

## Key Information about Sexual Assault\*

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[Updated excerpts from *The Rape Recovery Handbook*, by A. Matsakis. 2002. Oakland, CA: New Harbinger.]

1. What is Sexual Assault?
2. The Myths of Sexual Assault
3. Prevalence of Sexual Assault
4. Do Women Lie About Rape?
5. What is Trauma? Is Sexual Assault a Trauma?
6. Five Possible Responses to Trauma
7. Post-Traumatic Stress Disorder and Sexual Assault
8. Depression and Sexual Assault
9. Potential Emotional Reactions to Sexual Assault
10. Potential Physical/Medical Aftereffects of Sexual Assault
11. Possible Sexual Effects of Sexual Assault
12. Potential Positive and Negative Effects of Sexual Assault on Relationships

See also: “Key Information about Secondary Wounding” and “When Is It Over? Key Information about Trauma Recovery” posted on this web site.

\*Note: Unless otherwise indicated, complete reference information for the sources cited in this article can be found in Matsakis, A., *The Rape Recovery Handbook* (2002. Oakland, CA: New Harbinger Publications) and/or in Google, “Rape in the United States,” Wikipedia, [https://en.wikipedia.org/wiki/Rape\\_in\\_the\\_United\\_States](https://en.wikipedia.org/wiki/Rape_in_the_United_States), Accessed 4.1.19.

In addition, the research studies supporting the various statistics and conclusions in this article can be found in the footnote and reference sections of *The Rape Recovery Handbook* (2002).

### 1. What is Sexual Assault?

Sexual assault is defined as any form of non-consensual sexual contact. Sexual contact refers to another person touching any of the sexual parts of your body (for example, your thighs, breasts, buttocks, genitals, or anus) or other parts of your body (for example, your ears or stomach) with a part of their body or an object without your consent or with consent given under the duress of emotional pressure or threats of harm or abandonment.

Sexual contact that occurs when a person is unconscious or incapable of true consent due to mental defect, mental or physical illness, or the effects of alcohol, drugs, or a medical procedure, is also considered to be non-consensual.

Consent is also not possible in situations of unequal power, such as when a male is older, physically stronger, or more emotionally mature than a woman or if he holds some form of economic or social power over her. For example, when a professor makes advances towards a graduate student, he doesn't have to lift a finger to exert his power. The student knows that he has the power to promote or ruin her career. Even if she never says no, sexual contact with him can hardly be considered consensual.

Legally, the most serious form of sexual assault is rape, which is usually defined as the penetration of any orifice, however slight. However, the definitions of rape and sexual assault vary from one state to the next; and some jurisdictions use terms such as criminal sexual assault, sexual battery, or sexual abuse, instead of or in addition to rape.

But regardless of how the law views sexual assault, all forms of sexual assault are an outrage and have the potential to contaminate the victim's mind and spirit with negative thoughts and feelings that can drain his/her life-energy, sometimes for decades.

## **2. The Myths of Sexual Assault** Which of the following statements do you think are true?

1. Due to the woman's movement, sexual assault rates are rapidly dropping.
2. Women lie about rape.
3. Only attractive women get raped.
4. Only bad girls are sexually assaulted.
5. All women enjoy a little rape now and then.
6. Date rape isn't really rape.
7. If you didn't resist, you must have wanted it.
8. Sexual assault is a sign of virility.
9. Men rape, or attempt to rape, for sexual release.
10. Most assaults occur at night in abandoned, poorly lit or open places, such as parking lots, parks, alleys, abandoned buildings, country roads, etc.

11. Most rapes are committed by African-American men on white women.
12. Lesbians are less likely to be raped than heterosexual women.

All of the above statements are false. Over forty years of research (some listed below) has disproved each of these myths, yet they still run rampant in our society.

Black, M. C., Basile, K. C., Breiding, M. J., Smith, S. G., Walters, M. L., Merrick, M. T., Stevens, M. R. (2011). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 summary report. Retrieved from the Centers for Disease Control and Prevention, National Center for Injury Prevention and Control:  
[http://www.cdc.gov/ViolencePrevention/pdf/NISVS\\_Report2010-a.pdf](http://www.cdc.gov/ViolencePrevention/pdf/NISVS_Report2010-a.pdf)

Lisak, D., Gardinier, L., Nicksa, S. C., & Cote, A. M. (2010). False allegations of sexual assault: An analysis of ten years of reported cases. *Violence Against Women*, 16, 1318-1334. doi:10.1177/1077801210387747

Lonsway, K. A., Archambault, J., & Lisak, D. (2009). False reports: Moving beyond the issue to successfully investigate and prosecute non-stranger sexual assault. *The Voice*, 3(1), 1-11.

Matsakis, A., *The Rape Recovery Handbook*. 2002. Oakland, CA: New Harbinger Publications.

### 3. Life-Time Prevalence of Sexual Assault

In preparation for writing my book, *The Rape Recovery Handbook* (published in 2002), I reviewed dozens of studies regarding the prevalence of rape and sexual assault in the U.S. As would be expected, the statistics varied from one study to the next, depending on the researcher's definition of rape and sexual assault and on whether illegal immigrants, prisoners, children, and various other groups were included in the study.

In general, however, based on what are considered to be reliable sources (such as the FBI, the Department of Justice, the National Research Council, the Department of Veteran's Affairs, and the National Violence Against Women survey), the life-time prevalence rate of rape (i.e., forcible penetration) ranged from 15 to 20%.

Then, some twenty years later (2019), in preparation for writing this article, I reviewed available new studies regarding the life time prevalence of rape and sexual assault in the U.S. Once again, the statistics varied due to differences in the definitions of sexual assault used by the researcher and on who was included in their study. I assumed, however, increased public awareness regarding rape during the previous decades would have resulted in a decrease in the prevalence of rape.

Instead I found that the overall life-time prevalence rate of 15 to 20% for rape hadn't changed much between 2002 and 2019; i.e., that approximately one out of every six American women report having been raped at least once in their life time, with some women reporting being raped more than once.

Including all forms of sexual assault, it is estimated that anywhere from 24-54% of women experience some form of sexual assault in their life time (Matsakis, 2002). Most of the above figures, however, do not include lesbian assaults, prison assaults, or other unreported sexual assaults.

#### **4. Do Women Lie about Rape?**

Women have been accused of lying about rape from time immemorial. A well-known story is that of Potiphar's wife, recorded in the book of Genesis. Potiphar, a captain of the guard, brought one of his prized slaves, Joseph, to work in his home. Potiphar's wife tried to seduce Joseph repeatedly, but Joseph refused her advances. Potiphar's wife then claimed that Joseph had raped her and Joseph was thrown into prison. To this day, the term "Potiphar's wife" is used to refer to women who falsify assault charges to punish men who have spurned them.

There are women who make false allegations of sexual assault, just as there are women who make false allegations of physical battery. However, the more fundamental truth is that sexual assault is by far the most underreported crime in the U.S. (National Crime Victim Survey, 1992). The Department of Justice (2014) reports that only about a third of sexual assaults are reported to the authorities; the FBI estimates that 10% of completed rapes are not reported; and some police sources and sexual assault crisis centers indicate that 50% are not reported.

A national survey found that half of women who had been date raped did not report their assault to the authorities. They had not told a single person about it either, not even a crisis counselor or a best friend (Media Education Foundation, 1992).

This 50% figure, however, may underestimate the degree of underreported date rapes. Attacks by a friend, acquaintance, religious leader, teacher, or family member may not be viewed as "real rapes" unless they involve physical aggression. In such cases, victims tend to view psychological pressure as "miscommunication," and fear not being believed or harming family members and friends towards whom they bear no ill will.

(Complete references for the sources cited above can be found in Matsakis, A., *The Rape Recovery Handbook*. 2002. Oakland, CA: New Harbinger Publications.)

#### **5. What is Trauma? Is Sexual Assault a Trauma?**

In our society, the term trauma is frequently used to refer to a wide range events, including the loss of a wallet or an elderly parent. Up until 2013, however, according to the official handbook used by mental

health professionals (the *DSM* or *Diagnostic Statistical Manual of Mental Disorders* by the American Psychiatric Association), in order for an event to be considered a genuine trauma, it needed to involve a direct threat of bodily harm or death to oneself, to one's loved ones, or to others in close physical proximity. The death of a child was also considered to be traumatic.

Hence, unless the loss of a wallet or an elderly parent posed a life-threat, such events in themselves would not be considered traumas.

Over time, however, the *DSM* has expanded or otherwise modified the definition of trauma. In 2013, the term trauma was expanded to include exposure to human violence, natural and technological disasters, vehicular and other life-threatening accidents; the suicide or homicide of a loved one; experiencing massive or unexpected losses (for example, losing multiple family members within a short period of time); and working in situations involving death and dying (for example, working on a burn unit or being assigned the duty of collecting human body parts).

For the most current definition of trauma, consult the most recent edition of the *DSM*.

Note, however, that not everyone who is exposed to a traumatic event automatically develops one of the post-traumatic reactions to be described below (e.g., depression or post-traumatic stress disorder). Those most at risk are individuals who literally had no means of escape and consequently experienced terror and a great sense of powerlessness. But if, during a life-threatening situation, one can take some positive action that leads to escape, the risks of developing a serious traumatic reaction is minimized.

**Trauma and Threat** Sexual assault is generally considered to be traumatic because it is not a sexual act, but an act of power. If the assailant has the power to invade a person's body, then that person can justifiably fear that the assailant might cause additional physical harm, including death. Hence, even in the absence of physical aggression or weapons, rape and sexual assault can involve the threat of losing one's life or physical integrity. While having one's ear touched might not seem that traumatic, much depends on the circumstances; and if an individual feels that having their ear touched is potentially life-threatening or the prelude to serious harm, then that event can be considered traumatic for that individual.

In addition to life-threat and threat of bodily harm, rape and sexual assault also involve four other kinds of threat:

a. **Self-ideal threat:** Victims can find themselves acting, thinking, or feeling in ways that contradict their image of their ideal self; being stigmatized by a mental illness label; and feeling dirty, contaminated, damaged, or spiritually and physically defiled.

b. **World view threat:** Rape and other forms of sexual assault challenge what is referred to as the "just

world” hypothesis. According to this commonly held belief:

“You get what you deserve and you deserve what you get.”

“The world is basically safe, orderly and fair.”

“If you strive to be careful, competent, and good, you can avoid harm to yourself and your loved ones.”

c. **Impulse threat:** Trauma can give rise to strong feelings of anger, revenge, self-hate, and self-doubt. Such feelings can disrupt a victim’s former view of themselves as emotionally-controlled, loving, peaceful, kind, and emotionally and socially well-adjusted, etc.

d. **Loss of positive self-image** rooted in feelings of betrayal and powerlessness experienced during the assault and the stigma of being a victim in a culture of “winners.”

## 6. Five Possible Responses to Trauma

[Note: The following are general categories of possible reactions to trauma. The DSM has broken each of these categories into various sub-types, each with their own list of specific criteria.]

1. Post-traumatic stress disorder (either acute or chronic)
2. Dissociation (“tuning out” or “spacing out”)
3. Somatization (when emotional pain is expressed through physical symptoms)
4. Clinical Depression
5. Precipitant of Latent Psychological and Medical Problems

## 7. Post-Traumatic Stress Disorder and Sexual Assault

Symptoms of PTSD include, but are not limited to:

Flashbacks, intrusive thoughts  
 Sleep disturbances: nightmares, night terrors, insomnia  
 Both numbing and the startle response (jumpiness)  
 Hypervigilance: Constantly on the lookout for danger  
 Avoidance of thinking or talking about the assault  
 Avoidance of people, places, and things that brings back memories of the assault  
 Feelings of doom: Fears of future assaults, illness, and other catastrophes  
 Fears of mental instability, even insanity  
 Mood swings and fear of mood swings

According to available data, PTSD rates for sexual assault are higher than the PTSD rates for any other crime. Some 90% of rape victims have been found to have PTSD symptoms in the first month following the assault; about 50%, for three months; and a substantial percentage, for many months.

Approximately 20% have been found to have PTSD symptoms for over 17 years post-rape. PTSD rates for rape are higher than PTSD rates for any other crime.

More PTSD has been found among sexual assault survivors who blame themselves for the assault, sustained physical injuries, decided to testify in court, were assaulted in a safe location, were raped in a non-traditional or deviant manner, or had access to fewer medical and psychological services (Ullman and Filip, 2001).

## 8. Depression and Sexual Assault

Symptoms of depression include, but are not limited to, the following:

- Hopelessness
- Fatigue
- Depressed mood
- Sleeping and eating problems
- Social withdrawal
- Difficulties concentration
- Inability to experience pleasure
- Bouts of uncontrollable crying
- Thoughts of death
- Suicidal thoughts

About a third of survivors studied were found to have developed a major depression after being attacked, with 25% seriously depressed. This is three times the rate of depression among women who have not been victimized. One in every four or five survivors will actively consider suicide at some point following the attack

Many women experience relief from severe depression after 3 months. However, 8 - 10 years post-rape, as a group, sexual assault survivors were found to still evidence higher rates of depression than women who had never been raped (Kilpatrick et. al., 1992; Matsakis, 2002).

## 9. Possible Emotional Reactions to Sexual Assault

**Fear/Terror:** of future sexual assaults, disfigurement, death or harm to others; of going out alone, being in strange places, sleeping alone, night, others coming up behind you

**Fear of self:** fear of intrusive thoughts, nightmares and other symptoms; of difficulties regulating emotions due to changes in levels of serotonin and epinephrine and changes in self-image, relationships, and life-style

**Grief:** loss of innocence, loss of faith in a just world

**Helplessness and hopelessness:** inability to stop the assault, no means of escape

**Guilt:** regret, remorse, self-condemnation due to the belief that one should have thought, felt or

acted differently

**Shame:** not just a specific act, thought or feeling, but your entire being/self is unacceptable, not good enough, and perhaps will never be good enough

**Low self-esteem:** Feeling like “damaged goods,” “a fallen woman,” “a bad girl,” “dirty,” “defiled,” “ruined” or otherwise inadequate

### **Self-directed anger**

**Anger/rage at assailant** and others

**Feeling overwhelmed** and unable to cope

**Feeling dehumanized:** “I am an object, not a person because I was treated like an object, not a person.”

## **10. Possible Physical Aftereffects of Sexual Assault**

Sexually transmitted diseases, pregnancy, fatigue, headaches, backaches, stomach pains, general body pain, nausea, rectal pain and bleeding, uterine pain, skin problems, severe PMS, irregular menstrual cycles, urinary and vaginal infections and pain.

## **11. Possible Sexual Effects of Sexual Assault**

Feeling that one is no longer a woman or doesn't have the “right” to be a woman

Fear of sexual contact (but not necessarily hugging or holding hands)

Total or partial avoidance of sexual activity.

Avoidance of sexual positions and behavior associated with the assault

Sexual indifference

Lack of sexual pleasure

Difficulties becoming aroused or achieving orgasm

Fears that becoming aroused proves that “I really wanted it” or “I secretly enjoyed it”

Feeling confused or inhibited during sex

Dissociating (“tuning out” or “spacing out”)

Flashbacks, fear, anxiety

Vaginismus (involuntary vaginal muscle spasms) in anticipation of penetration (by a man, tampon, gynecological instrument, medication)

Fear of penetration

Pain (e.g., genital burning) during sexual intercourse

Sudden unexplained and unwanted surges of sexual arousal



Fear of losing control or not being able to set limits on one's sexual behavior or that of a partner  
Violent fantasies about sex during sexual activities and/or at other times  
Sexual arousal to violent images or images of sexual assault in the environment or to masochistic and sadistic thoughts, images, or fantasies  
Increased and/or indiscriminate sexual activity; Increased or decreased masturbation (or both)  
Fear of future evidence of sexually transmitted disease even if test results are negative  
Mixed or negative feelings about any resulting pregnancy/abortion (or lack of one)

## **12. Potential Positive and Negative Effects of Sexual Assault on Relationships**

### **Possible Hindrances to Relationships**

Living in two worlds: the world of the assault and the present day world  
Unresolved emotions and issues pertaining to the assault, especially unresolved grief  
Time and energy managing reactions to the assault  
Medical problems caused by the assault  
Medical, financial, and psychological problems caused by an addiction resulting from the assault  
Untreated depression  
Fear of being judged and other secondary wounding experiences (See "Key Information about Secondary Wounding" posted on this web site.)  
Feelings of low self-worth (feeling flawed or tainted) and lack of assertiveness  
Dissociation ("tuning out," "going blank," "going numb" physically, mentally, and/or emotionally)  
Fear of strong aggressive and sexual impulses  
Guilt  
Shame  
Paranoia

### **Potential Positive Effects on Relationships**

Increased understanding of emotions  
Greater appreciation of loved ones  
Greater empathy for the suffering of others  
Greater ability to relate to and assist others in need  
More interest in quality relationships: less interest in status and possessions  
Development of survivor skills: Ability to help others with stress and trauma

Loyalty

See also: “Key Information about Secondary Wounding” and “When Is It Over? Key Information about Trauma Recovery” posted on this web site.