

Indicators of Sexual Violence

This module identifies physical and behavioral indicators of sexual violence. It includes strategies to consider if victimization is suspected but no disclosure is made.¹ It offers a limited discussion of the emotional indicators of sexual violence, as this topic is examined in *Sexual Violence 101. Understanding and Addressing Emotional Trauma*.

Key Points

- Sexual assault can have many physical, behavioral and emotional consequences and manifestations for victims.² Many victims will never seek or receive services to help them heal from the trauma of the assault.
- Unless excessive physical force is used, most victims will not have visible physical injuries from the sexual assault. Coercion, intimidation and the threat of force all can be contributing factors to why excessive force is not used in many assaults. The absence of physical evidence in no way correlates with the level of fear that victims may have experienced during the assault.
- The most common physical signs of a sexual assault include bruising (on the inner thighs or on the arms where the offender restrained the victim) and trauma to the genital area. Some physical signs are obvious, such as bleeding, and might require medical attention. Other physical indicators, such as pregnancy or a sexually transmitted infection, may be detected days or even weeks after the assault.
- Sexual victimization can result in short-term or long-term behavioral changes and coping responses. These include self-harming behaviors (drug/alcohol use, a suicide attempt, etc.); changes in social interactions and behaviors (withdrawal, running away, sexual promiscuity, etc.); and changes in individual behaviors (sleep disturbances, shifts in eating patterns, bed-wetting, etc.). Neither the presence nor absence of any of these behaviors confirms that sexual assaults did-or did not-occur.
- If clients' behaviors change, service providers need to be open to all possible causes of those changes and explore them as appropriate. Unless service providers are law enforcement officers or designated investigators (e.g., Adult Protective Service (APS) workers or long-term care ombudsmen), their focus in seeking information is solely to insure the health and safety of their clients, not to determine whether or not a crime was committed. It is never appropriate to probe or pressure someone into disclosing victimization.

B2. Indicators of Sexual Violence

Purpose

Sexual assault can have many physical, behavioral and emotional consequences and manifestations for victims. Because this crime is underreported, knowing the potential indicators of sexual violence can assist service providers in understanding and identifying victimization even when victims are reluctant to disclose. This knowledge can be particularly

important for those service providers who work with persons with cognitive and communication disabilities who may not have the ability to understand or disclose their victimization.

NOTE: There is a limited discussion of the emotional indicators of sexual violence in this module, as this topic is examined in *Sexual Violence 101. Understanding and Addressing Emotional Trauma*.

Objectives

Those who complete this module will be able to:

- Identify physical indicators of sexual violence; and
- Understand what behavioral changes might indicate sexual victimization.

Part 1: CORE KNOWLEDGE

What is the impact of sexual violence?

In West Virginia, one in six women and one in 21 men will become victims of sexual assault, but only a very small percentage of those victims will ever report the assault to law enforcement.³ (See *Sexual Violence 101. Sexual Victimization of Persons with Disabilities: Prevalence and Risk Factors*.) Many victims will never seek or receive services to help them heal from the physical and emotional trauma of the assault. Service providers who are tuned into physical, behavioral and emotional changes their clients are experiencing may find that those changes are the result of sexual victimization. In no way are the indicators listed below a confirmation that a sexual assault occurred; each of them could be a symptom of other injuries, trauma or unrelated life experiences. A skilled service provider will be able to assess whether unexplained indicators warrant further inquiry and concern regarding potential sexual victimization.

PHYSICAL INDICATORS OF SEXUAL ASSAULT

Will most sexual assault victims have physical injuries?

No. Unless excessive physical force is used, most victims will not have physical injuries from the sexual assault. Coercion, intimidation and the threat of force all can be contributing factors to why excessive force is not used in many assaults. The absence of physical evidence in no way correlates with the level of fear and terror that victims may have experienced during the assault.

Who is most likely to sustain physical injuries?

Physical injuries are more common in sexual assaults in which the offender is a stranger. Male victims who report the assault and older victims are more likely to sustain injury.

What are the most common physical injuries?

Physical signs of a sexual assault are most likely to include bruising (on the inner thighs or on the arms where the offender restrained the victim) and trauma to the genital area. A forensic medical examination can document trauma and any tearing of the genital and/or anal areas through the use of devices, such as a colposcope, that magnify and photograph the injured

area. (See *Sexual Violence 101. Sexual Assault Forensic Medical Examination.*)

Some physical signs are obvious, such as bleeding, and might require medical attention. Other physical indicators, such as pregnancy or a sexually transmitted disease, may be detected days or even weeks after the assault. (Research has found that postmenopausal women are at a higher risk for contracting a sexually transmitted infection.)

BEHAVIORAL INDICATORS OF SEXUAL ASSAULT

What are behavioral indicators of sexual assault?

There are no “normal” responses to rape. Each victim is unique and her response to the trauma is unique.⁴ Because sexual assaults often have no visible physical indicators, service providers can sometimes identify that a sexual assault occurred based only on a change in the victim’s behavior. That change may be because the assault occurred recently or it could be that memories of a prior assault were triggered by a recent event. (See *Sexual Violence 101. Understanding and Addressing Emotional Trauma* and *Sexual Violence 101. Crisis Intervention.*)

Studies have identified numerous potential behavioral indicators of sexual victimization, many of which are listed in the chart below. Neither the presence nor absence of any of the following behaviors confirms that a sexual assault did—or did not—occur.

Self-Harming Behaviors

- Increased drug and alcohol use
- Self-mutilation
- Suicide attempt

Changes in Social Interactions/Behaviors

- Withdrawal
- Sexual promiscuity
- Dressing provocatively
- Wearing many layers of clothing
- Running away
- Aggressive or disruptive behavior
- Regressive behavior
- Sexually inappropriate behavior
- Excessive attachment
- Avoidance of certain individuals

Individual Behavioral Changes

- Sleep disturbances/Insomnia

- Excessive sleeping
- Change in eating patterns
 - Bulimia
 - Anorexia
 - Weight gain
- Bed wetting
- Incontinence
- Aversion to touch
- Frequent bathing
- Avoidance of previously favorite places
- Compulsive masturbation
- Isolation
- Sudden unwillingness to undress or shower in front of trusted persons
- Unexplained sexual knowledge inappropriate for developmental age

EMOTIONAL INDICATORS OF SEXUAL ASSAULT

What are indicators of emotional trauma from a sexual assault?

The emotional trauma caused by sexual violence can manifest itself in numerous ways: depression; spontaneous crying; feelings of despair and hopelessness; anxiety and panic attacks; fearfulness; compulsive and obsessive behaviors; feelings of being out of control, irritable, angry and resentful; emotional numbness; and withdrawal from normal routines and relationships.

A specific type of trauma, rape trauma syndrome, has been identified as a form of post-traumatic stress disorder specific to sexual violence victims. Because responding to the emotional trauma of victims is a critical component of crisis intervention, a separate module addresses this issue. (See *Sexual Violence 101. Understanding and Addressing Emotional Trauma*.)

What if sexual assault indicators are present but the client does not disclose victimization?

A person's right to privacy should be protected and respected, with special consideration made in situations that require mandatory reporting. (See *Sexual Violence 101. Mandatory Reporting*.) In those situations, even cases of suspected abuse must be reported.

Service providers should always trust their instincts. If their clients' behaviors change, service providers should be open to all possible causes of those changes and explore them as appropriate. This exploration may require that service providers challenge stereotypes or attitudes they may have regarding sexual victimization (e.g., just because a client is older does not mean she could not have been raped; women age 85 and over are also sexually assaulted.) *Unless service providers are law enforcement officers or designated investigators (e.g., APS workers or long-term care ombudsmen), their focus in seeking information is solely*

to insure the health and safety of their clients, not to determine whether or not a crime was committed.

Depending on their role and relationship with their clients, service providers may be in a position to seek additional information. For example, counselors and medical professionals have trusted and confidential relationships where other professionals may not. For those in confidential relationships, one of the best ways to determine whether someone has been victimized is to gently and compassionately ask, using words appropriate to their vocabulary and understanding. For a younger child or someone with a cognitive disability, asking “Has someone touched you/upset you/hurt you?” would be a sensitive inquiry regarding their safety. It is never appropriate to probe or pressure someone into disclosing victimization.

If service providers ask questions about sexual victimization, they must be prepared for a disclosure.⁵ (For example: one physician added the following question to her patient intake screening form: “Have you ever been a victim of sexual assault?” She estimated that about a fourth to a third of her female patients responded affirmatively to the question.) In order to assist victims who disclose, service providers need to be knowledgeable of both appropriate supportive responses and possible resources in their communities. (See *Collaboration 101. Creating a Community Resource List* and *Sexual Violence 101. Crisis Intervention*.)

Test Your Knowledge

Refer to the pages in this module as indicated to find the answer to each question.

1. What are potential physical indicators of sexual assault? *See pages B2.2–B2.3.*
2. What are potential behavioral indicators of sexual assault? *See pages B2.3–B2.4.*
3. What should you do if you suspect victimization but the client does not disclose? *See page B2.5.*

Project partners welcome the non-commercial use of this module to increase knowledge about serving sexual violence victims with disabilities in any community, and adaptation for use in other states and communities as needed, without the need for permission. We do request that any material used from this toolkit be credited to the West Virginia Sexual Assault Free Environment (WV S.A.F.E.) project, a partnership of the West Virginia Foundation for Rape Information and Services, the Northern West Virginia Center for Independent Living and the West Virginia Department of Health and Human Resources (2010). Questions about the project should be directed to the West Virginia Foundation for Rape Information and Services at www.fris.org.

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¹Partnering agencies refer to the persons they serve as “clients,” “consumers” and “victims.” For convenience, “victims” and “clients” are primarily used in this module. Also note that the terms “sexual violence” and “sexual assault” generally are used in this module to encompass sexual assault, sexual abuse and other forms of sexual violence.

²The information on indicators in this module is compiled from the following sources: N. Baladerian, *Survivor, book III. For family members, advocates and care-providers* (Baladerian, 1985), 4; Building partnerships for the protection of persons with disabilities, *Protect, report, preserve: Abuse against persons with disabilities* (Massachusetts District Attorneys Association, 2006), 11–12; and Day One: The Sexual Assault and Trauma Resource Center, Rhode Island Coalition Against Domestic Violence and PAL: An Advocacy Organization for Families and People with Disabilities, *Is your agency prepared to ACT? Conversation modules to explore the intersection of violence and disability* (Advocacy Collaboration Training Initiative, 2004), 34, section adapted from Wisconsin Coalition Against Sexual Assault, *Transcending silence: A series about speaking out and taking action in our communities* (2001).

³West Virginia Bureau for Public Health, Health Statistics Center (2008).

⁴Although males and females are both victims of sexual violence, most reported and unreported cases are females (see the endnotes in the *Toolkit User's Guide* for a full citation). Therefore, in this module, victims/clients are often referred to as female.

⁵R. Baer & M. Hammond (Eds.), *Assisting women with disabilities who are victims of violence, cross training curriculum for disabilities personnel*, (Logan, UT: Centers for Persons with Disabilities, Utah State University and Center for Abuse Prevention Services Agency).