

Physical Health Effects

Sexual violence has been associated with a number of short term and long term health effects such as physical injuries, reproductive health effects, and chronic health conditions related to stress and/or injury.¹

For example, the psychological stress associated with workplace sexual harassment has been shown to negatively impact physical health,² including loss of appetite, weight gain or loss, headaches, and sleep disturbances such as insomnia and fatigue.³

Survivors of sexual assault and trafficking for sexual exploitation may experience physical injuries and reproductive health effects,^{4, 5} including head injuries, broken bones, internal organ damage, genital-anal injuries, dysmenorrhea (severe pain during menstruation that limits women's activities), menorrhagia (excessive or prolonged menstrual bleeding), urinary tract infections, pelvic inflammatory disease perhaps leading to infertility, and sexual dysfunction.^{6, 7, 8, 9} Other reproductive health effects include sexually transmitted infections (e.g., gonorrhea, herpes, human papillomavirus), including human immunodeficiency virus (HIV), and unwanted pregnancy.^{10, 11, 12} Rape-induced pregnancies have been estimated to occur in 5% of female victims/survivors of reproductive age⁷⁹ and in 20% of victims/survivors raped by an intimate partner.¹³

As well, the strategies used by victims/survivors to navigate through the consequences of sexual violence may negatively impact their health (e.g., smoking, alcohol or substance abuse).^{14, 15}

Research also shows that victims/survivors may not have any physical injuries (e.g., lacerations, bruises) or reproductive health effects as a result of sexual assault and that similar physical signs can result from both consensual sexual intercourse and sexual assault.¹⁶ A lack of physical injuries or reproductive health effects cannot be interpreted as evidence that a sexual assault did not occur.

¹ Centers for Disease Control and Prevention (2011). *National Intimate Partner and Sexual Violence Survey: 2010 Summary Report*. Atlanta, GA: National Center for Injury Prevention and Control.

² Fitzgerald, L.F., Drasgow, F., Hulin, C.L., Gelfand, M.J. & Magley, V.J. (1997). Antecedents and consequences of sexual harassment in organizations: a test of an integrated model. *Journal of Applied Psychology*, 82(4), 578-589.

³ de Haas, S., Timmerman, G. & Höing, M. (2009). Sexual harassment and health among male and female police officers. *Journal of Occupational Health Psychology*, 14(4), 390-401.

⁴ Martin, S.L. & Macy, R.J. (2009). *Sexual Violence Against Women: Impact on High-Risk Health Behaviors and Reproductive Health*. Harrisburg, PA: VAWnet, a project of the National Resource Center on Domestic Violence. Retrieved January, 20, 2012 from: http://www.vawnet.org/Assoc_Files_VAWnet/AR_SVReproConsequences.pdf

⁵ Gupta, J., Raj, A., Decker, M.R., Reed, E. & Silverman, J.G. (2009). HIV vulnerabilities of sex-trafficked Indian women and girls. *International Journal of Gynecology and Obstetrics*, 107, 30-34.

⁶ Martin, S.L. & Macy, R.J. (2009). *Sexual Violence Against Women: Impact on High-Risk Health Behaviors and Reproductive Health*. Harrisburg, PA: VAWnet, a project of the National Resource Center on Domestic Violence. Retrieved January, 20, 2012 from: http://www.vawnet.org/Assoc_Files_VAWnet/AR_SVReproConsequences.pdf

⁷ Basile, K.C. & Smith, S.G. (2011). Sexual violence victimization of women: Prevalence, characteristics, and the role of public health and prevention. *American Journal of Lifestyle Medicine*, 5(5), 407-417.

⁸ Holmes, M.M., Resnick, H.S., Kilpatrick, D.G. & Best, C.L. (1996). Rape-related pregnancy: Estimates and descriptive characteristics from a national sample of women. *American Journal of Obstetrics and Gynecology*, 175(2), 320-325.

⁹ McFarlane, J., Malecha, A., Watson, K., Gist, J., Batten, E., Hall, I. & Smith, S. (2005). Intimate partner sexual assault against women: Frequency, health consequences, and treatment outcomes. *Obstetrics & Gynecology*, 105(1), 99-108.

¹⁰ Martin, S.L. & Macy, R.J. (2009). *Sexual Violence Against Women: Impact on High-Risk Health Behaviors and Reproductive Health*. Harrisburg, PA: VAWnet, a project of the National Resource Center on Domestic Violence. Retrieved January, 20, 2012 from: http://www.vawnet.org/Assoc_Files_VAWnet/AR_SVReproConsequences.pdf

¹¹ Gupta, J., Raj, A., Decker, M.R., Reed, E. & Silverman, J.G. (2009). HIV vulnerabilities of sex-trafficked Indian women and girls. *International Journal of Gynecology and Obstetrics*, 107, 30-34.

¹² Basile, K.C. & Smith, S.G. (2011). Sexual violence victimization of women: Prevalence, characteristics, and the role of public health and prevention. *American Journal of Lifestyle Medicine*, 5(5), 407-417.

¹³ McFarlane, J., Malecha, A., Watson, K., Gist, J., Batten, E., Hall, I. & Smith, S. (2005). Intimate partner sexual assault against women: Frequency, health consequences, and treatment outcomes. *Obstetrics & Gynecology*, 105(1), 99-108.

¹⁴ Campbell, R., Dworkin, E. & Cabral, G. (2009). An ecological model of the impact of sexual assault on women's mental health. *Trauma, Violence & Abuse*, 10(3), 225-246.

¹⁵ Martin, S.L. & Macy, R.J. (2009). *Sexual Violence Against Women: Impact on High-Risk Health Behaviors and Reproductive Health*. Harrisburg, PA: VAWnet, a project of the National Resource Center on Domestic Violence. Retrieved January, 20, 2012 from: http://www.vawnet.org/Assoc_Files_VAWnet/AR_SVReproConsequences.pdf

¹⁶ Bainbridge, D. (March 2012). Interpreting injuries in sexual assault cases. Presentation at Cross-Sectoral Training on Sexual Violence Prosecutions, Toronto: ON.