HEALTH BASICS

Sexual violence

Sexual violence is any sexual act, contact, or coercion without freely given consent.

WHAT IT IS
Sexual acts or contact without freely given consent

WHERE IT COMES UP
Relationships, healthcare, schools, workplaces, online spaces, and legal systems

WHY IT MATTERS
Can affect physical, sexual, reproductive, and mental health

WHAT IT IS NOT
Not a disease or the survivor's fault

WHO TO ASK
Sexual assault service, emergency clinician, or primary care clinician

HOW IT IS CHECKED
No single test; history, examination, and optional evidence collection

Overview

Sexual violence means sexual activity, contact, or attention without freely given consent. It includes rape, attempted rape, unwanted sexual touching, forced sexual acts, and sexual coercion. Coercion means using pressure, threats, manipulation, authority, money, housing, substances, or fear to obtain sexual activity.

Sexual violence can happen in any kind of relationship. The person responsible may be a stranger, partner, spouse, date, relative, caregiver, colleague, or someone in a position of authority. It can happen once or repeatedly, in person or through technology.

Consent is an active and voluntary agreement. It can be withdrawn at any time. Agreeing to one activity does not mean agreeing to another. Previous sexual contact, marriage, clothing, flirting, or going somewhere with another person does not provide ongoing consent.

Someone who is asleep, unconscious, or severely affected by alcohol or drugs may be unable to consent. Age and capacity rules differ by location. Sexual violence is not a disease or a medical diagnosis, and responsibility always lies with the person who committed it.

People use different words for what happened, including assault, abuse, rape, or an unwanted experience. You can seek healthcare and support without first deciding which word fits.

How it works

Sexual violence involves a lack of consent rather than a particular type of injury. There may be force, but there does not have to be. Freezing, becoming quiet, complying because of fear, or being unable to resist is not consent.

There is no medical test that proves or disproves sexual violence. A clinician can ask what happened, check for injuries, discuss pregnancy or infection risks, and offer treatment. You may accept some parts of an examination and decline others.

A sexual assault medical forensic examination is a specialized examination that may document injuries and collect possible evidence. It is sometimes called an evidence kit or rape kit. The available services, time limits, reporting rules, and payment arrangements differ by location.

A normal examination does not mean that no assault occurred. Many assaults leave no visible injury, and injuries can heal. Forensic evidence is also not required for your experience to matter or for you to receive healthcare.

Trauma can affect memory. A person may remember events in fragments, recall more later, or be unsure about the sequence. This does not by itself show whether an account is accurate or inaccurate.

Why it matters for your health

Sexual violence can affect several areas of health, although no single outcome happens to everyone. Possible physical concerns include pain, bleeding, bruising, genital or anal injury, head injury, and injuries related to restraint or strangulation.

Sexually transmitted infections, or STIs, may be a concern after some types of contact. Pregnancy may be possible when semen could have entered the vagina. A clinician can discuss testing, preventive treatment, emergency contraception, and vaccination based on what happened and when.

HIV post-exposure prophylaxis, called PEP, is medicine that can reduce the chance of HIV infection after a possible exposure. It must be started promptly and no later than 72 hours after exposure. Emergency contraception is also time-sensitive; some options can be used within five days.

Emotional responses can include shock, numbness, fear, anger, shame, sleep problems, or difficulty concentrating. Some people later develop conditions such as post-traumatic stress disorder, depression, or anxiety. Others do not. There is no single "correct" response or recovery timeline.

Healthcare should respect your choices, privacy, identity, culture, and communication needs. Clinicians should explain each step and ask permission before touching you.

What can go wrong

Possible health conditions and situations related to sexual violence include:

Seek emergency help if you are in immediate danger or have severe bleeding, trouble breathing, loss of consciousness, a serious head injury, or thoughts of harming yourself. Strangulation, choking, or pressure on the neck needs urgent medical assessment, even if there are no visible marks.

A recent exposure that may involve HIV, pregnancy, injury, or forensic evidence also deserves prompt care, preferably as soon as you can access it. This is time-sensitive care, but it is not the same as saying every situation is a medical emergency.

Routine follow-up may include receiving test results, repeating certain STI or pregnancy tests, checking injuries, reviewing vaccinations, and discussing sleep or emotional wellbeing. Follow-up can still be useful if the violence happened months or years ago.

- Physical injury, including head, genital, anal, or internal injury
- Strangulation-related injury, which may exist without visible neck marks
- STIs, including HIV, hepatitis B, gonorrhoea, chlamydia, and syphilis
- Pregnancy following vaginal exposure to semen
- Acute stress reactions, post-traumatic stress disorder, depression, or anxiety
- Increased alcohol or drug use as a way of coping
- Ongoing abuse, stalking, threats, reproductive coercion, or unsafe housing

What you can do

If you are in immediate danger, move to a safer place if possible and contact local emergency services. A trusted person, sexual assault service, domestic violence service, or crisis service may also help with safety planning.

For recent sexual violence, you can ask an emergency department, sexual health clinic, primary care service, or specialist sexual assault service about:

You do not need to wash, change clothes, or collect evidence before seeking healthcare. If you may want forensic evidence collected, avoiding washing or changing clothes can sometimes

preserve evidence. Place removed clothing in separate paper bags rather than plastic if you can. However, bathing, eating, changing clothes, or waiting does not remove your right to care or necessarily rule out an examination.

You may wish to keep messages, photographs, usernames, dates, or notes about what happened. Store them somewhere the person responsible cannot access. Keeping a record is optional and may be emotionally difficult.

Ask what information will remain confidential before sharing details. Reporting laws differ, especially when a child, a vulnerable adult, or immediate danger is involved. In many places, an adult can receive at least some medical care without making a police report, but local rules apply.

For routine follow-up, keep a record of tests, treatments, vaccines, and expected result dates. Ask whether any tests need repeating. You may also ask for a clinician of a particular gender, an interpreter, a support person, or pauses during an examination. Availability may differ, but it is reasonable to ask.

You do not have to confront the person responsible, gather proof, or make major decisions immediately.

- Treatment for injuries and pain
- A confidential sexual assault examination
- Forensic evidence collection
- STI testing and preventive treatment
- HIV PEP when the exposure was within 72 hours
- Emergency contraception when pregnancy is possible
- Hepatitis B or other relevant vaccination
- Follow-up testing and trauma-informed counselling

Common questions

Was it my fault if I drank alcohol, used drugs, or went home with someone?

No. These circumstances do not make another person's actions your fault and do not create consent.

Do I have to report it to the police?

The answer depends on local law, your age, and whether someone remains in immediate danger. A sexual assault service can explain local options and confidentiality limits without

pressuring you.

What if there are no injuries?

You can still seek medical care, forensic services, or emotional support. The absence of visible injury does not show that sexual violence did not occur.

What if it happened a long time ago?

There is no medical deadline for asking for support. Testing, treatment of ongoing concerns, counselling, and help with safety may still be useful. Legal and forensic time limits differ by location.

Can sexual violence affect anyone?

Yes. It can affect people of any sex, gender identity, sexual orientation, age, background, or relationship status. Services should provide respectful care that fits your body and circumstances.

What if I am not ready to talk about everything?

You can share only what is needed for the care you want. You can ask what an examination involves, stop it, decline any part, or return later.

Sources

- World Health Organization. Understanding and addressing violence against women: Sexual violence . 2012.
- Centers for Disease Control and Prevention. Sexual Assault and Abuse and STIs: STI Treatment Guidelines, 2021 .
- Centers for Disease Control and Prevention. Antiretroviral Postexposure Prophylaxis After Sexual, Injection Drug Use, or Other Nonoccupational Exposure to HIV - United States, 2025 . MMWR Recommendations and Reports.
- American College of Obstetricians and Gynecologists. Emergency Contraception .
- NHS. Help after rape and sexual assault .
- U.S. Department of Justice, Office on Violence Against Women. A National Protocol for Sexual Assault Medical Forensic Examinations: Adults/Adolescents . Second edition, 2013.