



Successfully Investigating Acquaintance Sexual
Assault:
A National Training Manual for Law Enforcement

The National Center for Women and Policing
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Victim Impact

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Introduction

This module will describe the symptoms and stages often experienced by sexual assault victims. This information is provided in order to assist the police officer in understanding the behavior of sexual assault victims and conducting their investigation in the most sensitive and effective way. However, it is critical that officers and investigators remember that there is no universal reaction to sexual assault.⁽¹⁾

- Even though this module describes many symptoms that are commonly observed, they are certainly not seen among all sexual assault victims. Moreover, the module describes stages that many victims experience, but again, not all victims progress through the stages as described.
- Ultimately, there are as many responses to sexual assault as there are victims and officers should be prepared for any type of reaction. Police must not use the victim's reaction as a means for judging the validity of the complaint.

Data from the National Women's Study

Before we go into the specific symptoms commonly experienced in the aftermath of sexual assault victimization, let's discuss how widespread this particular pattern of responses is. In the National Women's Study conducted by the National Victim Center (described in the module on dynamics and commonly referred to as the "Rape in America" study), respondents were asked about the mental health impact of sexual assault victimization. Results revealed that:

- Almost 1 in 3 sexual assault victims experienced depression.

30% of the sexual assault victims experienced at least one major depressive episode during their lifetime - 3.5 times more than women who are not crime victims.

- Exactly 1 in 3 sexual assault victims had contemplated suicide.

33% of the sexual assault victims seriously considered suicide - this figure is 4.1 times higher than women who are not crime victims.

1 Allison & Wrightsman, 1993

- Approximately 1 in 8 sexual assault victims attempted suicide.

13% of the sexual assault victims actually attempted suicide - 13 times more often than women who are not crime victims.

- Sexual assault victims often turn to drugs or alcohol.

Compared to women who have never been victims of crime, sexual assault victims are 3.4 times more likely to use marijuana (52.2% vs. 15.5%), 6 times more likely to use cocaine (15.5% vs. 2.6%), and 10.1 times more likely to use hard drugs other than cocaine (12.1% vs. 1.2%).

Clearly, there are a number of mental health concerns associated with sexual assault victimization. These will be discussed in greater detail as we walk through the symptoms often experienced by sexual assault victims.

Common Experiences of Sexual Assault Victims

Sexual assault victims describe many common experiences, and these are often described in stages. It is critical to keep in mind that these stages are only one way of organizing this information, and that victims may not experience many of the symptoms described and they may experience them in a different order than the stages presented below. However, stages are nonetheless useful for organizing the experiences that victims commonly describe, because they can help officers to understand why victims behave in certain ways and why this behavior may change over time. For these purposes, the present module will be organized according to the following stages:

Stage 1: Acute Trauma

Stage 2: Outward Adjustment

Stage 3: Integration

We will therefore discuss some of the symptoms that pertain to each of these stages -- as well as common experiences during the assault -- along with quotes from victims describing each.

The stages are primarily helpful as a guide for possible symptoms and ideas about how the officer can use this understanding to increase victim sensitivity and facilitate the police investigation. The presence or absence of any symptoms must never be used as a basis for judging the validity of a sexual assault complaint.

Before Stage 1: Experiences During the Assault

In many cases, the way in which a victim experiences her sexual assault will affect the way she responds later when dealing with police, family, and friends in the aftermath of victimization.⁽²⁾

For example, many victims describe experiencing a feeling of complete paralysis called "frozen fright" during the assault, or a state of dreamlike detachment called "dissociation." Both of these responses are helpful for officers to understand because they explain why sexual assault often involves so little physical violence and resistance.

2 Koss & Harvey, 1991

- One reason why sexual assaults often involve so little physical violence and resistance is because victims are frozen with fright during the actual attack. As Dr. Judith Herman of Harvard Medical School writes:

"When a person is completely powerless, and any form of resistance is futile, she may go into a state of surrender. The system of self-defense shuts down entirely. The helpless person escapes from her situation not by action in the real world but rather by altering her state of consciousness. Analogous states are observed in animals, who sometimes "freeze" when they are attacked."⁽³⁾

For other victims of both stranger and nonstranger sexual assault, the psychic stress is so extreme that they dissociate during the sexual assault, saying later that they felt it was a terrible dream, or that it was as if the attack were happening to their body and they were watching it from the outside. 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 repicture 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."⁽⁴⁾

How to respond

Unfortunately, the responses of frozen fright and dissociation are often used against victims because they are not typically associated with physical resistance or flight.

- Victims who respond to a sexual assault by freezing or dissociating do not typically show a great deal of physical resistance. This is sometimes used to suggest that the sexual interaction was consensual (e.g., "You didn't resist so you must have wanted it").
- Officers must keep in mind that frozen fright and dissociation are very typical - and understandable - reactions to being sexually assaulted and are not an indication of consent.

When interviewing a victim who responded with either frozen fright or dissociation, it is imperative that the officer get statements from the victim about the situation and her reaction to it so the experience can be effectively conveyed to prosecutors and ultimately jurors.

Medical-forensic examination

Another thing officers should keep in mind is that the medical examination conducted after the sexual assault is often seen by the victim as a continuation of the traumatic event.⁽⁵⁾ As part of

3 Herman , 1992

4 Quoted in Herman, 1992, p.42-43

5 Allison & Wrightsman, 1991

the medical and forensic process, the victim receives an internal examination and other evidence collection procedures that are both physically uncomfortable and emotionally difficult.

- Officers must be aware of what happens during the medical examination and evidence collection procedures, so they can explain them to victims and understand their emotional impact (see the module on medical-forensic examinations).

Officers should also work with an advocate to ensure that victim is receiving all of the information and support to which she is entitled. Advocates can be of great assistance during the forensic examination, by providing the victim with the information and emotional support that will facilitate her cooperation with medical and police personnel.⁽⁶⁾

Stage 1: Acute Trauma

When first interviewing the victim of a sexual assault crime, officers should be aware that the victim may be experiencing symptoms described here in the acute trauma stage. This is the stage of immediate trauma, in which victims are struggling to make sense of what has happened and how it has affected them.⁽⁷⁾

Symptoms often observed during the acute trauma stage are discussed below, along with quotes to illustrate how actual victims have described their experiences.⁽⁸⁾

Psychological Disorganization - Disorientation - Dissociation - Psychogenic Amnesia

During the sexual assault and in the traumatic impact afterward, victims often become disoriented and disorganized in their thinking.⁽⁹⁾ They can also lose memory of all or part of the assault. Officers must keep this in mind when interviewing victims because their ability to think about and describe what happened to them is often impaired. In the acute trauma stage, victims are very much trying to make sense of what has happened to them and may be inconsistent or unclear in their description. These are indications of trauma and not fabrication.

"I can't believe this happened to me. It still doesn't seem real. It's taken me a week to report it to the police -- I can't remember the exact details of what happened. I guess I'm afraid that people won't believe me."

--Maria, high school senior, sexually assaulted by classmate with whom she was studying

6 Koss & Harvey, 1991

7 Allison & Wrightsman, 1993

8 Most of the quotes presented in this module 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 manual entitled, "Understanding Sexual Violence: The Judicial Response to Stranger and Nonstranger Rape and Sexual Assault."

9 Allison & Wrightsman, 1993; Koss & Harvey, 1991

Also, the dissociation that was previously described as a common experience during the sexual assault can last for some period of time afterward. Victims often describe feeling somehow separate from their physical bodies, so reality is experienced as distant or dreamlike. Again, officers must understand that this reaction is common and natural and should not be used as an indication that the victim is not credible.

Nightmares - Flashbacks - Sleep and Appetite Disturbances - Difficulty Concentrating

Victims experiencing the immediate impact of victimization may also experience intrusive physical and psychological symptoms such as nightmares, flashbacks, sleep and appetite abnormalities, and difficulty concentrating.⁽¹⁰⁾ With respect to sleep and appetite, victims can exhibit these disturbances either by over-eating and over-sleeping or under-eating and under-sleeping.⁽¹¹⁾

"I haven't slept for days. As soon as I fall asleep I have a nightmare of someone trying to sexual assault me. Every time I look at food I get nauseous and can't eat. I can't concentrate and don't see how I'm going to return to school."

--Emily, college sophomore, sexually assaulted by classmate at fraternity party

Again, officers must keep in mind that disruptions in the victim's physical and emotional life will affect their ability to cooperate with police investigation. Even victims who want to cooperate with police find it difficult to do so when their physical and emotional reality is so disrupted. Police must understand this and should also document the existence of these symptoms because they support the victim's claim of having experienced a traumatic event.

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.⁽¹²⁾ As victims describe, the memory is not only intrusive and unwelcome but also accompanied by the feelings of terror and shame originally experienced during the assault.⁽¹³⁾

"Every time I walk into my bedroom I see him standing over me and telling me to take off my clothes and not to say a word. I can't get it out of my head. It's as if it's happening right now."

--Jennifer, 28-year-old business executive, sexually assaulted by a former boyfriend

10 Allison & Wrightsman, 1993; Koss & Harvey, 1991

11 Allison & Wrightsman, 1993

12 Allison & Wrightsman, 1993; Koss et al., 1994

13 Koss & Harvey, 1991

Re-Enactment of the Experience

Sometimes victims reenact the traumatic moment with a fantasy of changing the outcome of the encounter.⁽¹⁴⁾ In their reenactments, victims may even put themselves at risk of further harm if they are acted upon behaviorally instead of just imagined.

"I had to prove they weren't going to get me down. The guys who raped me told me, 'If we ever find you out here alone again we're going to get you.' And I believed them. So it's always a bit of a terror walking up that lane, because I'm always afraid I'll see them. In fact, no one I know would walk up that lane at night alone, because it's just not safe. People have been mugged, and there's no question that it's dangerous. Yet part of me feels that if I don't walk there, then they'll have gotten me. And so, even more than other people, I will walk up that lane."

--Sohaila, 17-years-old, gang-raped in her neighborhood⁽¹⁵⁾

Shock - Disbelief - Helplessness - Powerlessness - Loss of Control

One of the primary characteristics of sexual assault is that it creates severe feelings of helplessness among victims. As a result, victims often continue to experience the helplessness, powerlessness, and loss of control originally associated with the sexual assault.⁽¹⁶⁾

"I can't believe this happened. People keep asking me if I screamed or tried to talk the guy out of it, but I was so scared at the time. I was afraid he was going to kill me so I just lay there."

--Allison, college senior, sexually assaulted by a man she had dated several times

In addition, traumatic events often leave individuals experiencing shock and disbelief. As with war or natural disasters, people have a difficult time believing that they have been the victim of sexual assault and trouble making sense of what happened.⁽¹⁷⁾

Guilt and Self-Blame - Loss of Self-Esteem

One of the hallmark characteristics of the response to sexual assault is that victims typically feel guilt, shame, and self-blame. We have already talked about how society tends to hold victims responsible for sexual assault, but it is important to remember that victims themselves

14 Koss Harvey, 1991; Koss et al., 1994

15 Quoted in Herman, 1992, p.39-40

16 Allison & Wrightsman, 1993; Koss & Harvey, 1991

17 Ibid.

are not immune to this tendency.⁽¹⁸⁾ Just as society looks to the victim's behavior for causes of the sexual assault, so does the victim. In fact, the victim might have an even greater interest in finding blame in her own behavior because if she can "figure out what she did to cause the rape" she might believe that she can change the behavior and avoid future victimization.

"I was so stupid. I should have known better than to let him drive me home from the party. He seemed so nice and trustworthy -- maybe I'm a bad judge of people. I keep thinking that if only I had tried to struggle with him I could have avoided what happened. I feel like such a fool."

--Wendy, 24-year-old nurse, sexually assaulted by a man who was a guest at her best friend's engagement party

Unfortunately, the result of this process is that victims often lose their sense of self esteem and self identity. By blaming themselves, they worsen their trauma and escalate the spiral of symptoms they are currently experiencing.⁽¹⁹⁾

Suppressed 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 police to be over-emotional in response to the sexual assault whereas others might seem to be under-emotional. Both responses are normal, and result from the total disruption of emotional experience.⁽²⁰⁾

"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."

--Deborah, graduate student, sexually assaulted by her college professor

Extreme Fear and Hypervigilance

As with victims of domestic violence, sexual assault survivors often experience extreme fear and anxiety (including phobias), along with hypervigilance and/or a heightened startle

18 Allison & Wrightsman, 1993; Koss et al., 1994; Koss & Harvey, 1991

19 Allison & Wrightsman, 1993; Arata & Burkhart, 1996; Koss et al., 1994; Koss & Harvey, 1991

20 Allison & Wrightsman, 1993; Koss & Harvey, 1991

response.⁽²¹⁾ Officers need to be aware of the sources of a victim's fear, both to facilitate their cooperation but also to help develop a plan for addressing realistic threats to the victim's safety.

"I jump at every noise. I'm afraid to be in my apartment or to walk the streets alone. I'm convinced he's out there, waiting to hurt me again."

Melissa, 32-year-old school teacher, sexually assaulted in an alley by a man she had talked with at a bar in her neighborhood

In addition to the generalized anxiety that would be expected as a result of such a trauma, victims often have specific fears - of being revictimized or retaliated against 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 acquaintances, it is important to remember that these people remain in the victim's life. Steps must be taken to ensure the victim's actual physical safety as well as her subjective feeling of security.

Extreme Calm And Denial

Related to the suppression of emotional expression and dissociation that were described previously, victims can also react to their experience by exhibiting extreme calm and/or denial.⁽²²⁾ In some cases, victims might deny that the assault happened, but more typically they will simply deny the impact that it had on them (i.e., "I'm okay, it was no big deal").

"It's like it happened to someone else. Sometimes I just think it was a bad dream and I'll wake up to find it didn't happen -- I feel completely numb."

--Valerie, high school sophomore, sexually assaulted by her brother's best friend

Irritability and Outbursts of Anger

Although many police officers and others believe that victims strike out in anger after the assault, this response is actually relatively unusual in the immediate aftermath of sexual assault. However, some victims do respond with irritability or anger⁽²³⁾ and officers must handle this situation professionally - without taking it personally. As with any other investigation, it is critically important that officers not escalate the level of emotional intensity in a situation, but rather that they use a sensitive yet professional demeanor to deescalate the situation.

21 Allison & Wrightsman, 1993; Koss et al., 1994; Koss & Harvey, 1991

22 Koss & Harvey, 1991

23 Allison & Wrightsman, 1993

"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

Depression - Suicidal Thoughts and Actions

As previously described, approximately 1 in 3 sexual assault victims experience depression - a figure much higher than for other women. Even more frightening, 1 in 3 contemplate suicide and 1 in 8 actually attempt it. Again, these figures are much higher than for women who are not crime victims and suggest to the officer that any mention of suicidal thoughts or actions by a sexual assault victim should be taken seriously and handled immediately.⁽²⁴⁾

"Sometimes I wish he had killed me rather than having to endure this pain. Sometimes I feel so down I think about going to sleep and never waking up. Last night I found myself with a handful of sleeping pills -- if my husband hadn't been there I might have taken them."

--Laura, 40-year-old college professor, sexually assaulted by a colleague at an academic conference

Physical Symptoms - Pain - Fatigue - Muscle Tension - Gynecological Problems

Of course, victims will continue to experience pain or other symptoms associated with physical injuries sustained during their assault. In addition, however, there are often more general effects of the sexual assault on the victim's physical well-being. 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.⁽²⁵⁾

"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

Shame - Internalized Sense of Damage

As we've already mentioned, victims often internalize the cultural myths about sexual assault, and one of these is that it causes a woman to become "damaged goods." Also, because many

24 Koss et al., 1994; Koss & Harvey, 1991

25 Ibid.

of the myths function to blame the victim rather than the perpetrator - and assert that the victim somehow deserved the assault -- many victims feel a sense of shame along with the guilt and self-blame.⁽²⁶⁾ Much of this shame is fueled by a concern about how family, friends, and/or romantic partners will view the victim after the sexual assault. Victims also often fear publicity surrounding the sexual assault and are deeply concerned about others finding out about it.

"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

Changes in Social and Sexual Functioning

Victims of sexual assault will often respond to their experience by changing their social or sexual lives - sometimes rather dramatically.⁽²⁷⁾ 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 wasn't previously their typical behavior. Various forms of sexual dysfunction may even result from victimization,⁽²⁸⁾ and many victims experience a decrease in their level of trust and intimacy with others.⁽²⁹⁾

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.⁽³⁰⁾ 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 just don't want my boyfriend to touch me -- I get nervous when he does now. Even when I see men on the street I get upset. I just don't feel the same since this happened."

--Paulette, high school senior, sexually assaulted by a fellow member of the high school yearbook committee

Finally, it is 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.⁽³¹⁾ Often

26 Allison & Wrightsman, 1993; Koss et al., 1994; Koss & Harvey, 1991

27 Allison & Wrightsman, 1993; Koss & Harvey, 1991

28 Allison & Wrightsman, 1993; Koss et al., 1994; Koss & Harvey, 1991

29 Allison & Wrightsman, 1993; Koss & Harvey, 1991

30 Koss & Harvey, 1991

31 Allison & Wrightsman, 1993; Koss & Harvey, 1991

these changes make it difficult for officers to locate the victim for interviews, so officers must ask the victim during the interview where she will be staying and how she can be reached.

Self-Destructive Behavior

Too often, the changes that victims make in their social or sexual functioning are self-destructive in nature.⁽³²⁾ 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. Other self-destructive behavior could include promiscuous sexual activity or other high risk behavior. Unfortunately, these self-destructive behaviors are a common response to traumatic victimization yet they can cause further disruption in the victim's life and social support system, when family and friends respond negatively.

Stage 2: Outward Adjustment

In the second stage of traumatic response, described as outward adjustment, victims may respond by trying to deny that the sexual assault happened or that it had a significant impact on them. This stage is called outward adjustment because victims often try to carry on with their lives as if nothing had happened. By returning to their previous routines, victims try to convince themselves and others that they're "ok," that the sexual assault was "no big deal," or that they are "over it."⁽³³⁾ This stage sometimes ends when the victim returns to crisis and original symptoms before achieving integration.

Efforts to Deny or Minimize the Impact of the Sexual Assault

During the stage of outward adjustment, victims often try to deny that the sexual assault happened - not necessarily by denying the reality of the event but by dissociating from the memory and denying that it had a significant impact on their life. This is perhaps the hallmark symptom of this stage.

"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

"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

32 Koss et al., 1994; Koss & Harvey, 1991

33 Koss & Harvey, 1991

Rationalize the Reasons it Happened

While victims are trying to make sense of what happened to them, they often try to figure out "what caused the rape." Unfortunately, victims often look for the causes in their own behavior because the cultural myths suggest that sexual assault is somehow caused by the victim rather than the perpetrator.⁽³⁴⁾

"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, sexually assaulted by a pilot who was her boyfriend for one year

Avoid Reminders of the Sexual Assault

Because victims are trying during this second stage to "move on" with their lives, they often suppress memories of the assault.⁽³⁵⁾ By trying to avoid any reminders of the sexual assault, however, they often change their lives and daily routine as previously discussed.

"I've moved into another dorm and dropped all the classes we were in together. I've never gone back to the fraternity house even though I had many friends there. At least I don't have to be constantly reminded of what happened."

--Tonya, college freshman, sexually assaulted at fraternity party by the captain of the football team

Depression, Anxiety, and Fear Remain but are Experienced as Less Distressing

As a result of these efforts to minimize the impact of the sexual assault and "get over it," victims often experience a genuine decrease in the levels of depression and anxiety.⁽³⁶⁾

"I still feel low and scared at times but it's better than how I felt a few months ago when I couldn't live a normal life at all."

Judy, 51-year-old widow, sexually assaulted by her brother-in-law

34 Koss et al., 1994

35 Koss & Harvey, 1991

36 Koss & Harvey, 1991

Fewer Episodes of Reliving the Sexual Assault

Victims are also often able to successfully push thoughts of the sexual assault out of their minds. However, this period of outward adjustment sometimes ends when victims return to crisis and original symptoms before achieving actual integration.

"Some days I don't think about the rape at all -- it is such a relief. Maybe I can finally forget about it."

--Karen, 35-year-old lawyer, sexually assaulted by the head of her law firm after a meeting

Return to Crisis

Although victims are typically able to function successfully during the second stage of outward adjustment, they often realize at some point that they are not able to "get over" the sexual assault as easily as they originally thought. Sometimes victims are thrown back into crisis as a result of some triggering event that brings memories of the sexual assault to the surface.⁽³⁷⁾

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, when their coping mechanisms fail to maintain the "outward adjustment" of the previous stage.

When the original symptoms return after months of "outward adjustment," victims are often 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 had offered to give her a guided tour of the island she was visiting

Increased Ability to Express Emotions about the Sexual Assault

In many cases, the return of symptoms might even be experienced as more severe than they were during the initial acute trauma stage, because the victim is less able to suppress them. This is also a time when anger might surface, as victims begin to shift the blame for the sexual assault from themselves to their assailants. Victims often have fantasies of revenge during this stage, and this can be helpful for facilitating the healing process of victims - as long as they remain fantasies.

37 Ibid.

"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

Of course, the anger experienced during this stage is often generalized and therefore misdirected at undeserving individuals. Like anyone responding to traumatic victimization, anger is often a natural and healthy part of the process but it can be difficult for officers and others to handle.

The key for handling anger is in recognizing that it is misdirected and not escalating it by responding personally. Rather, officers and others should respond to a victim's anger calmly and professionally, and help direct the energy toward productive outlets such as cooperating with the police investigation.

Develops Ways Of Coping With Trauma

When victims realize that they need more than just "outward adjustment," they often begin to deal with the sexual assault in a more realistic and productive way. Acknowledging that they can no longer "push down" the memory and symptoms of victimization, victims often 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

Stage 3: Integration

In the third stage of integration, victims emerge from their second experience of crisis with a better understanding of the sexual assault and its effect on their life. This stage can extend throughout the victim's life, reflecting the fact that the sexual assault will forever impact the victim's life and perspective.

- When integration is successfully achieved, victims rebuild their lives in a way that takes into account this traumatic experience, its impact, and its meaning.
- 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 experience sexual assault.
- It is during this integration stage that one most often hears the term "survivor" used to describe people who have struggled through their role as "victims" and emerged as "survivors" who actively healed themselves and their lives following sexual assault.

Tragically, however, not all victims successfully achieve integration and for them the symptoms of response to trauma can become a way of life.

Acceptance and Understanding of the Sexual Assault

It is only during the final stage of integration that victims usually come to some acceptance and understanding of the sexual assault and its impact on their lives. After trying during the previous stages to suppress the memory and trauma of the assault, victims often 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 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

Reorganization of Life

It is also during the integration stage that victims truly 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

Effect of Victim Response on Police Investigation

Even though the symptoms and stages that victims commonly experience following a sexual assault are described clearly in this module, it is critical for officers and others to keep in mind that victims do not progress neatly from one stage to another.

- Rather, victims can experience some or all of the stages, and they can skip forward and backward through the stages as they try to make sense of the experience in their own lives.
- Obviously, a large number of factors will also affect how victims respond to sexual assault victimization, including their own personal characteristics, the quality of support networks, and the time and resources they have available to deal with their process of healing.⁽³⁸⁾

Nonetheless, the stages and symptoms described above can be useful to officers and others because they provide a guideline for what to expect from victims. Officers will be better able to deal with victims if they understand these common experiences of sexual assault victims. They can also use the descriptions provided here to help understand important differences in the victim's behavior throughout the process of police investigation.

For example, victims are likely to be in the acute trauma stage during the initial police response, but often they move on to outward adjustment as the case progresses through the prosecutor's office. Since victims in the stage of outward adjustment are trying to minimize the impact of the rape and "get on with their lives," they may withdraw their cooperation at this point or try to downplay the significance of the event. This behavior is perfectly understandable for those familiar with common victim responses, but is often mistaken for proof that the victim fabricated or exaggerated her initial claim.

Finally, an understanding of these symptoms and stages will help officers to appreciate the importance of documenting the various symptoms that a victim is exhibiting. These symptoms can serve as evidence to support the victim's claim, because they are consistent with the experience of traumatic victimization. However, the absence of any particular symptom(s) should never be used as a basis for suspecting that a claim of sexual assault is fabricated.

Special Issues Affecting Victim Response

Male Victims

Men who are sexually assaulted may experience many of the same symptoms and stages described above, but there are also a few differences that are frequently observed.⁽³⁹⁾ For example:

- Men often suffer profoundly from the idea that to be sexually assaulted is to lose one's manhood. Being sexually assaulted is so inconsistent with their gender identity that it can cause men to experience serious confusion over their masculinity.
- Similarly, because men are typically sexually assaulted by other men, victims and others often confuse sexual assault victimization with homosexual identity. Again, this can cause heterosexual men a great deal of confusion and anxiety as a result of the sexual assault. This concern must therefore be understood and addressed by law enforcement officers to encourage cooperation with the police investigation.

These issues may become evident when male victims request a female officer, insist that they were "assaulted" rather than raped (thereby denying the sexual component), or refuse to speak to the rape crisis advocate. All of these reactions are understandable, and officers and others must reassure male victims that their experience in no way challenges or their masculinity or heterosexuality.

39 Koss & Harvey, 1991

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 often react by behaving promiscuously, male victims will also often respond by engaging in sexually promiscuous or even aggressive behavior to reassure themselves that they are masculine, heterosexual, etc. 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.⁽⁴⁰⁾

Unique issues pertaining to other specific populations (e.g., same-sex assault, victims and perpetrators from specific racial/ethnic groups, individuals with disabilities, and the elderly) are discussed in the module pertaining to special populations.

Brutality of the Attack Does Not Determine Severity of Response

It is often assumed that the sexual assault victim who has suffered the most aggravated physical injuries will have the worst mental trauma as well. In fact, the brutality of the attack does not determine the severity of the victim's response.⁽⁴¹⁾

- Researchers have found that serious adjustment problems are as prevalent for sexual assault victims who did not experience brutal violence as for those who did. Indeed, victims of physically brutal assaults may have less severe effects from the assault, relatively speaking, because people are less likely to doubt or blame a victim with obvious signs of physical injury.

Stranger versus Nonstranger Sexual Assault

Many people, including judges, lawyers and police, are not aware that sexual assault committed by someone known to the victim is as traumatic, and often more traumatic, than stranger sexual assault because self-blame is increased and the ability to trust others is destroyed.⁽⁴²⁾

- Victims of nonstranger sexual assault may be more likely to keep their experience secret because of guilt and shame, more likely to be blamed by themselves and others, and less likely to see themselves as deserving of sympathy and professional help.
- Victims of nonstranger sexual assault are also more likely than stranger rape victims to delay reporting to police, rape crisis staff, or other support people.⁽⁴³⁾ In many cases, it is years before these victims disclose their assault to anyone.
- This is one of many ways in which victims of acquaintance sexual assault respond more similarly to those who have experienced incest than those who have been raped by a stranger.

40 For a review of the impact of sexual assault on male victims, see Struckman-Johnson, 1991

41 Arata & Burkhart, 1996; Koss & Harvey, 1991

42 Koss, Dinero, Seibel, & Cox, 1988

43 Koss & Harvey, 1991

Perhaps the hallmark characteristic of the response to nonstranger sexual assault is that victims doubt their ability to judge people and decide who can and cannot be trusted. If they so misjudged the person who sexually assaulted them, victims reason, they cannot trust themselves to judge who is safe and who poses a threat of harm to them. For all of these reasons, victims of nonstranger sexual assault are especially likely to isolate themselves socially - at a time when they most need to the support of friends and family.⁽⁴⁴⁾

Marital Rape

Often the most misunderstood area of sexual assault is marital rape. Some people simply do not believe that a man can sexual assault his wife.⁽⁴⁵⁾ Yet studies have shown that these sexual assaults sometimes involve levels of violence as high as that for stranger sexual assault and higher than other assaults committed by known perpetrators.⁽⁴⁶⁾

- It is important to note that marital rape can occur either with or without wife battering. Even when there is no physical violence associated with the sexual assault, however, the psychological trauma of marital rape is especially profound because the victim loses trust in the single person that she would typically have the most reason to trust - her husband.⁽⁴⁷⁾
- The fear of repeated attacks is especially severe in marital rape because -- unless the wife immediately leaves or is able to force the man to leave -- she must live with not only the rape, but also the rapist.

Unfortunately, victims of marital rape are often particularly reluctant to disclose information regarding a sexual assault even when reporting physical abuse. Because of the shame associated with sexual victimization, victims will often feel more comfortable discussing physical abuse rather than sexual abuse. For this reason, police should always gently ask about sexual victimization when interviewing victims of physical violence in the home.

Response of the Revictimized Victim

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.⁽⁴⁸⁾

- When victims report to hospital emergency rooms and rape crisis centers with well-trained personnel, they are quickly asked if they have ever been the victim of a previous sexual assault. This is done because knowledgeable professionals know that the revictimized victim is often the most vulnerable and may have the most difficult recovery.
- Law enforcement officers should similarly ask sexual assault victims if they have previously experienced a sexual assault, because those who have been victimized more than once

44 Bowie et al., 1990, p.187-188

45 Russell, 1990

46 Finkelhor & Yllo, 1985

47 Kilpatrick et al., 1988

48 Koss & Harvey, 1991

are likely to relate aspects of their prior and current assaults simultaneously. This occurs because the new sexual assault causes them to re-experience their earlier assaults.⁽⁴⁹⁾

Drug Facilitated Sexual Assault⁽⁵⁰⁾

Survivors that were assaulted while under the influence of a sedating substance may not have complete recall of the assault. Therefore, their recovery experience will be different from survivors that do remember the assault. Even if the survivor remembers a few fragmented seconds of the assault, she may be uncertain about what exactly happened and who was involved in the incident.

The survivor is left to fill in the gaps with her imagination which can cause tremendous anxiety over the "unknowns" of the assault. Thus, the loss of control and guilt or shame (though unwarranted) that most survivors feel and must overcome has been described to be greater than if they actually knew what happened to them. Many survivors describe concerns about the presence of multiple rapists or of being videotaped or photographed. If the assault was videotaped or photographed, they worry about their images surfacing in the underground pornography market or on the internet.

Reactions that survivors of drug-facilitated sexual assault may experience:

- Undirected anger -- doesn't know who the perpetrator is
- Incomplete recall of the events
- Doesn't fully know what sexual activity was forced upon her
- Guilt or shame (though unwarranted) may be greater
- Feeling of "loss of control" may be greater
- Anxiety about "unknowns", e.g., multiple offenders, video-taping or photographing the sexual assault
- Circulation of videos or photographs of survivor in the underground pornography industry or on the internet
- May never be able to fill in the missing pieces
- Feelings that if she does not even know what actually occurred during the rape, why should anyone believe that an actual rape took place?
- If case is prosecuted, how can she testify effectively?
- Feelings that because of all the "unknowns," she can never truly deal with her assault and consequently, she will never recover from it

49 Interview with Dr. Veronica Reed Ryback, Director of the Beth Israel Hospital Rape Crisis Intervention Center, In Boston, Mass. (Oct. 21, 1992). Quoted in the National Judicial Education manual entitled, "Understanding Sexual Violence: The Judicial Response to Stranger and Nonstranger Rape and Sexual Assault". See also Koss & Harvey, 1991.

50 The content of this section was quoted directly from "The Prosecution of Rohypnol and GHB Related Sexual Assaults", a training manual produced by the American Prosecutors Research Institute with support of the Office of Justice Programs, U.S. Department of Justice. The material appears on p.5 and p.12 of that manual.

More detailed information about this topic is provided in the module on drug-facilitated sexual assault, including unique investigative approaches.

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