faces Project)

Traumatic events of any kind typically can leave individuals experiencing shock and disbelief. Just like people who have experienced other traumatic events such as war or natural disasters, sexual assault victims also typically have a very difficult time making sense of what happened (Allison & Wrightsman, 1993; Koss & Harvey, 1991). This contributes to the sense of shock, disbelief, helplessness, powerlessness, and loss of
control that are so often seen among sexual assault victims. These responses may be particularly pronounced in the immediate aftermath of the sexual assault, when the victim is talking with first responders such as police officers, doctors or nurses, victim advocates, and other service providers in the community.

This dynamic is also seen regardless of how a victim labels the experience. Despite what many people think, whether or not someone labels the experience as a “sexual assault” or “rape” does not determine its impact on his or her physical and psychological well-being. Some research indicates that a sexual assault has the same type of negative impact on victims, regardless of how they label the experience (Harned, 2004).

Immediately after the assault, victims often have not had time to process what happened to them, let alone label it as a “sexual assault” or a crime and report it to law enforcement. However, another reason that victims have difficulty making sense of what happened to them is because they are exposed to the same myths and misconceptions as everyone else in our society regarding what constitutes “real rape.” So, if their own sexual assault does not look like the stereotype of “real rape,” victims often do not recognize what happened to them as a crime and do not report to law enforcement right away. This is important to recognize in order to understand why victims often do not identify what happened to them as a sexual assault – or respond in ways that we might expect from them.

I thought that women were only raped by strangers…These beliefs that I had greatly affected me when I was raped by my husband because I honestly didn’t think that a husband could or would rape his wife. I believed that I was wrong because I was getting upset with him when he wanted sex and I wasn’t able to please him, because he had to hurt me. It became harder and harder to cope each time it happened because I thought that husbands couldn’t rape their wives; that it wasn’t classified as rape, but submission.

- Kelli raped by her husband repeatedly over 11 years of marriage (The Voices and Faces Project)

I knew about rape – we of course got the ‘don’t walk home at night or drink too much warning’ – you know, good old blame the victim. I also knew date rape occurred, but I guess rape in my mind was so severe – so violent. Since what happened to me was not violent, and I eventually stopped saying no – that it was not really rape. When it first occurred to me, even though I know better now, the same old – but wait, Jessica, was that really rape? I mean you have not been gang raped during war time, you were not attacked by a stranger. Ultimately, I decided to tell my story because I think what happened to me happens far too often, and women often feel like I did. Since it was not this violent, intense experience, it didn't 'count'.

- Jessica raped by a friend in college (The Voices and Faces Project)
Guilt – Self-Blame – Loss of Self-Esteem

Another one of the hallmark characteristics of sexual assault impact is that victims typically feel a strong sense of guilt, shame, and self-blame. Just as society tends to hold victims responsible for sexual assault, it is also important to remember that victims themselves are not immune to this tendency (Allison & Wrightsman, 1993; Koss et al., 1994; Koss & Harvey, 1991). Just as society makes the mistake of looking to the victim’s behavior for causes of the sexual assault (often referred to as “blaming the victim”) – so does the victim.

By focusing blame on the victim, society can excuse itself from responsibility and individuals can feel safe – by setting themselves apart from the victim (e.g., “I would never do what that victim did, so I will never be sexually assaulted”). Victims might have an especially pronounced interest in focusing blame within their own behavior, because if they can figure out what they did to “cause the sexual assault” they might believe that they can avoid future victimization.

_I felt ashamed and dirty. I felt responsible. I did go through a lot of depression and life disruptions, but I was also an active alcoholic so a lot of it was because of the drinking._

- Woman raped at age 20 (The Voices and Faces Project)

Unfortunately, this type of thinking often leaves questions about the perpetrator unasked, and it fails to focus attention on how to stop the perpetrator from sexually assaulting additional victims in the future. It can also erode the victim’s sense of self-esteem and positive self-identity. By blaming themselves, their trauma is often worsened, and the spiral of symptoms may continue to escalate (Allison & Wrightsman, 1993; Arata & Burkhart, 1996; Koss et al., 1994; Koss & Harvey, 1991).

- Research demonstrates that the level of self-blame and other maladaptive beliefs that a victim holds can have a significant influence on the degree of emotional distress experienced as a result of the sexual assault (Boeschen, Koss, Figueredo, & Coan, 2001; Koss & Figueredo, 2004; Koss, Figueredo, & Prince, 2002).

- In fact, the role of such negative beliefs is more important than other variables such as whether or not the victim persistently avoids or re-experiences memories of the sexual assault (Boeschen, Koss, Figueredo, & Coan, 2001).

For survivors from marginalized communities, including those who identify as LGBTQ (lesbian, gay, bisexual, transgender, or queer), such feelings of self-blame are often compounded by societal messages suggesting that they were sexually assaulted because of their sexual identity. Another example is when members of a particular racial or ethnic group are portrayed as hyper-sexual and promiscuous. It is unfortunately common for people to focus on their own personal characteristics when searching for
“causes” of the sexual assault; not only does this erode their self-esteem and positive self-identity, but it can make them feel they do not deserve to be safe.

To reverse this process, law enforcement professionals and others can assist victims by clearly stating that they are not to blame for what happened and – for officers and investigators – assuring victims that their report will be taken seriously and investigated thoroughly.

Resource: Start by Believing

Another strategy for reducing the harm of negative reactions is to increase awareness of sexual assault and improve societal responses to victim disclosures. This is the goal of our Start by Believing campaign.

Start by Believing is a public awareness campaign uniquely focused on the public response to sexual assault. Because a friend or family member is typically the first person a victim confides in after an assault, each individual's personal reaction is the first step in a long path toward justice and healing. Knowing how to respond is critical – a negative response can worsen the trauma and foster an environment where perpetrators face zero consequences for their crimes.

Because rapists attack an average of six times, one failed response can equal five more victims. Start by Believing is designed to lead the way toward stopping this cycle, by creating a positive community response, informing the public, uniting allies and supporters, and improving our personal reactions. The goal is to change the world, and outcomes for victims, one response at a time. For more information on how to launch a campaign in your community, please visit the Start by Believing website.

Suppresssed or Intensified Emotional Experience

Just as appetite disturbances can cause victims to either over-eat or under-eat, the effects on their emotional experience can result in either suppressed or intensified emotions. In other words, some victims might appear to be over-emotional in response to the sexual assault whereas others might seem to be under-emotional. Both responses are common, and they result from severe emotional disruption (Allison & Wrightsman, 1993; Koss & Harvey, 1991).

Yesterday I was walking across campus. It was a beautiful day, and all of a sudden, I burst into tears and couldn’t stop crying. I can’t seem to feel anything even though I know something terrible has happened.
As with other behaviors, it is important to have victims describe their emotional reaction to the sexual assault in detail, so it can be documented and used as corroborative evidence. It is also important to remember that some people have had a lifetime of experience with victimization, often perpetrated on very personal levels, similar to the sexual assault. This means that they may already have suppressed or intensified emotional reactions to the world around them, even before the most recent sexual assault was committed against them.

**Extreme Fear – Hypervigilance – Exaggerated Startle Response**

Law enforcement and other community professionals often recognize that victims of domestic violence experience extreme fear and hypervigilance. What is not as often understood is that these experiences are also commonly seen among victims of sexual assault. In fact, sexual assault victims often experience extreme fear and anxiety (including phobias), along with hypervigilance and/or a heightened startle response (Allison & Wrightsman, 1993; Koss et al., 1994; Koss & Harvey, 1991). In response to such experiences, officers and investigators must seek to identify the sources of fear for victims, both to facilitate their participation in the law enforcement investigation but also to develop a plan for addressing threats to their safety.

"I went into a depression, became fearful of almost everyone around me, was terrified that my ex would find me again and kill me this time. In short, I was a different person. I changed how I looked – my hair length and color, how I did my makeup, how I dressed – in case he ever came looking."
- Woman raped by ex-boyfriend (The Voices and Faces Project)

"I used to not be able to have people come up behind me or surprise me without freaking out but that is getting better."
- Elizabeth raped at a party age 19 (The Voices and Faces Project)

In addition to the generalized anxiety that would be expected as a result of such a trauma, victims of sexual assault sometimes have very specific fears – either of being re-victimized or of being retaliated against physically, socially, or economically for disclosing the assault. These fears must be taken seriously, both because they can be debilitating for victims but also because they are grounded in reality. Keeping in mind that the vast majority of sexual assaults are committed by someone that the victim knows, it is important to remember that these people often remain in the victim’s life and are connected to their stability. Steps must therefore be taken to ensure the actual

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1Where indicated, quotes are taken from the case records of Professor Veronica Reed Ryback, Director of the Beth Israel Hospital (Boston) Rape Crisis Intervention Center and Clinical Instructor in Psychiatry, Harvard Medical School. They can be found in the National Judicial Education (1994) manual entitled, Understanding Sexual Violence: The Judicial Response to Stranger and Nonstranger Rape and Sexual Assault.
physical safety of victims as well as their feeling of security. Law enforcement professionals can assist the victim with safety planning.

It is also important to avoid falling back on stereotypes of different communities, when interpreting the behavior of sexual assault victims. For instance, the stereotype of gay men as flamboyant and overly-expressive may serve to “explain away” a male survivor’s fear, hypervigilance, or exaggerated startle response. Many survivors will also experience fear and anxiety at the prospect of reporting the sexual assault to the police and participating in the criminal justice process. This anxiety and fear can be particularly pronounced for victims from particular groups (e.g., racial or ethnic minorities, LGBTQ victims), and it can combine with the trauma from the sexual assault to heighten their hypervigilance or exaggerated startle response.

Extreme Calm and Denial

Victims can also react to sexual assault by exhibiting extreme calm or denial (Koss & Harvey, 1991). In some cases, victims might deny that the sexual assault happened, but more typically they will simply deny the impact that it had on them (e.g., “I’m okay, it was no big deal”). Rather than focus on the violence, they may prefer to discuss immediate logistical matters, economic concerns, or other issues that can appear less important to an outside viewer. However, they may be equally valid in the mind of the victim and therefore deserve to be documented and addressed as well.

Immediately after the rape, all I wanted was for it to have never happened at all. I tried to get on with my day-to-day life and plans.

- Woman raped while in the Army (The Voices and Faces Project)

When victims respond by exhibiting extreme calm or denial, this can sometimes raise doubt in the minds of professionals and other support people that the sexual assault actually took place. Yet it is important to remember that we all respond to trauma in unique ways, and it is not at all uncommon for victims of sexual assault to exhibit this type of response. As with other styles of response, victims can be assured that their experiences are normal and that their sexual assault report is being taken seriously and investigated thoroughly. The victim’s response can then be carefully documented in the investigator’s report, to accurately reflect the victim’s thoughts, feelings, and behaviors in the aftermath of the sexual assault.

Irritability and Outbursts of Anger

Although many people believe that sexual assault victims often “lash out” in anger at responding professionals, this is not as common as sometimes thought. Yet it is of course true that some victims will respond with irritability or anger (Allison & Wrightsman, 1993), and law enforcement professionals and others must handle this situation calmly, without taking the anger personally or responding in kind.
I’ve been feeling so angry at everyone. Here is this guy still roaming the city scott-free while I’m going through hell. Nobody knows how awful this is.

- Susan, 32-year-old secretary, sexually assaulted by a man who came to her apartment to raise money for animal rights (quoted by Professor Veronica Reed Ryback, National Judicial Education Program, 1994)

As with any other investigation, it is critically important that law enforcement professionals not escalate the level of emotional intensity a sexual assault victim is exhibiting during any interview situation. Instead, it is best for law enforcement personnel to exhibit a calm, compassionate, and professional demeanor – to de-escalate the situation and effectively pursue the investigation.

**Depression – Suicidal Thoughts and Actions**

Approximately 1 in 3 sexual assault victims experience depression – a figure that is much higher than it is for other women who have not been victims of crime. Even more frightening, 1 in 3 sexual assault victims contemplate suicide, and 1 in 8 actually attempt it. Again, these figures are much higher than for women who are not crime victims, and they suggest that any mention of suicidal thoughts or actions taken by a sexual assault victim should be considered very serious and handled immediately (Koss et al., 1994; Koss & Harvey, 1991).

Severe depression for years and suicide attempts. As well as general paranoia, increased problems with making any friends (I was already very shy) increased mistrust of men who tried to get to know me for any reason.

- Fran raped at ages 14 and 19 (The Voices and Faces Project)

I started having great difficulty with the guilt, intrusive thoughts, nightmares, feelings of suicidality and depression, and anxiety…I was having great difficulty meeting my military obligations at that point, since I was engaging in heavy binge drinking…My self-medications with alcohol was contributing to my problems…Succinctly stated, the horrific rape to which I was subjected culminated in my early discharge for alcohol related behavioral problems. Essentially, I changed from my high school senior class vice-president and athlete to a person who suffered constant intrusive thoughts, suicidal feelings, and depression.

- Malcom raped at age 18 (The Voices and Faces Project)

This is an area where victim advocates can be especially helpful, because they have specialized training in sexual assault dynamics and crisis intervention. Victim advocates can therefore assist law enforcement professionals and others in responding effectively to a victim’s expression of suicidal thoughts or actions, and they can help to connect the victim with appropriate, affordable, and accessible mental health resources within the community.
The safety and well-being of the victim are clearly the first priority in such a situation, so law enforcement professionals must respond immediately to provide the victim with support and access to appropriate community resources. From an investigative standpoint, however, it is also important to document these suicidal thoughts or actions by the victim, because they can serve to corroborate the victim’s report of having been sexually assaulted.

**Physical Symptoms – Pain – Fatigue – Muscle Tension – Gynecological Problems**

Many victims will continue to experience pain or other physical symptoms if they were physically injured by the suspect(s). In addition to these obvious injuries, however, victims also frequently experience more general negative effects on their physical well-being in the aftermath of a sexual assault. Our physical health mirrors our emotional health, so it is not surprising that sexual assault victims often report feeling fatigue, muscle tension, and other physical symptoms as a result of their trauma (Koss et al., 1994; Koss & Harvey, 1991). In fact, research demonstrates that women who have been sexually assaulted have more symptoms of physical illness, and they visit physicians more than two times more often than other women have not been sexually assaulted (Koss, 1993; Koss, Koss, & Woodruff, 1991). As a result, they often face high out-of-pocket costs for health care and missed work or school. For example, one study found that privately insured rape victims incurred medical costs in the first 30 days following treatment averaging $6,737, of which 14% ($948) was paid by the victim (Tennessee, Bradham, White, & Simpson, 2017).

*I am so physically run down and exhausted that I can’t function. Since the rape, my stomach is upset all the time.*

- Molly, high school junior, sexually assaulted by a friend of the family (quoted by Professor Veronica Reed Ryback, National Judicial Education Program, 1994)

At the risk of sounding repetitive, it is important for law enforcement professionals to reassure victims that these experiences are common and to document them in the investigative report.

**Shame – Internalized Sense of Damage**

Victims often internalize societal beliefs about sexual assault, and one of these is the notion that it causes a woman to become “damaged goods.” Also, many of these societal beliefs focus blame on the victim rather than the perpetrator, so it should not be surprising that many victims feel a sense of shame, guilt, and/or self-blame (Allison & Wrightsman, 1993; Koss et al., 1994; Koss & Harvey, 1991). This reaction is also fueled by a concern about how family, friends, and/or romantic partners will view the victim after the sexual assault. Similarly, they may fear classmates and colleagues finding out if victims have to take time off from work or school to recover or participate in the justice system. Victims also frequently fear the possibility of media coverage of the sexual assault and are deeply concerned about others finding out about what happened to them.
I’m wondering if I’ll ever be the same again. I want to tell my boyfriend, but I don’t know how he’ll react. I’m afraid he’ll be repulsed by me. I feel so dirty I can’t stop taking showers.

- Laurie, college junior, gang-raped at a fraternity party (quoted by Professor Veronica Reed Ryback, National Judicial Education Program, 1994)

This is another area where victim advocates can be particularly helpful, by helping victims address their feelings of shame and to talk through their fears regarding the reactions of friends, family members, and others. Victim advocates can even provide assistance in notifying these people about the sexual assault, by explaining the common dynamics and responses, and supporting the victim through the process of disclosure. Victim advocates can also explain the local policies and practices of the media, regarding whether or how the sexual assault might be reported. With realistic information and emotional support, victims may be better able to cope with these fears and take an active part in the law enforcement investigation.

Changes in Social and Sexual Functioning

Many victims of sexual assault also respond to their experience by changing their social or sexual lives – sometimes rather dramatically (Allison & Wrightsman, 1993; Koss & Harvey, 1991). To illustrate, individuals who were previously shy may become very outgoing after their assault, or those who were formerly outgoing might become withdrawn. Similarly, victims may lose interest in or reject sex after their assault, or they may become promiscuous when this was not previously their typical behavior (Campbell, Seif, & Ahrens, 2004). Various forms of sexual dysfunction may even result from victimization (Allison & Wrightsman, 1993; Koss et al., 1994; Koss & Harvey, 1991), and many victims experience a decrease in their level of trust and intimacy with others (Allison & Wrightsman, 1993; Koss & Harvey, 1991).

I was convinced that no man would ever want to date, touch, be near me again, like I was damaged goods.

- Woman raped at age 19 (The Voices and Faces Project)

Intimacy is hard. I remind myself the whole time that I’m with a nice guy, otherwise I can’t do it. And I haven’t been able to look at sex as an emotional thing anymore. I just kind of go through the motions. Sometimes it’s too hard and I just can’t do it.

- Woman raped by an acquaintance (The Voices and Faces Project)

I was too afraid to date, so I was single for a very long time. I couldn’t go into a nightclub without having anxiety attacks, thinking someone was looking at me and was going to try to victimize me somehow. I was afraid to put on makeup or do anything to make myself look nice, because it
might cause me to be appealing to an attacker. While I used to be fun and attractive, I became wary and plain.

- Myla raped while in the Army (The Voices and Faces Project)

At some point, I decided I needed to take back control of sex and relationships – and most of senior year was spent making out with as many guys as I could. I didn't have sex with any of them though, I didn't want to, and I was way too afraid. I assumed all guys were out for just sex, and no one cared about me anyways. That it was up to me to protect myself so that would not happen to me again.

- Jessica raped in college (The Voices and Faces Project)

In addition to these more generalized changes, victims might also make changes in their social or sexual lives to avoid particular reminders of the assault (Koss & Harvey, 1991). For example, victims might avoid certain people or situations if they are somehow associated with the assault, and specific sexual acts might create anxiety if they were involved in the sexual assault.

I rearranged my room so that my furniture was in a different place then when it happened. Two months later I moved and gave away my bed because I couldn’t stand sleeping on it anymore.

- Woman raped while in college (The Voices and Faces Project)

It is also very common for victims to make other kinds of changes in their personal appearance or daily routine, such as changing their name or hairstyle, moving, or selling their car, which can interrupt their lives and carry a possible economic and social cost (Allison & Wrightsman, 1993; Koss & Harvey, 1991). Often these changes make it difficult for law enforcement professionals to locate the victim for interviews, so it is important to ask victims during the preliminary interview where they will be staying and how they can be reached for follow-up contact during the course of the investigation. It is also a good idea to identify an emergency contact person if possible.

As with other behaviors, law enforcement professionals responding to a sexual assault can reassure the victim that such changes are commonly seen and that they are understandable. Yet law enforcement professionals must also recognize the importance of documenting such changes in the victim’s behavior in their report, to record who the victim is after the sexual assault and how this differs from who the victim was before the sexual assault. It is not difficult to see how this type of information can provide corroborative evidence of the sexual assault.

Self-Destructive Behavior

Sadly, the changes that victims make in their social or sexual functioning are all too often self-destructive (Koss et al., 1994; Koss & Harvey, 1991).
• For example, the National Women's Study figures demonstrate that victims often respond to the trauma of sexual assault by turning to alcohol or other drugs. This can impact many other aspects of victims’ lives, including their health, work or education, and access to certain benefits or housing programs.

• Other self-destructive behaviors that are seen more often among sexual assault victims than other women are smoking, alcohol use, and even the failure to use seat belts (Koss, 1993; Koss, Koss, & Woodruff, 1991).

• Risky sexual behaviors are also commonly seen among victims of sexual assault, such as increased frequency of sexual activity, number of sexual partners, infrequency of condom use, and increased likelihood of using alcohol and/or drugs during sex (Campbell, Sefl, & Ahrens, 2004). Such behaviors can result in costly and life-altering pregnancies and sexually transmitted infections.

Resource: Expert Interview

In this video interview, Jennifer Storm describes what she refers to as the “Band Aid” on the bullet hole” approach to victim advocacy and substance abuse.

While such self-destructive behaviors are commonly seen among sexual assault victims, they can expose victims to the risk of further harm. These behaviors can also create further disruption in the victim’s life, economic security, and social support system, when family members, friends, and other support people respond negatively.

*The thing I turned to was self-injury, because I couldn't share my secrets to anyone. So, in order to not feel the intensity of the emotions from the sex abuse, I created pain physically. It helped to erase the pain, somewhat...helped in the sense that I just simply didn't 'feel' anything...Sometimes I cut, sometimes I pinched myself in various places.*

- A woman raped by her husband over a period of years (The Voices and Faces Project)

Such behaviors can be explored – gently – with the victim by law enforcement personnel and documented in their report as corroborative evidence of the sexual assault. During the interview, investigators can also tell victims that they are concerned about their safety when they engage in such self-destructive behaviors and ensure that victims are put in touch with appropriate, affordable, and accessible community resources to deal with physical health care needs and emotional trauma.

Resource: Expert Interview

In this video interview, Jennifer Storm describes potential triggers for sexual assault victims with abuse and addiction issues.
Denying or Minimizing the Impact of the Sexual Assault

Many victims respond to their sexual assault by attempting to deny or minimize its impact. Often, they will try to carry on with their lives as if nothing had happened. By returning to their previous routines, victims may be trying to convince themselves and others that they are “okay,” that the sexual assault was “no big deal,” or that they are “over it” (Koss & Harvey, 1991).

*Everybody says it happened months ago – you should be over it by now. Maybe they are right – I’ve got to get on with my life.*

- Lisa, worked the night shift at a convenience store, sexually assaulted by co-worker who offered a ride home from work (quoted by Professor Veronica Reed Ryback, National Judicial Education Program, 1994).

*It seems like something bad happened a long time ago. I don’t want to think about it or even go on talking about it.*

- Carla, divorced mother of teenage son and daughter, sexually assaulted by a man she met through a dating service (quoted by Professor Veronica Reed Ryback, National Judicial Education Program, 1994).

Friends and family members frequently have a difficult time understanding why it takes so long for victims of sexual assault to heal, and victims experience pressure (whether explicit or just implied) to recover from the traumatic impact. Some victims even put pressure on themselves, wondering why their recovery is taking so long. These factors can all contribute to victims denying or minimizing the impact of their sexual assault. In addition, so many people in our society are desensitized to sexual violence (from media portrayals, societal messages, etc.) that they either do not identify their experience as a sexual assault or recognize its traumatic impact.

Rationalizing Why it Happened

While victims attempt to make sense of what happened to them, they often try to figure out what “caused” the sexual assault. Unfortunately, victims often look for the causes in their own behavior because societal beliefs suggest that sexual assault is somehow caused by the victim rather than the perpetrator (Koss et al., 1994).

*I guess it was just bound to happen – especially since I was the one who broke up with him. He couldn’t control his temper.*

- Alexis, airline attendant, assaulted by a pilot who was her boyfriend for one year (quoted by Professor Veronica Reed Ryback, National Judicial Education Program, 1994).

While the role of a law enforcement professional is to serve as a neutral fact finder, it is still appropriate to express concern for the safety and well-being of victims and reassure
them that no matter what they did, they did not deserve to be sexually assaulted. In fact, the responsibility for sexual assault always rests with the offender, rather than the victim. It is therefore helpful for law enforcement professionals to reassure victims that they are not to blame for what happened and that their reactions and experiences are common. Once again, victim advocates can be extremely helpful for victims as they struggle with these very difficult issues.

**Longer Term Impact of Sexual Assault Victimization**

The research documents that women who have been sexually assaulted are significantly more likely than others to experience a lifetime prevalence of clinical depression, addiction to drugs or alcohol, anxiety disorders, and post-traumatic stress disorder (PTSD; for a summary of the research, see Koss & Harvey, 1991). In fact, 94% of women who are raped experience post-traumatic stress disorder (PTSD) symptoms during the two weeks following the rape (Rothbaum, Foa, Riggs, Murdock & Walsh, 1992). That same study found that 64% of women meet PTSD criteria one-month post-assault and 47% of victims experienced trauma symptoms within three months post-assault. Another study found that approximately 30% report PTSD symptoms nine months after the rape (Rothbaum & Foa, 1992).

That first year, my entire life up to that point, ended. In the five years since, I have gotten most of it back, but most of my innocence was shattered that night. The first year was about damage control, getting by, fighting off the feeling that I would be better off if I could disappear...and I wouldn’t have to see the pain in my friends’ eyes as when I couldn’t hold down my dinner, when I would cry for no reason.

- Woman raped by a ‘friend’ (The Voices and Faces Project)

I tried to find a new job that I could cope better at, a lower stress position. I pretended it never happened for a long time. I bought some pepper spray to carry on the street with me. And I made no new friends and never went out, never had a conversation with a man I didn’t know (still don’t). I tried to kill myself twice.

- Woman raped at age 19 (The Voices and Faces Project)

Everything changed. I had to move from my apartment after I lost my job. After losing my job and my home, I was forced to drop out of college. I was engaged at the time of the attack, and my fiancé left me a couple of weeks afterwards – a tremendous amount of strain was put on our relationship.

- Woman raped while engaged (The Voices and Faces Project)

As demonstrated in these quotes, it is common for long-term trauma to lead to victims changing or losing a job, or dropping out of school, with significant implications for their
economic security and well-being across the lifespan. Dropping out of school significantly decreases one’s earning potential and future career, often resulting in increased debt. Without adequate work, victims also risk losing their health insurance in addition to housing, transportation, and other aspects of their economic security.

It is clear that someone who is sexually assaulted will never be exactly the same person that they were before the traumatic experience. These are both messages that can therefore be expressed to sexual assault victims by law enforcement professionals and others:

- That the extreme levels of distress will diminish, and they will learn to cope with the impact of the sexual assault.
- That there are some ways in which they will never be the same person as they were before they were sexually assaulted.

While they may eventually come out of the recovery process as stronger people, they will not be exactly the same people they were before the assault.

PTSD and Relationships

The following section is drawn from the Oregon Advocacy Manual, addressing the topic of Post-Traumatic Stress Disorder (PTSD) and relationships. Because the experiences are often faced by sexual assault victims – regardless of whether or not they qualify for a PTSD diagnosis – it is reprinted here. Problems experienced with relationships often constitute a significant part of the difficulty that sexual assault victims face in coping with their experience. Unfortunately, at a time when victims need their support people the most, the symptoms of trauma often make it difficult for spouses and other support people to provide the emotional comfort victims need.

This section is taken from the Advocacy Manual, 2006 (p.14-15) and is reprinted with permission of the Oregon Attorney General’s Sexual Assault Task Force with all rights reserved.

Trauma victims with PTSD often experience problems in their intimate and family relationships. PTSD involves symptoms that interfere with trust, emotional closeness, communication, responsible assertiveness, and effective problem solving:

- Loss of interest in social or sexual activities, and feeling distant from others, as well as feeling emotionally numb. Partners, friends, or family members may feel hurt, alienated, or discouraged, and then become angry or distant toward the victim.
- Feeling irritable, on-guard, easily startled, worried, or anxious may lead victims to be unable to relax, socialize, or be intimate without being tense or demanding. Significant others may feel pressured, tense, and controlled as a result.
• Difficulty falling or staying asleep and severe nightmares prevent both the victim and partner from sleeping restfully and may make sleeping together difficult.

• Trauma memories, trauma reminders or flashbacks, and the attempt to avoid such memories or reminders, can make living with a victim feel like living in a war zone or living in constant threat of vague but terrible danger. Living with an individual who has PTSD does not automatically cause PTSD; but it can produce “vicarious” or “secondary” traumatization, which is almost like having PTSD.

• Reliving trauma memories, avoiding trauma reminders, and struggling with fear and anger greatly interferes with victims’ abilities to concentrate, listen carefully, and make cooperative decisions – so problems often go unresolved for a long time. Significant others may come to feel that dialogue and teamwork are impossible.

• Feeling close, trusting, and emotionally or sexually intimate may seem a dangerous “letting go of my guard” because of past traumas – although the victim often actually feels a strong bond of love or friendship in current healthy relationships. Having been victimized and exposed to rage and violence, victims often struggle with intense anger and impulses that usually are suppressed by avoiding closeness or by adopting an attitude of criticism or dissatisfaction with loved ones and friends. Intimate relationships may have episodes of verbal or physical violence.

• Victims may be overly dependent upon or overprotective of partners, family members, friends, or support persons (such as health care providers or therapist).

• Alcohol abuse and substance addiction – as an attempt to cope with PTSD – can destroy intimacy or friendships.

• In the first weeks and months following the traumatic event, victims often feel an unexpected sense of anger, detachment, or anxiety in intimate, family, and friendship relationships. Most are able to resume their prior level of intimacy and involvement in relationships, but the 5-10% who develop PTSD often experience lasting problems with relatedness and intimacy.

The Oregon Attorney General's Sexual Assault Task Force's Advocacy Manual.

Fewer Episodes of Reliving the Sexual Assault

Over time, victims of sexual assault typically experience a gradual diminishing frequency of intrusive thoughts and episodes of reliving the sexual assault.

Some days I don’t think about the rape at all – it is such a relief. Maybe I can finally forget about it.
Yet sometimes this pattern is disrupted when something happens to throw victims back into their original state of crisis.

**Return to Crisis**

For many victims of sexual assault, there comes a point in the recovery process where they realize that they are not able to simply “get over” the trauma as easily as they originally thought. Sometimes this happens when victims are thrown back into crisis as a result of a triggering event that brings back a flood of memories of the sexual assault (Koss & Harvey, 1991). For example, some victims might re-experience crisis when they see someone who looks like their assailant, smells like him, or drives a car that looks like his. Others return to crisis simply as a result of time or another stressful life event such as the anniversary of the sexual assault, a death, divorce, or job loss. Regardless of the reason, this return to crisis often leaves victims feeling confused and disappointed. Many victims – along with their friends and families – wonder if they will ever truly “get over it.”

*Even though it’s a year since the rape, I’ve been feeling upset again. I’m really confused about this. I’ve been having flashbacks and nightmares like I did just after it happened. Will I ever get over this?*

- Eve, graduate student, sexually assaulted while on vacation by a man who offered to give her a guided tour of the island she was visiting (quoted by Professor Veronica Reed Ryback, National Judicial Education Program, 1994).

For some victims, this return to crisis may be the point at which they report the sexual assault to law enforcement. If so, it is important to recognize that they are actually in crisis at that point, even if the sexual assault actually took place weeks, months, or even years ago. Alternatively, some victims experience this return to crisis during the course of the criminal justice process, if their case is being investigated and prosecuted. This is yet another reason for ensuring that victims are offered the services of a victim advocate during the entire process of the law enforcement investigation and criminal prosecution.

**Increased Ability to Express Emotions About the Sexual Assault**

In some cases, this return to crisis might even be experienced as more severe than the initial trauma, if victims are less able to suppress their emotional reaction. This is also a time when anger is more likely to surface, as victims begin to shift the blame for the sexual assault from themselves to their assailants. Victims sometimes have fantasies of revenge at this point, and this can be helpful for facilitating the healing process of victims as long as they remain fantasies.
I’m just beginning to feel the anger and the sadness – it’s as if I’ve been keeping my feelings in a vault waiting until it feels safe enough to let them out.

- Anne, young mother, sexually assaulted by a co-worker on a political campaign committee (quoted by Professor Veronica Reed Ryback, National Judicial Education Program, 1994)

Of course, the anger that victims experience may sometimes be generalized and misdirected at undeserving individuals. Like anyone responding to traumatic victimization, anger is often a natural and healthy part of the recovery process. Nonetheless, it can be difficult for friends, family members, professionals, and other support people to handle. The key is recognizing that the anger is misdirected and not escalating it by responding personally. Rather, officers and investigators must respond to a victim’s anger calmly and professionally and help the victim to direct the energy toward productive outlets such as participating in the law enforcement investigation and criminal prosecution of the sexual assault. Victim advocates can be especially helpful with victims who are expressing anger, by providing them with the information and emotional support they need to participate productively with the criminal justice process.

Developing Ways of Coping with the Impact

At some point, many victims acknowledge that they can no longer “push down” the memory of the sexual assault and the symptoms of victimization. This can help victims to develop ways of coping that will ultimately lead to integration and genuine healing.

I’ve gone to counseling and taken a self-defense course. I’m learning to trust myself again in social situations, although I still get nervous when I’m with people I don’t know well.

- Judith, 21-year-old music conservatory student, sexually assaulted by her teacher and mentor during a practice session (quoted by Professor Veronica Reed Ryback, National Judicial Education Program, 1994)

Of course, too many victims are never able to acknowledge the impact of the sexual assault and develop successful and productive ways of coping. All too often, victims of sexual assault remain distressed and isolated from sources of support. These individuals may never achieve the type of integration that is described as moving individuals from being “victims” to “survivors.”

Integration of the Sexual Assault Experience and Impact

Many people use the term “integration” to describe the point at which victims achieve a realistic understanding of the sexual assault and its impact on their life. This process of integration may extend throughout the victim’s life, however, reflecting the fact that the sexual assault will forever impact the victim’s life and perspective.
Many victims emerge from the process of integration as stronger and healthier people, and they often seek out ways to use the experience as a force for positive change. For example, some victims volunteer at rape crisis centers or otherwise attempt to help others who have been sexually assaulted.

It is during this process of integration that many people begin to use the term “survivor” – to describe their process of struggling through their role as “victims” and emerging as “survivors” after they have worked to heal themselves and reorganized their lives following the sexual assault.

*My experience came out in the process of a therapy session although I’m not sure quite why. When I told him what had happened, he looked at me and said, “You were raped.” Up until that moment I’d never made the connection because it was inconceivable to me.*

- Man raped at age 19, first disclosed to a therapist 23 years after the rape (The Voices and Faces Project)

Tragically, not all victims successfully achieve this type of integration. For them, the symptoms of traumatic stress may remain throughout their lives. They are obviously in need of support and resources from the community; law enforcement and other community professionals can play a role in connecting these victims with appropriate services when they contact them.

*I have found that I am unable to tolerate the anxiety that I experience when I am around males particularly when they are in groups. This has made it very difficult to find or hold a job. I have been diagnosed with a number of conditions which restrict my ability to work. In addition to the androphobia and gender dysphoria resulting from my experiences in prison, I am diagnosed with PTSD, Panic Disorder and Depression.*

- Steven, a young man jailed for shoplifting and then forced into sexual slavery by other inmates (The Voices and Faces Project)

**Acceptance and Understanding of the Sexual Assault**

During this process of integration, victims struggle to achieve some form of acceptance and understanding of the sexual assault and its impact on their lives. After trying to suppress the memory and trauma of the sexual assault for a long time, many victims realize during the integration stage that these are now a permanent part of their lives, whether they like it or not – just as physical scars remain to remind us of previous injuries. However, this does not mean that individuals remain in a state of crisis. Rather, many of these victims become “survivors” as they integrate the experience of the sexual assault into their lives and personalities.
I've learned that bad things can happen to good people. I'll never forget the rape, but I know that I can return to life with my wound healed and my spirit unbroken.

- Agatha, marathon runner, sexually assaulted in high school by her boyfriend after the senior prom (quoted by Professor Veronica Reed Ryback, National Judicial Education Program, 1994)

Reorganization of the Victim’s Life

It is also during this process of integration that victims may reorganize their lives in ways to reflect their newfound understanding and acceptance of the sexual assault as part of who they are. They also often use the sexual assault as a source of positive strength and energy and seek for ways to use the experience to help others. They have truly become “survivors.”

I am beginning to believe that I can rebuild my life in a way that I feel safe and strong. I’ll never forget what has happened to me, but I’m ready to use what I have learned to help myself and other victims.

- Karen, college senior, sexually assaulted by a friend’s boyfriend when she was a freshman (quoted by Professor Veronica Reed Ryback, National Judicial Education Program, 1994)

Victim Impact and the Law Enforcement Investigation

Although this module describes many of the experiences that are commonly seen among sexual assault victims, it is necessary to repeat the fact that not all victims have a similar response. As this module has highlighted, there are as many responses to sexual assault as there are victims, and no type of response should ever be seen as evidence that the sexual assault did not happen. Obviously, a large number of factors will affect how victims respond to sexual assault, including their own personal characteristics, the quality of their support network, and the time and resources they have available to deal with their process of healing (Allison & Wrightsman, 1993).

Nonetheless, the description of common experiences will be helpful for law enforcement professionals, prosecutors, and others. For one thing, this information may better prepare law enforcement personnel and other community professionals to deal with victims and reassure them that their response is in fact common, natural, and/or understandable. In addition, these descriptions of common experiences may assist law enforcement professionals, prosecutors, and others to understand why victims may respond in different
ways at various points throughout the process of investigating and prosecuting their sexual assault.

- To illustrate, sexual assault victims are likely to be experiencing acute trauma during the preliminary investigation, but they may move onto different response styles as their case progresses through the law enforcement investigation and criminal prosecution. Since many victims seek to minimize the impact of the sexual assault and “get on with their lives,” they may withdraw their participation at some point during the criminal justice process. They may also stop participating due to economic barriers, ranging from the inability to take time off from work or school, to transportation and child care costs.

- Alternatively, they may try to downplay the significance of the sexual assault in ways that are not helpful for the prosecutor’s trial strategy, due to trauma, fear of retaliation from the perpetrator, or other concerns. This type of behavior is perfectly understandable for those familiar with common victim responses, but it is often mistaken for evidence that the sexual assault didn’t really happen, or the victim is seen as uncooperative and perhaps even hostile.

The Role of Professionals in Facilitating Victim Recovery

It is also important to recognize the role that the response by law enforcement professionals and others have on the process of recovery for victims. Research documents that mistreatment experienced during the law enforcement investigation, medical forensic exam, and criminal prosecution have negative effects on the well-being of sexual assault victims (for a review, see Campbell et al., 1999; Campbell et al., 2001). To illustrate, research demonstrates that victims are often extremely distressed when professionals such as law enforcement investigators or health care providers respond by doubting the victim’s report of having been sexually assaulted, failing to take the report seriously, and/or blaming the victim for having “caused” the sexual assault (Campbell et al., 1999; Campbell et al., 2001). Such responses by first responders are associated with a higher level of post traumatic symptoms among sexual assault victims, and they are especially common in cases of non-stranger sexual assault – where the victim and suspect know each other to some degree (Campbell et al., 1999; Campbell et al., 2001).

Once they [police] found out that alcohol was involved they dismissed it as something other than rape. So, the second time I did not report it, because I knew the same thing would happen again.

- Woman raped at age 14, then again at age 19 (The Voices and Faces Project)

Resource: Expert Interview

In this video interview, Sergeant Elizabeth Donegan describes the most important things law enforcement officers should do when investigating a sexual assault case.
On the other hand, many sexual assault victims have positive attitudes toward law enforcement investigators even when they are frustrated by the response of the criminal justice system as a whole (Frazer & Haney, 1996). Clearly, the most important factor in determining the well-being of victims is not whether they were involved in the criminal justice system – the impact is determined by the type of response they received from criminal justice professionals and others.

Resource: Expert Interview

In this video interview, Layne Howard describes the most harmful aspect of the investigative process.

It is important for law enforcement and other community professionals to recognize the important role they play in influencing the recovery of sexual assault victims and connecting them to other available resources. While negative responses can have a devastating impact on the well-being of sexual assault victims, a positive response can have a similarly powerful effect in enhancing the well-being of sexual assault victims. The power of this impact is seen in the words of Katie Feifer, a sexual assault survivor:

"Every contact I had with that lead officer was positive. Every one. He was great, supportive, my knight in shining armor. He made me feel safe immediately after the attack, and he made me feel safe later. Here's the thing: He never doubted me, never made me think it was my fault. He just seemed to get it, to know what I was going through emotionally. To me, this one man was the police and he was perfect."

- Katie (The Voices and Faces Project)

The Importance of Documenting Specific Victim Responses

Understanding these common experiences may help officers and investigators to recognize the importance of documenting them in detail in the investigative report. However, the victim responds, it must be documented in order to accurately re-create the reality of the sexual assault and its impact from the perspective of the victim.

Some victims may not be ready or able to think and talk about the violence they experienced, instead preferring to focus on other aspects or concerns they have, such as getting back their property, how the victimization will affect their work or school, or how they are going to pay for their associated bills. Whereas other victims may be too traumatized to process any economic or logistical matters beyond their own physical safety needs. Law enforcement and advocates with an understanding of victim responses can determine on a case-by-case basis how to best facilitate interviews, identify victim needs, and conduct thorough investigations.

This description also serves as corroboration of the sexual assault report, because such experiences are frequently seen among individuals who have been sexually assaulted,
but not with those who have had a consensual sexual experience. For example, changes to work or school performance, housing, or other behaviors can corroborate that trauma occurred. Documenting coinciding economic crimes can also illustrate the full scope of what happened and help hold the offender accountable for criminal actions. Whatever the victim’s response, it must be documented in detail in the investigator’s report, using strategies that are described in other modules (e.g., Interviewing the Victim: Techniques Based on the Realistic Dynamics of Sexual Assault and Effective Report Writing: Using the Language of Non-Consensual Sex).

Special Considerations

As previously stated, a variety of factors will affect how victims respond to sexual assault. This will include characteristics of the victim, the suspect, and the sexual assault itself – as well as the specific characteristics of the culture and community to which the victim (and suspect) belong. Although there are actually an infinite number of factors that will influence a victim’s unique response to sexual assault, a few will be explored in this section: such as (1) whether or not the victim knows the suspect, and (2) how much physical violence was involved in the sexual assault.

The Impact of Stranger Versus Non-Stranger Sexual Assault

Many people are not aware that sexual assault committed by someone known to the victim is just as traumatic – and often more traumatic – than stranger sexual assault. This is true for a variety of reasons, including the fact that people who are sexually assaulted by someone they know are more likely to blame themselves for what happened. Because they trusted this person, and this trust was violated in such a terrible way, victims of non-stranger sexual assault often feel that their ability to trust others is destroyed (Koss, Dinero, Seibel, & Cox, 1988). If they so misjudged the person who sexually assaulted them, victims’ reason, clearly they cannot trust themselves to judge who is safe and who might pose a threat of harm. These two aspects of non-stranger sexual assault can be particularly devastating for victims.

- As a result, victims of non-stranger sexual assault may be more likely to keep their experience a secret from others out of shame and guilt. They may also see themselves as less deserving of sympathy and professional help. These factors then combine to worsen the emotional trauma that many victims of non-stranger sexual assault experience (National Judicial Education Program, 1994).

- In this way, victims of non-stranger sexual assault respond more similarly to victims of incest and child molestation than those who have been sexually assaulted by a stranger.

Victims of non-stranger sexual assault are also more likely than stranger rape victims to delay reporting to law enforcement or disclosing to other professionals or support people (Koss & Harvey, 1991). In addition to guilt and shame, this hesitancy may be related to potential fear of retaliation, dependency, or economic ramifications. The victim may be connected to the perpetrator through work or school, or they may be in an
intimate relationship with the perpetrator that involves economic abuse or shared children, housing and vehicles, or other resources. In many cases, it can be years before these victims disclose their assault to anyone. Again, this only worsens the emotional trauma for victims of non-stranger sexual assault and delays their recovery.

Tragically, victims of non-stranger sexual assault are especially likely to isolate themselves socially – at a time when they most need the support of friends and family (Bowie et al., 1990). These reactions are important for law enforcement personnel and other community professionals to keep in mind as they respond to victims of non-stranger sexual assault, and they highlight the importance of offering the victim the services of an advocate as soon as possible.

_I told my other roommate and her response was “well that sucks, but that is what happens when you drink too much…I wanted to tell my mom, but I was scared that she would be so disappointed in me…I did not call the police. I was too scared. I regret that today but at the time that I couldn’t do it._

- Woman raped at a college party (The Voices and Faces Project)

**Level of Physical Violence Does Not Predict Emotional Impact**

Another common assumption that many people have is that sexual assault victims with the worst physical injuries will have the worst emotional trauma as well. In fact, the level of physical violence during a sexual assault does not determine the severity of the victim’s emotional trauma (Arata & Burkhart, 1996; Koss & Harvey, 1991). It is important to investigate whether the lack of physical violence is due to explicit or implicit threats, economic coercion, or other sources of force and intimidation.

- The research actually documents that physical and psychological symptoms of trauma are just as common for sexual assault victims who experience minimal or no physical violence as those who experienced severe physical violence.

- Indeed, victims of physically violent assaults have an advantage of sorts over those victims whose sexual assault did not involve physical violence, because both the victims themselves and others may be less likely to blame them for the sexual assault if they have obvious signs of physical injury (National Judicial Education Program, 1994).

Victims of sexual assault must receive compassionate treatment and appropriate community referrals regardless of whether or not they were physically injured during the sexual assault. However, it is important for law enforcement professionals and others to keep in mind that the level of emotional trauma experienced by victims is unrelated to the level of physical injury they sustained, and to ensure that victims without physical injuries clearly receive the message that their report of sexual assault is being taken seriously and investigated thoroughly.
Special Victim Populations

Crimes of sexual assault can happen to anyone, and they will always be traumatic for victims, regardless of any communities to which they belong. However, it is important to have an understanding of how a victim’s community affiliations may affect their response to the sexual assault, in order to successfully investigate and prosecute the crime.

Whatever cultural group or community a sexual assault victim comes from, this will affect the victim’s experience of the sexual assault, its specific emotional, social, and economic impact, the recovery process, and the victim’s access to legal and victim assistance options. Some of these factors may also make it difficult or even impossible for victims to take part in the law enforcement investigation or criminal prosecution of their sexual assault. The goal of this section is to offer law enforcement professionals, prosecutors and others additional practical guidelines on how to better serve victims from these communities.

What do we Mean by “Community?”

When we say that a victim (and/or the suspect) comes from a specific population, we will typically refer to this as a community. So, what do we mean by “community?” The word obviously has a variety of meanings. It can refer to a geographic location (e.g., city, region, or neighborhood), or it may refer to an identifiable population of individuals who share a common culture regardless of their geographic location. Such communities can be based on religious beliefs, sexual orientation, ethnicity, occupation, physical disability, economic status or any number of other characteristics. In fact, most people belong to multiple communities and these affiliations strongly influence the way in which we view the world, ourselves, and the events in our lives. Community affiliations thus play a very important role in influencing the reactions of sexual assault victims and their interpretation of what happened, and therefore in determining the special issues that law enforcement personnel must consider when investigating a sex crime.2

One of the most important sources of evidence in a sexual assault investigation is the law enforcement interview with the victim. It is therefore essential for law enforcement personnel to take into account the victim’s community affiliations during the process of an investigation, to assess the victim’s needs and respond effectively. One of the best ways to do this is to develop an understanding of the many different communities served by a law enforcement agency – before facing an investigation of a sexual assault committed by or against a member of that community.

Because it would be impossible for law enforcement personnel or other community professionals to become experts in the dynamics of every possible community within their jurisdiction, the purpose of this section is not to provide an exhaustive list of every

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2 This paragraph is adapted from text appearing in the manual developed by the National Victim Center, in cooperation with the American Prosecutors Research Institute and the Police Foundation, entitled: Looking back and moving forward: A guidebook for communities responding to sexual assault. The manual was developed with funding and support provided by the Office for Victims of Crime and the Bureau of Justice Assistance, Office of Justice Programs, US Department of Justice (Grant #91-DD-CX-K038).
community and culture that victims may come from. In fact, there is no curriculum that could possibly teach law enforcement professionals and others about all the many diverse communities in our country, and it would be unfair to expect that every law enforcement professional must learn every community’s particular needs concerning sexual violence – as well the needs that arise at the intersections of all the multiple communities within a person’s life. Instead, the purpose of this section is to provide practical information and strategies that law enforcement professionals, prosecutors, and others can use, build upon, and adapt to the specific communities they serve.

The following communities will be addressed in this section:

- Victims who are non-white, foreign-born, and/or non-English speaking.
- Male victims of sexual assault.
- Gay, lesbian, bisexual, or transgender victims.
- Homeless victims of sexual assault.
- Elderly victims of sexual assault.
- Victims who are sexually assaulted by their spouse or intimate partner.
- Victims who are sexually assaulted more than once.
- Victims whose sexual assault is facilitated by drugs and/or alcohol.

**Resource: Special Victim Populations**

For more information on specific types of crime victims, a video and companion guidebook entitled *First Response to Victims of Crime* is available from the Office for Victims of Crime, US Department of Justice.

The California Coalition Against Sexual Assault (CALCASA) has also created numerous publications and information packets on working with survivors from a wide range of communities/populations, which are available on their website. *Support for Survivors* is a particularly helpful publication. Originally developed for victim advocates, much of the information could be helpful for criminal justice professionals and other members of the community response system.

The astute reader will note that this section does not address sexual assaults committed against victims with physical, mental, or developmental disabilities. Such cases are extremely common, yet they present unique challenges for the victim, law enforcement investigator, and criminal justice system. It is therefore highly recommended that law enforcement agencies take the time to conduct an in-depth training for all officers on the many unique issues involved in investigating these cases.

**Resource: Survivors with Disabilities**

Our OLTI training module entitled, *Successfully Investigating Sexual Assault Against Victims with Disabilities*, is designed to ensure that people with disabilities who are
Some Common Themes

Before discussing some of the unique issues affecting sexual assault victims from specific communities, it is worth discussing some of the themes that are common regardless of the specific community to which the victim belongs. For example, one common theme for victims from any community is that they are often afraid that they will not be believed when they say that they have been sexually assaulted – or that they will be held responsible for the sexual assault. To illustrate, many of us have heard people make statements such as the following:

- Black women cannot really be sexually assaulted, because they are sexually promiscuous and always “want it.”
- Prostitutes cannot really be sexually assaulted, because they get paid to have sex; if they report a sexual assault it is probably just another “failure to pay” situation.
- Men cannot really be sexually assaulted, because they have the physical strength to defend themselves from these crimes.

Even if people do not typically say such things outright, these beliefs may nonetheless be lurking beneath the surface when victims from these different communities disclose that they have been sexually assaulted. For example, these beliefs may be implicated when professionals and community members fail to take disclosures seriously, or when reports to law enforcement are not investigated thoroughly or prosecuted successfully. However, the interesting thing is that whatever the specific belief is for a particular community, the bottom line is the same – victims are not believed or are somehow held responsible for their sexual assault.

- The tragedy is that this type of response by community members can play a negative role in exacerbating the impact of the sexual assault on the victim. The research is clear that the level of emotional distress victims experience is determined in large part by their degree of self-blame (Koss & Figueredo, 2004; Koss, Figueredo, & Prince, 2002).

- On the other hand, the positive reactions of others can be one of the most powerful factors in improving their recovery. Victims of sexual assault who are believed and allowed to talk about their experience – and who perceive these reactions as positive – have fewer physical and psychological symptoms of
stressed more than victims who do not receive such reactions or perceive them as negative (Campbell et al., 2001).

So, while it is helpful to understand some of the specific beliefs that are held in society about victims from particular communities, the most important thing is to realize that whatever their community affiliation, victims of sexual assault often fear not being believed – or being blamed for the sexual assault – and these fears are grounded in reality because these reactions are very frequently seen. In many ways, this is the thread that links victims of sexual assault together from every community and culture.

**Barriers to Reporting the Sexual Assault**

In addition to the fear of not being believed and/or blamed for the sexual assault, victims from many specific communities also face considerable barriers to accessing the criminal justice system and community resources. These barriers can include a lack of transportation, childcare, housing, and language or communication accessibility.

- Many of these barriers stem from a simple lack of understanding among professionals regarding the customs and beliefs of specific communities.

- Still other barriers result from the personal opinions and prejudices held by professionals within the criminal justice system and other social service agencies.

These are ugly issues, but until an effort is made to face these facts and learn the common barriers faced by victims of these specific communities, the crime of sexual assault will continue undeterred. This section is designed to help address this problem.

**Mistrust of Law Enforcement Authorities**

Sadly, another barrier for many sexual assault victims is the history of mistrust between their communities and law enforcement authorities. This may result in the reluctance of many victims to report their sexual assault or to actively participate in the investigation if it is reported.

- For example, victims from many communities are reluctant to report their sexual assault because they fear that they will be met with insensitive comments or unfair treatment. This reaction is feared by criminal justice personnel, but also from social service providers, and other members of their own community.

- In communities with higher rates of arrest, victims may also fear being arrested for actions related to their victimization (e.g., underage drinking, recreational drug use, or sex trade). Being arrested can have a severe impact on both economic security and the likelihood of seeking help from law enforcement in the future.
Victim Impact: How Victims Are Affected by Sexual Assault

Lonsway, Archambault

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- Victims may even experience fear and anger about past injustices of the criminal justice system or other agencies within their community. This can contribute to a reluctance to report a sexual assault and “turning-in” one of their own.

- Add to this the fear that the perpetrator will be victimized by the same societal prejudice while incarcerated, without receiving the kind of help that would be needed to stop the pattern of violent behavior and prevent future assaults.

As a result of these many concerns, many people who have been sexually assaulted by someone from within their community are faced with intensely conflicting feelings of wanting to hold the perpetrator accountable, yet not wanting to send someone from their own community to prison.

To respond effectively, law enforcement personnel must be aware of these dynamics and take them into account when conducting the investigation. Perhaps the best way to respond is to provide the victim with as much information about the investigation as possible, including participation costs (like missed work, transportation, and demands on their time), and a realistic assessment of possible outcomes or potential relief. It is also critical to provide the support that will be needed to facilitate the victim’s active participation and decision making throughout the investigation. Contacting a victim advocate will also be important, to provide the victim with additional information and emotional support throughout the criminal justice process and afterward.

The Stigma Associated with Sexual Assault

In some communities, the stigma attached to sexual assault may simply be too overwhelming for victims to consider reporting (National Victim Center, 1993). Victims may view the consequences of disclosing their sexual assault within their own community as being dire – and people from many racial, ethnic, or religious groups will simply not consider risking these consequences by reporting their sexual assault to law enforcement. In other cases, victims may wait until an injury, pregnancy, or sexually transmitted infection forces them to seek medical attention, which may then trigger a report to law enforcement.

- Victim blaming is common in many communities, especially for victims who have engaged in behavior that is seen as risky or even illegal. This would include victims who have engaged in the sex trade or used illicit drugs. These victims often fear – not only the negative reaction of their community – but also the possibility of being arrested if they report their sexual assault to law enforcement. If they are arrested, victims can face some very significant consequences, including potentially losing custody of their children or immigration status, and bearing the long-term economic impacts from having a criminal record.

- Similarly, many victims fear that the disclosure of the sexual assault will jeopardize their position in their community, or even their jobs, housing, immigration status, marriage, or custody of their children.
Many sexual assault victims come from communities where sex is not spoken about openly, and they may be especially reluctant to report the crime due to the embarrassment and shame that are involved.

Victims from such communities may need a great deal of information, support, and assistance to actively participate in the investigation and prosecution of their sexual assault. Victim advocates may therefore be particularly helpful when working with these victims, as well as advocates from social service organizations that work specifically with their communities. Even if these social service providers are not directly involved in providing services to the victim, they can still provide a great deal of critically important information and consultation for the investigator.

An important point worth mentioning is that many of these issues contribute to (1) delayed reporting and (2) inconsistent or untrue statements by the victim, two of the most difficult challenges faced by professionals who are investigating or prosecuting a sexual assault. For more information on how to successfully overcome these challenges, please see the module on Interviewing the Victim: Techniques Based on the Realistic Dynamics of Sexual Assault.

However, for victims who are simply unable to participate in the investigation of their sexual assault, they must be reassured that their report is nonetheless being taken seriously and will be re-opened if they decide at some point that they are able to participate. These victims must then be connected with the appropriate community resources to facilitate their recovery.

Unique Aspects of Community Affiliations

In addition to these common themes for victims of sexual assault, there are also unique aspects of each community that contribute to the dynamics of these crimes, their impact on the victim, and the specific response by the community and criminal justice system. For example, when victims view their community as being supportive and accepting, membership in that community may be therapeutic and help both the victim and the criminal justice process. However, when victims view their community as resistant or judgmental, this may complicate the victim’s recovery as well as the process of investigation and prosecution (National Victim Center, 1993).

This section of the module will discuss some of the many considerations that investigators must take into account when working with victims who are members of certain specific communities. Suggestions will then be presented on how investigators can best address the needs of victims from these communities and more effectively investigate and prosecute sexual assault crimes. It is worth keeping in mind that any outreach efforts conducted within a specific community are likely to have a “multiplier effect.” In other words, by providing information and increasing access for small number of people, these benefits are likely to spread to others in the community.
Non-White, Foreign-Born, and Non-English-Speaking Victims

It hardly requires stating that many different cultures, ethnicities, and languages are represented across the country. Unfortunately, sexual assault victims from many of these communities often face additional challenges when reporting the crime of sexual assault to law enforcement.

It would be impossible for law enforcement personnel or other community professionals to become experts in all of the racial, ethnic, and cultural groups within their region. However, it is possible to get a basic sense of some community dynamics by listening to members of those groups and asking about their experiences and beliefs surrounding sexual assault, reporting, and recovery (Ledray, 1999). In fact, law enforcement professionals often have the unique opportunity of interacting with people from many different cultures and communities on a daily basis. By taking the time to understand the dynamics of these different groups, law enforcement professionals will be well equipped to work with victims from any community affiliation.

Addressing Victim Blaming Within the Community

In many cultures and communities, there are particularly strong beliefs regarding sexual assault that serve to deny the problem, blame the victim, and/or excuse the perpetrator. In these cultures, and communities, it is not surprising that victims of sexual assault will often be afraid to talk about what happened – not only with law enforcement authorities, but also with social service personnel, and even friends, family members, and other members of their community.

- When these cases are reported to law enforcement, the investigator must take measures to help the victim to feel as comfortable as possible, in order to build a trusting relationship. Extra steps may even be needed to help victims find alternative, affordable living accommodations, if they are uncomfortable returning to their residence within the community.

- Perhaps one of the most effective techniques for overcoming these challenges is simply to ask victims about their needs during the law enforcement interview. To illustrate, victims can be asked: “How will the people who are important to you react to this sexual assault?” (Ledray, 1999). They can also be asked what their most pressing safety and economic needs are at the moment. This will help the investigator understand the specific needs of the victim, build positive rapport, address concerns regarding confidentiality, and assist in obtaining information required for a thorough investigation of the sexual assault.

- Similarly, it can be a problem to make assumptions about what the survivor is thinking or feeling, especially based on ideas about their community. Again, it’s best to simply ask. For example, “Some people from backgrounds similar to yours have told me that it’s uncomfortable to talk about things like this. I wonder what your experience is like” (Woon, 2009, p. 228).
When victims do come forward to report their sexual assault, law enforcement personnel and others must take care to strictly adhere to any relevant protections of the victim’s confidentiality, to protect the information both from family members, friends, and support people – but also in some cases from staff members within the law enforcement organization that belong to the same community as the victim (Mollica & Son, 1989; cited in Ledray, 1999). One of the primary fears of many victims of sexual assault is that “everyone will find out” about what happened, and this is particularly true in communities that are small, well-defined, and tight-knit. “Everyone finding out” really is a realistic possibility in some of these situations, and the victim’s concerns must be taken seriously. Investigators and others must therefore strive to protect the confidentiality of victims to the extent possible, but also give victims a realistic sense of what types of information will likely become available to which people. Only with accurate information can victims make an informed decision about how to proceed and whether or not they are able to participate in the investigation of their sexual assault at that time.

Victims Who do not Speak English

Many victims of sexual assault do not speak English as their primary language, which makes it extremely difficult to explain what happened to a professional who speaks only English. This clearly serves as a barrier to reporting, both within the criminal justice system and social service agencies in the community, and to accessing resources and services to help them recover from the crime. Yet finding qualified interpreters is a challenge faced by almost all law enforcement agencies, because it is not appropriate for friends, family members, support people, or even advocates to serve in this role unless it is an absolute emergency situation (e.g., to provide emergency medical care or identify a rapidly fleeing suspect). For victim advocates, this places them in the inappropriate position of assisting with the law enforcement investigation rather than focusing on their role of providing victim support. Without having a qualified, competent interpreter, law enforcement professionals risk missing nuanced aspects of the case that should be documented and investigated. Examples include other crimes committed beyond the assault such as property damage or theft, economic and social impacts of the crime, and barriers that could prevent continued participation in the investigation. Therefore, it is critical that law enforcement agencies work with victim advocacy organizations and others to explore ways to provide comprehensive services for various community groups, including those who do not speak English.

- Law enforcement agencies can use a number of strategies to increase their own capacity for interpretation. As outlined by the Vera Institute of Justice (Shah & Estrada, 2009) this can include training for all personnel in how to use interpreting services, as well as specific efforts to: recruit bilingual personnel, offer pay increases for language proficiency, support continuing education in the second language, and assign bilingual personnel to areas with concentrated populations of residents with limited English proficiency. Such efforts can involve civilian as well as sworn personnel within the agency, and a variety of volunteers from the community.
• Some law enforcement organizations have recruited and trained community volunteers to assist law enforcement. These community volunteers require some basic training to understand and fulfill their role as interpreters, particularly to recognize that they should not be asking or answering questions. The volunteers are then placed on a list, which is provided to communications personnel, and they are called out on an “as-needed” basis.

• Another alternative is for multiple agencies in the community to share the services of an interpreter. This helps to decrease the expense involved, but of course there will always be times when a translator is not readily available to law enforcement and other options may need to be considered.

• It is also possible to utilize a phone interpreter. Of course, there are some challenges involved, including the awkwardness of having the investigator and the victim on the phone and the inability to read nonverbal cues. However, this alternative is obviously better than not having any interpretive services available for victims. Two companies offering the services of phone interpreters are AT&T Language Line Services and Pacific Interpreters, Inc.

• Another option is computer software that can interpret typed text. Given how many law enforcement professionals have a computer in their car and/or a smart phone, this is a realistic option for many agencies to provide language translation in emergency field situations. One such option is Babel Fish Translation by Alta Vista, which is a limited, but free service. This service can be used to translate a limited amount of information, as it is typed into the computer. More powerful translation software can also be purchased from Alta Vista as well as other companies such as SYSTRAN.

• In some situations, there may be two victim advocates available, so one can respond to the victim’s needs and provide emotional support, while the other can translate for the victim and the investigator. In other situations, a medical practitioner who speaks the victim’s language may even be available. Neither of these options is ideal, because it requires victim advocates or health care providers to provide services that are outside their professional role, but in an emergency situation it may be required to provide a preliminary response to a sexual assault victim, while working to develop a more appropriate alternative.

Please Note

In Title VI of the Civil Rights Act of 1965, it states that “no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance [601 78 Stat 252 942 USC 2000d]. This means that it is legally mandated for law enforcement agencies to provide the services of an interpreter for victims who do not speak English as their primary language. In fact, the US Department of Health and Human Services considers the lack of interpretation as a form of discrimination.
Obviously, it is best to make these arrangements as soon as possible when an interpreter is required, and to do so in advance for any interview conducted after the immediate response. This will require developing a protocol for accessing translation resources in the community, before they are actually required, so interpreters can be accessed as quickly as possible when they are needed. Unfortunately, the question of privilege in communications with an interpreter has not been adequately addressed in most states and law enforcement agencies may need to develop policies. Moreover, even when an interpreter or a bicultural staff member is used to facilitate the interview process, the investigator must keep in mind that this person may be a member of the victim’s community and thus seen as a threat to the victim’s confidentiality.

For those situations where absolutely no interpretive services are available, the law enforcement professional will need to strive to communicate to whatever extent possible with the victim and other support people who are present. To assist in this difficult situation, some helpful recommendations are provided in the Appendix of this training module.

**Resource: Language Barriers**

The Vera Institute (2009) has published a useful guide entitled, *Bridging the Language Divide*. It includes a detailed summary of best practices from a range of diverse jurisdictions, as well as a number of sample documents, including: a policy on Managing Communication Barriers; Standard Operating Procedures and an Activity Report for a Bilingual Unit; job descriptions for Community Service Officers, Interpreters, and supervising Interpreters; a Code of Professional Responsibility for interpreters; an application for an Advisory Board position from the Spanish-speaking community; a list of commonly translated documents; and a sample Miranda notice translated in Spanish.

More detailed guidance is available in the *Resource Guide for Advocates and Attorneys on Interpretation Services for Domestic Violence Victims*, written by the Asian & Pacific Islander Institute on Domestic violence and funded by the Office on Violence Against Women (August 2009).

A new resource is also available specifically to assist with Spanish-speaking populations: a toolkit named *Existe Ayuda (Help Exists)*, developed by an organization called Arte Sana. The toolkit includes 12 products for professionals wishing to eliminate access barrier for Spanish-speaking victims of sexual violence. The tools include a victim rights pocket card, sexual harassment handout, fact sheets on sexual assault, and scripts for public service announcements and outgoing answering machine messages.

**Responding Effectively**

To respond effectively in these cases, law enforcement personnel and other community professionals must be aware of the interpreting services that are available in the community, as well as any culturally appropriate resources to assist with the victim’s
recovery process. This will include any victim advocacy organization such as a rape crisis center, as well as any advocacy or social service organization that works specifically with the victim’s community. It is also essential for law enforcement agencies to create partnerships with such organizations, because they will be extremely helpful to the victim and the investigator throughout the criminal justice process. The bottom line is that the victim should have as much control as possible over whether a specific interpreter or support person will be used in the interview, especially if this person is from the victim’s community (Ledray, 1999).

Refugee and Immigrant Communities

There are also many unique challenges facing refugee and immigrant communities. To define our terms, refugees are people who were forced to leave their native country because it was too politically or physically dangerous to stay in their homeland. As a result, they are seeking asylum while living in the United States. On the other hand, immigrants are people who have chosen to come to the United States and may not have legal immigration status.

For a variety of reasons, both refugees and new immigrants are particularly vulnerable to criminal victimization of all kinds, and this is true for sexual assault as well. One of the factors is that sexual assault perpetrators typically assume that people who are undocumented will not report an assault to law enforcement for fear of being deported. In fact, these crimes are extremely likely to go unreported because of fear of being deported, losing their children, or losing their job or scholarship if their employer or school finds out about their status. They are also severely underreported because refugees and new immigrants are often unaware of their legal rights and the procedures involved in the American criminal justice system. They often don’t have access to the economic resources available to them to help them both participate in the justice system and recover from the assault. In addition, refugees and immigrants often fear or distrust law enforcement officials due to a lack of respect or even poor experiences they had with police in their country of origin.

- To respond effectively, law enforcement personnel and other community professionals must be aware of the protocols available for helping immigrants and refugees who are victims of sexual assault and connect them to the resources for which they are eligible.

- It may also be necessary to have an interpreter available and/or the assistance of someone with expertise working with this particular community, such as a staff member from an advocacy or social service organization. This person may not necessarily be involved in the investigation or directly providing services to the victim – but she/he may offer law enforcement professionals with an explanation of common cultural dynamics and suggestions for how to respond effectively.

It is also important to keep in mind that many women who have been displaced from their home countries due to war, politics and even famine may have experienced sexual abuse and even torture in resettlement camps or refugee camps. When these
individuals are victimized again, they not only experience the trauma of the “new” assault but are also vulnerable to a traumatic re-experiencing of the sexual abuse they experienced in their homeland. This may contribute to inconsistent statements during the victim interview as the victim confuses past sexual torture with facts surrounding the assault they are currently reporting. Please refer to the module *Interviewing the Victim: Techniques Based on the Realistic Dynamics of Sexual Assault* for a more complete discussion on how to overcome this type of challenge.

**Victims of Human Trafficking**

It is also possible that someone who is the victim of a sexual assault may be the victim of human trafficking. Under federal law, human trafficking has been committed when someone is either:

- Under the age of 18 and induced to perform a commercial sex act.
- Over the age of 18 and forced to work or forced to perform a commercial sex act by force, fraud or threats of violence or legal threats.

Human trafficking survivors can be US citizens or foreign nationals. No movement across international or state boarders is required. While people tend to think of human trafficking in terms of sexual slavery, most human trafficking is for the purpose of forced labor, which can involve male or female victims. Trafficked persons make clothes, grow food, assemble toys, clean homes and look after children, and are forced or tricked into prostitution.

Traffickers frequently target individuals who are economically vulnerable, socially isolated, and have histories of trauma and abuse (Carpenter & Gates, 2016), which they then exploit to maintain control. One study states that victims often turned to traffickers as a result of “‘sustained unemployment, unpaid debt, and desperation to provide for themselves and their children’” (Polaris Project, 2015).

Because they are commonly viewed as ‘illegal aliens,’ it is very easy for their human rights to be ignored by authorities and the public. Their perceived criminalized status and lack of familiarity with the language and US laws are significant barriers in self-advocacy or collective organization. Criminalizing victims creates barriers that, combined with other educational and employment challenges, reduce their ability to escape, recover, and rebuild their lives. Therefore, it is important to keep on the lookout for signs that someone is the victim of human trafficking any time they come into contact with law enforcement or other agencies in the criminal justice or community response system.

**Resource: Human Trafficking**

For information on human trafficking or to find referrals for services for victims nationally contact the National Human Trafficking Resource Center hotline which is available 24 hours a day, 7 days a week at: 1-888-373-7888.
The Project TRUST (Trauma Response to Uplift Survivors of Trafficking) Human Trafficking Outreach Toolkit applies trauma-informed practices to human trafficking outreach campaigns, providing background information on trauma-informed outreach and methods for improving outreach effectiveness and inclusivity.

Additionally, the Office of Victims of Crime and the Bureau of Justice Assistance has published a new e-learning tool that provides links to valuable tools, training, and resources for human trafficking taskforces.

Gender of the Investigator

In many cultures and communities, victims will find it difficult to discuss the details of the sexual assault with an officer or investigator of the opposite sex (National Victim Center, 1993). This may be particularly true for women who do not feel comfortable discussing the topic with a male investigator. Yet it is not always possible or even advisable for a female investigator to conduct the interview with a sexual assault victim. As a result, both male and female investigators must do everything possible to help the victim feel comfortable.

- This may include having an advocate and/or other support person present during the interview, as long as this reflects the victim’s wishes as they are expressed outside the hearing of the support person.

- Also, the support person must clearly understand their role, which does not include asking or answering questions during the interview. For more information on this topic, please see the module Interviewing the Victim: Techniques Based on the Realistic Dynamics of Sexual Assault.

The bottom line is that the gender of the investigator is less important than their skill and compassion in conducting effective interviews with sexual assault victims. Both male and female investigators can do an excellent job with victims, regardless of their gender.

Male Victims

Men who are sexually assaulted may exhibit many of the same responses that have already been described throughout this module, but there are also a few unique patterns of response that are frequently observed among male victims (Koss & Harvey, 1991).

- For example, many male victims of sexual assault have never even considered the fact that men can be raped (Ledray, 1999).

- This can contribute to the devastation that male victims experience, feeling that they are alone in their trauma (National Victim Center, 1993) and fearing that no one will understand or accept them if they disclose what happened.
In fact, research demonstrates that male victims of sexual assault experience symptoms of traumatic stress in very similar ways as female victims do (Walker, Archer, & Davies, 2005), with anxiety being the most commonly reported symptom, followed by depression, suicidal behavior or ideation, anger, somatic problems, sexual dysfunction, and disturbances in peer relationships (Koss & Harvey, 1991). One study even found that men who have been sexually assaulted have more psychiatric symptoms than women who have been sexually assaulted (Kimerling, Rellini, Kelly, Judson, & Learman, 2002). These symptoms can impact all aspects of their lives.

I have shared this info with a few friends but not many. It is particularly difficult to talk about when it is constantly being made fun of in the media and elsewhere. A popular song on the radio named "Prison Bitch" told a story very similar to mine. I once asked a friend of mine if she had heard it and she began laughing because it was funny to her. At that point I decided to drop the subject.

- Male rape survivor (The Voices and Faces Project)

Confusion About Masculinity and Sexual Orientation

One unique aspect of men’s response to being sexually assaulted, however, is that they often face tremendous personal doubt and confusion about the crime (National Victim Center, 1993). While this is certainly also true for female victims, it is often especially pronounced for male victims because they are typically sexually assaulted by other men.

- Male victims often suffer profoundly from the idea that being sexually assaulted means that they have lost an important aspect of their manhood or masculinity. Being sexually assaulted is so inconsistent with the gender identity for men that it can cause male victims to experience serious confusion over their masculinity.

- Similarly, male victims often confuse the sexual assault with homosexuality, given that men are typically sexually assaulted by other men. This can cause heterosexual men to experience a great deal of confusion and anxiety about their sexual orientation.

These issues may become evident when male victims state that they were “assaulted” rather than raped (thereby denying the sexual component) or choose not to speak to the victim advocate who is called out to provide support. In fact, male victims often seek medical care for physical injuries but do not mention the sexual assault out of confusion, trauma, shame, and a fear of how others will react. Thus, male victims of sexual assault are often seen in the Emergency Room of their local hospital, but they will only be identified if a particularly astute medical professional asks specifically if this is what caused the injuries. This type of concern is understandable, and law enforcement professionals and others must respond by reassuring male victims that their experience does not challenge their masculinity or their sexual orientation in any way.
Moreover, because there is such a stigma surrounding the topic of sexual assault, men in our society are frequently not comfortable using the language of victimization and trauma. As a result, men who are sexually assaulted often have a great deal of difficulty making sense of the violence and finding words to describe it. Sadly, this confusion and awkwardness can make the victim seem like he is not telling the truth when in fact, he is simply struggling with how to understand and describe his sexual assault (Andersen, 2008).

**Another Complicating Issue**

These issues are further complicated by the fact that male victims often have an erection or ejaculate at some point during the sexual assault, leading them to question whether they “wanted” or “enjoyed” the sexual assault. However, researchers note that when a man is rectally penetrated, the pressure on the prostate can produce an erection and even orgasm in many cases (Donnelly & Kenyon, 1996; cited in Ledray, 1999). This is extremely confusing for many male victims, as well as law enforcement professionals and others responding to the sexual assault.

- Law enforcement professionals and others must recognize that erection and ejaculation are common physical reactions of male sexual assault victims. They do not necessarily indicate that the man “wanted” or “enjoyed” the sexual assault, or that the sexual assault report is false.

- In fact, common sense suggests that any man who is falsely reporting a sexual assault would be extremely unlikely to tell the law enforcement investigator that he experienced an erection or ejaculated.

**Dynamics of These Crimes**

To better understand the dynamics of these crimes, it is important to recognize that the sexual assault of men can occur in a wide variety of situations.

- Men can be sexually assaulted while they are hospitalized, imprisoned, or otherwise institutionalized.

- Yet men can also be sexually assaulted in the community as well. Sometimes these sexual assaults are committed as a hate crime against a gay, bisexual, or transgender (GBT) man, or someone perceived to be GBT. They may also be committed as an act of gang violence.

- While sexual assaults of men are almost always committed by other men (Lipscomb, Muram, Speck, & Mercer, 1992; cited in Ledray, 1999), they are often perpetrated by and against men who are heterosexual.

- There is also evidence that sexual assaults committed against men are more likely than those committed against women to involve multiple assailants, physical violence, and/or injury (Kimerling Rellini, Kelly, Judson, & Learman, 1999).
Victim Impact: How Victims Are Affected by Sexual Assault

Lonsway, Archambault

November 2020

2002; Pesola, Westfal, & Kuffner, 2005; Walker, Archer, & Davies, 2005), especially anal injury (McLean, Balding, & White, 2004).

Regardless of the specific characteristics of the sexual assault, investigators can expect that male victims will not report the crime immediately, if they do at all. This is often due to their own trauma, confusion, denial, and self-doubt. However, it is also frequently based on fears regarding how they will be treated when they report, not only by law enforcement personnel, but also by other professionals within the community, as well as friends, family members, and other support people. As a result, delayed reporting can be seen as the norm for male victims of sexual assault, just as it is with female victims. The fact that a report is delayed should therefore never be seen as a cause for doubting its validity. (For more information, please see the module on False Reports: Moving Beyond the Issue to Successfully Investigate Sexual Assault. Of course, a delayed report may pose challenges for the law enforcement investigation and criminal prosecution, and specific recommendations for overcoming these challenges are provided elsewhere in the curriculum (particularly in the module on Interviewing the Victim: Techniques Based on the Realistic Dynamics of Sexual Assault).

Men Who are Sexually Assaulted by Women

For men who are sexually assaulted by women, it is extremely likely that they will experience particularly pronounced feelings of confusion. On the one hand, men who have been sexually assaulted by women will suffer the same feelings of helplessness, fear, and anxiety as other victims (Ledray, 1999). Yet if the male victim tells any of his male friends or family members about what happened, their reaction is likely to be one of disbelief, doubt, trivialization, or even laughter. Many men will jokingly ask: “Why doesn’t that ever happen to me?” (Ledray, 1999, p. 80). As a result, male victims who are sexually assaulted by women are often left with feelings of self-doubt, isolation, and even depression. It is therefore critically important that law enforcement professionals and others in the community respond appropriately. Regardless of the gender of the victim and the suspect(s) involved in a sexual assault, all reports must be taken seriously and investigated thoroughly. While it is clearly a challenge, law enforcement professionals must maintain an open mind at all times when investigating these crimes.

Common Reactions of Male Victims

As a way of dealing with these issues, many men respond to the trauma of sexual assault victimization by aggressively asserting their masculinity or heterosexuality. Just as women sometimes react to a sexual assault by behaving promiscuously, male victims will sometimes respond to their experience by engaging in sexually promiscuous or even sexually aggressive behavior to reassure themselves that they are masculine and/or heterosexual. However, just as female victims often experience symptoms in their sexual lives, male victims also can suffer from impotence and sexual anxiety as a result of their assault. (For a review of the impact of sexual assault on male victims, please see other resources such as Struckman-Johnson, 1991).
Male victims of sexual assault also frequently experience a great deal of self-doubt, by questioning their inability to “fight off” their attacker (Connecticut Sexual Assault Crisis Services, 1996). For all of these reasons, it should not be surprising that male victims of sexual assault are even less likely to report the crime to law enforcement than female victims. In fact, the sexual assault of men may be the most under-reported crime in the country (National Victim Center, 1993). Male victims may not even disclose the sexual assault to their counselor or mental health professional when seeking services – or do so only after many sessions.

Responding Effectively

To respond effectively to male victims of sexual assault, the most important strategy is simply to maintain an open mind, avoid making any assumptions, and investigate the report with the same competence and compassion as any other report of a sexual assault. In other words, all sexual assault victims must be treated with dignity and respect, regardless of their gender. However, some specific recommendations are pertinent for these cases. These include the following:

- Law enforcement investigators and other professionals responding to sexual assault must never assume that a man is homosexual simply because he is the victim (or the suspect) of a reported sexual assault involving another man.

- Law enforcement professionals and others may need to help male victims’ sort through their feelings about the sexual assault, their own masculinity, and possible confusion over sexual orientation – so they can participate in the investigation and prosecution of the crime. For example, some men may be concerned that they appeared to be too effeminate to the suspect, and that this caused the assault. Similarly, gay men may struggle with the question of whether their sexual orientation “caused” the sexual assault (Ledray, 1999). These victims may have a particular need to be reassured that the sexual assault was not their fault. For heterosexual men who are concerned that the sexual assault will “make” them gay, they can likewise be reassured that the sexual assault does not challenge their sexual orientation or masculinity in any way.

While it may be helpful for some victims to talk with a female investigator, this is not always the case. Nor is a female investigator always going to be available, even if the victim does prefer one. This issue has been discussed previously in this module and more extensively in the module on Interviewing the Victim: Techniques Based on the Realistic Dynamics of Sexual Assault. The bottom line is that male and female investigators must develop the skills that are required to conduct any kind of sexual assault investigation, and that competence and compassion are more important than gender in determining success.

The Need for Appropriate Resources and Referrals

As with any other type of victim of a sexual assault, men must be offered the services of a victim advocate and other support services that are available in the community. Victim
advocacy organizations such as rape crisis centers can often provide services to male victims, in order to provide male victims with information, support, and referrals for other forms of assistance. In some cases, these organizations can even provide the services of a male advocate at the request of the victim. However, one of the challenges for male victims is that many of the resource materials and community referrals are oriented toward female rather than male victims. It is easy to understand how a male victim might not be helped significantly by written materials or community resources that talk about the experiences of women rather than men.

- It is therefore important for agencies and communities to develop written materials for male victims of sexual assault, so all the resources that are provided to male victims are not written from the perspective that all victims of sexual assault are female (Kimerling, Rellini, Kelly, Judson, & Learman, 2002).

- It is also important for existing community resources that serve the needs of male victims of sexual assault to explicitly market those services. Both in written materials and in verbal descriptions, it must be clear that services are provided for male victims. While very few services are tailored specifically for male victims of sexual assault, a few such programs do exist.

**LGBTQ Victims**

All cultural differences are not based upon racial, ethnic, religious, or language communities. People who identify as lesbian, gay, bisexual, transgender, or queer (LGBTQ) constitute a significant percentage of the American population, and they clearly belong to unique communities with specific cultural characteristics (National Victim Center, 1993).

- Transgender is a term for those whose gender identity does not align with their gender assigned at birth. Transgender is preferable to the term “transvestite” (Jindasurat, 2012).

- Q can stand for queer (for someone who self-identifies as non-heterosexual) or questioning (for someone who is questioning their sexual orientation or gender identity) (Jindasurat, 2012).

Victims of sexual assault often fear reporting their sexual assault because they are afraid that:

- They will not be believed, or they will be blamed for the sexual assault.
- Their report will not be taken seriously.
- It will not be investigated thoroughly or prosecuted successfully.
- They will be met with insensitive comments or unfair treatment.
- “Everyone” in their community will find out about the sexual assault if they report it.
All of these fears that are generally seen with victims of sexual assault are also true for LGBTQ victims as well. However, there are additional issues that are more specific to this community.

Unique Dynamics of LGBTQ Victims

One key dynamic is that LGBTQ victims may be extremely reluctant to provide information about the sexual assault that would reveal their sexual orientation. This may be especially true in cohesive communities that are defined by geography (such as rural communities) or identity (such as religious traditions), or in ethnic neighborhoods where people may know the victim’s entire family and social network. In any situation, but especially in tight-knit communities such as these, LGBTQ victims are likely to fear the reaction of their friends, family members, and other people in their lives who may not know about their sexual orientation. It is impossible to overstate the importance of this concern for many LGBTQ victims. Many LGBTQ victims have not “come out” to their friends, family members, and others in their life. Therefore, these victims are often very concerned that reporting the sexual assault will effectively “out” them.3

- As with many other concerns of sexual assault victims, this fear is a realistic one. The impact of being "outed" can be rather severe. For example, LGBTQ individuals can potentially lose many, and in some cases, nearly all of their social and familial support systems rather quickly upon beingouted. This is a devastating loss that can leave people extraordinarily vulnerable.

- Some people have the perception that LGBTQ people who come “out” or are forced “out” immediately become accepted as part of the gay community. This is not realistic, and of course one community cannot simply replace another. Also, in many places there simply is no LGBTQ community that a person can turn to, and it may not be an option to pick up one’s life and relocate to an area where there is one.

- In addition, many LGBTQ victims fear that disclosure of their sexual orientation will jeopardize their jobs, housing, or the custody of their children (National Victim Center, 1993). They may even avoid reporting or participating in an investigation after receiving direct threats to “out” them to their classmates, co-workers or employer, or landlord. Sexual orientation is not a category listed in the Civil Rights Act of 1964 or subsequent legislation, so there is no federal protection of LGBTQ people from discrimination, as there is on the basis of gender, age, race, religious affiliation, national origin, and disability. Discrimination and harassment at work and school, whether leading to missed opportunities or job loss, can affect their current and future economic security.

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3 This paragraph is adapted from text appearing in the manual developed by the National Victim Center, in cooperation with the American Prosecutors Research Institute and the Police Foundation, entitled: Looking back and moving forward: A guidebook for communities responding to sexual assault. The manual was developed with funding and support provided by the Office for Victims of Crime and the Bureau of Justice Assistance, Office of Justice Programs, US Department of Justice (Grant #91-DD-CX-K038).
• LGBTQ individuals, particularly LGBTQ youth and transgender individuals, are more likely to be homeless, often following employment, housing, and social discrimination (Burns & Krehely, 2011; National Coalition of Anti-Violence Programs, 2012). As a result, they are often more vulnerable to sexual violence, less able to access services and resources, and more likely to be arrested for crimes related to their homelessness or survival and coping strategies, which can severely damage their future prospects. As a result of their living situation or fear of being arrested, these victims may also be harder for law enforcement to identify and maintain a relationship with throughout the case.

Although LGBTQ culture has become more visible and “mainstream” over the last 25 years, LGBTQ people continue to be targeted for stigma, harassment, assault, and even murder. The National Coalition of Anti-Violence Programs recorded a 23% increase in the murder of LGBTQ individuals between 2009 and 2010. Of course, LGBTQ communities also hold many of the same stereotypes and misconceptions about sexual assault as the rest of society. So, just like victims of sexual assault who are heterosexual, LGBTQ victims of sexual assault may not label their experience based on cultural misconceptions, they may blame themselves for the assault, and fear being ostracized by their family and friends.

Language and Identity

One of the most common points of confusion is the grouping and the abbreviation “LGBTQ.” Sometimes the abbreviation will be GLBT, LGBT, LGBTQQ, or any number of combinations including a range of identities. Then there is the case that some identities may not be included. An analogy may be the concept of Europe. While there is a single geo-political unit called “Europe” it includes a number of separate countries with very different cultures and languages. Similarly, the concept of “LGBTQ” is a highly contested label that is sometimes used to signify political unity (and make it easier to use in writing). There are, however, significant differences between the categories of people included in the grouping, and some of these differences have important implications for their experiences of sexual violence.

• Some specifics to keep in mind are that “transgender” is a gender category and not a sexuality. Therefore, a transgender person can, for instance, identify as heterosexual, bisexual, gay, lesbian, or any number of other sexualities. Many people are not attuned to this fact and simply regard all transgender women as “gay men,” thus combining the categories, erasing transgender identity, and disrespecting the survivor.

• Gay and lesbian cultures also differ in their histories of development, societal response, and experiences of violence in general. This has influenced their traditions of socializing and their experiences of sexual violence in particular. For instance, gay men are more likely than lesbians to use the internet to connect with potential partners and are therefore more likely to be targeted by online predators. As men, they are also less likely than women are to access health care and other social services, so they are also less likely to report the assault.
LGBTQ identities can be a bit confusing to people who are not accustomed to working with members of these communities. It is also important to understand that LGBTQ identities are profoundly impacted by other aspects of a victim’s life. For example, the lesbian identity of an 18-year old who is also a conservative Catholic will be different from a 72-year old who observes a tradition of Reform Judaism. These two religions have very different views on lesbianism, which will shape the woman’s relationship with her sexuality as well as her religion. Further, the ages of the two women will influence their relationship to their lesbianism as well as their religious identity. Thus, learning about LGBTQ issues is important, but it is equally important to keep in mind that a person’s sexuality (whatever it is) is also shaped in large part by other aspects of their lives.

Recognizing Sexual and Gender Identity

When addressing sexual violence, it can be critically important to know a victim’s sexual orientation and gender identity. Not only will this help responding professionals use appropriate gender pronouns and ask relevant questions, but it can also help to create an environment where victims provide a fuller and more detailed account of their sexual assault.

- For instance, when LGBTQ victims are assumed to be heterosexual, they may feel uncomfortable disclosing the gender of their assailant or the circumstances of the sexual assault, including how the victim originally met the perpetrator.

- For law enforcement, knowing the victim’s sexual orientation and gender identity can also help with developing lines of inquiry to determine whether the assault was committed as a hate crime. This helps to establish patterns of victimization to be documented through the Uniform Crime Report (UCR) program.

- The sexual assault may also have been committed within the context of an intimate relationship, and this is critical to know in order to investigate it properly and connect the victim to the most relevant resources and services. If the victim and perpetrator are, or have been in a relationship, the victim may also be eligible for domestic violence orders of protection, which generally offer more extensive economic and safety provisions.

- Further, if the victim shares his or her sexual and gender identity, it may alert investigators to use connections within LGBTQ communities to apprehend a perpetrator.

Other benefits are seen on a larger level. By identifying the victim’s sexual orientation and gender identity, this can help to establish whether a particular community is being targeted for violence. This is key to developing appropriate prevention education and other outreach efforts.

Despite these advantages, some LGBTQ victims may choose to not reveal their sexual or gender identity to investigators or other community professionals. In these situations, investigators must simply act on the information they have been provided, and not make
any assumptions about a victim’s sexual orientation based upon his or her physical appearance or behavior. Ultimately, this information may become available throughout the course of the investigation, if done well.

**Responding Effectively**

To respond effectively to LGBTQ victims, it is critical that law enforcement professionals recognize that if a particular sexual act meets the criteria for a sexual assault offense, it does not matter what the victim’s gender or sexual orientation is. Depending on other laws in the state, there may also be additional charges that are relevant in these cases, including statutes outlining hate crimes and crimes of domestic violence.

As with members of any other community, the key to working successfully with LGBTQ victims is to remain unbiased and supportive throughout the investigative process. It should go without saying that all victims of sexual assault should be treated with respect and compassion, regardless of the community in which they have membership.

- Investigators and other community professionals must also remember to keep any assumptions or biases in check. LGBTQ victims are often stereotyped as “sexually deviant” or involved in risky behavior. If this leads to victim-blaming, it can detract the focus from the perpetrator as the person who is responsible and help avoid any consequences. Of course, this means they are free to assault again.

While it is always important for sexual assault victims, it may be crucial in these cases to strictly protect the confidentiality of LGBTQ victims to the extent possible. This confidentiality is essential in building trust between the investigator and the victim, and it may allow the victim to feel comfortable providing the information necessary for a thorough investigation. However, victims must also be provided with a realistic sense of what information is likely to become available to which people during the course of an investigation and prosecution.

As with sexual assault victims from other communities, investigators must provide referrals for LGBTQ victims to support services that address their specific issues. Again, this will include a victim advocacy organization such as a rape crisis center, if one is available, as well as any other social service or advocacy organizations serving the needs of LGBTQ people in the community. Some criminal justice agencies have even appointed liaison officers to LGBTQ communities in an attempt to improve the delivery of services to this population. This can be helpful for outreach.

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4 This paragraph is adapted from text appearing in the manual developed by the National Victim Center, in cooperation with the American Prosecutors Research Institute and the Police Foundation, entitled: *Looking back and moving forward: A guidebook for communities responding to sexual assault*. The manual was developed with funding and support provided by the Office for Victims of Crime and the Bureau of Justice Assistance, Office of Justice Programs, US Department of Justice (Grant #91-DD-CX-K038).
Victims who are Transgender or Gender Non-Conforming

This section is drawn from recommendations developed by FORGE (December 14, 2010) and is reprinted with permission of FORGE with all rights reserved.

People may be transgender by virtue of having “non-congruent” body parts that don’t match their current gender identity and/or name; by having had surgical alteration of their primary and/or secondary sex characteristics; by having a gender identity other than “male” or “female;” or by having an internal gender identity different from their sex and/or outward presentation.

Some victims, including transgender people, may fear assault or belittlement by health care professionals and/or law enforcement officials. They may be concerned about health care professionals’ and/or law enforcement officials’ responses to their gender identity and/or transgender body.

It is critical to not show surprise, shock, dismay or concern when you are either told or inadvertently discover that a person is transgender. Be especially careful about your body language – gasping, sighing, a sharp intake of breath, or widening eyes can all be very upsetting to someone who may worry you are making a judgment or assessment of their body.

Always refer to the victim by their preferred name and pronoun, even when speaking to others. If you are unsure of what to call the person or what pronoun to use, ask them.

Understand that transgender people have typically been subject to others’ curiosity, prejudice, and violence. Keep in mind that transgender victims may be reluctant to report the crime or consent to the exam for fear of being exposed to inappropriate questions or abuse. If the victim does consent to an exam, be especially careful to explain what you wish to do and why before each step and respect their right to decline any part of the exam. Keep in mind that it is inappropriate to ask patients about aspects of their health, body, or identity that are not directly related to the assault.

Treat the knowledge that a victim is transgender as protected medical information subject to all confidentiality and privacy rules. Be aware that companions of transgender victims may not know they are transgender.

Be aware that transgender individuals may have increased shame or dissociation from their body. Some use nonstandard labels for body parts, and others are unable to discuss sex-related body parts at all. Reflect the victim’s language when possible and use alternative means of communication (such as anatomically-correct dolls or paper and pen for the victim to write or draw) if necessary.

Vaginas that have been exposed to testosterone or created surgically are more fragile than vaginas of most non-transgender women and may sustain more damage in an assault. There may be additional layers of psychological trauma for patients with a male identity or a constructed vagina when they have been vaginally assaulted.
Transmasculine individuals who still have ovaries and a uterus can become pregnant even when they were using testosterone and/or had not been menstruating.

A high percentage of transgender people engage in self-harm as a coping mechanism. However, cutting and genital mutilations are also frequently part of anti-transgender hate crimes. Be nonjudgmental and careful when documenting such injuries.

Some transgender victims may want to talk about their perceptions of the role their gender identity might have played in making them vulnerable to an assault. Because of their value in possible prosecutions under hate crime laws, document any anti-transgender statements the victim says were made by the suspect. Otherwise, listen to the victim’s concerns and what the experience was like for them. Assure them that it was not their fault they were sexually assaulted. If needed, encourage discussion in a counseling/advocacy setting on this issue as well as on what might help them feel safer in the future.

Care should be taken to ensure that mental health professionals have been specifically screened and can appropriately and respectfully handle patients from minority and/or stigmatized groups, such as transgender individuals and men.

**FORGE** is a Milwaukee-based, progressive organization whose mission is to support, educate and advocate for the rights and lives of transgender individuals and SOFFAs (Significant Others, Friends, Family, and Allies).

**Outreach to LGBTQ Communities**

Whether a liaison officer is appointed or not, it is critically important for criminal justice agencies and other community organizations to reach out to local LGBTQ communities. Not only will this demonstrate that the agency or organization supports LGBTQ communities and understands the importance of maintaining open lines of communication – but it will also help the individuals in the community to trust the agency or organization, especially during crisis.

Some potential outreach activities include the following:

- Send agency representatives to participate in local LGBTQ Pride events.
- Offer and display materials that are explicitly inclusive of LGBTQ people.
- Ensure that agency forms do not use exclusionary language or categories.
- Use appropriate language when discussing LGBTQ communities.
- Ensure that the language used with LGBTQ victims mirrors their own.
- Place advertisements in local LGBTQ papers.
- Include a link on the agency website to local LGBTQ groups and resources.
Victim Impact: How Victims Are Affected by Sexual Assault
Lonsway, Archambault

- Offer to give presentations or host meetings with local LGBTQ groups, so the agency becomes more visible in LGBTQ communities as a source of support.

This type of outreach and communication can also help law enforcement professionals and others to stay informed of legislative changes or other developments that impact LGBTQ communities.

- For example, many people in the US remain unaware of the 2003 Supreme Court ruling that eliminated sodomy as a criminal offense, in *Lawrence v. Texas*, 539 US 558 (2003). By working with LGBTQ communities, law enforcement agencies can communicate that citizens will not be arrested or prosecuted for sexual acts that were previously categorized as sodomy, as long as they involve consenting adults.

- Similarly, this type of communication can help law enforcement agencies to gather information about potential hate crimes that are being committed against members of the LGBTQ community. This will help ensure that reliable data is being collected and submitted for the FBI’s Uniform Crime Report (UCR) program.

Suggestions for Law Enforcement

Regardless of the victim’s sexual orientation, and decisions about whether or not to reveal it, the best suggestion is simply for investigators to create the kind of open, non-judgmental, and compassionate atmosphere during the interview that best facilitates difficult disclosures. Of course, some LGBTQ victims may not initially reveal their sexual orientation but then do so later during the course of the investigation. This must be seen as a sign of success on the part of the investigator, for creating the type of environment where the victim felt safe and comfortable sharing this information. It must not be seen as a sign that the victim is lying about the sexual assault or withholding important information. At the risk of being repetitive, referrals for victim advocacy and other community referrals are critically important for these victims.

Resource: Programs for LGBTQ Survivors

One source of information on successfully responding to the needs of LGBTQ victims is the National Coalition of Anti Violence Programs, which can assist with training and technical assistance on working with LGBTQ survivors.

Another resource is FORGE, a Milwaukee-based, progressive organization whose mission is to support, educate and advocate for the rights and lives of transgender individuals and SOFFAs (Significant Others, Friends, Family, and Allies).
Homeless Victims of Sexual Assault

This section is authored by Laura Mahr, staff attorney at the Victim Rights Law Center (VRLC), with contributions by Malore Dusenbery and Jennifer Y. Levy, Ph.D., Program Management Specialist at the Washington Coalition of Sexual Assault Programs (WCSAP).

Most – if not all – homeless women have experienced domestic or sexual violence at some point in their lives, and, in many cases, sexual violence is a major contributing factor to their homelessness. According to the National Law Center on Homelessness and Poverty, 22-57% of homeless women report domestic or sexual violence as the immediate cause of their homelessness. The impact of sexual assault on a victim’s life is both immediate and ongoing. In addition to physical health problems, many survivors experience psychological distress and difficulties in life functioning caused by trauma and/or Post Traumatic Stress Disorder (PTSD; Gutner, Rizvi, Monson, & Resick, 2006; Kilpatrick & Acierno, 2003). In turn, this can affect their ability to work, pay rent, cover medical and mental health care bills, access community resources, seek legal assistance, serve as witnesses in criminal prosecution, or advocate successfully on their own behalf. Together, these factors often result in eviction and homelessness.

In addition to the physical and psychological consequences of sexual violence, perpetrators’ actions and victims’ safety needs may directly increase the risk of homelessness. For example, nearly 43% of sexual assaults take place in or near the victim’s home (National Crime Victimization Survey, 2008). Because the vast majority of victims know their offenders, and indeed the offender is often a current or former intimate partner (Black et al., 2011), it may no longer be safe for the victim to remain at home following the sexual assault. In addition, when law enforcement is called to a home, or a landlord learns about violence committed in the rental property, victims may be evicted from their residence. Depending on the laws in place in the jurisdiction, this eviction may constitute housing discrimination, or it may be allowable under “nuisance” or “crime free” ordinances, which penalize landlords and tenants if the police are called too many times to the same address.

Abusive partners and ex-partners also frequently harass or stalk victims at work, sometimes causing job loss (Baum, Catalano, Rand, & Rose, 2009). In the case of child sexual abuse, nonoffending parents may leave their homes with their children to protect their safety, or the offending parent may be incarcerated or otherwise absent, which can undercut the family’s financial resources to pay rent or a mortgage (NSVRC, 2010). Teens who have been sexually abused at home may run away or be expelled by parents and become homeless (National Coalition for the Homeless, 2008). Finally, landlords or property managers may sexually harass or assault their tenants, or they may ignore blatant safety violations such as broken door locks (NSVRC, 2010). Clearly, there are a number of reasons why it may not be safe for the victim to stay in his or her home or job, and homelessness is all too often the result.
Once homeless – whether “couch surfing” with friends or relatives or living in shelters, cars, or on the streets – individuals are more vulnerable to and experience disproportionately high rates of physical and sexual violence. Homeless women and homeless and runaway youth experience exceptionally high rates of physical and sexual victimization (Goodman, Fels & Glenn, 2006; Tyler, Whitbeck, Hoyt & Cauce, 2004). In addition, women who are homeless are three times more likely to be sexually assaulted than women who are housed (Kushel, Evans, Perry, Robertson & Moss, 2003). Some evidence suggests that these sexual assaults perpetrated against homeless victims are more likely to be violent and involve multiple sexual acts, yet they are less likely to be reported to law enforcement (Goodman et al., 2006). Victims who are homeless are also less likely to find a job, and therefore have limited access to both housing and health care that would improve their safety, essentially creating a cycle of vulnerability and insecurity.

The high incidence of sexual violence against the homeless can be linked both to their accessibility to perpetrators and their perceived lack of credibility. When living without a door to lock or a safe place to sleep, homeless individuals become particularly accessible to perpetrators, who often demand sex in exchange for basic needs, including food, clothing, shelter, a shower, or “protection” on the streets. Many homeless victims of sexual violence never report their victimization to the police – either because the perpetrators or personal experiences have convinced them that they will not be believed, or because they fear facing criminal charges for events occurring at the time of the assault (such as drug possession, sleeping in a public place, or prostitution). Moreover, those who do report to the police often face credibility challenges during the investigation due to a high incidence of substance abuse, memory loss due to trauma, severe mental illness, an existing criminal record, or being a runaway youth or sex worker.

In order to facilitate effective investigation of crimes of sexual violence against the homeless, law enforcement professionals and others should consider taking the following measures.

**Establish Trust**

There are many reasons why homeless individuals may view law enforcement personnel and other service providers with skepticism. They may be hesitant to report a sexual assault because past interactions have demonstrated that their statements will be met with disbelief and/or indifference. The first step is therefore to recognize the challenges homeless victims must overcome in order to make a report. Make sure that you treat their reports with respect – by communicating that they are worthy of your services and deserving of your protection and resources. Take the time to explain your role and the steps involved in investigating and prosecuting crimes (as well as the possible outcomes). Every positive interaction with you will help establish trust and rapport. If the sexual assault occurred when the victim was sleeping in a public place or in an abandoned building, engaged in prostitution, drinking underage, and/or buying, selling, or using drugs, victims may fear being charged criminally for their actions prior to, during or after the assault. Know your agency’s policies/practices regarding these situations and explain them to homeless victims/witnesses when taking a report. This
will help build trust not only with the victim or witness with whom you are working, but also within the broader homeless community.

Develop Community Partnerships

Being homeless may not be the only factor impacting a victim’s ability to access law enforcement and participate in an investigation. A homeless person’s age, gender, race, sexual orientation, immigration status, religious beliefs, language, and physical and/or mental (dis)ability can also play a role. Partnering with organizations that specialize in providing services to specific populations can help law enforcement professionals, for example, to better understand and meet a victim’s culturally specific needs and help service providers. In return, partnering will help the other professionals involved in responding to victims recognize what resources are available from the law enforcement agencies in communities (such as special investigators or units trained to work with vulnerable populations). In addition, law enforcement should be aware of, and form partnerships with, economic services that can help victims get on their feet after an assault, because this is a critical matter of safety and security.

Examples of organizations that should be involved in partnership with local law enforcement include: homeless advocacy groups and/or shelters; service providers for victims of sexual assault, domestic violence, stalking and trafficking; organizations providing services for street youth; community health care clinics; immigrant advocacy groups; organizations focused on the needs of lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals; faith based organizations; employment/workforce development, housing, and other economic support organizations; pro bono legal assistance; and civil attorneys who handle sexual assault and related issues such as safety, privacy, housing, employment, immigration, education and public benefits.

Make Referrals

Homeless victims of sexual assault may find it challenging to participate in the investigation of the assault until their more immediate economic and health needs – such as the need for food, shelter, and physical and mental healthcare – are met. As described above, it is critical to offer referrals to organizations that can help provide resources and support for homeless victims. Homeless victims may also face greater risk of retaliation from perpetrators after reporting to the police, especially if the victim has no door to lock or no car in which to escape. Connect homeless victims with victim service providers who can help them develop a safety plan that can help prevent future victimization.

Many homeless individuals live with trauma and mental illness. Compounding trauma from multiple forms of victimization (including childhood sexual abuse, domestic violence, sexual assault and stalking) may negatively impact an investigation as a victims’ memory and ability to focus, concentrate, and recall information in sequential order may be affected. Survivors often suffer from depression, anxiety, and/or suicidality. In some cases, it may be necessary to provide referrals to local mental health agencies to help determine what the victim’s needs are and identify the
appropriate community resources. It is important for advocates and law enforcement professionals to help homeless victims access crime victim compensation that may be available to help offset the costs of mental health care associated with an assault.

**Be Accessible**

Follow-up contact with homeless victims and witnesses is often challenging as they are not always able to provide an address or telephone number where they can be reached. Problem solve with homeless victims and witnesses to facilitate follow-up contact. This may mean suggesting they provide contact information for a trusted friend or relative or the telephone number or address for a homeless shelter where they can receive messages and mail. Give them your card and let them know the best way to contact you. The economic costs of participating in the justice system are even more pronounced in these situations, specifically regarding costs and access to transportation and child care. Make it as easy as possible for them to access your services, including being available to meet in a convenient location or offering facilities where they can keep dogs or other pets safe while meeting with you.

**Elderly Victims of Sexual Assault**

Many people do not recognize that the elderly is at risk for sexual assault victimization (Ledray, 1999). Yet elders are particularly vulnerable to many forms of criminal victimization, including sexual assault. Elders with impaired mental functioning are especially vulnerable to sexual assault, as are those who are physically and socially isolated (National Victim Center, 1993).

When sexual assault is committed against an elder, the crime is likely to have some common dynamics. For example, sexual assault of elders is especially likely to be committed by someone they know, such as a spouse, partner, family member, or another caretaker such as a home-health nurse or aide (Maryland Coalition Against Sexual Assault, 1996). This will obviously have implications for the appropriate response to these victims and the strategies for investigating the crime. These crimes are also particularly likely to go unreported, or to be reported only after considerable delay. This is true for a variety of reasons.

- For many elderly victims of sexual assault, it is extremely embarrassing to admit that they were in such a vulnerable position and that they were victimized in this way (Maryland Coalition Against Sexual Assault, 1996).
• Many elderly victims also come from a generation where they were taught not to speak of sex and may have even endured prior abusive behavior for many years without reporting it (Maryland Coalition Against Sexual Assault, 1996).

• In addition, many elderly victims fear being displaced from their living situation if they report the sexual assault. “They wonder, if they tell, who will take care of them?” (Maryland Coalition Against Sexual Assault, 1996, p. 4-6). They may also worry about being institutionalized or how to afford to replace a caretaker if they report abuse, especially if they are economically insecure. Of course, the assailant often knows this, using it as a form of intimidation and/or counting on it to commit the crime without being detected.

Another common dynamic is that elderly victims of sexual assault may be more likely to be physically injured than younger victims. This is because they are “generally more physically fragile than younger victims and thus may be at risk for tissue or skeletal damage and exacerbation of existing illnesses and vulnerabilities” (National Protocol, 2004, p. 33). In addition to creating high costs for vulnerable victims, hearing impairments or other physical impairments may combine with the trauma of the sexual assault to limit the ability of elderly victims to communicate their needs (National Protocol, 2004). As described in the manual developed by the National Victim Center (1993), the appropriate response to elderly victims of sexual assault will therefore include conducting an immediate assessment of the needs of elderly victims, and if these symptoms are present, to ask victims whether they were also sexually assaulted.

Symptoms of Sexual Abuse Among Elderly Victims

Sexual assault of elderly persons is frequently accompanied by other crimes, such as financial abuse, theft, or physical abuse. For example, one study in New York state found that the most common type of abuse of elders was financial exploitation (Lifespan of Greater Rochester Inc., 2011) and another study found that the collective cost to elderly victims in 2010 was $2.9 billion (MetLife Mature Market Institute, 2011). When reporting these other crimes, however, elderly victims often choose to withhold information about the sexual assault. Thus, law enforcement professionals and others must be attentive to elderly victims of crime in order to identify any symptoms of sexual assault that may be seen among elderly victims, and if these symptoms are present, to ask victims whether they were also sexually assaulted.

The following are possible symptoms of sexual abuse of elders, from a list developed by the Maryland Coalition Against Sexual Assault:

• Presence of sexually transmitted infections.
• Genital or urinary irritation, infection, injury, bleeding, bruising or scarring.
• Extreme upset or visible discomfort when being bathed, changed or examined.
• Intense reactions of fear.
• Nightmares, sleep disturbances or night terrors.
• Distrust of others.
• Coded disclosure of sexual abuse (e.g., hints rather than direct statements).
• Sudden avoidance of people, places or activities.
• Self-destructive activity, suicidal ideation or attempts.
• Depression.
• Regressive behaviors.
• Aggressive behaviors (Maryland Coalition Against Sexual Assault, 1996, p.4-6).

When interviewing any elderly victim of crime, law enforcement personnel and other community professionals can evaluate whether any of these possible symptoms are exhibited. Of course, none of them automatically indicates that the person has been sexually assaulted; they may well be the result of any number of other causes. However, it is something to keep in mind when interviewing elderly victims of crime, to determine whether it is possible that a sexual assault was committed – but the shame, embarrassment, and fear they are experiencing prevent them from disclosing it.

In addition to these other concerns, elderly victims of sexual assault may also have physical disabilities or impairments that exacerbate their problems or intensify the need for services. Helping elderly victims to deal with their emotional, economic, and physical well-being is essential to facilitating their participation in a law enforcement investigation. Close teamwork will be required between law enforcement professionals and victim service providers as well as other social service agencies that meet the needs of elders in the community. For example, groups can coordinate to assess needs and offer assistance with transportation, communication, and other accessibility issues in order to increase victims’ ability to report a crime or participate in a case.

**Responding Effectively**

To respond effectively to elderly victims of sexual assault, the following techniques are recommended by the Maryland Coalition Against Sexual Assault (1996, p.4-7).

• Always respect the elder’s dignity and treat them in an age appropriate manner.

• Determine if the elder has any disabilities and respond accordingly. (See the module *Successfully Investigating Sexual Assault against People with Disabilities* for more detailed information).

• Give elderly victims time to express their fears and concerns regarding the investigation and what it will mean to their individual care. Provide the victim with honest information about the investigative process and likely outcomes.

• Recognize that anyone who is over the age of 65 is probably living with a set of values (especially about sex) that is quite different than those of people who grew up after the 1950’s. Investigators must allow victims to describe what happened using terms that are comfortable to them, and then clarify that they
know exactly what these terms mean. Detailed guidance on this topic is provided in the module *Interviewing the Victim: Techniques Based on the Realistic Dynamics of Sexual Assault*.

- Strive to protect the victim’s privacy to the extent possible and ensure confidentiality of the victim’s report. This will include protecting the victim’s confidentiality even from spouses, family members, and other caretakers. These people will often assume that they have a right to information about the elder, but the elderly victim’s confidentiality must be protected unless he or she specifically gives consent to share information with these other individuals. This is particularly true because so often the perpetrator of elder abuse is the caretaker.

As part of the interview, investigators can find out about the people in the elderly victim’s existing support network. These support people may be able to place the elderly victim in a new living arrangement or nursing facility if it is necessary to ensure that a victim is protected without further limiting their quality of life, economic security, and sense of autonomy. In many situations, however, the victim’s existing support network will not be able to meet these needs. This is especially likely when the person abusing the elder is the caretaker. In these situations, the investigator may need to assist the elderly victim in accessing other community and financial resources that may be of assistance. This type of support is absolutely essential to facilitate the participation of elderly victims in the investigation of their sexual assault; they will not likely be able to participate in the investigation if they have more urgent concerns regarding their care or living situation.

**Resource: Survivors of Sexual Violence in Later Life**

*Sexual Violence in Later Life: A Technical Assistance Guide for Healthcare Professionals* was created by NSVRC to assist physicians, nurses, and other clinical health care providers in meeting their professional obligations in identifying and providing intervention and treatment to older victims of sexual violence.

*Maturing Your Services: Advocating for Survivors of Sexual Violence in Later Life*, also from NSVRC, is an interactive online course designed to increase advocates’ and other victim service professionals’ capacity for serving victims of sexual violence in later life.

**Intimate Partner Sexual Violence**

One of the most misunderstood areas of sexual assault response involves the context of marriage or other intimate relationship (National Judicial Education Program, 1994). To illustrate, many people in our society still believe that a man simply cannot sexually assault his wife because he is entitled to have sex with her whether or not she wants to (Russell, 1990; cited in National Judicial Education Program, 1994). Many people seem to believe that because a person has had consensual sex with their partner or spouse in
the past – often numerous times – then that person must have consented on the occasion that is being reported as a sexual assault.

- Yet as many as 9% of women who are sexually assaulted were victimized by their husband (National Victim Center, 1992). Clearly, sexual assault committed by an intimate partner is more common than many people think.

- As with other forms of domestic violence, separation or divorce appears to be a particularly dangerous time, when women are at an increased risk of sexual assault (DeKeseredy, Schwartz, Fagen, & Hall, 2006).

  It happened 3 months after I left my abusive husband...[He] came to Chicago to talk about a divorce and support...I called the police and told them what happened...he told me there was nothing they could do to help me because he was my husband. They didn't even attempt to help me get home. I walked for hours trying to find my way...My last child is a product of one of his rapes. But this rape was different because I had left and was not returning this time.

  - Victoria (The Voices and Faces Project)

Not surprisingly, sexual assault is particularly likely to be seen in relationships that involve other forms of physical abuse. Research reveals that as many as 40-50% of women who are physically abused are also sexually assaulted (Bergen, 1996; Campbell, 1989; Campbell & Soeken, 1999). As noted by McFarlane and Malecha (2005), this rate is “four to five times higher than the 9 to 13% reported by women from community and national samples” (p.2). When other forms of physical abuse are present, sexual assault only compounds the trauma experienced by the victim.

- Research also indicates that sexual assaults committed by an intimate partner often involve levels of physical violence that are as high as those committed by strangers – these cases thus involve higher levels of physical violence than other sexual assaults committed by known perpetrators (Cleveland, Koss, & Lyons, 1999; Finkelhor & Yllo, 1985; Koss, Dinero, Seibel, & Cox, 1988; Spohn, Beichner, Frenzel, & Holleran, 2002).

- Yet even when there is no physical violence associated with the sexual assault, the psychological trauma of sexual assault by an intimate partner is especially profound because victims lose trust in the single person that they would typically have the most reason to trust – their partner (Kilpatrick et al., 1988; cited in National Judicial Education Program, 1994).

- Nearly 2.9 million or 2.4% of US women experience rape-related pregnancy during their lifetime. Of these, more than three-quarters (77%) indicate that the perpetrator is a current or former intimate partner. Almost a third (30%) of the women who are raped by an intimate partner also experience reproductive coercion from that same partner. Specifically, about one in five (20%) indicate
that their partner tried to get them pregnant when they did not want to or tried to stop them from using birth control; about one-quarter (23%) say their partner refused to use a condom (Basile et al, 2018).

- Women who are sexually assaulted in violent relationships are also at increased risk for other consequences, including: gynecological problems, sexually transmitted infections (STI), pregnancy, other physical health problems, alcohol or drug use, depression, Post-Traumatic Stress Disorder (PTSD), suicidality, and indicators of heightened risk for being murdered by the intimate partner (McFarlane & Malecha, 2005). These physical and mental health effects also hinder victims’ economic stability due to increased costs and having to take time off of work or school. For example, victims of rape by an intimate partner lose an average of 8.1 days of paid work a year, compared to 7.2 days for victims who are physically abused by their partner (National Center for Injury Prevention and Control, 2003).

- The fear of repeated attacks is especially severe in the context of an intimate relationship such as a marriage, because most victims do not immediately leave their partner. Victims thus live not only with the impact of the sexual assault but also with the perpetrator (National Judicial Education Program, 1994).

- Of course, domestic violence and sexual assault are not crimes exclusive to heterosexual relationships. Same gender partnerships also experience domestic violence and sexual assault. It is therefore important for law enforcement investigators to sort through their own feelings about same sex relationships, so they are able to treat all victims with dignity, respect, and compassion.

Resource: Expert Interview

In this video interview, A. Mervyn Davies describes three things professionals should understand about sexual assault perpetrated in the context of intimate partner violence.

Reasons for Under-Reporting

When people are sexually assaulted by their spouse or intimate partner, they may have been physically and sexually assaulted over a long period of time. Even so, they are less likely than other victims to report the crime to law enforcement. For example, one recent study found that only 6% of women who were sexually assaulted by their intimate partner reported it to law enforcement and only 9% sought medical care (McFarlane & Malecha, 2005); these estimates are considerably lower than those for women who were sexually assaulted by someone other than their intimate partner.

I did not call the police, but I did go to my pastor and tell him that things were getting bad in bed with my husband. I tried to talk about it, but he didn’t want to hear it. He told me that what happened in our bedroom was not his business and needed to stay private…I wish I had known that there
was an abuse shelter...In addition, I wish I had known that I could go to the hospital or to my doctor, talk to them about it, and get help. I had no idea that there were any resources in the community. I only knew that there were psychiatrists and psychologists, but if I went to them I’d lose my kids, so I didn’t go.

- Kelli raped and physically abused during her marriage (The Voices and Faces Project)

There are a variety of reasons why these victims are particularly unlikely to report their sexual assault to law enforcement. These include the following:

- Victims may perceive the criminal justice system as unable to protect them from similar future assaults (National Victim Center, 1993). This perception may be based on prior experiences with law enforcement, or it may simply be a realistic appraisal of the situation and the level of danger involved.

- When the perpetrator of the sexual assault is also the economic provider for the family and/or a parent of the victim’s child(ren), the decision to report the crime will mean risking loss of income, housing, and economic stability. The victim may also be experiencing direct economic abuse or economic-based intimidation that threatens their ability to thwart reporting or participating in an investigation.

- Victims also fear the well-being of their children will not be addressed sufficiently if they try to leave their spouse or partner (National Victim Center, 1993). As a result, many put their children’s housing and economic security ahead of their own safety.

Many victims of sexual assault by a spouse or intimate partner also do not report the crime because they believe the societal misconception that sexual assault cannot occur within the sanctity of marriage or another intimate relationship. In this way, religious and social beliefs sometimes function to keep victims in a relationship where they are being sexually assaulted. This may be particularly true in certain racial, ethnic, religious, and other cultural communities.

Yet the good news is that victims who are sexually assaulted by their intimate partner who report the crime experience a significantly reduced risk of being re-assaulted – regardless of whether the report results in an arrest or successful prosecution. As the researchers found:

Contacting the police, irrespective of whether or not the abuser was arrested, and applying for a protection order, irrespective of whether or not the order was received, was associated with up to a 70% risk reduction for re-assault (McFarlane & Malecha, 2005).
Interviewing Victims of Domestic Violence

Victims of sexual assault in the context of an intimate relationship such as a marriage are often extremely reluctant to disclose information about the sexual assault, even when reporting issues of physical abuse. Because of the shame associated with sexual victimization, victims will often feel more comfortable discussing physical or economic abuse rather than sexual abuse. For this reason, law enforcement professionals must always ask – gently – about sexual victimization when interviewing victims of domestic violence.

- To illustrate, investigators can ask a victim of domestic violence: “Have you ever been forced to have sex when you didn’t want to?”

- Investigators must recognize that the statutes outlining domestic violence crimes also apply in cases of sexual assault, when the victim and suspect have a type of relationship that is covered by these criminal offenses.

Investigators must also recognize in these cases that simply because one has given consent in the past for sexual intimacy does not mean that the consent is irrevocable. In other words, the law is clear that past consent to sexual activity does not equal consent to current sexual acts.

Responding Effectively

When someone is sexually assaulted by their spouse or other intimate partner, it is essential that their safety needs be addressed, and their wishes respected regarding whether or not to participate in the investigation of the sexual assault. Yet in many communities, the investigation of the physical assault may proceed regardless of the victim’s wishes. Therefore, it is essential that these victims are provided with information, support, and referrals for victim advocacy, economic, and other support services within the community. Such measures are required to protect the victim and create a safe environment for divulging details of the sexual assault.

Additional ideas for responding effectively include the following.

- It is critically important to recognize that even if someone has consented to sexual activity on hundreds of prior occasions with their partner, this does not necessarily mean that they consented in the incident being reported. Investigators can provide victims with open-ended prompts to find out exactly what they were thinking, feeling, and doing – before, during, and after the sexual assault. This information will be used to document the victim’s lack of consent and how it was communicated to the partner, as well as any indications that the partner understood but ignored the victim’s expressions of non-consent. This strategy is fundamentally the same as any other sexual assault investigation.
• Because victims who are sexually assaulted by their spouse or intimate partner often blame themselves for the crime, it is important to reassure them that the responsibility for the sexual assault lies solely with the perpetrator.

• Just like other crimes of domestic violence, sexual assault in the context of an intimate relationship can be particularly challenging to investigate when the victim “recants,” whether out of concern for their children, dependency issues, or direct threats to physical safety or economic security. The best way to prevent this response is to build a trusting and respectful relationship with victims and to provide them with the information and support that is necessary to facilitate their participation in the investigation. This may require helping them navigate transportation or child care concerns, informing them of their rights to take leave from work, and addressing any other barriers to their involvement.

• Victims who decide not to participate with the investigation of the sexual assault must also be offered the continued assistance of the law enforcement agency, as well as referrals for appropriate community resources, and reassured that the investigation can be re-opened at any time if they are later able to participate in the process. Again, many law enforcement agencies will respect the wishes of the victim regarding whether or not to proceed with the investigation of the sexual assault – but they may move forward with the investigation of the physical violence regardless of the victim’s wishes.

Law enforcement personnel and other community professionals must be familiar with the services in their area that address the specific needs of victims who have been assaulted by a spouse or partner, including: temporary shelter, temporary care of children, crisis counseling, and protection from retaliation by the partner for reporting the sexual assault. This will likely include services for victims of domestic violence as well as sexual assault, as well as other social service and support organizations.

Resource: Judiciary Education

To provide judges, court staff and justice system professionals with insight into intimate partner sexual assault, the National Judicial Education Program (NJEP) has developed a series of ready-to-use new modules and resources for in-person judicial and multidisciplinary education. They are available for free online.

Victims who are Sexually Assaulted More than Once

The research is clear that one of the single best predictors of whether or not someone will be sexually assaulted is whether or not they have been sexually assaulted in the past (Gidycz et al., 1993; Merrill et al., 1999; Messman & Long, 1996).

• This is positively tragic, because it means that some of the most vulnerable members of our society are preyed upon by sex offenders – not just once, but often on repeated occasions.
• Yet it makes sense when we recognize that sex offenders target their victims based on vulnerability factors. If one perpetrator identifies a particular person as a target for sexual assault, it is likely that these same vulnerability factors, social, economic, or otherwise, will also be seen by another perpetrator.

This tragedy is compounded because, despite what many people think, the experience of having been sexually assaulted before does not make a subsequent sexual assault less traumatic. Indeed, the reality is exactly the opposite. Victims of prior sexual assaults are often more traumatized by a subsequent assault (Koss & Harvey, 1991). The re-victimized victim is often the most vulnerable, and they may have the most difficult and costly recovery process (National Judicial Education Program, 1994). Victims of sexual assault can be asked by law enforcement professionals – very gently – whether they have been sexually assaulted in the past. This information is important to know because it will affect the victim’s response to the current sexual assault. For example, when they are interviewed, people who have been sexually assaulted more than once may describe aspects of their prior and current assaults simultaneously. This sometimes occurs because the new sexual assault causes them to re-experience their earlier assaults (Koss & Harvey, 1991). As a result, the information they provide to law enforcement may confuse details of the multiple incidents.

Resource: Expert Interview

In this video interview, Olga Trujillo discusses whether the signs of a recent or previous trauma are different.

Drug or Alcohol Facilitated Sexual Assault

In addition to the many other vulnerability factors described in this module, law enforcement personnel and other community professionals certainly know that many sexual assaults are facilitated with the use of drugs and/or alcohol. A few points are therefore worth highlighting, regarding the unique impact of this type of crime on the victim.

For example, one of the primary concerns of victims whose sexual assault was facilitated with drugs and/or alcohol is that they probably will not remember all the details of the sexual assault. The victim may not even be certain that they were sexually assaulted, or who was involved, or what exactly happened. They may have only a few, fragmented memories from the assault and a period of time before the assault and afterward (American Prosecutors Research Institute, 1999).

I was slipped a date-rape drug in my celebratory drink for turning 21, I believe. I remember having only 1 drink. The next thing that happened, I woke up the next day in one of their beds, extremely disoriented and sick. My butt hurt extremely bad and I knew that they had raped me because I would have been conscious for something as traumatic and painful as that.

- Woman raped at her birthday party (The Voices and Faces Project)
As a result, victims of this type of sexual assault are often left to fill in the gaps in their memory using their own imagination, and this can cause tremendous anxiety over the ‘unknowns’ of the sexual assault (American Prosecutors Research Institute, 1999). This may include fears that the sexual assault may have been videotaped or photographed, or that these recorded images may surface on the internet or in pornography (American Prosecutors Research Institute, 1999). This could result not only in shame and social ostracism, but also in significant impacts on their employment and education. Not surprisingly, the feelings of powerlessness, guilt, and shame that most victims of sexual assault feel may be especially pronounced when drugs and/or alcohol are involved. Victims who are under the influence of drugs or alcohol may also be extremely anxious during the course of the law enforcement interview, especially if they were drinking underage and/or voluntarily taking illegal drugs.

- Although the media tends to portray drug facilitated sexual assaults involving substances given covertly to the victim by the suspect, it is actually much more common for victims to voluntarily take the drug(s) in question.

- Some victims voluntarily ingest drugs with full knowledge of their effects. Others take the drug voluntarily, but with misinformation provided by the suspect or someone else.

- In some cases, the suspect may even offer the victim an unidentified “date rape drug” to get high – but of course the victim does not believe that this will result in actually being sexually assaulted.

In any of these situations, where the victim has been drinking underage and/or taking illegal drugs voluntarily, law enforcement investigators must remain particularly patient and maintain an open mind while listening to the events as the victim recalls them. Investigators must also clearly communicate to the victim that underage drinking and/or voluntary drug use never justifies being sexually assaulted. It may be especially important in these situations to have an advocate present, because the victim may be experiencing a great deal of shame and self-blame.

**Conclusion**

The intention of this module is to increase the understanding of the physical, psychological, economic, and emotional effects of sexual assault, so that professionals are able to adopt strategies that are most likely to be effective during a law enforcement investigation and criminal prosecution. As stated in the introduction, there are many behaviors and experiences that are relatively common among those victimized by sexual assault. Nonetheless, each victim has a unique response, so law enforcement professionals and others must be prepared for any type of reaction. Perhaps most important, the victim’s behavior should never be used as a means of judging whether or not the report is legitimate.
For More Information

EVAWI offers a number of additional resources to support law enforcement in conducting victim interviews that are “trauma-informed,” including the following training bulletins:

- A three-part series entitled *Important Things to Get Right about the ‘Neurobiology of Trauma’* (September 2020) [Part 1](#), [Part 2](#), [Part 3](#)
- *Trauma-Informed Interviewing and the Criminal Sexual Assault Case: Where Investigative Technique Meets Evidentiary Value* (February 2020)
- *Becoming Trauma-Informed: Learning and Appropriately Applying the Neurobiology of Trauma to Victim Interviews* (December 2019)
- *Understanding the Neurobiology of Trauma and Implications for Victim Interviewing* (November 2016)

The following webinars on the neurobiology of trauma and trauma-informed interviews are available:

- *Forensic Experiential Trauma Interview: A Trauma Informed Experience*. In this webinar, Russell Strand explores practical applications of the FETI, reframing questions, and how to close a FETI interview. Mr. Strand also talks about how FETI can be applied to both preliminary and follow-up interviews.

- A two-part series on the *Neurobiology of Sexual Assault* presented by Dr. Jim Hopper of Harvard University. In [Part 1](#), Dr. Hopper focuses on the topic of Experience and Behavior, while [Part 2](#) emphasizes Experience and Memory.

- Another good webinar on this topic is: *The Neurobiology of Sexual Assault: Implications for First Responders in Law Enforcement, Prosecution, and Victim Advocacy*, with Dr. Rebecca Campbell, and hosted by the National Institute of Justice.

- Finally, we offer an archived webinar on *Effective Victim Interviewing*, by prosecution expert Roger Canaff and EVAWI’s Sergeant Joanne Archambault. While it does not specifically address the impact of trauma on neurobiology, valuable guidance is provided for how to plan and conduct successful interviews with sexual assault victims.

Additionally, The Florida Council Against Sexual Violence (FCASV) created this [introductory training video](#) for patrol officers on trauma-informed responses to sexual violence. This video reviews the importance of this type of response, with a basic overview of the effects of trauma and key aspects of a trauma-informed response.
EVAWI also offers a resource that addresses how gender bias (both explicit and implicit) can affect responses that profoundly influence how survivors cope with the impact of sexual assault victimization. The Gender Bias in Sexual Assault Response and Investigation Training Bulletin series is designed to explore the phenomenon of gender bias, both explicit (conscious) and implicit (unconscious), and the resulting stereotypes and attitudes that can influence the professional response to, and investigation of, sexual assault. In this series, we begin by introducing the concept of implicit bias and briefly review the decades of neurobiological and social scientific research that document its existence and impact. Then, we review the concept of gender, and define gender bias, both implicit and explicit. We will also explore strategies that can be used to identify the presence of implicit gender bias and mitigate its influence. Finally, we address key questions about how implicit gender bias can disadvantage (or advantage) either the victim and/or suspect.
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Victim Impact: How Victims Are Affected by Sexual Assault
Lonsway, Archambault

November 2020


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Maryland Coalition Against Sexual Assault (1996). Police Response to Crimes of Sexual Violence; A Training Curriculum. Produced by the Maryland Coalition Against Sexual Assault, Inc. Supported by Bureau of Justice Assistance, Office of Justice Programs, US Department of Justice (VAWA Grant # 95-036).


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NY: Metlife Mature Market Institute, National Committee for the Prevention of Elder Abuse, & Virginia Tech University.


Appendix
For Victims Who Do Not Speak English or Use English as a Second Language


- Be polite and formal.

- Greet the person using last name or complete name. Then gesture to yourself and say your name. Offer a handshake or a nod.

- Speak in an unhurried way. Pay attention to any effort by the victim or support people to communicate and attempt to clarify the communication.

- Speak in a low, moderate voice. Avoid talking loudly. Remember that there is a tendency to raise the volume and pitch of your voice when the listener appears not to understand. Victims or support people may perceive this as shouting or expressing anger.

- Use any words that are known in the victim’s language. This indicates that you are aware of the victim’s language and culture and respect them.

- Use simple words, such as “pain” instead of “discomfort.” Avoid jargon, slang, euphemisms, and other culturally specific expressions. Avoid using contradictions or double negatives, such as “You had met him before, is that right?” Rather, it is best to keep it simple: “Did you know him?”

- Use pantomime and simple actions when saying a related word. For example, you could act out walking, driving, talking, drinking, etc.

- Discuss one topic at a time. For example, do not ask: “Are you cold and in pain?” Instead, you can ask “Are you cold?” (while pantomiming). Then ask: “Are you in pain?”

- Avoid asking questions using a negative. For example, do not ask: “You didn’t have pain, did you?” Instead, it is better to ask: “Did you have pain?”

- Avoid asking leading questions that may encourage the victim to say what he or she thinks you want to hear, rather than giving a truthful response. Instead, ask the victim to explain in his or her own words what happened.

- When asking a question that includes phrases such as: “could you?” or “is it possible?” be aware that a positive response could simply indicate the possibility
that the statement might be true. It will not necessarily mean that the statement is in fact true.

- Confirm that the victim understands any instructions by asking him or her to repeat them, or demonstrate the procedure, or act out the meaning. Do not simply ask: “Do you understand?”

- One way to find out how well you can communicate with the victim is to write out several short sentences in English and determine the victim’s ability to read them. If the victim cannot read, ask if anyone at home can read so written materials can be sent home in the language of choice. Be aware that sometimes a person may speak some English but not be able to read it.

- Try a third language, if possible. It is not uncommon for people from other countries to know three or four languages.

- Above all, remember that communication in a foreign language under the best circumstances is difficult. Try not to feel too uncomfortable with silence. Allow the victim sufficient time to form his or her ideas in English and to express himself or herself. Feeling rushed may shut the door to communication.
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