EMOTIONAL AND PHYSICAL EFFECTS OF SEXUAL ASSAULT

INTRODUCTION

Any abuse or neglect in childhood has profound, lifelong consequences on both the physical and mental health of victims. Sexual abuse is particularly destructive, as it is “apparently more prevalent, and often more prolonged, than physical abuse.”¹ When a child suffers both physical and sexual abuse, the effects are particularly severe.² Symptoms can include: major depression, adjustment disorder, alcohol or other substance abuse, personality disorders, multiple personality, anxiety disorders, psychotic disorders, and psychosexual dysfunctions. The following symptoms, when presented together, are especially likely to indicate a history of sexual abuse: compulsive sexual behavior, substance abuse, sadomasochistic fantasies, problems with sexual identity, low energy or chronic fatigue, and loss of interest in sex.³

39% of attempted rapes and 17% of sexual assaults against females resulted in injured victims.⁴

45% of injured female victims of a reported attempted rape compared to 22% of injured victims of an unreported attempted rape received medical treatment.⁵

EMOTIONAL/PSYCHOLOGICAL EFFECTS

BORDERLINE PERSONALITY DISORDER

More than 80% of women diagnosed with borderline personality disorder, a mental illness characterized by impulsive behaviors including intense anger, suicidal tendencies, self-mutilation, promiscuity and difficulties with relationships, report some sort of childhood trauma:⁶

¹ Herman, Judith, Christopher Perry, and Bessel Van der Kolk. Childhood Trauma in Borderline Personality Disorder. 146(4) American Journal of Psychiatry (1989).
⁵ Ibid.
⁶ Herman, 1989.
• 71% report physical abuse;
• 68% report sexual abuse;
• 62% report having witnessed domestic violence.

Women diagnosed with borderline personality disorder are: 7

• Three to four times more likely to have been child sexual abuse victims, in particular victims of sexual abuse by their fathers, than women diagnosed with other psychiatric disorders;
• 70% of the women who had been abused by their fathers had also been abused by others; and 80% had been physically abused as well;
• Many were also neglected by their mothers.

Sexual abuse is an important, independent risk factor for the development of borderline personality disorder in male victims. 8

DEPRESSION

As a result of the rape, victims are three times more likely than non-victims to experience a major depressive episode in their lives (30%).

Depression may be the most frequent symptom in survivors of childhood sexual abuse. 9

EATING DISORDERS AND SELF-MUTILATION

In a 1996 survey of 6,000 adults, women with a history of sexual assault were significantly more likely to report one or more symptoms of eating disorders than were other women. Most strongly associated with eating disorder symptoms were sexual assault during childhood, sexual assault by a parent, repeated assaults, coercion by threat of withdrawing love, and completed sexual contact. 10

As many as 2/3 of sufferers of anorexia or bulimia have histories of child sexual abuse. 11

70% of child sexual abuse victims with bulimia had self-mutilated by overdosing, poisoning, cutting or burning themselves, or by head banging. 12

12 Ibid.
Adult survivors of child sexual abuse are more likely to suffer from obesity or morbid obesity.\textsuperscript{13}

**HEALTH RISKS**

Nearly 1/3 of all rape victims develop rape-related Post Traumatic Stress Disorder (PTSD) in their lifetimes.\textsuperscript{14}

Adult psychiatric problems associated with child abuse appear to be more severe when the victim has experienced more than one type of abuse, such as both sexual and physical abuse.\textsuperscript{15}

Emotional and behavioral symptoms exhibited by adult survivors of child sexual abuse can include: major depression, adjustment disorder, alcohol or other substance abuse, personality disorders, multiple personality disorder and psychosexual dysfunctions.\textsuperscript{16}

Young adults with at least one incident of forced sex during childhood were far more likely to engage in high-risk behaviors than were non-abused young people.\textsuperscript{17}

- They were four times more likely to engage in sex with strangers;
- They were twice as likely to have multiple sexual partners;
- The females were twice as likely to become pregnant before age 18;
- The survivors were twice as likely to contract HIV.

The majority of women with histories of multiple types of abuse had twice the rates of hospitalization than did non-abused women. Higher rates of surgery were also related to multiple types of abuse.\textsuperscript{18}

Physical and sexual dating violence against adolescent girls is associated with increased risk of substance use, unhealthy weight control behaviors, sexual risk behaviors, pregnancy, and suicidality.\textsuperscript{19}


\textsuperscript{16} Steiner Crane, et al. Prevalence of a History of Sexual Abuse Among Female Psychiatric Patients in a State Hospital System 39(3) *Hospital and Community Psychiatry* (March 1988).


POST TRAUMATIC STRESS DISORDER

Victims of sexual assault often suffer from rape trauma syndrome, a type of post traumatic stress disorder (PTSD). Traumatic incidents, including military combat service and violent crime, may cause post traumatic stress disorder. PTSD includes a range of psychological distress: fear, emotional numbness, flashbacks, nightmares, obsessive thoughts and anger. Post traumatic stress reactions can occur months or years after an incident.

Sexual assault victims also suffer psychological reactions specifically related to sexual assault. Victims may feel terrified of the offender and fear for their lives. Victims may also feel humiliation, shame, and self-blame. If the assault is perpetrated by an acquaintance, friend, or lover, violation of trust can be an issue for the victim. Because of their shame and fear about how people will react, many victims keep the rape a secret.

SUBSTANCE ABUSE

Compared to non-victims of crime, rape victims were:

- 5.3 time more likely to have used prescription drugs non-medically;
- 6.4 times more likely to have used hard drugs;
- 3.4 times more likely to have used marijuana.\(^{20}\)

70% of female substance abusers in treatment had histories of sexual abuse, vs. 12% of the men in treatment.\(^{21}\)

Sexual abuse survivors of both sexes were 70-80% more likely to report heavy alcohol abuse, as well as excessive use of tranquilizers, than were non-abused adults.\(^{22}\)

Sexually abused women started smoking about two years earlier than did other women and were more likely to abuse other drugs as well.\(^{23}\)

SUICIDE

Rape victims were 4.1 times more likely than non-crime victims to have contemplated suicide and 13 times more likely to have made a suicide attempt.\(^{24}\)

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\(^{21}\) Substance Abuse and the American Woman. The National Center on Addiction and Substance Abuse, Columbia University (June 1996).


\(^{24}\) Ibid.
56% of women in one study who reported child sexual abuse had a history of suicide attempts.\textsuperscript{25}

In a study surveying more than 3,000 women at 32 colleges and universities in the U.S., 30% of the women who identified in the study as rape victims contemplated suicide after the incident.\textsuperscript{26}

Suicide rates among sexually abused males were from 15 to 14 times higher than among other males.\textsuperscript{27}

**WOMEN WHO SEEK MENTAL HEALTH CARE**

Almost 2/3 of outpatient mental health clinic clients reported having been abused as children. Half were either physically abused, or both physically and sexually abused; another 12% were sexually abused only.\textsuperscript{28}

As many as 80% of women inpatients in psychiatric facilities report serious physical and/or sexual abuse as children.\textsuperscript{29}

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**PHYSICAL EFFECTS**

**HEALTH**

Among victims raped since their 18th birthdays, 31.5 percent of the women, and 16.1 percent of the men, said they incurred an injury other than the rape itself during their most recent rape.\textsuperscript{30} Of those females injured, 74% reported scratches, welts, or bruises as the injury.

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\textsuperscript{29} Steiner Crane, et al. Prevalence of a History of Sexual Abuse Among Female Psychiatric Patients in a State Hospital System 39(3) Hospital and Community Psychiatry (March 1988).

A review of evaluations of all female sexual assault victims (892) presenting to an urban hospital emergency room over a 34-month period found that general body injury was found in 52% of the patients, but serious injury requiring emergency medical intervention was uncommon. 20% of those examined had genital or anal injury. 15% had bruises or abrasions of the vulvar or perineal tissues. 7% had lacerations of those areas. Genital or anal injury was more than twice as likely in women older than 49 years of age.31

29.3% of women with a history of sexual assault reported at least six somatic symptoms, compared with 15.8% of other women.32

Gastrointestinal (GI) problems may be second only to depression as the most frequent long-term result of child sexual abuse.33

As many as 71% of female children and adolescents who experience forced sex with an adult for more than two years may later develop GI disorders.34 A common complaint is irritable bowel syndrome (IBS), a chronic condition that involves cramping and constipation alternating with diarrhea. Chronic abdominal pain is another frequent symptom. Almost 1/3 of the women with either of these complaints had been victims of rape or incest.35

Child sexual assault survivors are:36

- 2½ times as likely to have pelvic pain and pelvic inflammatory disorder, breast diseases ranging from fibrocystic changes to cancer, and yeast infections;
- 1½ times more bladder infections;
- More likely to have complications of pregnancy and to have chronic pain, including backaches and headaches. The more serious the abuse, the more serious the resulting medical problems.

**IMPACT ON MALE VICTIMS**

Male sexual abuse victims, compared with other males, are:37

- Four times more likely to suffer major depression;
- Three times more likely to have bulimia;

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• Twice as likely to develop an antisocial personality disorder;
• Twice as likely to have behavioral problems;
• Twice as likely to suffer from low self-esteem;
• Twice as likely to run away from home;
• Twice as likely to have legal problems.

Sexually abused boys report more high-risk sexual behavior, including the use of prostitutes; unprotected anal intercourse; a higher number of sexual partners; a lower rate of condom use; higher rates of sexually transmitted diseases and higher rates of partner pregnancy.\(^{38}\)

Sexually abused boys were more than four times as likely to have forced sexual contact with another person, most often another boy (frequently a younger brother).\(^{39}\)

**PREGNANCY**

Fear of pregnancy is one of the most common fears of both women and adolescent girls following sexual assault. 34\% of rape victims in the National Victim Center survey feared becoming pregnant.\(^{40}\)

For 60\% of “sexually active” girls under 14, their only sexual activity had been as victims of rape.\(^{41}\)

62\% of pregnant and parenting adolescent girls were found to have experienced molestation, attempted rape or rape before their first pregnancy; from one-third to one-half were repeatedly sexually assaulted.\(^{42}\)

Between 11\% and 20\% of pregnant teenagers in a large study became pregnant as a direct result of rape.\(^{43}\)

75\% of children born to high school girls are fathered by men older than high school age, most of whom are over age 20; high school boys account for only 25\% of births to all school age girls.\(^{44}\)

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\(^{39}\) Ibid.


\(^{43}\) Ibid.

SPECIAL ISSUES

ABORTION

About 14,000 women annually have abortions following rape or incest.45

87% of all U.S. counties lacked an abortion provider in 2000.46

SEXUAL ASSAULT AND AIDS

In a study, 73% of the women surveyed reported that they were “extremely fearful” or “concerned” about contracting HIV as the result of a rape. Women who were raped by a stranger were significantly more likely to express fear or concern about HIV exposure than women who were raped by partners or acquaintances. More than 80% of the women surveyed indicated that they wanted more HIV/AIDS-related information during post-assault medical care.47

Victims of sexual assault who are penetrated orally, vaginally, or anally are at risk of contracting the HIV virus that leads to AIDS. It is impossible to calculate how many victims have become HIV infected due to sexual assault.

Sexual assault victims should be informed of the possibility of HIV infection. Many will be concerned about the risk of contracting the virus. It is important for medical professionals, counselors and others who work with victims to have accurate and current information about HIV, HIV testing and AIDS.

Survivors of child sexual abuse often engage in behaviors, such as substance abuse, prostitution, and having multiple sex partners, that increase risk of exposure to HIV. Male survivors are twice as likely to contract HIV. Female survivors are four times as likely than non-survivors to have been prostituted; male survivors are eight times as likely. Survivors are 40% more likely to have sex with someone they didn't know.48

TESTING SEX OFFENDERS FOR AIDS

After a preliminary hearing or indictment, a sexual assault victim in Illinois can ask the state’s attorney to request the court to order the defendant to be tested for the HIV virus. The test results are delivered to the victim and the judge in a sealed envelope. The costs of the test are paid by the county. The Illinois Supreme Court has upheld the constitutionality of post-conviction HIV testing of sex offenders.

SEXUAL ASSAULT SURVIVORS EMERGENCY TREATMENT ACT

The Sexual Assault Survivors Emergency Treatment Act (SASETA) governs medical care and forensic evidence collection for sexual assault victims. SASETA provides:

Minimum healthcare standards for hospitals providing medical care to sexual assault victims, including:

• treatment for injuries;
• treatment for sexually transmitted infections, including HIV;
• information about emergency contraception and where it is available;
• a referral for counseling.

Collection of forensic evidence through the use of the Illinois State Police Sexual Assault Evidence Collection Kit.

Payment for emergency room and ambulance services if the victim is not a public aid recipient and does not have private insurance.

Minors are permitted to consent to their own health care without parental consent under SASETA.