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Sexual Assault: The Burden of Proof for Survivors

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A B S T R A C T

Sexual assault is a global concern affecting individuals of all ages, races, and socioeconomic statuses, with significant adverse impacts on physical, mental, economic, and social well-being. This paper advocates for policy change to support survivors of sexual assault by examining articles that provide a comprehensive overview of sexual assault as a pattern of intimate partner violence in the United States. The review explores vulnerable populations, gaslighting tactics, rape myths, and how disbelief reduces survivor reporting and increases trauma, including PTSD. Although gender-neutral language is used throughout, the focus is on women's perspectives due to the high rates of violence committed by men against women. A multi-disciplinary approach incorporating medical, mental health, law enforcement support, and advocacy is recommended to lessen secondary victimization and empower survivors in resolving their cases within the criminal justice system.

Keywords: *Sexual Assault, Gaslighting, Intimate Partner Violence*

1. Introduction

Sexual assault is a global issue that affects individuals of every gender, age, ability, or status; however, specific groups are at a more elevated risk (Crosson-Tower, 1989; Patton et al., 2020; RAINN, 2021). Sexual assault survivors lose a sense of autonomy as they endure the violation and experience a loss of control between or following the assaults, negatively impacting their mental health, occupational status, financial well-being, and social interactions with others (Palmer, 2020). Various complex motives influence whether sexual assault survivors seek medical or legal aid following an assault. Many survivors who choose to report their assaults may face secondary

victimization if they lack access to resources and face disbelief from society, their communities, law enforcement, and the judicial system (Henninger et al., 2019; Johnson & Lewis, 2022; Lorenz & Jacobsen, 2024). Sexual assault is any coerced or forced behavior or sexual contact which occurs without consent, defiling the sexual integrity of individuals while exposing survivors to several adverse health outcomes, including psychological, sexual, social, and physical, which may have a lifetime of detrimental effects (Haskell & Randall, 2019). Sexual assault differs slightly from rape which is non-consensual penetration most often perpetrated by persons known to the survivor, especially partners and ex-partners, and does not necessarily involve physical force or injury (Palmer, 2020). Whether an individual can consent varies from state to state and is circumscribed by an array of individual factors such as consciousness, developmental or physical disability, age, vulnerability, power dynamics, and intoxication levels because, in certain states, it matters whether the survivor became intoxicated freely or involuntarily (Sorrentino et al., 2022; Teravskis et al., 2022).

Consent can be subcategorized into three categories. The first is freely given consent indicating the consent was given freely, without being persuaded by coercion, fraud, threats, or acts of force (RAINN, 2021). It is estimated that 36.3% of sexual assault patients endure physical trauma during the assault, including strangulation, lacerations, contusions, or other physical injuries (McCormack et al., 2022). Other physical injuries occur throughout the genital area, and survivors may encounter a heightened risk of painful intercourse and negotiate condom use increases the risk of pregnancy or sexually transmitted infections, with a significant transmission risk of the human immunodeficiency virus (HIV) (Bermea et al., 2021; RAINN, 2021).

The second form of consent is affirmative consent which determines if the person expresses alleged behaviors or statements indicating their desire to participate in sexual acts (Halley, 2016). However, individuals who initially agree to engage in sexual activity have the right to change their minds if the arrangements are not by the individual's preferences, such as degrading or rough sex, name-calling as a form of humiliation, the timing or frequency of sex, or protesting to uncomfortable or painful sexual positions (Palmer, 2020). Finally, the capacity to consent is based on whether the individual has the legal ability or capacity to engage in sexual activities consensually; understanding the potential consequences or grasping associated risks in consenting to sexual activity (Metz et al., 2021). Furthermore, a person consents if they agree by choice and must possess the respect for bodily autonomy, personal boundaries for freedom and power to make that decision (Metz et al., 2021).

However, considering the loss of autonomy, an individual may express various reactions after being sexually assaulted, including controlled responses such as a subdued appearance or may seem to have an emotionless, over-calm demeanor or express an opposing emotional outburst, including yelling, shaking, or uncontrollable crying (Liberacka-Dwojak et al., 2021; McNally, 2022). During a sexual assault, the threat triggers the amygdala, activating the hypothalamus (Haskell & Randall, 2019). Tonic immobility makes the survivor appear dull or unemotional when questioned, causing inconsistency, and survivors' reports may not make sense to medical providers or law enforcement due to the disorganization of memory encoding and storage (Campbell, 2006; Haskell & Randall, 2019). Adverse mental health effects of sexual assault are anxiety, depression, irritability, sleeping disorders, dissociation, post-traumatic stress disorder, feelings of detachment, emotional constriction, thoughts or attempts of suicide, eating disorders, panic attacks, feelings of helplessness, self-harm, initiation or intensification of substance use (Dworkin, 2018; McNally, 2022).

This review utilized recent articles from the PSYCH INFO database. This review examines sexual assault survivors enduring gaslighting from their perpetrators and the justice system. Likewise, it explores how survivors who experience revictimization are more likely to suffer from mental distress while advocating for a multidisciplinary approach to responding to and treating survivors of intimate partner violence (IPV). Sexual assault will improve communications and evidence collection methods, leading to higher prosecution rates and reducing the revictimization of sexual assault survivors (Palmer, 2020). Perpetrators who commit a sexual assault as interpersonal violence apply gaslighting tactics to control and coerce their partners, isolating and traumatizing them. Gaslighting, rape myths, and disbelief cause secondary victimization, reducing the likelihood that the violence is reported or prosecuted, placing the burden of proving the assault on survivors.

2. Intimate Partner Violence (IPV)

2.1. Gaslighting

Previous studies discovered that by age 24, roughly 70% of women reported their first occurrence of IPV, and male

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partners are guilty of committing half of all sexual assaults against young women (Kennedy et al., 2018). Intimate Partner or Domestic violence occurs when a perpetrator attempts to gain or maintain control and power within their relationship by engaging in patterns of coercive behaviors, including isolation, physical violence, sexual abuse, stalking, emotional abuse, economic abuse, and psychological abuse including gaslighting (Knapp, 2019; Patton et al., 2020). Gaslighting is the psychological manipulation of having reality changed by the perpetrator as a power tactic used as a means of control within intimate partner relationships (Knapp, 2019). Psychological or emotional abuse of an intimate partner includes actions that impair mental capacities by dominating, isolating, or denigrating behaviors such as infidelity, threats of abandonment, harassment, verbal attacks, possessiveness, destruction of personal belongings, intimidating their partner's loved ones, extreme jealousy including unwarranted accusations of infidelity and monitoring of behavior (Knapp, 2019). Abusers who employ gaslighting tactics tend to minimize their behavior and actions by not taking the survivors' concerns seriously, downplaying the abuse, and refuting that the abuse transpired by explicitly asserting that it did not occur (Knapp, 2019). Individuals who experience sexual assault as a form of intimate partner violence are often isolated from other sources of emotional support and may perceive it as inconceivable to escape the abuse when their partners threaten to end the relationship or execute punishments such as withholding affection (Palmer, 2020). Furthermore, by shifting blame to the survivor, the perpetrator transfers accountability for the abusive behavior (Knapp, 2019).

Co-occurring sexual and physical IPV consequences amongst adolescents have been associated with sexual risk-taking, drug use, unhealthy weight control, heavy smoking, binge drinking, and suicidal ideation or attempts and positions survivors at future risk for additional sexual and physical assaults (Patton et al., 2020). Additionally, sexual assault can result in pregnancy, and some perpetrators use reproduction to ensnare the survivor in the relationship (Palmer, 2020). This indicates that numerous factors contribute to survivors of IPV enduring abusive relationships for an abundance of reasons, including self-blame, thoughts of being judged for ending the relationship, shame, doubt or denial of abuse, and fear over how the perpetrator will react to their partner terminating the relationship (Kennedy et al., 2018). Sexual assault survivors who are in denial about the attack may have an interval of outward adjustment as they carry on and resume their usual daily activities, allowing them to reduce their attention and focus on the assault (Chivers-Wilson, 2020). Therefore, it is not uncommon for individuals to endure recurring sexual assaults by the same perpetrator or multiple offenders (Palmer, 2020).

2.2. *Sexual Assault Perpetrators*

Sexual violence offenders frequently have criminal histories, and perpetrators who commit sexual assault are usually serial criminals (Palmer, 2020). The Massachusetts treatment center rapist typology identified six variables that offer insight into the emotional, behavioral, and thought patterns of sexual assault perpetrators, including sadism, impulsivity, sexual fantasies, social competence, naive beliefs or cognitions, and aggression (Balcioglu et al., 2024). According to Smith et al. (2018), a quarter of women in North America will encounter sexual assault, rape, or attempted rape at some point in their lives (Smith et al., 2018). Perpetrators employ a continuum of coercive tactics to negate sexual consent, such as withholding money or not letting their partner sleep; they frequently pester their partner to engage in unwanted sexual acts or withdraw affection (Patton et al., 2020). Masculine norms promote a culture of toxic masculinity by encouraging toughness, aggressiveness, and power as positive traits creating men who exert their sexual aggression on others to reaffirm society's stereotypes (Sileo & Kershaw, 2020). Suppose a sexual assault perpetrator has a significant cognitive association linking sex and power. In that case, that individual is more likely to support rape myths and have a greater plausibility of committing sexual assault, and perpetrators who uphold rape myths rationalize their sexual cravings as irrepressible (Chivers-Wilson, 2020).

2.3. *Rape Myths*

It is common for law enforcement officers to uphold rape myths. For example, a study that examined previous sexual assault investigation records found that over half of the cases had statements that implicated rape myths endorsed by the police, enabling victim blaming (Shaw et al., 2017). Rape myths are widespread societal views and beliefs that are usually inaccurate, which uphold male sexual dominance over women and discredit sexual assault survivors, ultimately leading to the denial of justice (O'Connor, 2021). Rape myths have been shown to affect legal findings adversely and are perpetuated nationwide by mass media via

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television, magazines, and newspapers (Sacks et al., 2018). Nevertheless, data from a meta-analysis study disputed myths about false reporting of sexual assaults by providing data that indicate that false reporting only occurs in approximately 5% of cases and derives from altered memory due to drug or alcohol use, mental health disorders, or confusion as to what constitutes sexual assault (Carlson, 2013).

Sexual assault survivors provided researchers with examples of rape myths that were upheld by community members and reinforced by victim-blaming, including the assumption that the survivor is at fault for the assault, primarily if they did not engage in physical self-defense, often jurors may look for objections that would deter securing a conviction including physical or DNA evidence influenced by the media (Knapp, 2019). However, when researchers searched for an association related to compassion for the survivor based on the survivor's resistance to sexual assault, no connection was discovered (Sacks et al., 2018). In addition, the recent sensation of forensic science television programs has created what is identified as the *CSI Effect*, as these shows cause individuals to have elevated expectations of the capacities of forensic identification technology and its availability in every case (Shelton, 2008). For example, a study conducted in 2008 by the National Institute of Justice found that 46% of jurors anticipated *scientific evidence* in all criminal cases (Shelton, 2008). However, these myths are unsubstantiated because sexual assault survivors experience a hormonal flood caused by the HPA Axis may initiate a state of tonic immobility, causing them to freeze during the attack (Palmer, 2020). Tonic immobility renders a person incapable of movement, leaving a person defenseless and unable to fight back because of the neurological fear response, which causes many survivors to submit during the attack to avoid more serious physical injury or death (de Heer & Jones, 2023; Kearney & Lanius, 2022). Additionally, the propagation of rape myths coupled with victim-blaming is a sociological result of sexual assault that can cause the onset of PTSD symptoms (Anderson & Overby, 2021; Bernstein et al.).

3. Vulnerable Populations

3.1. Power Dynamics

There are laws to deter the exploitation of an individual's vulnerability, prohibiting sexual relations in environments where power dynamics may allow for abuse of authority, such as schools, doctors' offices, daycares, or correctional institutions (Palmer, 2020). Additionally, individual survival risk factors are novel occurrences that may require targeted interventions that focus on cultural or gender-based safety needs, especially in societies where cultural and religious beliefs expect spouses to fulfill the sexual demands of their partners without question resulting in apprehension about refraining from sexual demands' due to the implied adverse outcomes (McQueen et al., 2021). For example, sex workers who have been sexually assaulted reported the lack of a safe environment to flee to when they are attacked (Gruenenfelder et al., 2013). Vulnerable populations, including individuals with mental disorders, may be more susceptible to coercion, threats, inducement, or deception than individuals without mental disorders or impairments (Palmer, 2020).

3.2. LGBTQIA+

As a marginalized group, the LGBTQIA + community encounters mental health disorders significantly more than cisgender individuals (Beckwith et al., 2019; Kanefsky et al., 2022; Moagi et al., 2021; Tadros et al., 2020). Research about abuse in same-sex relationships is limited; however, data reveals that individuals who identify as LGBTQIA+ are nearly as likely to be emotionally, sexually, or physically abused by a romantic partner, if not disproportionately more, compared to their heterosexual counterparts (Whitfield et al., 2018). Bisexual individuals experience unique patterns of abuse and may be sexually coerced when perpetrators objectify the survivors' same-sex inclination and insinuate that they do not maintain sexual boundaries (Bermea et al., 2021). It is the right of any member of the LGBTQIA+ community to preserve their sense of privacy regarding their sexuality, and many LGBTQIA+ business professionals indicate that they do not disclose their gender or sexual identity due to social stigmas (Kanefsky et al., 2022; Koch et al., 2023; Tadros et al., 2020).

Members of the LGBTQIA+ community are susceptible to a unique form of emotional abuse called *outing*, in which the perpetrator threatens to disclose the sexual orientation without consent as a means of coercive control (Carlson, 2013). Moreover, the negative social impact of sexual assault may include future unreported physical or sexual assaults or homelessness (McQueen et al., 2021). Many factors work against survivors finding impartial justice; therefore, stereotypes encompassing sexual assault draw focus away from the precarious nature of the act perpetrated and instead move attention to the credibility of the survivor

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by applying labels to undermine the survivor, such as intoxicated, disabled, sex worker or prostitute, transgender, child, or battered woman undermine survivor's sexual autonomy (Turvey & Freeman, 2012).

3.3. *Rural Communities*

Sexual assault survivors who reside in rural communities or higher poverty areas may face barriers to obtaining support due to insufficient qualified forensic sexual assault examiners, leaving survivors to shoulder the burden of traveling to an area with available resources to seek aid (Thomas et al., 2020). Sexual survivors residing in rural communities are substantially less prone to report assault and may fear bias in securing justice against their assailants due to reduced anonymity (Thiede & Miyamoto, 2021). Survivors are conscious that if they seek help or report their assault, other community members may access information about a personal circumstance, especially when medical providers and law enforcement emotionally connect with the perpetrator (Gruenenfelder et al., 2013; Thomas et al., 2020). Some rural counties with small police departments lack funding and internal resources to provide the continuing education for survivor interaction and evidence collection required for sexual assault cases (Gruenenfelder et al., 2013). However, previous research indicates that law enforcement officers who engage in sensitivity training may learn to reduce bias, enhancing the survivors' reporting experience, which can be vital in rural communities that do not have special units or designated officers to investigate sexual assault offenses (McQueen et al., 2021).

4. Reporting Sexual Assault

4.1. *Choosing Not to Report*

The bulk of sexual assaults is not reported for various reasons (Haskell & Randall, 2019). It is said that there is a severe underreporting of sexual assaults to law enforcement or medical professionals (Morgan et al., 2022; Thomas & Kopel, 2023). Many sexual assault survivors reserve the right to maintain their privacy regarding why they choose not to report (Holland et al., 2018; Palmer, 2020). Often in acquaintance rape, survivors decide not to report the crime due to the disbelief that a crime occurred, and survivors struggle with self-blame for failing to prevent the assault (Gruenenfelder et al., 2013). Some individuals may decline to report sexual assault if they face extortion or coercion by perpetrators who threaten to upload or distribute intimate videos or photographs to infringe on the privacy of survivors (Mallios & Markowitz, 2011). Another explanation for survivors who do not report their assaults to law enforcement stems from *internalized blame* about their activities prior to the incident originating from internalized rape myths that individuals who engage in perilous acts, including drug use, or who go with an individual who subsequently assaults them bear responsibility (Lorenz et al., 2019).

Further reasons furnished by survivors between 2005-2001 who did not report their assault included fear of retaliation, the discernment that the assault was not significant enough to report, the belief that the law enforcement could or would not help, some felt it was a private concern, a small number discussed the matter with a separate official, and some indicated that they did not want the perpetrator to face legal or social consequences (Palmer, 2020). Instead of reporting to the police and worrying about the perpetrator inducing additional injury, some survivors adjust their conduct to evade future assaults (Lorenz et al., 2019). However, when deciding on reporting partner sexual assault or leaving abusive partners, survivors must consider the outcomes of pursuing criminal charges against their partner and how it will impact their economic security, family and social connections, and immediate physical safety (Lorenz & Jacobsen, 2024; Murphy-Oikonen et al., 2022). Therefore, survivors should be provided a safe environment to disclose their reports and reduce the likelihood of revictimization by providing survivors a protective space to express their trauma (McQueen et al., 2021).

4.2. *Choosing to Report*

The severity of sexual assault is severely underestimated due to a lack of reporting which can impact the number of allocated resources to address this widespread social issue (Carlson, 2013). Previous research has found that survivors who reported sexual violence crimes to police were motivated for numerous reasons, including defending their home, deterring additional crimes by the offender, stopping the attack, preventing escalation, recouping financial loss, enhancing police examination, and some felt a moral obligation to catch, punish, and to avoid recidivism (Palmer, 2020). When deciding when to report sexual assaults, survivors regard previous reporting incidents and the potential legal solidity of their case (Lorenz et al., 2019). Sexual assault survivors who were apprehensive about reporting their attacks to law enforcement stated that they

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came forward after receiving encouragement from friends, family members, healthcare service providers, or advocates who supported their claims (McQueen et al., 2021).

4.3. *Medical Reporting*

Survivors' interaction with the medical system may be complex as it is reported that 70% receive a medical exam in which a forensic evidence kit is collected, 40% to 49% are given information on pregnancy risks, approximately 20% to 43% can obtain emergency contraception, roughly one-third are informed about the risk of the human immunodeficiency, and only 34% to 57% of survivors receive medication to prevent or treat STIs (Campbell, 2006). Hospitals employ sexual assault nurse examiners (SANEs) to obtain rape kits to gather forensic evidence and document injuries with reports and photographs for law enforcement, especially if the case is brought to a courtroom (Thomas et al., 2020). Trauma and revictimization amongst survivors of sexual assault are associated with negative reporting experiences; therefore, health professionals can reduce adverse health outcomes from the impact of sexual assault revictimization by regarding the survivors' reports as truthful (McQueen et al., 2021). Medical professionals must be trained to screen for and identify signs of interpersonal violence without making heteronormative presumptions while providing non-judgmental treatment, which will aid with the communication process when attending to high-risk individuals (Bermea et al., 2021). However, many sexual assault survivors reported secondary victimization after their contact with medical professionals, who left survivors feeling anxious, depressed, and violated due to treatment during the exam process, including intrusive questions by medical staff about their behavior before the assault and sexual histories leading to legal case attention (Maiorano et al., 2023; Ruiz et al., 2023). Due to the high rate of co-occurring IPV, medical professionals should screen at-risk patients, including adolescents, for various partner abuse types, including emotional, physical, and sexual. If abuse is discovered, they should immediately assist law enforcement and provide resources to the survivor (Kennedy et al., 2018).

4.4. *Law Enforcement*

Sexual assault survivors may report their assault in hopes of finding justice, which is often thwarted by cases that are mishandled by law enforcement, including having reports transferred numerous times, improper evidence collection, and police skepticism of the survivor's account, which can influence whether cases are prosecuted (McQueen et al., 2021). Additionally, police response in The Unites States to sexual assault is based on stereotyping, creating a society that allows victim-blaming leading to the disbelief of sexual assault reports; these myths perpetuate the notion that the assault was warranted and that survivors give false statements (Haskell & Randall, 2019; Lorenz et al., 2019). However, first responder disbelief is well documented in previous research. In some cases, responders have self-reported doubt, leading to survivors' reluctance to report the assault committed against them (Garza & Franklin, 2020; King & Bostaph, 2023). Moreover, sexual assault survivors perceive that law enforcement sustains rape myths and thus choose not to report their assaults to evade additional fault (Iwasaki et al., 2022; Lorenz et al., 2019). Victim blaming by law enforcement can involve circumstantial blaming, which minimizes the events of the assaults; investigatory, which can be grounds furnished for an inadequate investigation; and characterological, which permits investigation bias because observations are centered on the survivor's reputation and social standing (Campbell, 2012). When the police do not believe sexual assault survivors' reports, their self-perception is reshaped. They may internalize the lack of validation by ignoring their needs, as they feel anger, guilt, self-blame, and shame upon being dismissed by law enforcement (McQueen et al., 2021). Sexual assault survivors who felt disbelieved by the police and reported a lack of follow-up on their case sensed that the police were occupied with other duties or that law enforcement did not regard them as forthright individuals leading to a loss of trust (Lorenz et al., 2019). Police disbelief can lead to incomplete police reports, blaming questions, inadequate evidence collection, negligible notetaking, poor interagency communication, inconsistent interaction with survivors, failure to provide report numbers, a lack of a thorough investigation, and insufficient evidence for prosecution (Gruenenfelder et al., 2013).

Frequently law enforcement officers blame the survivor, which impairs their capacity to believe the survivor's report resulting in inaccurate information being provided to the survivor and uncorroborated cases (Gruenenfelder et al., 2013). Additionally, 90% of sexual assault survivors experience at least one form of secondary victimization by law enforcement, who may perceive the survivor as uncooperative or untruthful, likely resulting in their case being closed without being adequately investigated (Campbell, 2006). There are cumulative social and health effects on survivors of a sexual assault that are disbelieved

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by the police, including loss of self and shattered expectations emerging from loss of trust resulting in revictimization by police for survivors who anticipated assistance from law enforcement officers (Haskell & Randall, 2019; Iwasaki et al., 2022). When law enforcement officers do not believe sexual assault survivors, they are revictimized by the reporting experience, the officers' demeanor or tone, and survivors report being asked demeaning questions related to the survivors' clothing, alcohol intake, or their relationship to the perpetrator (McQueen et al., 2021). Moreover, alcohol was also coupled with pity for the survivor when consumed by the perpetrator but, inversely, reduced compassion for the survivor if they were under the influence of alcohol (Sacks et al., 2018). The chief concern is that revictimization can cause survivors to attempt suicide (Lorenz et al., 2019).

5. Prosecuting Perpetrators

5.1. Court Proceedings

Justice and its meaning vary for all survivors; a survivor may find fulfillment from a conviction, whether or not it was related to their case, whereas others may seek legal safety or financial compensation from their perpetrators (Lorenz et al., 2019). Nevertheless, judges in sexual assault cases are responsible for guaranteeing that the issue is treated relatively and providing justice for the perpetrator and survivor (Turvey & Freeman, 2012). During a sexual assault trial, the survivor's credibility will be questioned; however, in some cases, even when the survivor's trustworthiness is sound, a conviction is unlikely due to insufficient evidence provided to the prosecuting office by law enforcement or medical professionals (Palmer, 2020). The media, internet, and television shows have influenced how the public responds to criminal cases. Respective jury pools may include individuals affected by the CSI effect and may expect the presence of sexual assault kits or DNA evidence, and the absence of this type of evidence could create doubt among jurors (Turvey & Freeman, 2012).

Furthermore, it is difficult to prove the liability of sexual assault. The prosecutor must prove that the perpetrator corresponded with a legally fit the state of awareness that their actions could produce injury or harm tongue-tied phraseology (Palmer, 2020). Notably, survivor characteristics linked to compassion for the survivor of sexual assault include an assault by an unknown individual, using physical force, alcohol, or a weapon during a sexual assault, and a survivor's hospitalization (Sacks et al., 2018). In addition, some survivors perceived that privileged individuals are afforded more favorable results within the criminal justice system than marginalized individuals (Gruenenfelder et al., 2013). For example, prosecuting sexual offenses between spouses or partners is complex when evidence of past sexual activity between the complainant and defendant is admissible in sexual assault trials (Palmer, 2020).

Sexual assault is a dehumanizing occurrence leaving survivors to rely on law enforcement to meticulously collect evidence and sustain a precise chain of custody so that the prosecutor can reduce the likelihood of the perpetrator accepting a plea bargain and increase conviction rates for sexual assault crimes (Ruiz et al., 2023; Shahbazi et al., 2023; Thomas et al., 2020). Many determinants are associated with the likelihood of healing following a sexual assault, including resilience, past self-concept, and, most importantly, the quality of support received from law enforcement and medical providers (Anderson et al., 2022). Sexual assault survivors seek justice and believe that law enforcement officers would provide support and thoroughly investigate their reports; however, many survivors expressed the disappointment of being let down by police officers, which hindered their healing process (Garza & Franklin, 2020; King & Bostaph, 2023). Approximately 22% to 25% of reported rapes are prosecuted, and only 10% to 12% result in conviction (Campbell, 2006). Therefore, sexual assault advocates who inquire about survivors' encounters with law enforcement while providing person-centered care benefit health and mental well-being by being afforded a safe atmosphere to reduce further victimization and secure the survivors' dignity (McQueen et al., 2021). When approaching a sexual assault case, law enforcement and the judicial system should concentrate on proving the perpetrators' wrongdoing rather than expecting sexual assault survivors to demonstrate a distinct degree or pattern of victimhood (Palmer, 2020). A multidisciplinary approach amplifies the voices of survivors, ensures their safety, allows for healing and autonomy, and can empower sexual assault survivors (McQueen et al., 2021). Sexual assault has been universally regarded as a disgraceful incident; however, applying data from current and previous studies could diminish victim-blaming and instead place the burden of defense solely on the perpetrator (Gruenenfelder et al., 2013). Sexual assault survivors have identified strategies to reduce revictimization, which include being provided the opportunity to discuss their experiences, having their reports validated, letting survivors know that they are not at fault,

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offering support and follow-up, avoiding blame, and safety planning are vital for survivors physical and mental wellbeing (Iwasaki et al., 2022).

6. Psychological Impacts

6.1. PTSD

Disbelief from loved ones' community members, medical professionals, law enforcement officers, and prosecutors leaves sexual assault survivors feeling unsafe, defeated, and unworthy of support and protection, placing them at risk of experiencing secondary victimization (McQueen et al., 2021). Secondary victimization applies to society's beliefs, attitudes, and behaviors, including law enforcement and medical professionals, creating victim-blaming and insensitivity, exacerbating the initial trauma (Campbell, 2006). Secondary victimization resulting from law enforcement, community, and prosecution biases leads to contextual factors, frequently resulting in community-based victimization, in which the survivor endures revictimization by being treated with scorn, resentment, and skepticism (Iwasaki et al., 2022). Sexual assault survivors, especially those of color, report a deficiency in police response survivors obtained stemming from classist and racist biases of law enforcement and the U.S. judicial system (Lorenz et al., 2019). The experience of sexual assault compounded with disbelief has a cumulative effect and can intensify the initial victimization by creating secondary victimization for sexual assault survivors and may lead to the onset of Post-Traumatic Stress Disorder (PTSD) (Haskell & Randall, 2019).

PTSD seems to be the most prevalent psychological response to all crimes; however, the effects are customarily most profound and enduring after violent events (Bartol & Bartol, 2018). Occurrences perceived as uncontrollable are more distressing than controllable situations; therefore, survivors who have not been supported positively have a heightened risk of cognitive symptoms associated with post-traumatic stress disorder (PTSD), including confusion, avoidance, mental defeat, perceived negative responses from others, implying that treatment plans must incorporate ensuring the survivors' safety so they may regain a sense of control in their lives (Chivers-Wilson, 2020). Sexual assault is the most prevailing cause of PTSD in women and is detected in approximately half of the women who have endured sexual assault, with symptoms present in some survivors 17 years later (Iloson et al., 2021).

Sexual assault survivors with PTSD are at risk for psychological trauma associated with learning and memory (Haskell & Randall, 2019). Some survivors may have impaired cognitive functioning induced by the rise in CRH levels and reduced hippocampal mass caused by hyperarousal and re-experiencing responses connected with the sexual assault trauma through nightmares or flashbacks (Campbell, 2012). Symptoms of PTSD develop in roughly 94% of sexual assault survivors shortly after the assault, and 47% of survivors continue to have symptoms three months later, which may include flashbacks, nightmares, social isolation, loss of sleep, and heightened feelings of insecurity (Haskell & Randall, 2019).

7. Clinical Implications of a Multidisciplinary Approach

7.1. Sexual Assault Advocate

Positive disclosure experiences can be facilitated by incorporating trauma-informed principles, including establishing respect, choice, collaboration, safety, and, most importantly, empowerment to minimize or reduce the likelihood of additional trauma occurring (Haskell & Randall, 2019; Iwasaki et al., 2022). Medical and social service advocates who received training in trauma-informed care increased the likelihood of sexual assault reporting by advocating for better treatment from the police, which grants comfort to sexual assault survivors (Ades et al., 2019; Chalmers et al., 2023). Sexual assault advocates may practice trauma debriefing following a distressing experience to decrease distress and support the healing process, and they can inform survivors about the importance of reporting the sexual assault promptly so that physical evidence can be rapidly collected and processed (Chivers-Wilson, 2020). Medical advocates go to the hospital, explain to the survivor what the exam will consist of, describe what evidence is being collected, and provide initial counseling (Gruenenfelder et al., 2013). Most importantly, advocates can provide care for survivors, which can positively impact immediate and long-term health benefits by revisiting the sexual assault report to confirm accuracy, formulating a safety plan, collaborating with law enforcement to find justice, and aid survivors who are seeking a successful resolution of their case (Ades et al., 2019; Engleton et al., 2022; Iwasaki et al., 2022; McQueen et al., 2021).

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7.2. Coordinating Care Approach

The absence of a coordinated response to sexual assault cases may result in inefficient evidence gathering by law enforcement and medical staff, incorrect information being furnished to the survivor, and secondary victimization (Campbell, 2006; Chivers-Wilson, 2020). Enacting a multidisciplinary approach to sexual assault empowers survivors by creating an integrative strategy to nurture connections between local community agencies and provide a trauma-informed care plan to reduce secondary revictimization (Thomas et al., 2020). Sexual assault survivors who had the support of an advocate were significantly more likely to have police take their report and were less distressed and less disposed to adverse treatment by law enforcement (Zweig & Burt, 2006). Applying a multidisciplinary approach protocol combined with educating law enforcement about the concerns of survivors and the dynamics of sexual assault can help reduce bias so that the officer interviews the survivor instead of interrogating them, provides case updates, and training emphasizing the importance of informing survivors of other legal updates such custody status of the perpetrator (Gruenenfelder et al., 2013). Additionally, a restorative justice technique concentrates on community partners helping the survivor and helping them heal from perpetrators who accept blame for their actions while applying any applicable restitution (Lorenz et al., 2019). Current and previous research found that institutional advocacy paired with probation and parole departments can adequately comprehend the survivors' concerns about wanting information regarding the offender's whereabouts in the community and the survivors' right to information that can impact their safety (Gruenenfelder et al., 2013).

8. Future Research

The traumatic experience of intimate partner violence (IPV) and sexual abuse is compounded when perpetrators use gaslighting tactics, obscuring their unlawful activities (Palmer, 2020). Law enforcement often demonstrates negative attitudes and biases toward sexual assault crimes, evidenced by inadequate follow-up, poor evidence collection, low arrest rates, and minimal prosecutions (Messing et al., 2021; Shah et al., 2022). Understanding perpetrators' risk factors could help prevent sexual assault by predicting traits associated with sexual deviance (Maxwell et al., 2020). Adolescents experiencing co-occurring sexual and physical IPV face significant risks, including substance abuse, unhealthy behaviors, and future assaults, necessitating resources for rehabilitation, mental health, and medical referrals (Patton et al., 2020).

Effective treatment for sexual assault survivors includes SSRIs for PTSD, which promote neurogenesis and enhance memory, and Cognitive Behavioral Therapy (CBT) for managing emotions and rebuilding social skills (Chivers-Wilson, 2020). It is crucial to assess whether survivors achieve stress-reducing skills, such as self-forgiveness and coping mechanisms, to regain autonomy (Haskell & Randall, 2019). Access to essential resources and obtaining survivor perspectives can improve responses from medical professionals and law enforcement, increasing reporting (McQueen et al., 2021). Perpetrator intervention should consider individual differences and include longitudinal studies to determine if early interventions can reduce future offenses (Campbell, 2012).

Preventative education beginning in childhood and interventions that teach adolescents to recognize abuse could reduce rape culture acceptance (Kennedy et al., 2018). Programs like the U.S. Department of Justice's Project Safe Neighborhoods focus on offender management through various supportive measures and legal enforcement (Maxwell et al., 2020). However, survivors often face disbelief from first responders, exacerbating mental distress and secondary trauma (Campbell, 2012). Structured risk assessments are used by some law enforcement agencies, but further research is needed to reduce sexist attitudes and victim-blaming (Maxwell et al., 2020).

Community agency collaboration positively impacts survivor outcomes and increases arrest rates in sexual assault cases (Mallios & Markowitz, 2011; Palmer, 2020). Empathetic, trauma-informed training across medical, legal, and advocacy sectors can reduce bias and secondary victimization (Haskell & Randall, 2019). Future research should explore the effectiveness of professional cross-training and trauma-informed approaches to improve reporting and prosecution rates. Programs like the Lethality Assessment Program (LAP) effectively connect survivors with necessary services and enhance satisfaction with law enforcement responses.

Successful survivor outcomes are strongly predicted by coordinated community responses, and interventions must be supported by ongoing research to ensure survivor safety and hold perpetrators accountable (Maxwell et al., 2020). Victim-blaming attitudes in law enforcement and judicial systems enable repeat offenders, underscoring the need for a multidisciplinary approach that combines offender risk

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assessment and victim-focused models to reduce further victimization (Maxwell et al., 2020).

9. Clinical Recommendations for Supporting Survivors of Sexual Assault

Healthcare providers have an ethical duty to ensure that their approach to care is sensitive to the impact of trauma on individuals. This involves creating an environment that prioritizes respect, collaboration, and safety while empowering survivors to make choices about their care. Continuous training should be provided to healthcare providers to enhance their ability to support survivors effectively.

A multidisciplinary approach is recommended to encourage collaboration between healthcare providers, mental health professionals, law enforcement, and legal advocates. This will improve communication, evidence collection, and prosecution rates. Additionally, this approach will help establish clear protocols for information sharing and case management among multidisciplinary teams, ultimately reducing revictimization.

Survivors benefit from advocacy and legal support. Practitioners must ensure that advocates are available to support survivors throughout the reporting process. This includes providing information on rights, assisting with legal procedures, and offering empathetic support. To address unique challenges such as discrimination and minority stressors, specialized advocacy programs should be created for LGBTQIA+ survivors.

We provide tailored recommendations for LGBTQIA+ survivors to address minority stressors. This includes developing specialized support services that consider the specific needs and experiences of LGBTQIA+ survivors. We also advocate for the training of healthcare and law enforcement personnel on the distinct challenges faced by LGBTQIA+ individuals, especially transgender individuals, to minimize discrimination and create a safe environment for reporting. Healthcare providers should establish and enforce inclusive policies that acknowledge and honor the identities of LGBTQIA+ survivors. They should ensure that all medical and legal forms, intake procedures, and communication practices are designed to be inclusive and supportive of diverse gender identities and sexual orientations. To effectively address emotional abuse, providers need to screen for signs such as coercion and gaslighting, as these can complicate a survivor's ability to leave abusive relationships. They should also offer resources and support to help survivors rebuild self-esteem and autonomy. Additionally, providers should provide counseling and therapeutic services focused on building resilience and addressing the impacts of trauma on self-concept. Facilitating support groups and peer networks is vital to give the survivors a sense of community and shared experience.

When working with survivors of sexual assault, it is essential to prioritize training and education, especially for law enforcement. Officers should receive training in empathy and the importance of working with medical staff to improve the effectiveness of investigations and prosecutions. It is crucial to promote the use of trauma-informed interviewing techniques by law enforcement to minimize further trauma during investigations. Continuous professional development is essential to provide ongoing education for all professionals involved in the care of survivors, including updates on best practices and new research in trauma care and support. Encouraging interdisciplinary training sessions can help promote mutual understanding and cooperation among the different sectors supporting survivors.

In light of the low rates of reporting and prosecution, it is crucial to develop improved methods to encourage survivors to come forward. Law enforcement must establish a compassionate and non-judgmental environment emphasizing respect and validation for survivors when they disclose their experiences. Additionally, implementing clear, survivor-centered reporting procedures that prioritize safety and autonomy is essential. Finally, hospitals should focus on improving evidence collection. This involves ensuring that medical staff are trained in forensic evidence collection and understand the legal requirements for documenting and preserving evidence. It's imperative to provide adequate resources and support to forensic teams to enable thorough and compassionate evidence collection.

The practical implementation of these clinical recommendations within healthcare facilities and by professionals involved in survivor care is paramount. Healthcare providers need to offer comprehensive support, including trauma-informed care, mental health services, and access to resources for survivors of sexual assault. By adhering to these guidelines, healthcare professionals can significantly enhance survivors' overall well-being and recovery process. Moreover, these measures can lead to improved interactions with law enforcement, better reporting experiences, and increased success in prosecuting perpetrators of sexual assault.

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10. Conclusion

Survivors of sexual assault face health concerns and trauma, often exacerbated by poor reporting experiences (Chivers-Wilson, 2020). LGBTQIA+ individuals, particularly transgender individuals, may avoid reporting due to minority stressors such as discrimination (Bermea et al., 2021). Advocates play a crucial role in supporting survivors, providing information on rights, assisting with legal procedures, and offering empathy (Iwasaki et al., 2022). Implementing a multidisciplinary approach can enhance communication, evidence collection, and prosecution rates, reducing revictimization (Palmer, 2020). Emotional abuse, including coercion and gaslighting, complicates leaving abusive relationships, especially for those with reduced self-esteem (Knapp, 2019). Healing after assault depends on factors like resilience, past self-concept, and the quality of support from law enforcement and medical providers (Chivers-Wilson, 2020). Officers investigating cases must be trained in empathy and collaboration with medical staff to prosecute effectively (Gruenenfelder et al., 2013). Trauma-informed principles can facilitate positive disclosure experiences, emphasizing respect, choice, collaboration, safety, and empowerment (McQueen et al., 2021).

Authors' Contributions

Authors contributed equally to this article.

Declaration

None.

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